Primary Care Pay-for-Value
Hybrid Payment Model

Value-Based Reporting User Guide

Updated July 2023

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, please email Primary Care Reimagined.

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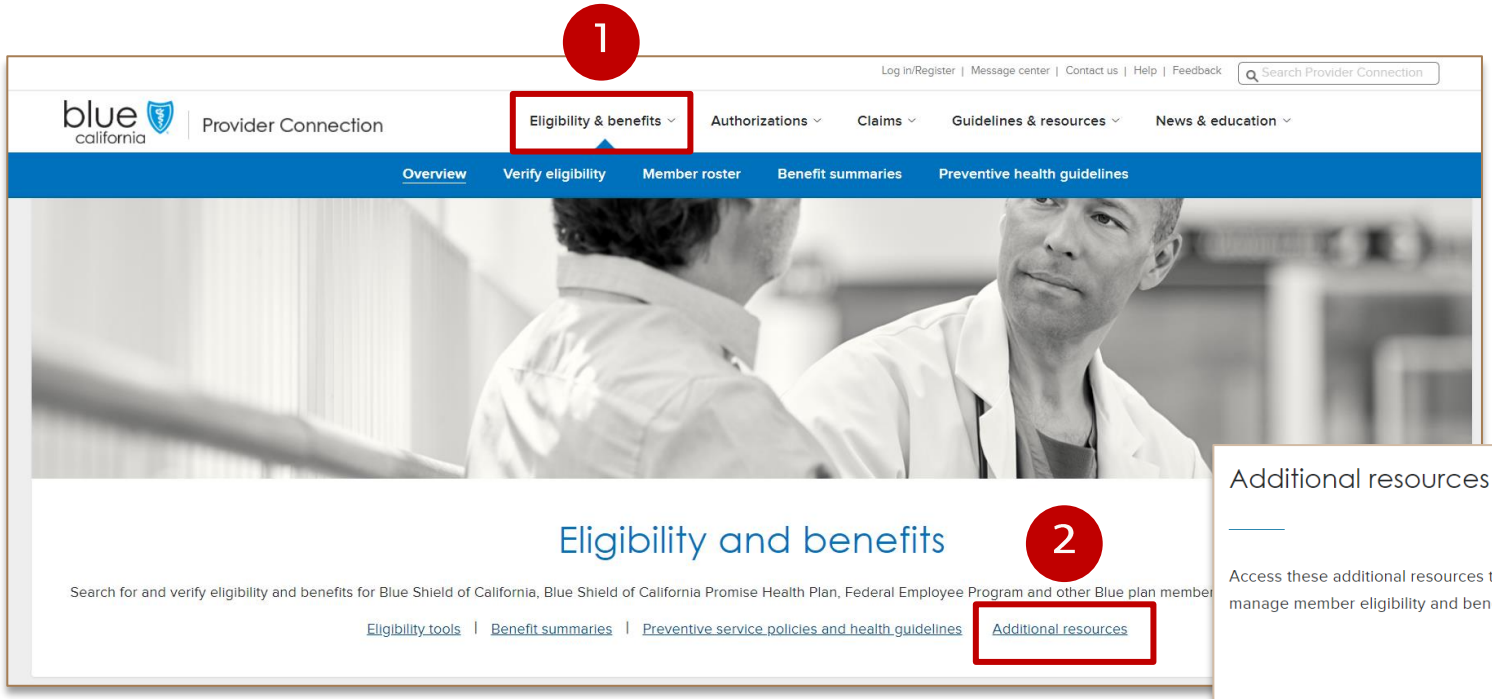
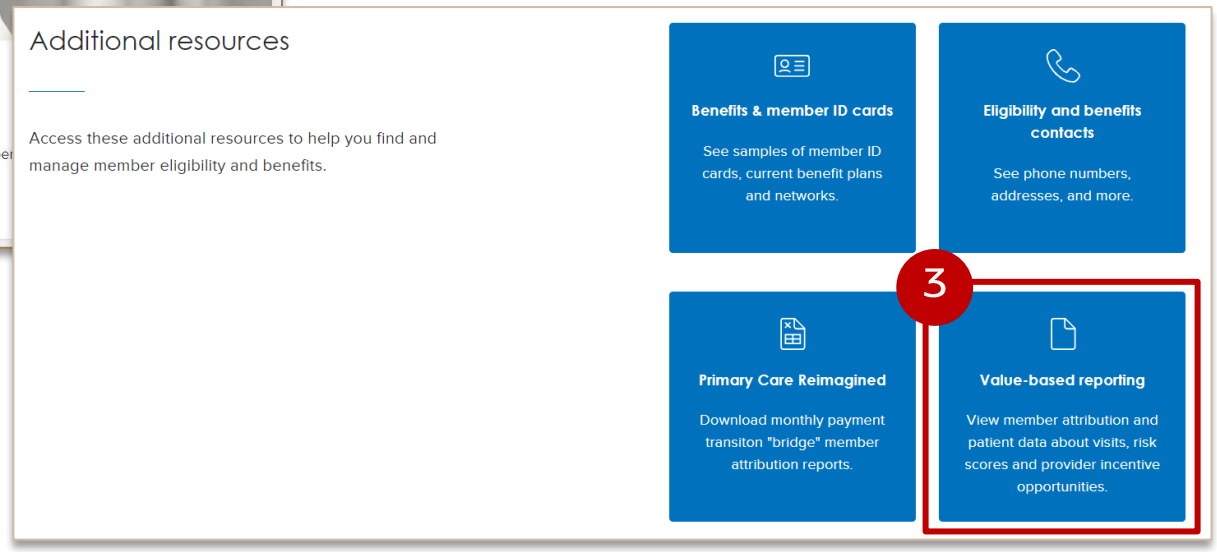
Access the Value-Based Reporting platform

