Value-Based Reporting User Guide

Primary Care Pay-for-Value Hybrid Payment Model

Updated January 2022

Value-Based Reporting platform introduction

- The Value-Based Reporting platform is a read-only data interface designed to help you easily:
  - Optimize patient care based on standardized metrics
  - Track progress to contract goals with timely performance and financial reports
- It provides your practice with reporting options related to member attribution, quality improvement, and financial performance.
- System data is updated monthly except for member experience (CAHPS) measures, which are updated quarterly.

Tip: Use Google Chrome or Microsoft Edge to access this system. It is not compatible with other browsers including Internet Explorer.

Note: The images in this user guide do not contain protected health information (PHI), or protected business/financial information related to a specific practice.

Help: If after reviewing this guide you need additional help working in the Value-Based Reporting platform, email: primarycarereimagined@blueshieldca.com.

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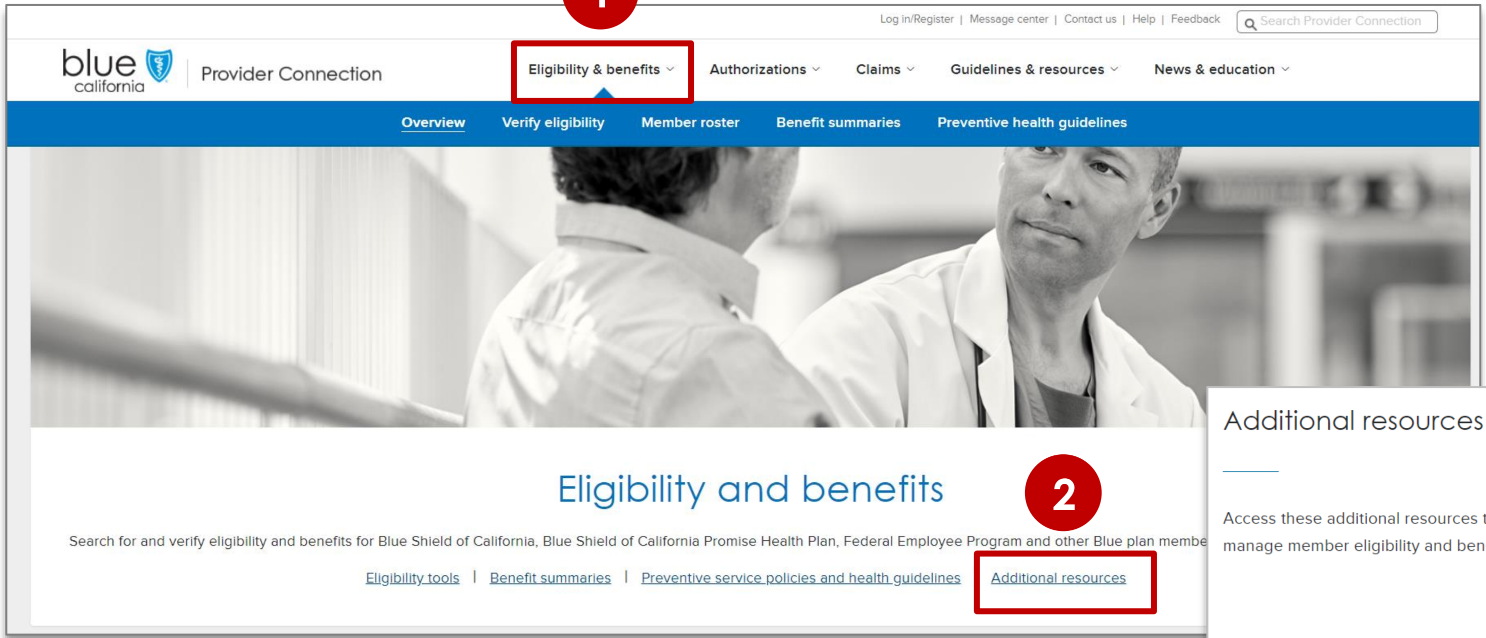
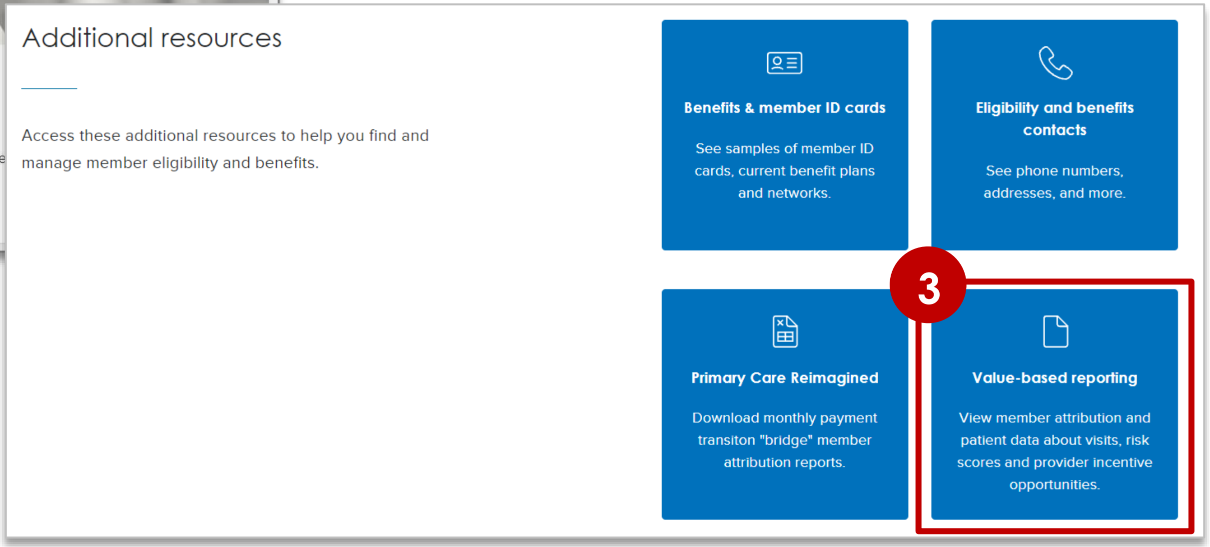
This user guide provides step-by-step instructions. If you are viewing this guide on your computer, click the links below to go directly to the information you need.

Access the Value-Based Reporting platform

Any practice user in the Primary Care Reimagined Program has single-sign on (SSO) access to the platform if they are associated in Provider Connection with the practice's Tax Identification Number (TIN). **Here's how to access the platform.**





1. Log in to Provider Connection and click **Eligibility & benefits**.
2. Click **Additional resources** under the section title.
3. Click the **Value-based reporting** box.

