

# 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](mailto:primarycarereimagined@blueshieldca.com).

[Go to table of contents](#)



# Table of contents

**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.**

<b>Page</b>	<b>Topic</b>
<a href="#"><u>4</u></a>	Access the value-based reporting platform
<a href="#"><u>6</u></a>	Overview screen and navigation
<a href="#"><u>8</u></a>	Member attribution reporting: Attribution Trends
<a href="#"><u>9</u></a>	Member attribution reporting: All Attributed Members
<a href="#"><u>12</u></a>	Financial reporting: Payments to Date
<a href="#"><u>13</u></a>	Financial reporting: Monthly Payment Report
<a href="#"><u>14</u></a>	Performance incentives reporting: Incentives Overview
<a href="#"><u>16</u></a>	Performance incentives reporting: Practice Variation
<a href="#"><u>17</u></a>	Performance incentives reporting: Care Gaps
<a href="#"><u>19</u></a>	Exporting data



# 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.**

The screenshot shows the 'blue shield of california' Provider Connection website. A red circle with the number '1' is placed over the 'Eligibility & benefits' dropdown menu in the top navigation bar. Below the navigation bar, the 'Eligibility and benefits' section is visible, with a red circle and the number '2' over the 'Additional resources' link. To the right, a panel titled 'Additional resources' contains four blue boxes. A red circle with the number '3' is placed over the 'Value-based reporting' box, which is also outlined with a red border. The 'Value-based reporting' box contains the text: 'View member attribution and patient data about visits, risk scores and provider incentive opportunities.'

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.



[Return to table of contents](#)



# 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.

The screenshot displays the 'Value-based reporting' interface. At the top, there is a blue header with the text 'Value-based reporting'. Below this, a message states: 'To view your value-based physician reporting and performance data, select the Tax ID Number (TIN) below in the drop-down selection and click "Access Portal". If you don't see your TIN in the drop-down selection, please [contact us](#).' A 'QUICK LINKS' section on the right contains a link to 'Primary Care Pay-for-Value Hybrid payment model manual (PDF, 13.6 MB)'. A red box highlights the 'Requesting provider's TIN' field, which contains '999999999' and a drop-down arrow. Below the field is an 'Access Portal' button. The bottom section shows the 'Performance Overview' dashboard. The sidebar menu includes 'Contract Performance', 'Performance Overview' (selected), 'Attribution', 'Financial', and 'Performance Incentives'. The main content area shows 'Performance Overview' for 'Practice' with 'Model (PC Hybrid)', 'Performance Period (MY 2021)', and 'Reporting Period (01/2022)'. It includes tabs for 'Attribution for Jan 2022', 'Claims paid before Dec 2021', and 'Additional Data Details'. The 'Summary' section displays 'Total Monthly Payment - Jan 2022' as '\$1,896.94' and 'Total Performance Incentives Payment - Jan 2022' as 'Not Applicable'. There are two bar charts: 'Total Attributed Members - Jan 2022' showing 187 members (Adult and Pediatric) and 'Total Monthly Payment - Jan 2022' showing payments from Aug to Jan. The dashboard also includes 'View Payments to Date' and 'View Performance Incentives' links.