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





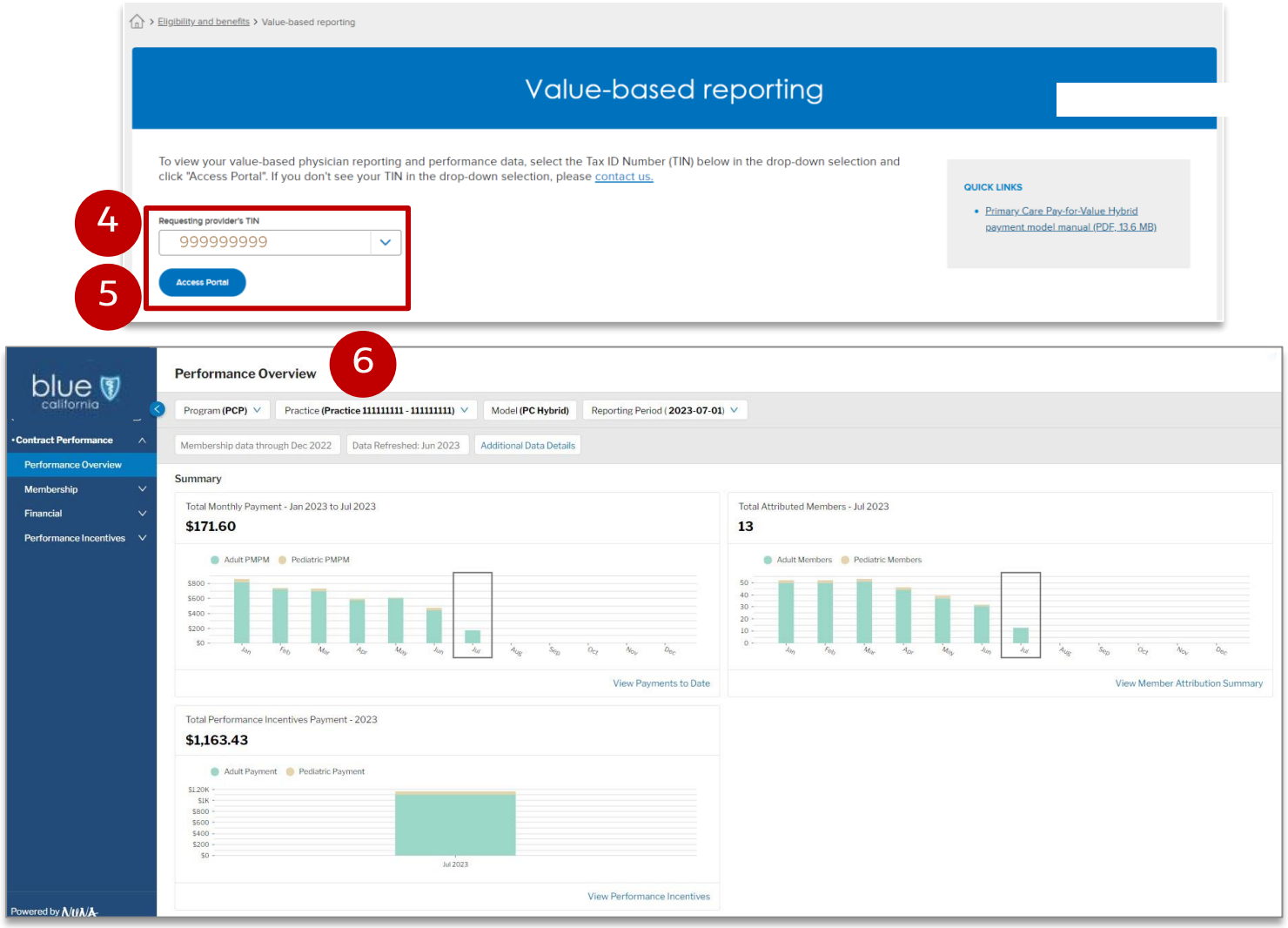
1. Log in to Provider Connection and click **Eligibility & benefits**.
2. Click **Additional resources** under the section title.
3. Click the **Value-based reporting** box.