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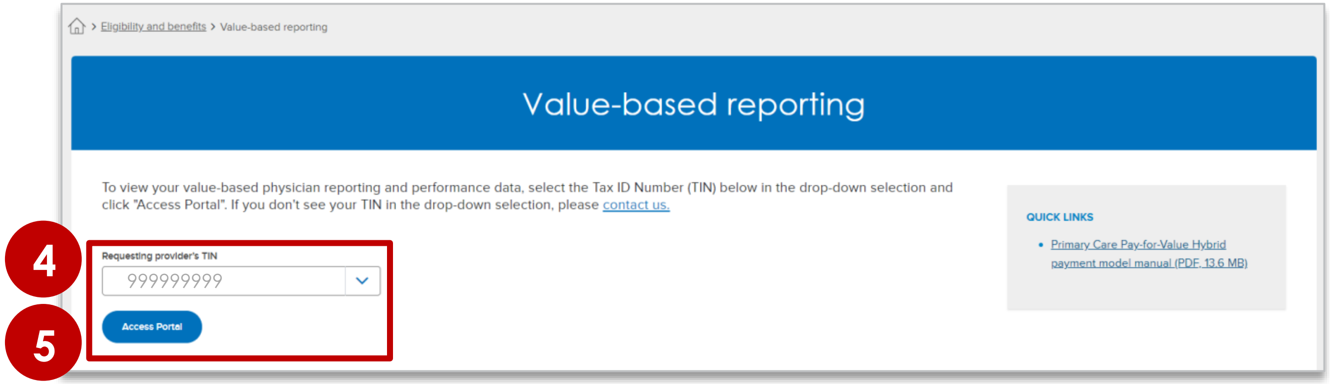
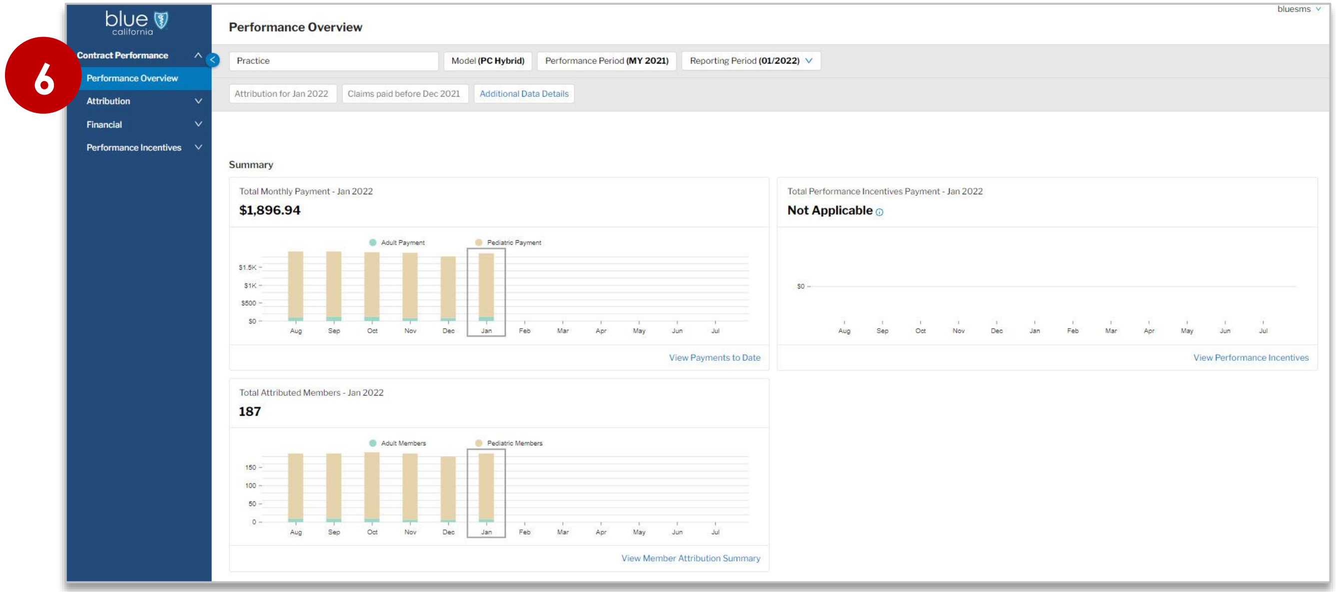
Access the Value-Based Reporting platform *continued*

Any practice user in the Primary Care Reimagined Program has single-sign on (SSO) access to the platform if they are associated in Provider Connection with the practice's Tax Identification Number (TIN).





4. Your Tax Identification Number (TIN) will display in the *Requesting provider's TIN* field.
   - If you have more than one TIN, click the drop-down arrow to select the appropriate number.
5. Click **Access Portal**.
6. The *Value-Based Reporting Performance Overview* will display for the selected TIN. The *Performance Overview* is the home screen for the platform.

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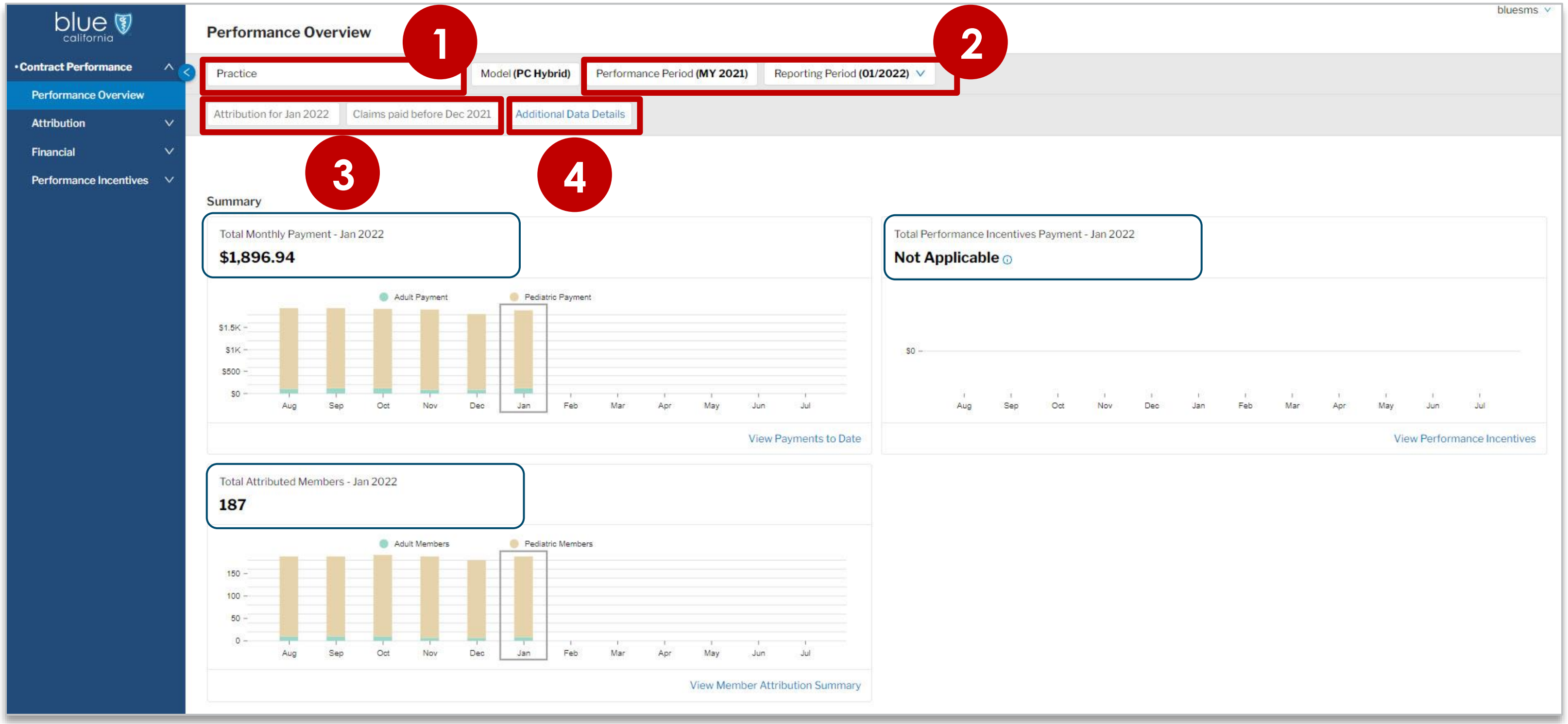
Performance Overview screen and navigation

The *Performance Overview* is the home screen for your practice. It provides year-to-date summary level information on your payments and attribution.



The *Performance Overview* displays summary graphs by month for your practice's Total Monthly Payment, Total Attributed Members, and Total Performance Incentives Payment.

- Note: Data will not display in the Performance Incentives graph until payment is made.

The header, which displays on each screen, includes the following:

1. Your practice identification. Note, you will only see your own data in the system.
2. The *Performance* and *Reporting Period* filters.
   - The *Performance Period* (i.e., contract period) defaults to the most recent period. This filter can be changed when the system contains data from more than one contract period.
   - The *Reporting Period* defaults to the most recent month but can be changed.
3. The *Attribution for* and the *Claims paid before* dates. These fields are not editable.
4. The *Additional Data Details* field. Click to see the date of the most recent data feed.

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Performance Overview screen and navigation *continued*

The *Performance Overview* is the home screen for your practice. It provides year-to-date summary level information on your payments and attribution.

1. Use the left navigation pane to access the three report types you can view in the platform. You can also navigate to reports by clicking the links in each summary section of the *Performance Overview* screen.

Attribution reports	• **Attribution Trends:** Summary of the member attribution for your practice, including a month-to-month trend and the attributed adult and pediatric members by individual provider (physician). • **All Attributed Members:** Total practice attribution by member and by member assigned to each provider (physician).
Financial reports	• **Financial Model:** Not applicable. • **Payments to Date:** Summary of payments made to your practice, plus monthly detail on PMPM and reconciliation adjustments by member type and line of business.
Performance Incentive reports	• **Incentives Overview:** Summary of your practice's clinical quality, resource utilization, and member experience performance and incentive payments by adult and by pediatric members. Includes *Practice Variation* and *Care Gap* reports for drill down into individual measures so you can better understand and close care gaps.

2. Click the **Blue Shield logo** or the **Performance Overview** link to return to the home page.
3. Click the **arrow** to collapse/expand the left navigation pane.