# Performance Overview screen and navigation

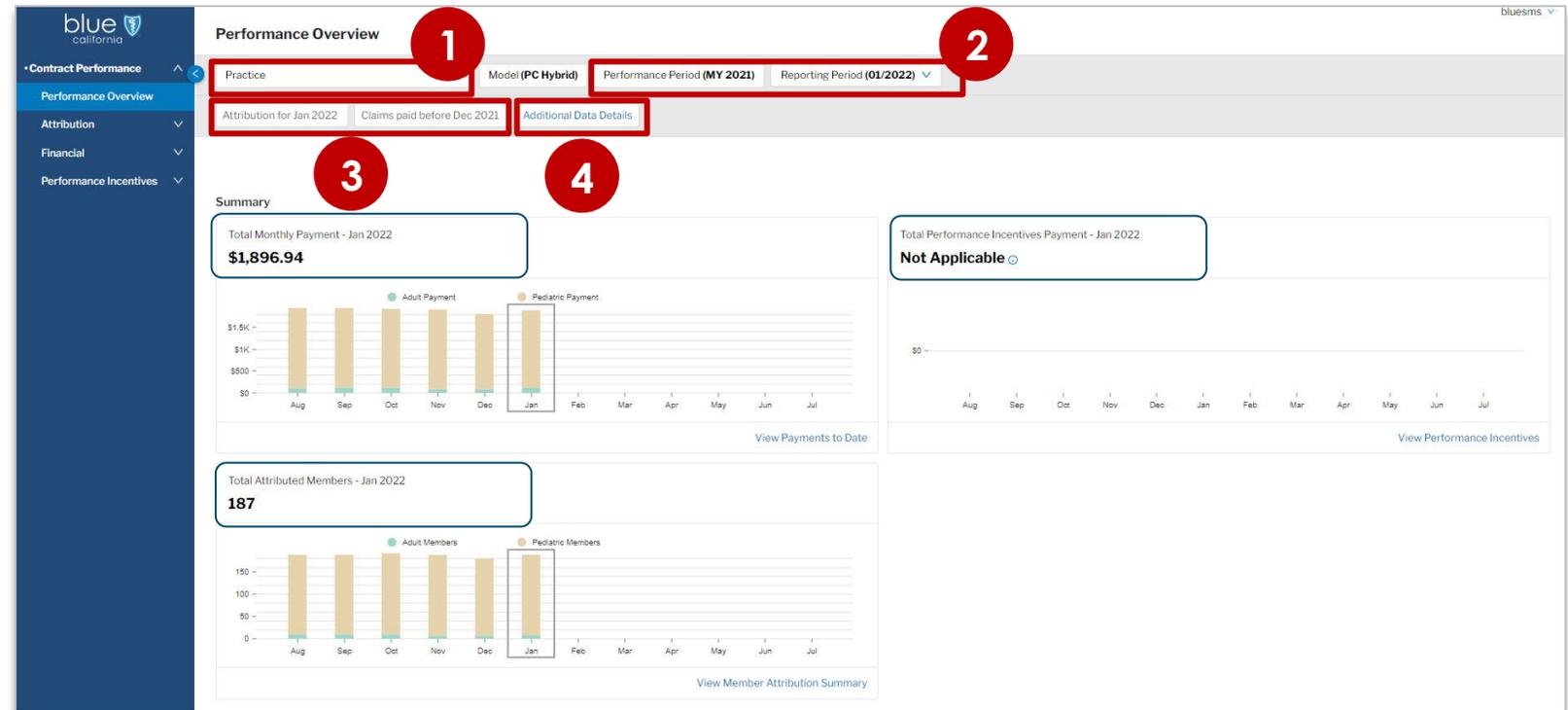
The *Performance Overview* is the home screen for your practice. It provides year-to-date summary level information on your payments and attribution.

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.

[Return to table of contents](#)



# 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.

<b>Attribution reports</b>	<ul style="list-style-type: none"><li>• <b>Attribution Trends:</b> 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).</li><li>• <b>All Attributed Members:</b> Total practice attribution by member and by member assigned to each provider (physician).</li></ul>
<b>Financial reports</b>	<ul style="list-style-type: none"><li>• <b>Financial Model:</b> Not applicable.</li><li>• <b>Payments to Date:</b> Summary of payments made to your practice, plus monthly detail on PMPM and reconciliation adjustments by member type and line of business.</li></ul>
<b>Performance Incentive reports</b>	<ul style="list-style-type: none"><li>• <b>Incentives Overview:</b> Summary of your practice's clinical quality, resource utilization, and member experience performance and incentive payments by adult and by pediatric members. Includes <i>Practice Variation</i> and <i>Care Gap</i> reports for drill down into individual measures so you can better understand and close care gaps.</li></ul>

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.