Access the Value-Based Reporting platform *continued*

4. Your Tax ID (TIN) displays 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* displays for the selected TIN. The *Performance Overview* is the home screen for the platform.



Performance Overview screen and navigation

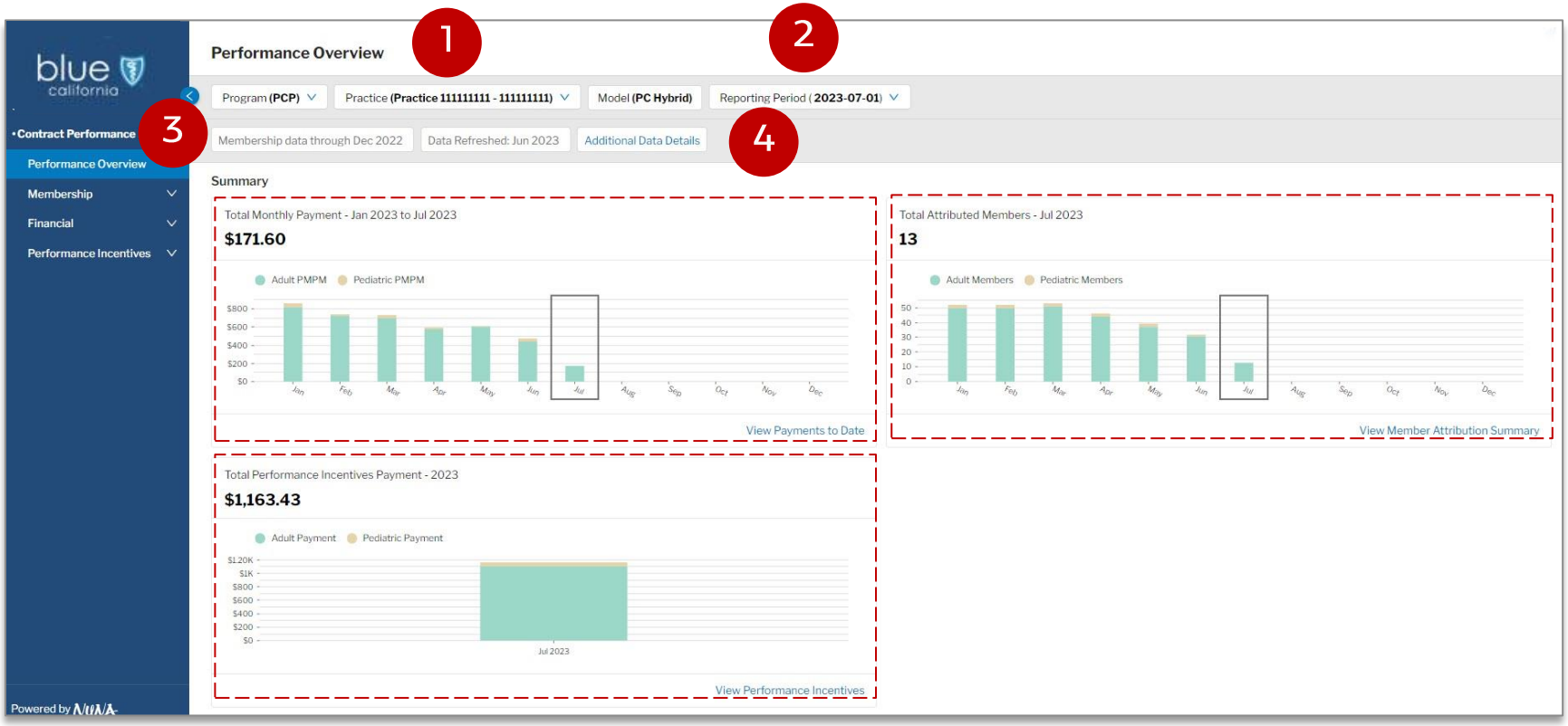
The *Performance Overview* is the home screen for your practice. It provides year-to-date summary level information on your payments and attribution.