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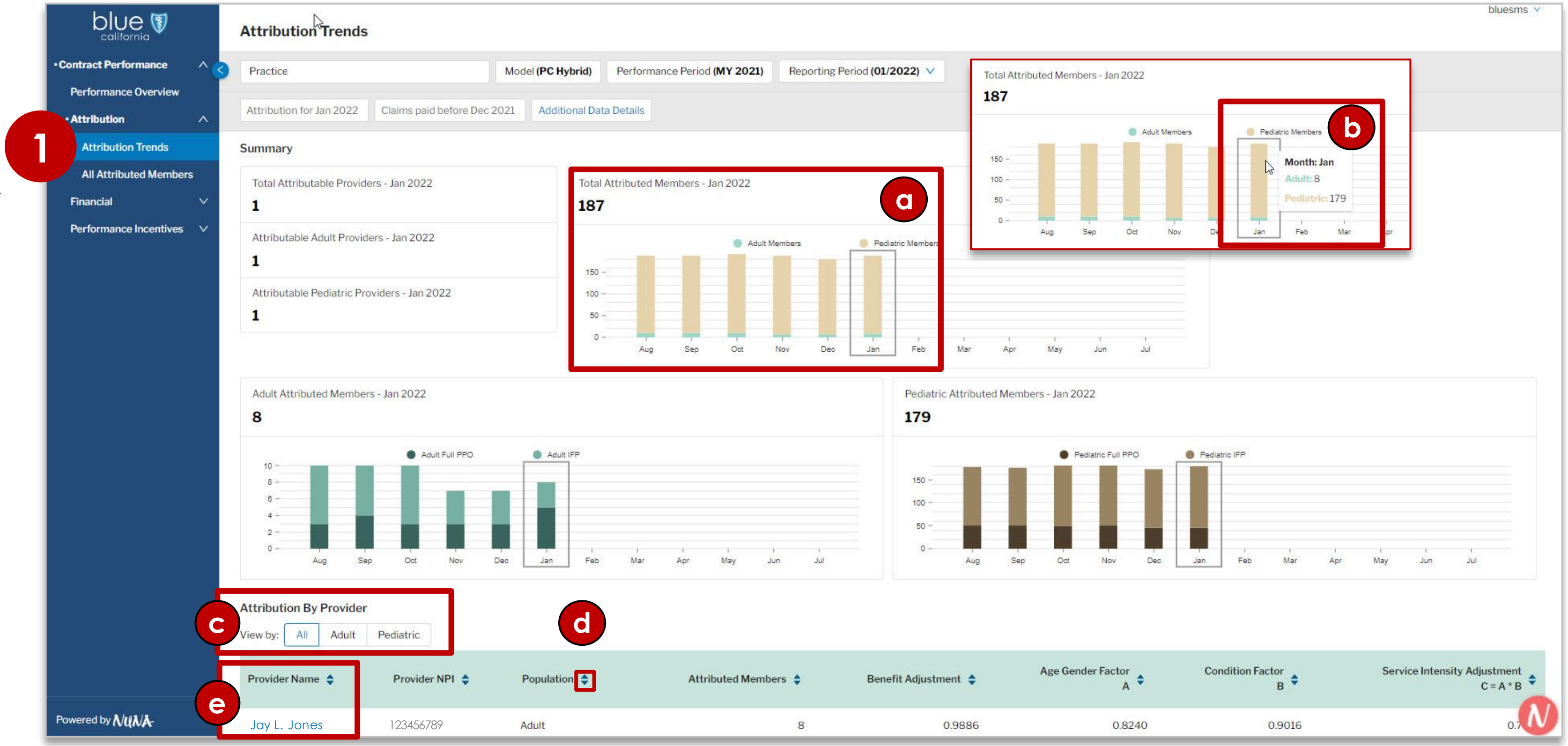
Member attribution reporting: Attribution Trends

Attribution Trends displays a summary of the member attribution for your practice, including a month-to-month trend and the attributed adult and pediatric members by individual provider (physician).

1. Click the **Attribution** drop-down arrow, then click **Attribution Trends**.
   a) The *Reporting Period* will be highlighted on each summary graph with a rectangle.
   b) Hover your curser over a bar to view exact attribution counts by month.
   c) In the *Attribution By Provider* section, you can view all providers (physicians) or click **Adult** or **Pediatric** to filter results.
   d) Use the up/down arrows to sort records in numerical or alphabetical ascending/ descending order.
   e) Click a provider name to access the *All Attributed Members* page filtered for that physician.



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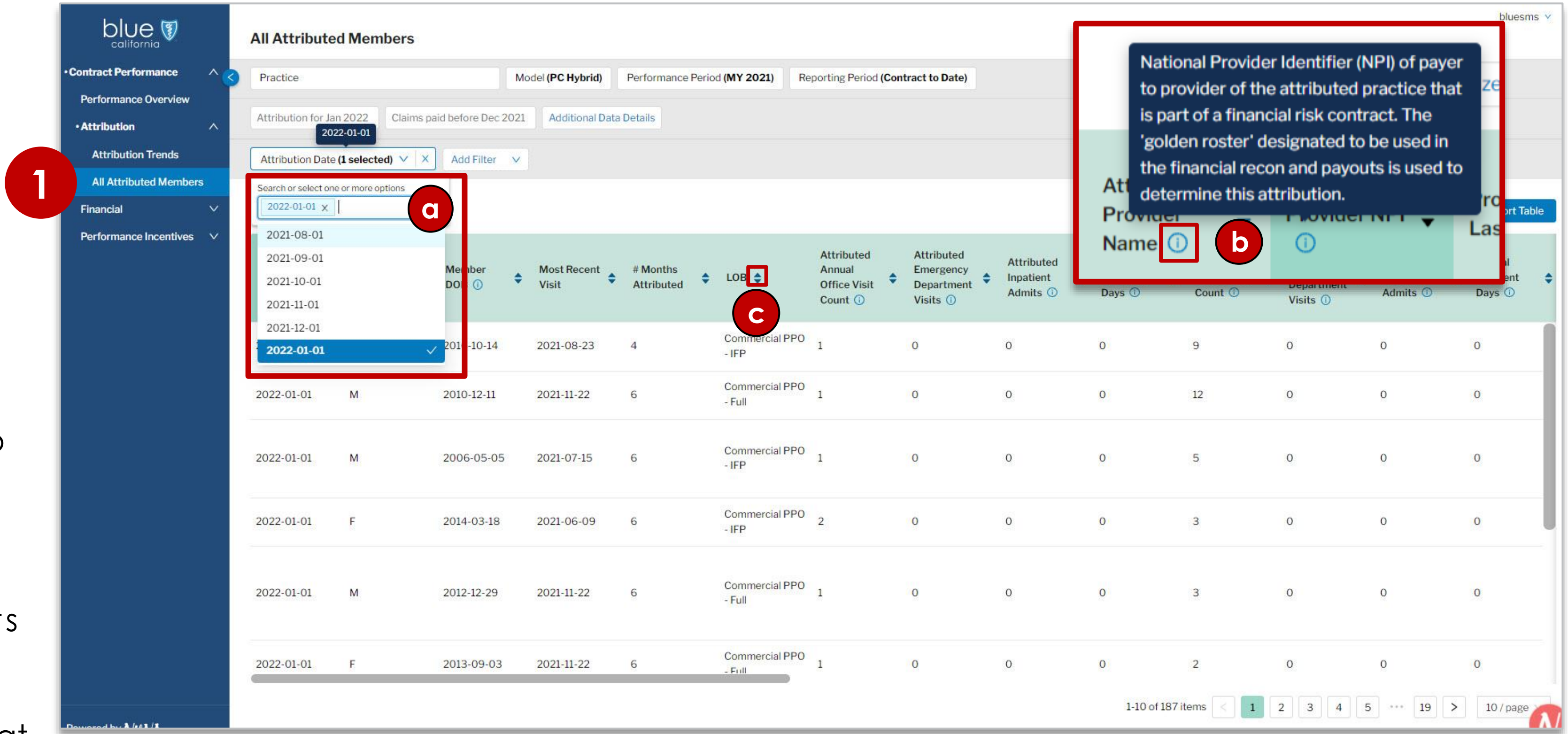
Member attribution reporting: All Attributed Members

All Attributed Members shows the total practice attribution by member including the provider (physician) assigned.



1. Click the **Attribution** drop-down arrow, then click **All Attributed Members** to view the total attribution by member.
   - As shown on the previous page, you can also click a provider name on the *Attribution Trends* screen to access the *All Attributed Members* page, filtered for a specific physician.