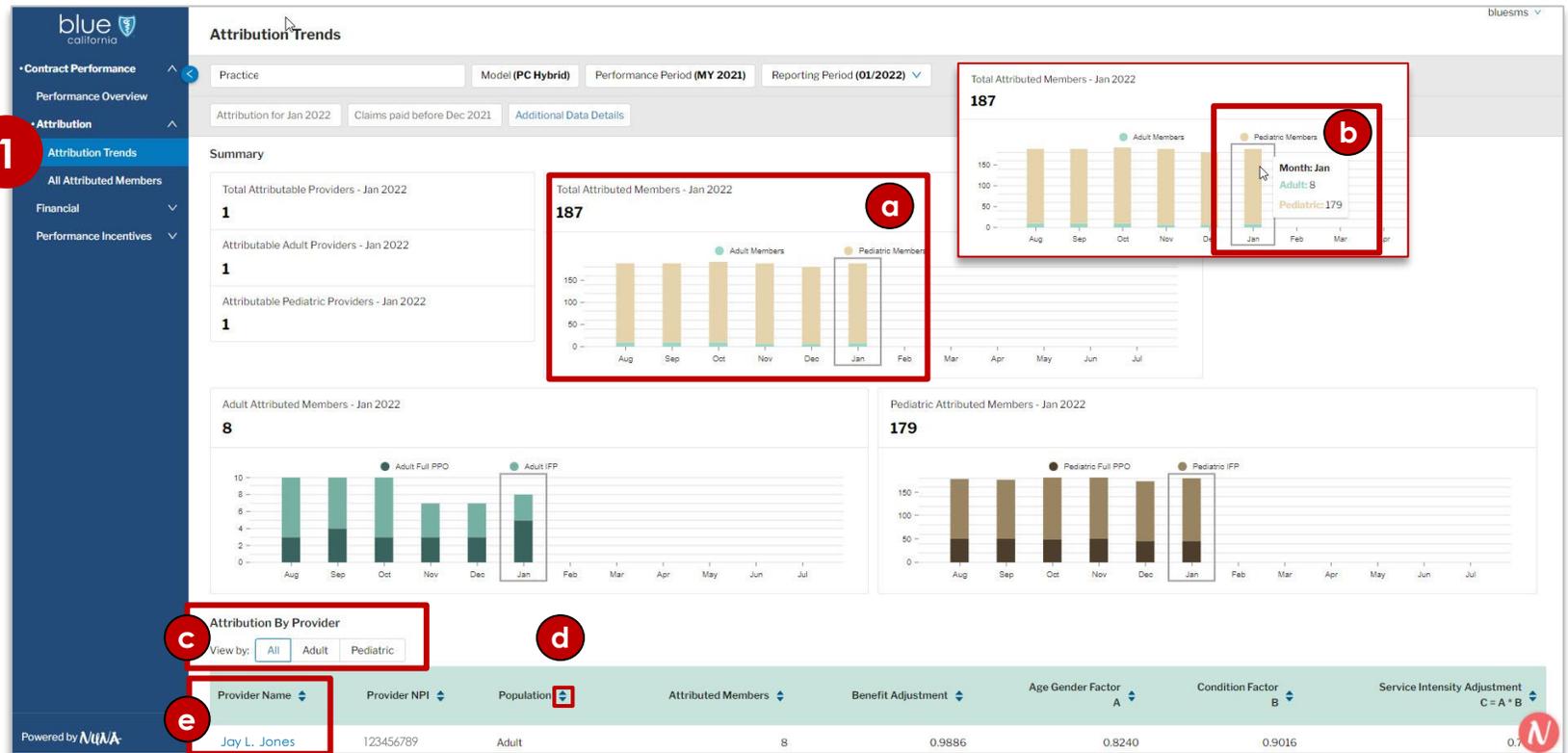
[Return to table of contents](#)



# 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 cursor 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.



[Return to table of contents](#)

