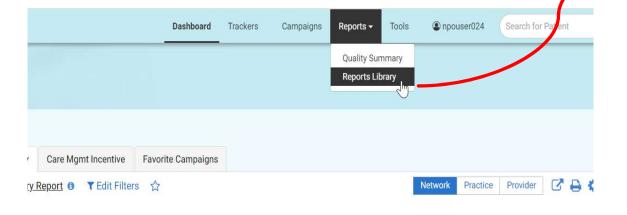
# PCMH User Group Meeting Health Focus Reports

## Reports Library

▶ To access, select Reports Library from the Reports dropdown.

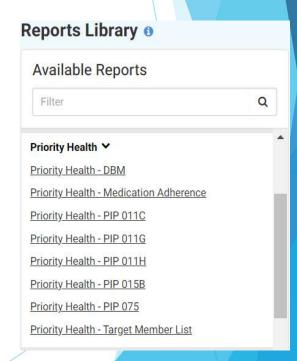
► The list of Available Reports will be listed on the left-hand side of the screen.





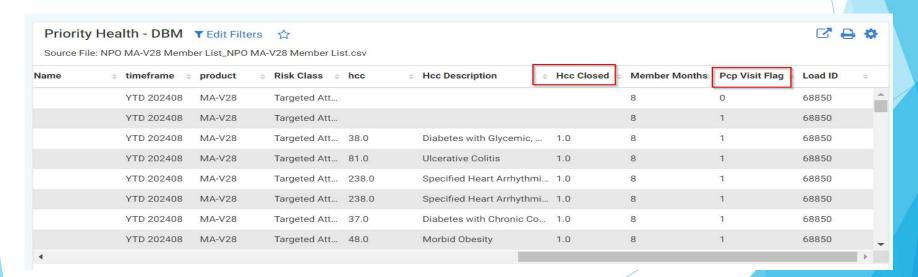
## **Priority Health Reports**

- Health Focus receives these reports monthly from Priority Health
- There are multiple reports available including the DBM and PIP Reports
  - ▶ PIP 011C—HEDIS Gaps in Care
  - PIP 011G—A1Cs
  - ▶ PIP 011H—HTN Worksheet (Blood Pressures)
  - ▶ PIP 075—Membership File
- The PIP reports available in Health Focus were the files that were received in FileMart



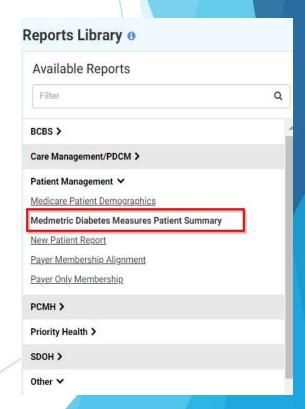
## Priority Health DBM Report

- Under HCC and PCP:
  - ▶ 0.0 indicates that it is open and not met
  - 1.0 indicates that it is closed and met
  - If it is blank, Priority Health does not have enough information. For example, the patient may be new to Priority Health and has no prior claims.



## Medmetric Diabetes Measures Patient Summary

- This report follows the 2024 HEDIS Guidelines for the Diabetic Measures
  - ➤ 2024—Two diabetic diagnoses regardless of encounter type or medication along with a diagnosis of diabetes would put the patient in the DM Measures
  - Diagnoses on a lab claim are now excluded
- It is updated weekly and contains the most accurate patient lists
- Until the new measure engine is released, we recommend using this report over the Quality Summary Report and the Point of Care Screens.