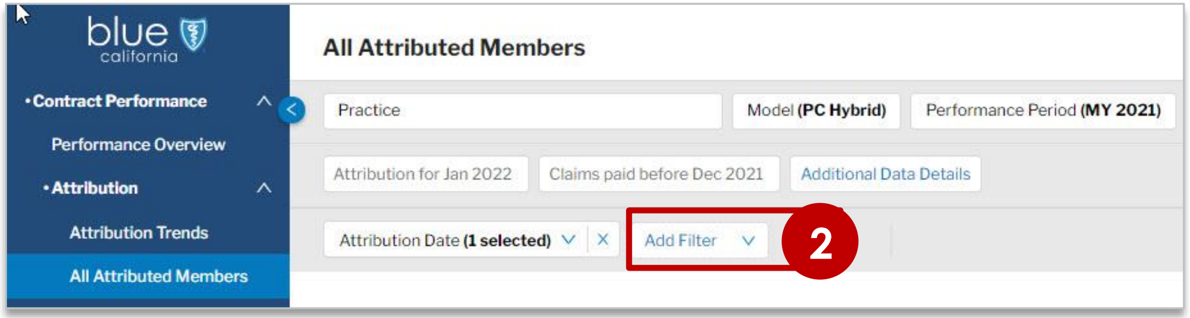
a) The *Attribution Date* defaults to the latest month but can be changed. You can also select specific months one at a time by clicking the drop-down arrow, then clicking the desired month. Click the **X** to remove.

b) Hover your curser over the blue circled i icon to view additional helpful information.

c) Use the up/down arrows to sort records in numerical or alphabetical ascending/descending order.

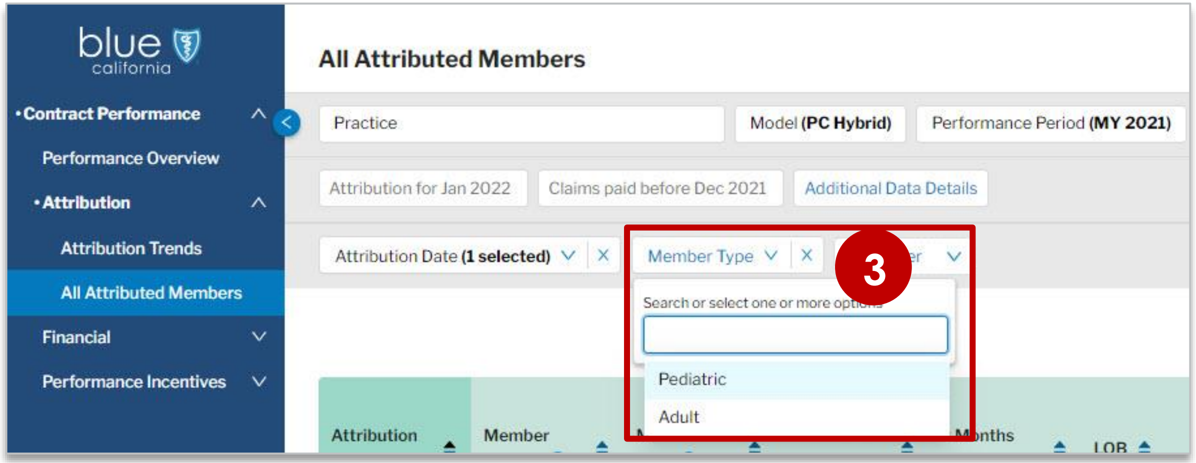
Member attribution reporting: All Attributed Members *continued*

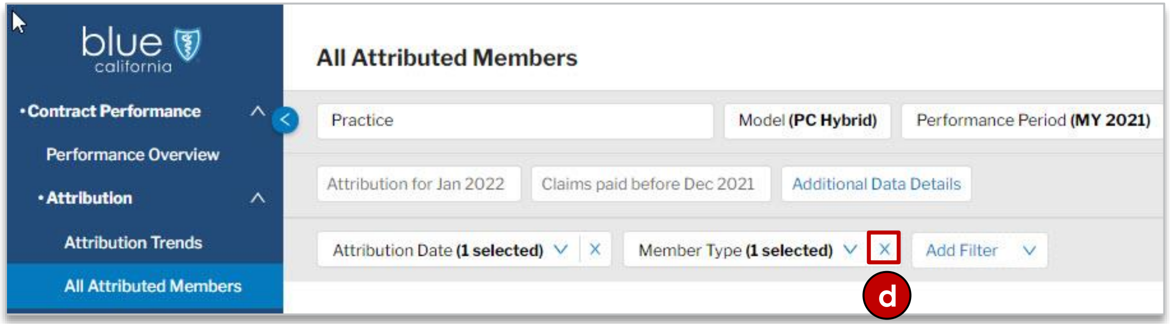
All Attributed Members shows the total practice attribution by member including the provider (physician) assigned.



There are multiple filters you can apply to the data in this report. Each filter must be added separately.

2. Click **Add Filter**.
3. Select a filter, then add one or more items from the list of sub-options that display.
    d) Click the **X** to remove a filter.





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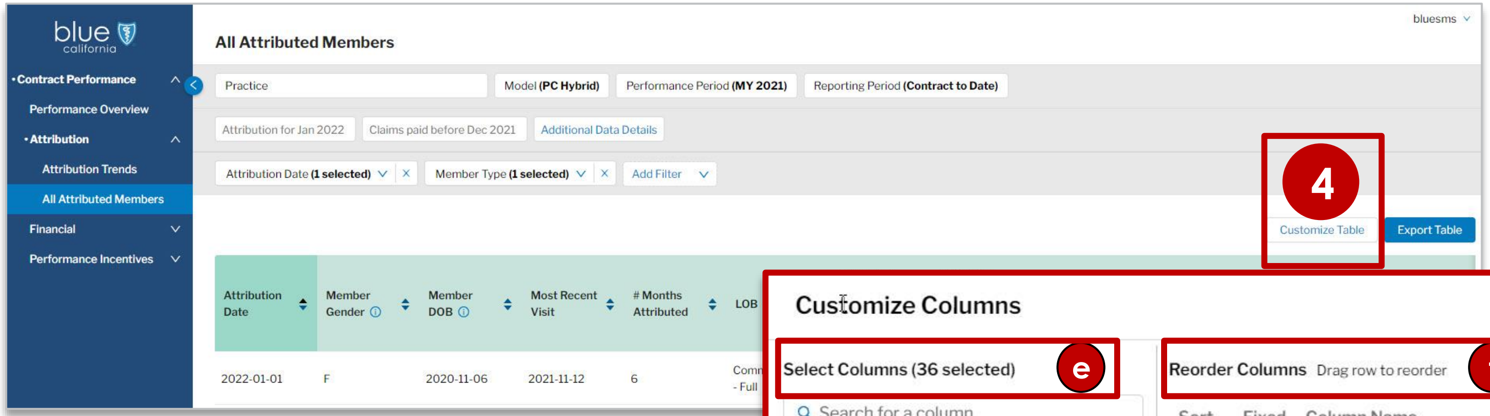
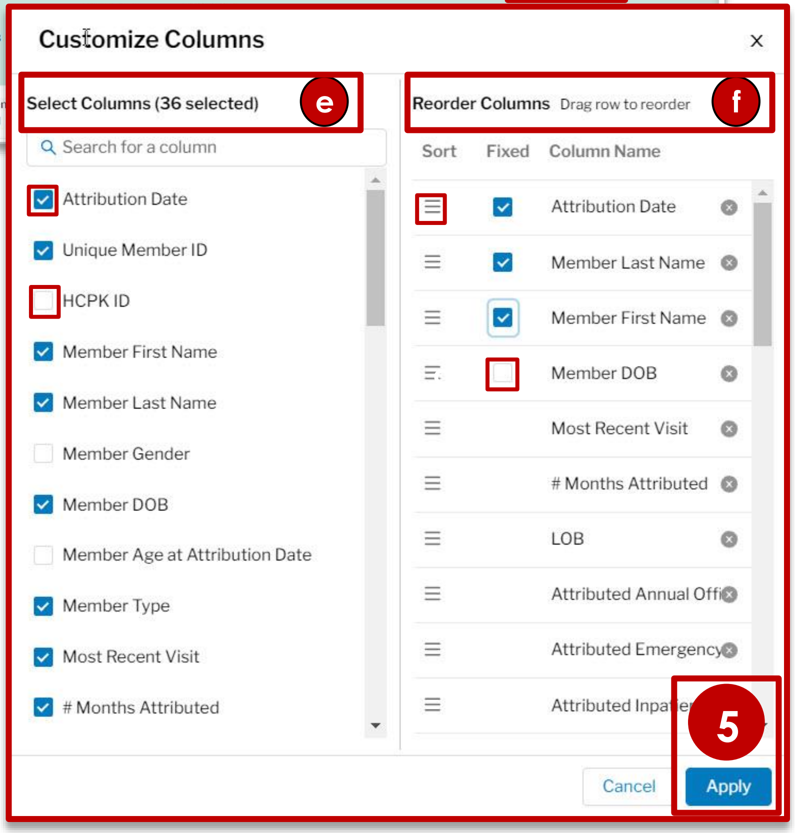
Member attribution reporting: All Attributed Members *continued*

All Attributed Members shows the total practice attribution by member including the provider (physician) assigned.