# 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.

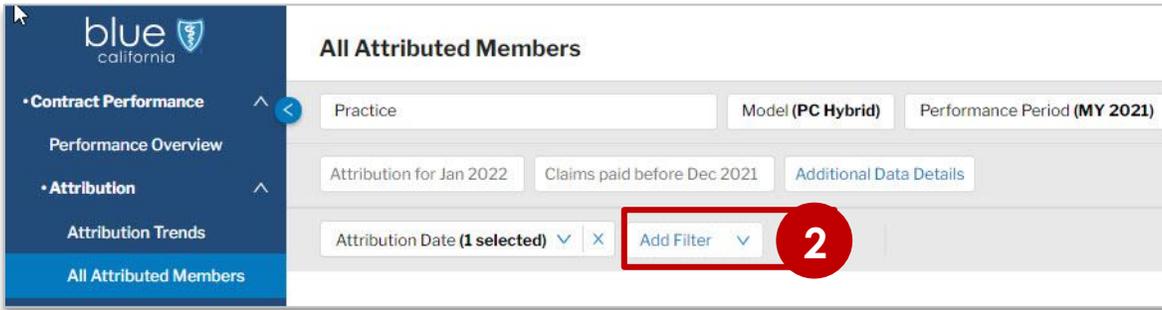
- As shown on the previous page, you can also click a provider name on the *Attribution Trends* screen to access the *All Attributed Members* page, filtered for a specific physician.

- 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 cursor 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*

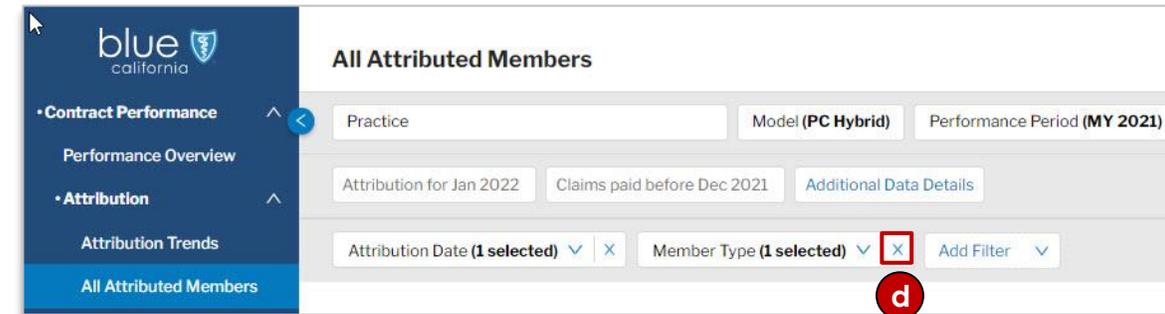
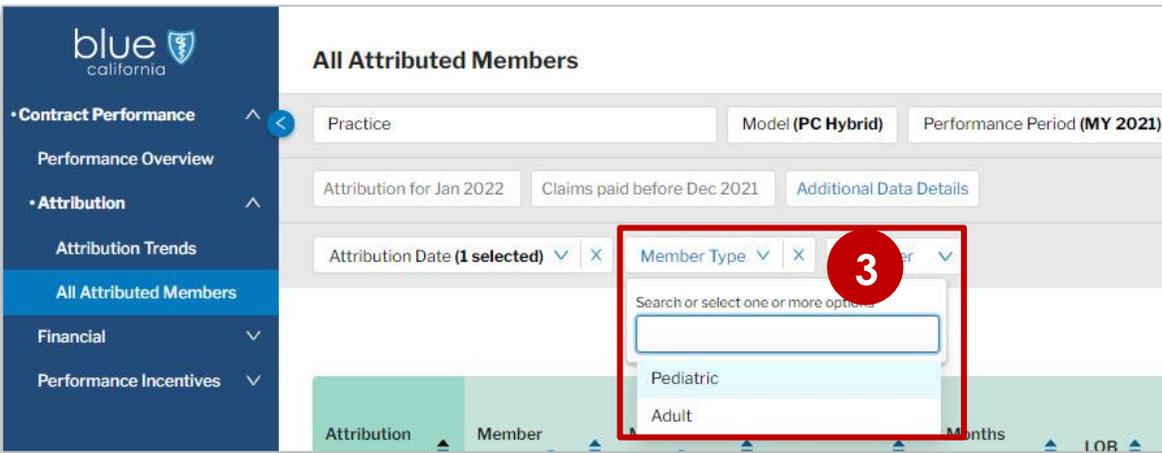
All Attributed Members shows the total practice attribution by member including the provider (physician) assigned.