## Care Management/PDCM

- These reports are derived from the PDCM data received from BCBS/BCN
  - Any report with BCBS or BCN at the beginning indicates the report is data direct from BCBS/BCN
    - ▶ Eligibility, Risk Factors, Claims, and Landmark
- You can triage patients to determine if Care Management would be the best option for the patient
  - PDCM CKD Risk and PDCM Serious Illness
- The claims activity reports list the detailed PDCM claims data that BCBS/BCN have received
- CM Reports include data that has been captured from the EMR

#### Care Management/PDCM >

BCBS PDCM CKD Risk

BCBS - PDCM Claims Activity

BCBS - PDCM Claims Comparison

BCBS - PDCM Membership - Combined

BCBS - PDCM Membership - MAPPO

BCBS - PDCM Membership - MAPPO - Landmark

BCBS - PDCM Membership - PPO

**BCBS PDCM Serious Illness** 

**BCC Care Management List** 

**BCN PDCM CKD Risk** 

BCN - PDCM Membership

BCN - PDCM Membership - Landmark

**BCN PDCM Serious Illness** 

CM Billing Report

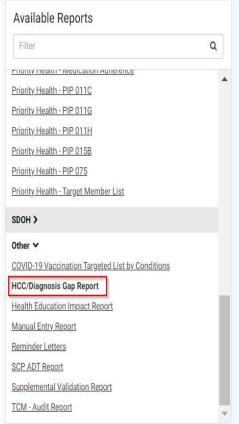
CM Progress Report

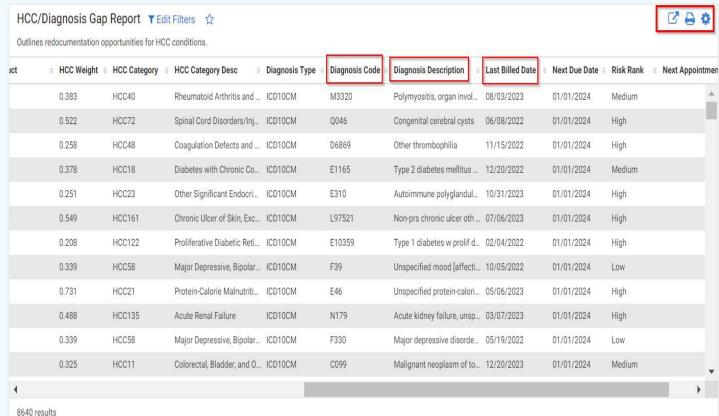
TCM Report

## **HCC/Diagnosis Gap Report**

Dashboard / Reports

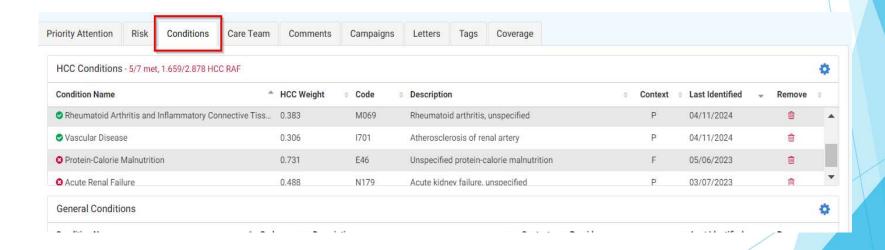
#### Reports Library 0





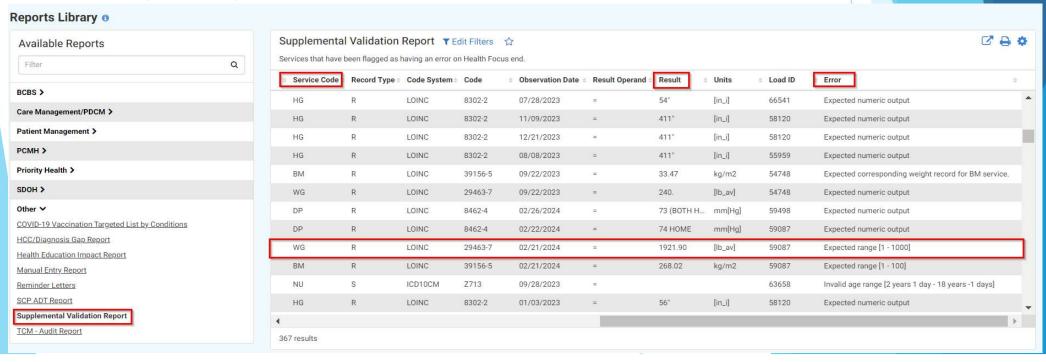
## HCC/Diagnosis Gap Report

- Diagnoses should be billed out once a year
  - ► Common example: BCS Exclusion of a double mastectomy
- ► HCC can also be viewed on the patient Point of Care Screen (picture below)