The *All Attributed Members* table contains:

- Member, provider, & claims information
- Risk driver & key medical condition data
- Product information such as copays & deductibles
- Benefit, age, gender, & condition factors used to calculate monthly payments
- Attribution rank (member attribution criteria)





The *Customize Table* button allows you to tailor what you see on the screen.

4. Click **Customize Table**. The *Customize Columns* window displays with two sections.
    e) Under *Select Columns*, check or uncheck the box next to each option to add or remove.
    f) Under *Reorder Columns*, click the **three gray lines** icon next to the column name and drag to your preferred order.
        - Check the **Fixed** box to lock a column in place and keep it visible when you scroll right.
5. Click **Apply**. The view is now customized based on your selections. Your selections will remain in place for this table until you change them or delete system cookies.

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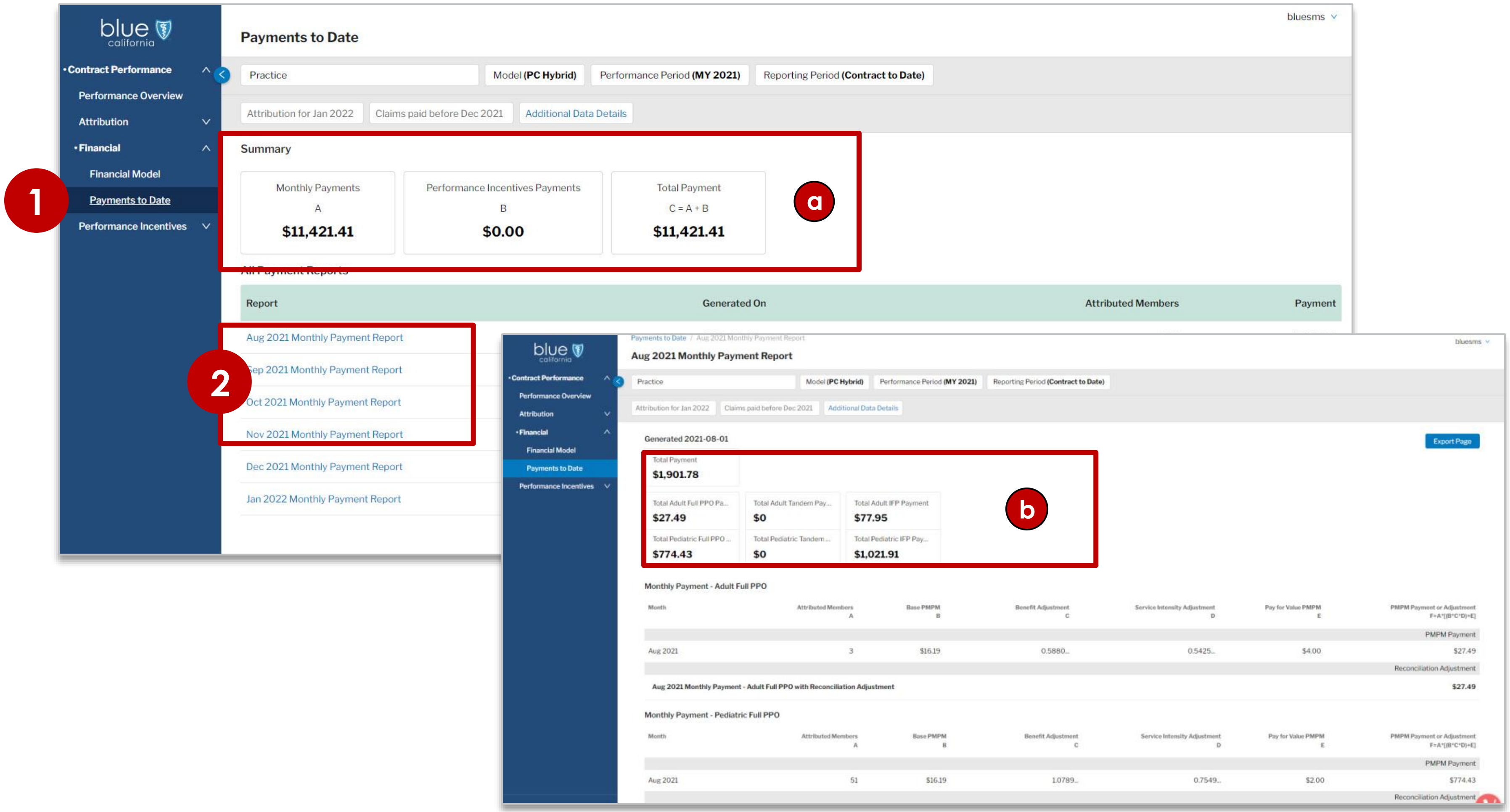
Financial reporting: Payments to Date

Payments to Date displays a summary of payments made to an individual practice. It also provides access to monthly reports that show payment plus reconciliation adjustment calculations by member type and line of business.

1. Click the **Financial** drop-down arrow, then click **Payments to Date**.
   a) The summary of all monthly and all incentive payments and their total display here.
2. Click an active link in the *Report* column to view the *Monthly Payment Report*.
   b) Financial information is categorized by member type and line of business. (See next page for additional details on this report.)



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Financial reporting: Monthly Payment Report

The *Monthly Payment Report* screen shows financial payments for the selected month with individual payment and adjustment calculations for previous months by member type and line of business.

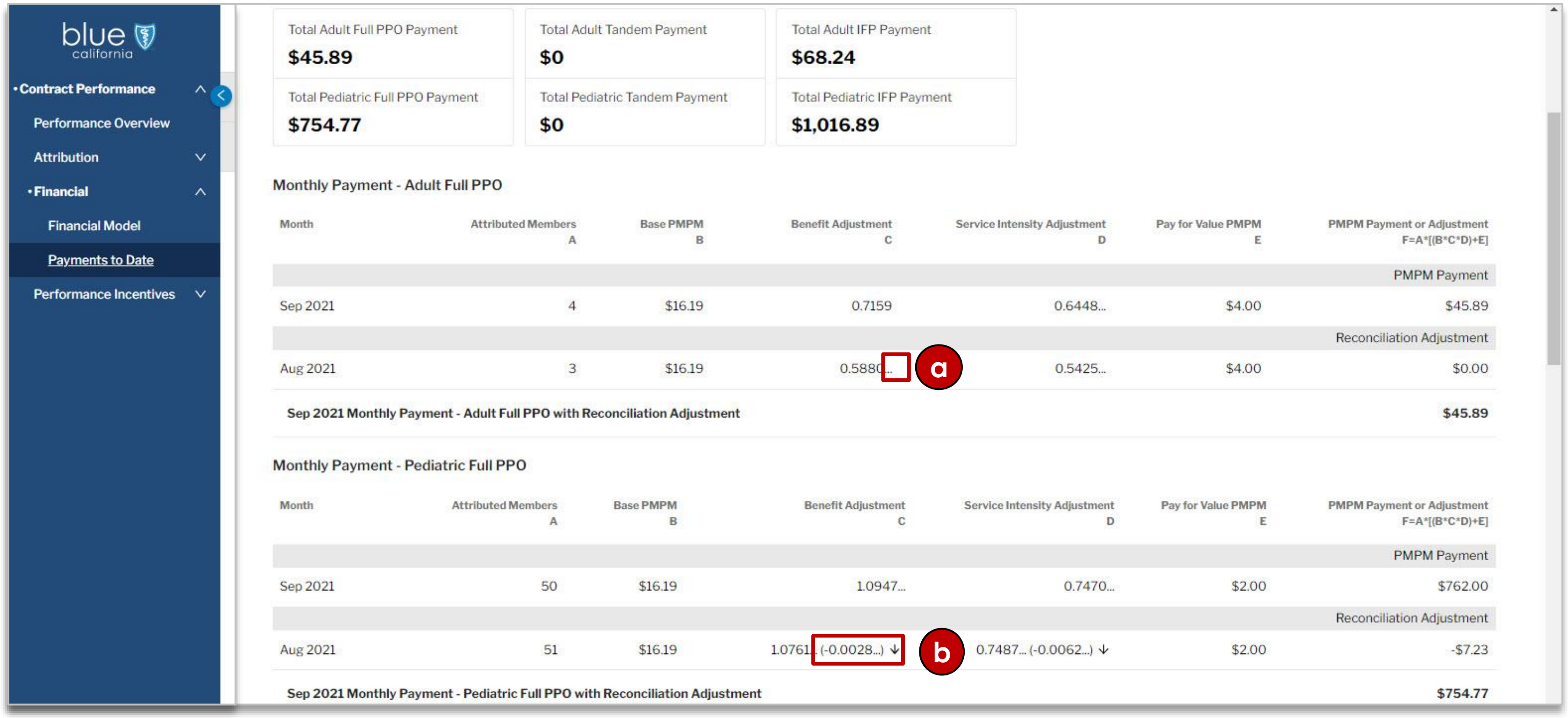
This report shows the total monthly PMPM payment, including reconciliation adjustments made for previous months. For example, the October 2021 report may include September 2021 adjustments even though the PMPM payment for September was already made.