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.



# 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.

[Return to table of contents](#)

# 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.)

The screenshot shows the 'Payments to Date' interface. The left sidebar has a 'Financial' menu with 'Payments to Date' selected. The main content area shows a summary table with the following data:

Monthly Payments A	Performance Incentives Payments B	Total Payment C = A + B
\$11,421.41	\$0.00	\$11,421.41

Below the summary is a list of reports. A red box highlights the 'Aug 2021 Monthly Payment Report' link. The second screenshot shows the 'Aug 2021 Monthly Payment Report' page. A red box highlights the summary table with the following data:

Total Payment
\$1,901.78

Below this is a table with columns for 'Total Adult Full PPO Pa...', 'Total Adult Tandem Pay...', and 'Total Adult IFP Payment'. A red box highlights the following data:

Total Adult Full PPO Pa...	Total Adult Tandem Pay...	Total Adult IFP Payment
\$27.49	\$0	\$77.95
Total Pediatric Full PPO ...	Total Pediatric Tandem ...	Total Pediatric IFP Pay...
\$774.43	\$0	\$1,021.91

Below this is a table for 'Monthly Payment - Adult Full PPO' with columns for 'Month', 'Attributed Members', 'Base PMPM', 'Benefit Adjustment', 'Service Intensity Adjustment', 'Pay for Value PMPM', and 'PMPM Payment or Adjustment'. A red box highlights the following data:

Month	Attributed Members	Base PMPM	Benefit Adjustment	Service Intensity Adjustment	Pay for Value PMPM	PMPM Payment or Adjustment
Aug 2021	3	\$16.19	0.5880...	0.5425...	\$4.00	\$27.49

Below this is a table for 'Monthly Payment - Pediatric Full PPO' with columns for 'Month', 'Attributed Members', 'Base PMPM', 'Benefit Adjustment', 'Service Intensity Adjustment', 'Pay for Value PMPM', and 'PMPM Payment or Adjustment'. A red box highlights the following data:

Month	Attributed Members	Base PMPM	Benefit Adjustment	Service Intensity Adjustment	Pay for Value PMPM	PMPM Payment or Adjustment
Aug 2021	51	\$16.19	1.0789...	0.7549...	\$2.00	\$774.43

[Return to table of contents](#)

# 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

- An *ellipsis* indicates that more decimals will display when you hover your mouse over the number.
- Adjustments are identified with an up or down arrow and the amount changed in parentheses.

Month	Attributed Members A	Base PMPM B	Benefit Adjustment C	Service Intensity Adjustment D	Pay for Value PMPM E	PMPM Payment or Adjustment F=A*[(B*C*D)+E]
<b>Monthly Payment - Adult Full PPO</b>						
Sep 2021	4	\$16.19	0.7159	0.6448...	\$4.00	\$45.89
Aug 2021	3	\$16.19	0.5880...	0.5425...	\$4.00	\$0.00
<b>Sep 2021 Monthly Payment - Adult Full PPO with Reconciliation Adjustment</b>						<b>\$45.89</b>
<b>Monthly Payment - Pediatric Full PPO</b>						
Sep 2021	50	\$16.19	1.0947...	0.7470...	\$2.00	\$762.00
Aug 2021	51	\$16.19	1.0761 (-0.0028..) ↓	0.7487... (-0.0062..) ↓	\$2.00	-\$7.23
<b>Sep 2021 Monthly Payment - Pediatric Full PPO with Reconciliation Adjustment</b>						<b>\$754.77</b>

[Return to table of contents](#)