## Supplemental Validation Report

- ► The report shows potential errors in the EMR entry based on the expected output—This can cause the payer to reject the record
  - Examples: Symbols or words listed with numeric results or result out of the expected range

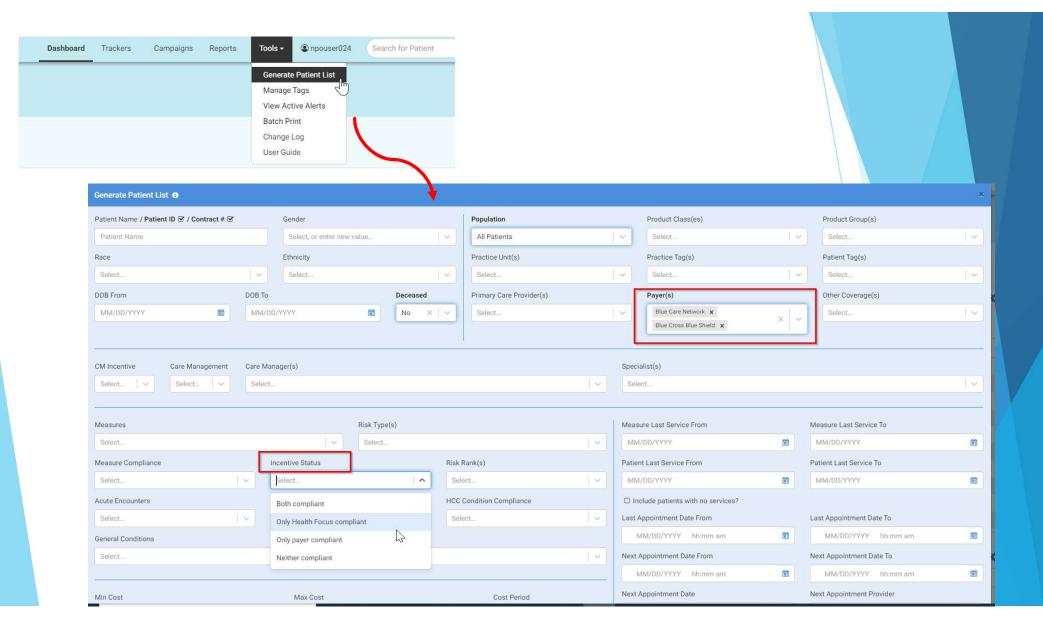


## BCBS/BCN Manual Entry

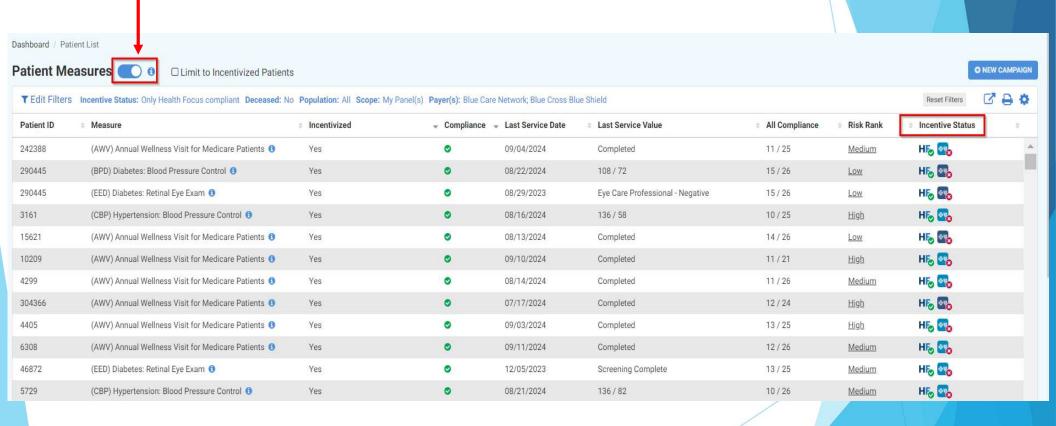
- Heb is the only place that manual entry can be done
- Start with the longer-range measures such as COL and BCS
- Measures such as CBP (Hypertension) and GSD (A1C) will only consider the most recent result
  - Example: The patient may have an A1C of 7.8 today, but if it is completed again on or before 12/31 of the measurement year, the most recent result will be used.
- Annual Measures will reset on January 1st regardless of when the last result was completed
- All manual entries must be properly documented in the EMR and include the lab or procedure report
  - Errors in the manual entry or missing information in the EMR can cause us to lose measures we are able to submit electronically.