Monthly reports are organized by these categories:

- Adult Full PPO
- Pediatric Full PPO
- Adult Tandem
- Pediatric Tandem
- Adult IFP
- Pediatric IFP

a) An *ellipsis* indicates that more decimals will display when you hover your mouse over the number.

b) Adjustments are identified with an up or down arrow and the amount changed in parentheses.



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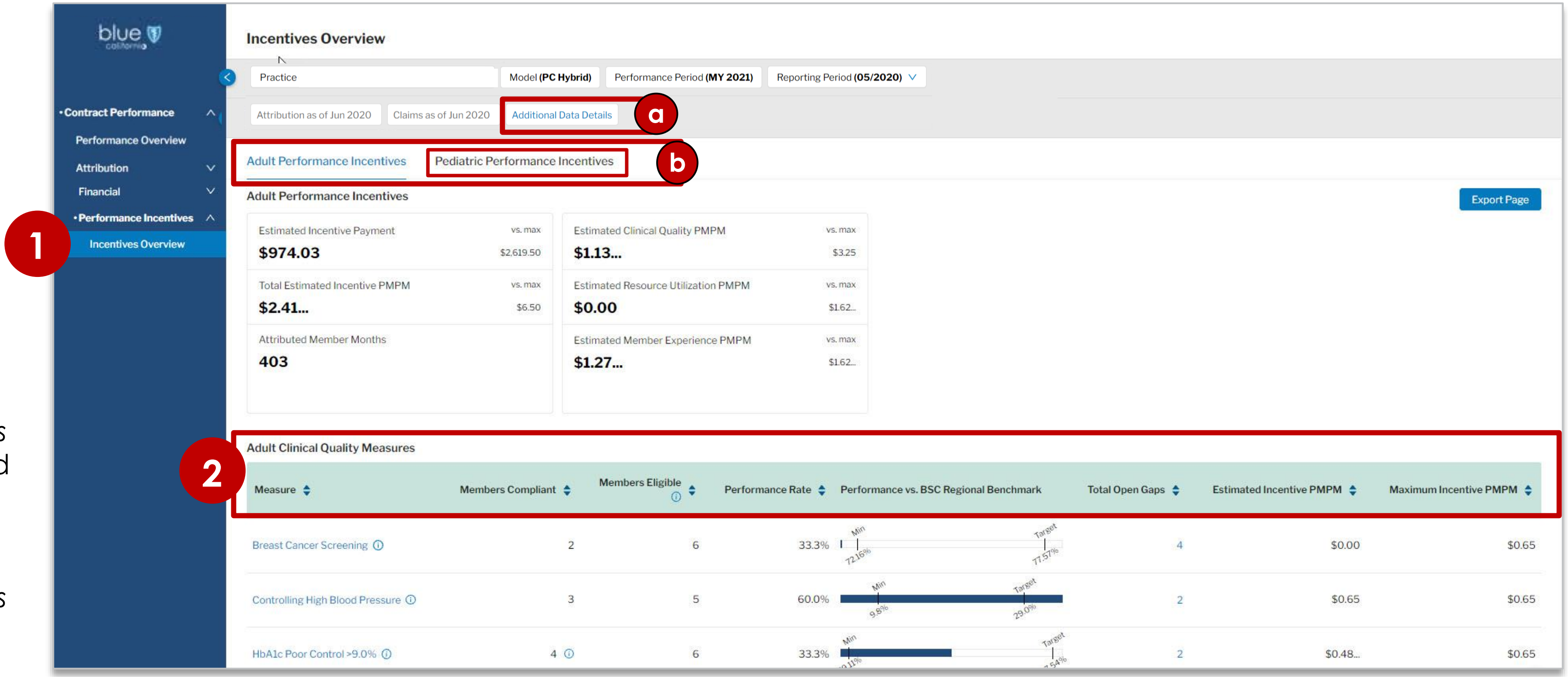
Performance incentives reporting: Incentives Overview

Incentives Overview displays a summary of your practice's quality performance incentive payments by adult and by pediatric members. It provides the ability to drill down into individual measures to help understand and close gaps.

1. Click the **Performance Incentives** drop-down arrow, then click **Incentives Overview**.
    a) The *Additional Data Details* field displays the most recent feed of clinical quality information.
    b) A summary of *Adult Performance Incentives* payments display based on the chosen performance period. Click *Pediatric Performance Incentives* to change your view.



2. To help understand the financial impacts to your practice, the adult and pediatric incentive measure tables display an overview of measure performance including the estimated and maximum incentive PMPM.
    - **Three tables for adult**: 1) Clinical Quality Measures; 2) Resource Utilization Measures; 3) Member Experience Measures.
    - **Two tables for pediatric**: 1) Clinical Quality Measures; 2) Member Experience Measures.

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Performance incentives reporting: Incentives Overview *continued*

Table functionality is the same for *Adult* and *Pediatric views*, but they have different clinical quality measures and there are no pediatric resource utilization measures. An *ellipsis* indicates that more decimals will display upon hover.

3. *Adult Clinical Quality Measures*
   c) Click an active link to view performance by provider (physician) for a measure. The *Practice Variation* screen displays. (See next page for additional details on this report.)
   d) Click an active link. The *Care Gaps* screen displays, listing members with open gaps for the measure. (See page 17 for additional details on this report.)
4. *Adult Member Utilization Measures*
   e) Click an active link to view member utilization by provider (physician).
5. *Adult Experience Measures*
   f) Hover your curser over the blue circled i icon to view each CAHPS measure's definition.

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Adult Clinical Quality Measures

Measure (c)	Members Compliant	Members Eligible	Performance Rate	Performance vs. BSC Regional Benchmark	Total Open Gaps (d)	Estimated Incentive PMPM	Maximum Incentive PMPM
Breast Cancer Screening	2	6	33.3%	Min 72.16% Target 77.57%	4	$0.00	$0.65
Controlling High Blood Pressure	3	5	60.0%	Min 9.8% Target 29.0%	2	$0.65	$0.65
HbA1c Poor Control >9.0%	4	6	33.3%	Min 39.11% Target 27.54%	2	$0.48...	$0.65
Colorectal Cancer Screening	1	4	25.0%	Min 54.91% Target 64.02%	3	$0.00	$0.65
Use of Opioids at High Dosage	3	7	57.1%	Min 4.68% Target 2.38%	4	$0.00	$0.65

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Adult Resource Utilization Measures

Measure (e)	Rate (per 1,000 members)	Performance vs. BSC Regional Benchmark	Estimated Incentive PMPM	Maximum Incentive PMPM
Emergency Room (ER) Visits per 1,000 members	152.28 per 1,000	Min 132.31 Target 108.50	$0.00	$0.81...
Inpatient Admits (IA) per 1,000 members	152.28 per 1,000	0.0	$0.00	$0.81...

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Adult Member Experience Measures

Measure (f)	Denominator	Performance Rate	Performance vs. BSC Regional Benchmark	Estimated Incentive PMPM	Maximum Incentive PMPM
Rating of Provider	26	43.0%	Min 79.0% Target 90.0%	$0.00	$0.32...
Provider Office Test Results Follow-Up	39	93.0%	Min 76.0% Target 89.0%	$0.32...	$0.32...
Getting Needed Care Composite	38	92.0%	Min 50.00% Target 60.00%	$0.32...	$0.32...
Getting Care Quickly Composite	25	93.0%	Min 50.0% Target 61.0%	$0.32...	$0.32...
Office Staff Courtesy and Respect	29	92.0%	Min 85.00% Target 93.00%	$0.30...	$0.32...