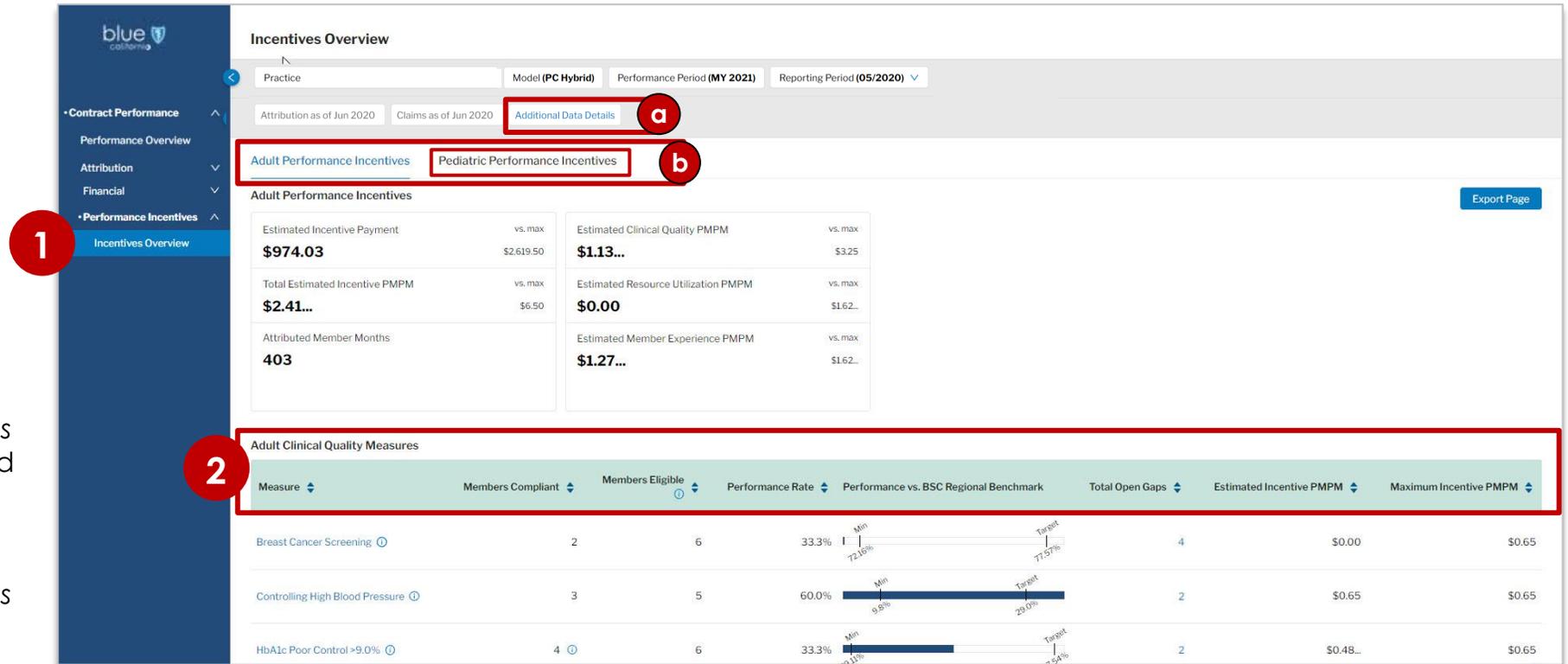
# Performance incentives reporting: Incentives Overview

*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.

[Return to table of contents](#)



# 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.)

**3**

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: 72.86%, Target: 77.5%	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: 54.03%, Target: 64.03%	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

## 4. Adult Member Utilization Measures

e) Click an active link to view member utilization by provider (physician).

**4**

Measure	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: 122.31, Target: 168.50	\$0.00	\$0.81...
Inpatient Admits (IA) per 1,000 members	152.28 per 1,000	Min: 0.00, Target: 0.00	\$0.00	\$0.81...

## 5. Adult Experience Measures

f) Hover your cursor over the **blue circled i** icon to view each CAHPS measure's definition.

**5**

Measure	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: 86.00%, Target: 93.00%	\$0.30...	\$0.32...

[Return to table of contents](#)

# 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: 72.35%, 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

1

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

2

Practice Variation Care Gaps

Summary

How do practices perform on HbA1c Poor Control >9.0%?

Total Open Gaps	Performance Rate
2	33.3%

Export Page

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

3

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.