## Incentive Status Report

- This report is manually generated based on the criteria you want to use from Generate Patient List
- ▶ This report can show where the patient is compliant or noncompliant
  - Health Focus and Payer Compliant
  - Only Health Focus Compliant
    - ▶ Depending on the date of service, claims may not be processed yet
    - ► The patient may have switched payers and the new payer does not have the claim data
  - Only Payer Compliant
    - ▶ Treatment Opportunity Report
  - Neither Compliant



► Toggle from Patient Summary to Patient Measures



## Incentive Status on Point of Care

Chronic Conditions 6

dult Diabetes	

Adult Diabetes			
Name	Compliance	Last Value	Last Date
(BPD) Diabetes: Blood Pressure Control 19	0	138 / 70	12/20/2023
(GSD) Diabetes: A1c Testing 1	O	8.20 %	12/20/2023
(GSD) Diabetes: A1c Control (<8%) 1 Hr 20	0	8.20 %	12/20/2023
(GSD) Diabetes: A1c Control (<=9%) 🐧	0	8.20 %	12/20/2023
(EED) Diabetes: Retinal Eye Exam ① HFo	8		
(SPD) Statin Therapy (DM): Received Statin Therapy  HFo	•		
(KED) Diabetes: Kidney Health Evaluation (1)	0	Completed	12/20/2023

Screenings			
Adult Preventive Screenings			
Name	Compliance	Last Value	Last Date
(COL) Colorectal Cancer Screening   Ho	0	Colonoscopy	03/08/2024
(BCS) Breast Cancer Screening ① HF 🚭	•	Screening Complete	07/14/2023
(CCS) Cervical Cancer Screening 🐧 📙 🚭	•	Cervical Cytology/HPV Co-Testing - Negative	12/20/2023

## **Common EMR Data Entry Errors**

- Incorrect use of **Structured Data Fields** in Lab/DI orders
  - ► Incorrect Dates entered into Lab/DI orders
  - Incorrect Results entered into Lab/DI orders
  - ▶ Blank structured data fields
  - ► Free-Typing into structured data fields
- **Typos** 
  - ► Height entered as 1 inch
  - ▶ BP either flipped to diastolic/systolic

### Treat Structured Data Fields with R-E-S-P-E-C-T

- ▶ Non-result-dependent measures (e.g., colonoscopy, mammogram, etc.)
  - Documentation in the Result Date field of a DI order identifies the test as completed
- ► Result-dependent measures (e.g., HbA1c DM retinal eye exam)
  - Documentation in the Result field of a Lab order identifies the test as completed
- ► Make sure the structured data fields only contain the information you want reported to Health Focus and the payers
  - ▶ E.g., closing an incomplete DI with a date entered in the Result Date field will trigger the erroneous capture of a completed DI
  - ► E.g., typing "test not done" in a structured Lab Result field will trigger the erroneous capture of a "completed" lab
  - Use non-structured "Notes" or "Internal Notes" fields to document information such as "test not completed"
  - ▶ E.g., If a second BP of the visit is better than the first, put the <u>second</u> BP value in the structured Vitals field. (Don't free-type it elsewhere).