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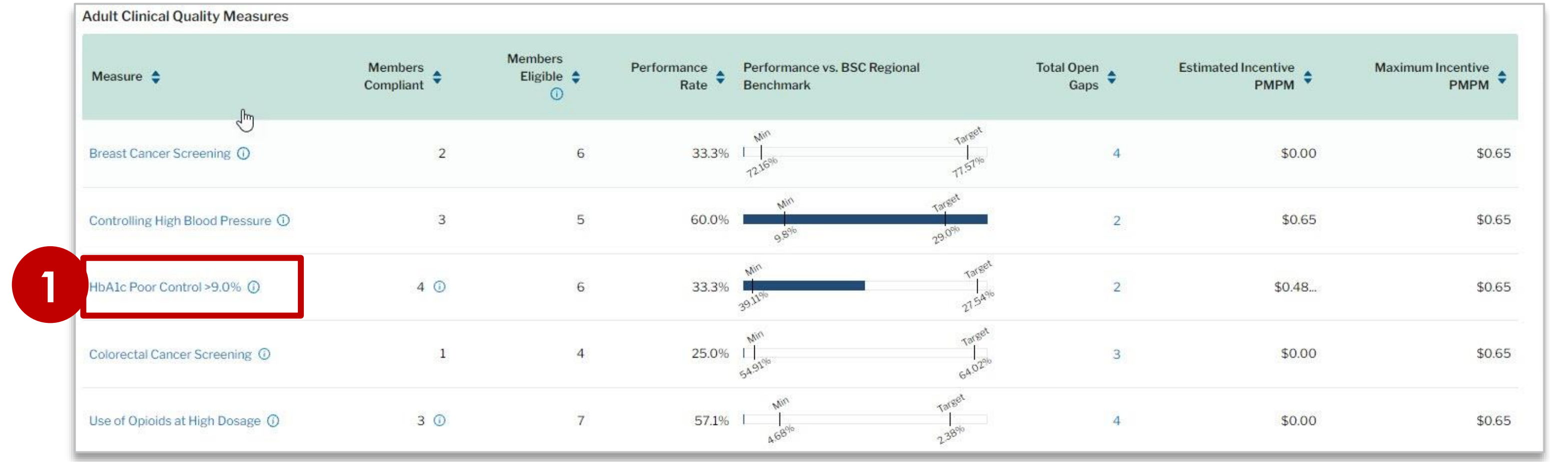
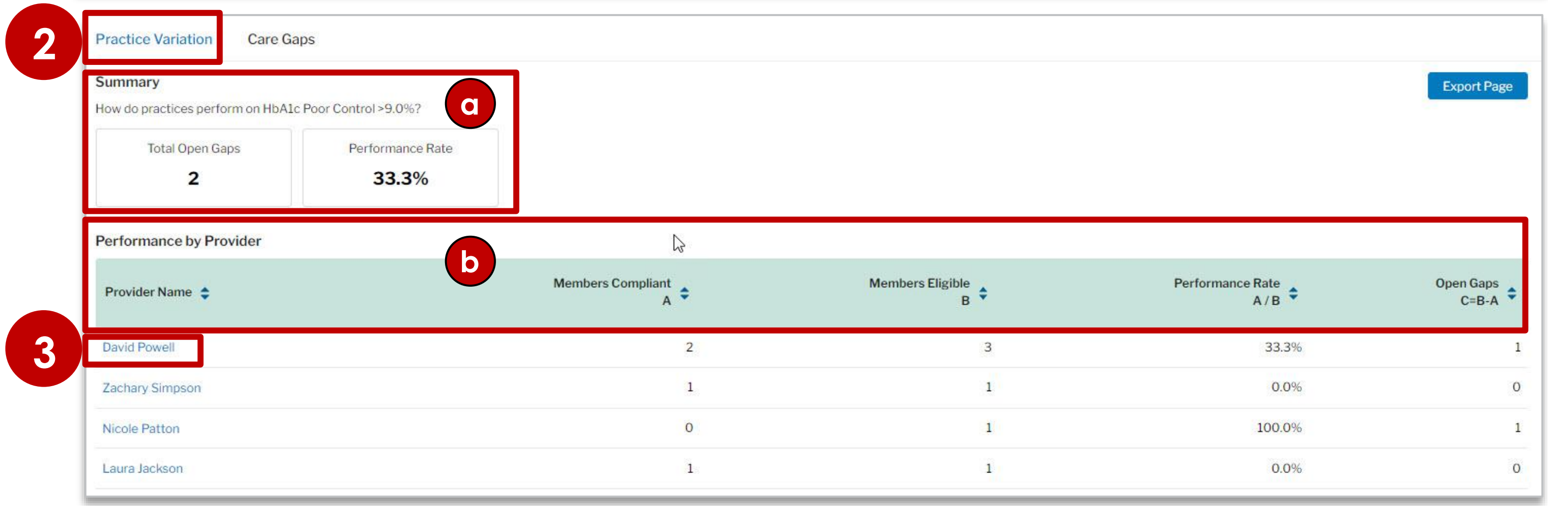
Performance incentives reporting: Practice Variation

The *Practice Variation* screen provides an overview at the provider level of member compliance and care gaps for a specific measure.



Adult Clinical Quality Measures

Measure	Members Compliant	Members Eligible	Performance Rate	Performance vs. BSC Regional Benchmark	Total Open Gaps	Estimated Incentive PMPM	Maximum Incentive PMPM
Breast Cancer Screening	2	6	33.3%	Min 72.16% Target 77.57%	4	$0.00	$0.65
Controlling High Blood Pressure	3	5	60.0%	Min 9.8% Target 29.0%	2	$0.65	$0.65
HbA1c Poor Control >9.0%	4	6	33.3%	Min 39.11% Target 27.54%	2	$0.48...	$0.65
Colorectal Cancer Screening	1	4	25.0%	Min 54.91% Target 64.02%	3	$0.00	$0.65
Use of Opioids at High Dosage	3	7	57.1%	Min 4.68% Target 2.38%	4	$0.00	$0.65