HbA1c Poor Control >9.0%

Practice: [ ] Model (PC Hybrid) Performance Period (01/2020-12/2020) Reporting Period (Contract to Date)

Attribution as of Jun 2020 Claims as of Jun 2020

Practice Variation: **Care Gaps** | Additional Data Details

Provider NPI (1 selected) Add Filter

External Member ID	Open Gap?	Member Gender	Member DOB	Member Age at Attribution Date	Member Address	Member City	Member State	Member County	Member Zip Code	Provider First Name	Provider Last Name	Attribution As Of Date	Enrollment Date
90516432854	Open	M	1922-04-09	98	19910 John Isle Apt. 728	Lake Molly	CA		94080	David	Powell	2020-01-01	2019-08-29
90550818940	Closed	M	1955-03-17	65	740 Parker Skyway Apt. 946	Port Michael	CA		12340	David	Powell	2020-01-01	2019-07-18
90669147033	Closed	M	1938-03-25	82	0235 Frazier Lodge	Michaelport	CA		44444	David	Powell	2020-01-01	2019-11-20

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 cursor over the **blue circled i** icon to view helpful information.



[Return to table of contents](#)



# 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.

The screenshot shows the 'HbA1c Poor Control >9.0%' reporting interface. At the top, there are filters for Practice, Model (PC Hybrid), Performance Period (MY 2021), and Reporting Period (05/2020). Below these are tabs for Attribution as of Jun 2020, Claims as of Jun 2020, and Additional Data Details. The main area is titled 'Practice Variation Care Gaps' and shows a table with columns: External Member ID, Open Gap?, Member Gender, Member DOB, Member Age at Attribution Date, Member Address, and Member City. A 'Customize Table' button is highlighted with a red box and the number '4'. An 'Export Table' button is also visible.

The 'Customize Columns' dialog box is overlaid on the table. It has two main sections: 'Select Columns (24 selected)' and 'Reorder Columns'. The 'Select Columns' section has a search bar and a list of columns with checkboxes. The 'Reorder Columns' section has a search bar and a list of columns with reorder icons (three gray lines) and a 'Fixed' checkbox. Red boxes and letters 'c' and 'd' highlight the search bar and the reorder icon in the 'Select Columns' section, and the reorder icon and 'Fixed' checkbox in the 'Reorder Columns' section.

External Member ID	Open Gap?	Member Gender	Member DOB	Member Age at Attribution Date	Member Address	Member City
90516432854	Open	M	1922-04-09	98	19910 John Isle Apt. 728	Lake M

**Select Columns (24 selected)**

- External Member ID
- HCPK ID
- Member First Name
- Member Middle Initial
- Member Last Name
- Open Gap?
- Member Gender
- Member DOB
- Member Age at Attribution Date
- Member Address
- Member City
- Member State
- Member County

**Reorder Columns** Drag row to reorder

Sort	Fixed	Column Name
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	External Member ID
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Open Gap?
<input type="checkbox"/>	<input type="checkbox"/>	Member Gender
<input type="checkbox"/>	<input type="checkbox"/>	Member DOB
<input type="checkbox"/>	<input type="checkbox"/>	Member Age at Attribution Date
<input type="checkbox"/>	<input type="checkbox"/>	Member Address
<input type="checkbox"/>	<input type="checkbox"/>	Member City
<input type="checkbox"/>	<input type="checkbox"/>	Member State
<input type="checkbox"/>	<input type="checkbox"/>	Member County
<input type="checkbox"/>	<input type="checkbox"/>	Member Zip Code

[Return to table of contents](#)



# 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
<ul style="list-style-type: none"><li>Attribution &gt; <b>All Attributed Members</b></li><li>Performance Incentives &gt; Incentives Overview &gt; <b>Care Gaps</b></li></ul>	<ul style="list-style-type: none"><li>Financial &gt; Payments to Date &gt; <b>Monthly Payment Report</b></li><li><b>Incentives Overview</b></li><li>Performance Incentives &gt; Incentives Overview &gt; <b>Practice Variation</b></li></ul>

- 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 coversheet.

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[Return to table of contents](#)





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