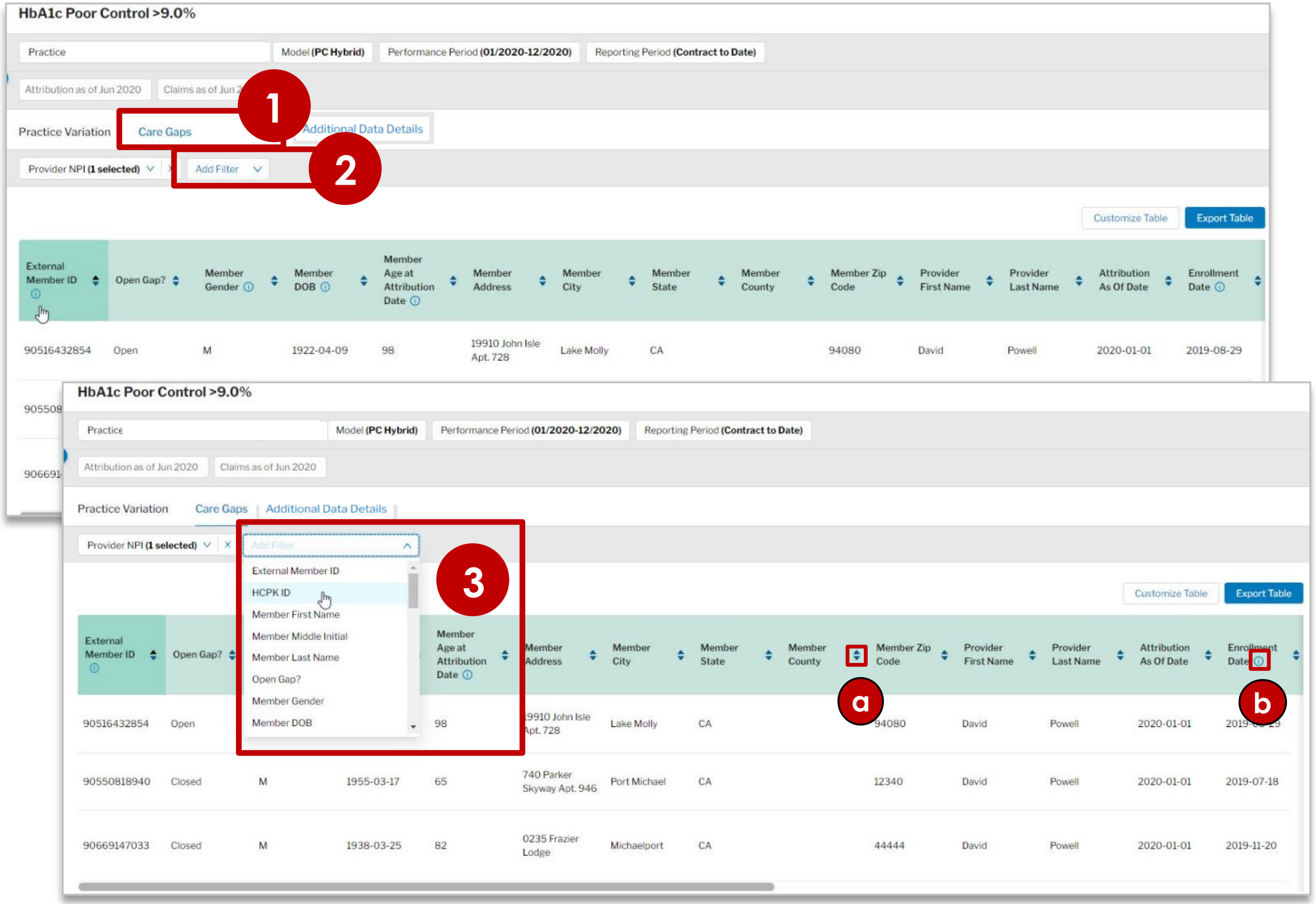
Performance by Provider

Provider Name	Members Compliant A	Members Eligible B	Performance Rate A / B	Open Gaps C=B-A
David Powell	2	3	33.3%	1
Zachary Simpson	1	1	0.0%	0
Nicole Patton	0	1	100.0%	1
Laura Jackson	1	1	0.0%	0

1. To reach this screen, click an active link in the *Measures* column on the *Incentives Overview* screen.
2. The *Practice Variation* screen displays.
   a) This screen summarizes practice performance for a specific measure.
   b) It also shows by provider (physician), the attributed members who are compliant and eligible for the measure, plus the number of open care gaps.
3. Click an active provider (physician) link to open the *Care Gap* report and view all open and closed care gaps filtered for that physician.

Performance incentives reporting: Care Gaps

There are three ways to view care gaps: From *Incentives Overview* either 1) Click a number under the *Total Open Gaps* column to **view open care gaps by measure** or 2) Click a measure and select a provider to **view open/closed care gaps by physician**. The third option is described below.



To reach this screen, click an active link in the *Measure* column on the *Incentives Overview* screen.

1. Click **Care Gaps**. The screen displays with your practice's **open/closed care gaps at the member level**.
2. You can apply multiple filters to this data. Each must be added separately. Click **Add Filter**.
3. Select a filter then add one or more items from the list of sub-options that display. Click the **X** to remove a filter.
   a) Use the up/down arrows to sort records in numerical or alphabetical ascending/ descending order.
   b) Hover your curser over the blue circled i icon to view helpful information.

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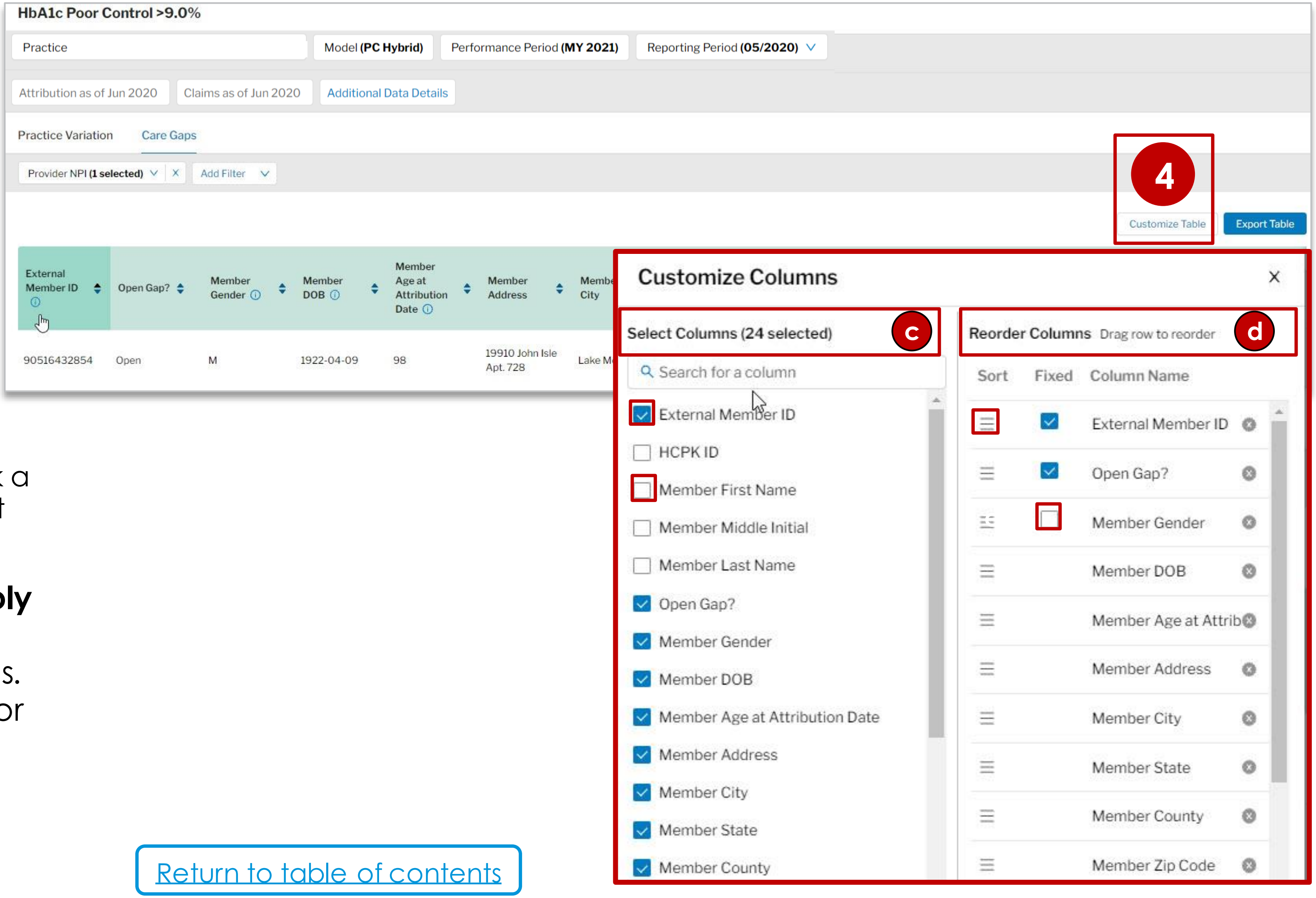
Performance incentives reporting: Care Gaps *continued*

The *Care Gap* screen displays your practice's **open/closed care gaps at the member level**.

The *Customize Table* button allows you to tailor your view on the screen.

4. Click **Customize Table**. The *Customize Columns* window displays with two sections.
   c) Under *Select Columns*, check or uncheck the box next to each option to add or remove.
   d) Under *Reorder Columns*, click the **three gray lines** icon next to the column name and drag to your preferred order.
      - Check the **Fixed** box to lock a column in place and keep it visible when you scroll right.
5. At the bottom of this menu is an **Apply** button. Once clicked, the view is customized based on your selections. Your selections will remain in place for this table until you change them or delete system cookies.



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Exporting data

Data can be downloaded in XLS format from multiple screens.

- You can export data as an Excel (XLS) file from the following locations in the system:

Export Table **button**	Export Page **button**
▪ Attribution > **All Attributed Members** ▪ Performance Incentives > Incentives Overview > **Care Gaps**	▪ Financial > Payments to Date > **Monthly Payment Report** ▪ **Incentives Overview** ▪ Performance Incentives > Incentives Overview > **Practice Variation**

- For *All Attributed Members* and *Care Gaps*, you can set filters before clicking **Export Table**. These filters will be reflected in the XLS document. (See the previous page in this user guide for filtering instructions.)
  - **Exports will not reflect any *Customize Table* selections you make.** All columns will export and display in the XLS file.
- All exports include a cover sheet.

Approved: 12/2021

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