This view displays summary graphs by month for your practice's total 1) Monthly Payment, 2) Attributed Members, and 3) Performance Incentives Payment.

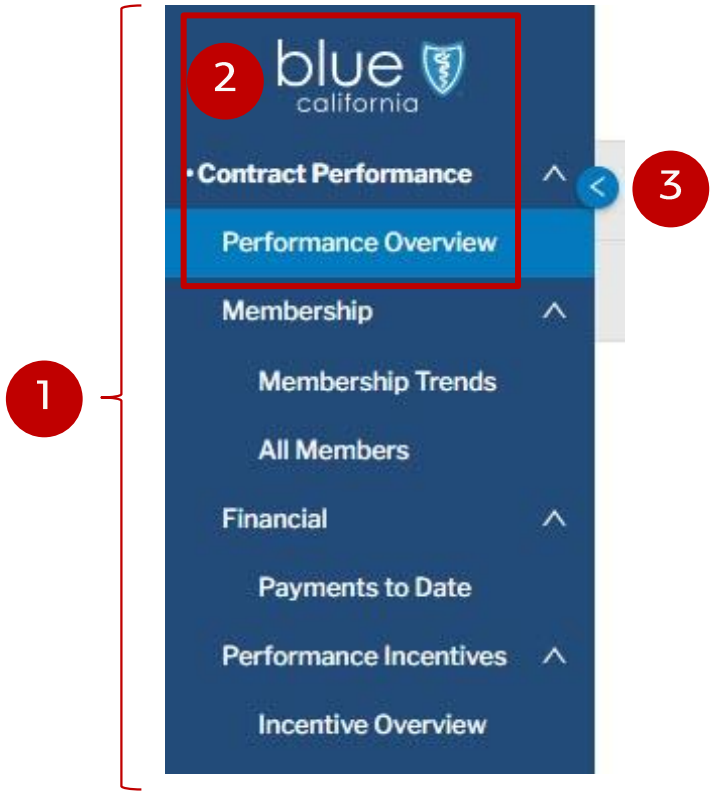
- Note: Data will not display in the *Performance Incentives* graph until payment is made.

The header includes the following:

1. Your practice identification. Note, you only see your data in the system.
2. The *Reporting Period,* which defaults to the most recent period but can be changed.
3. The *Membership data through* and the *Data Refreshed fields.* These fields are updated monthly.
4. The *Additional Data Details* field provides data refresh dates.



Performance Overview screen and navigation *continued*



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

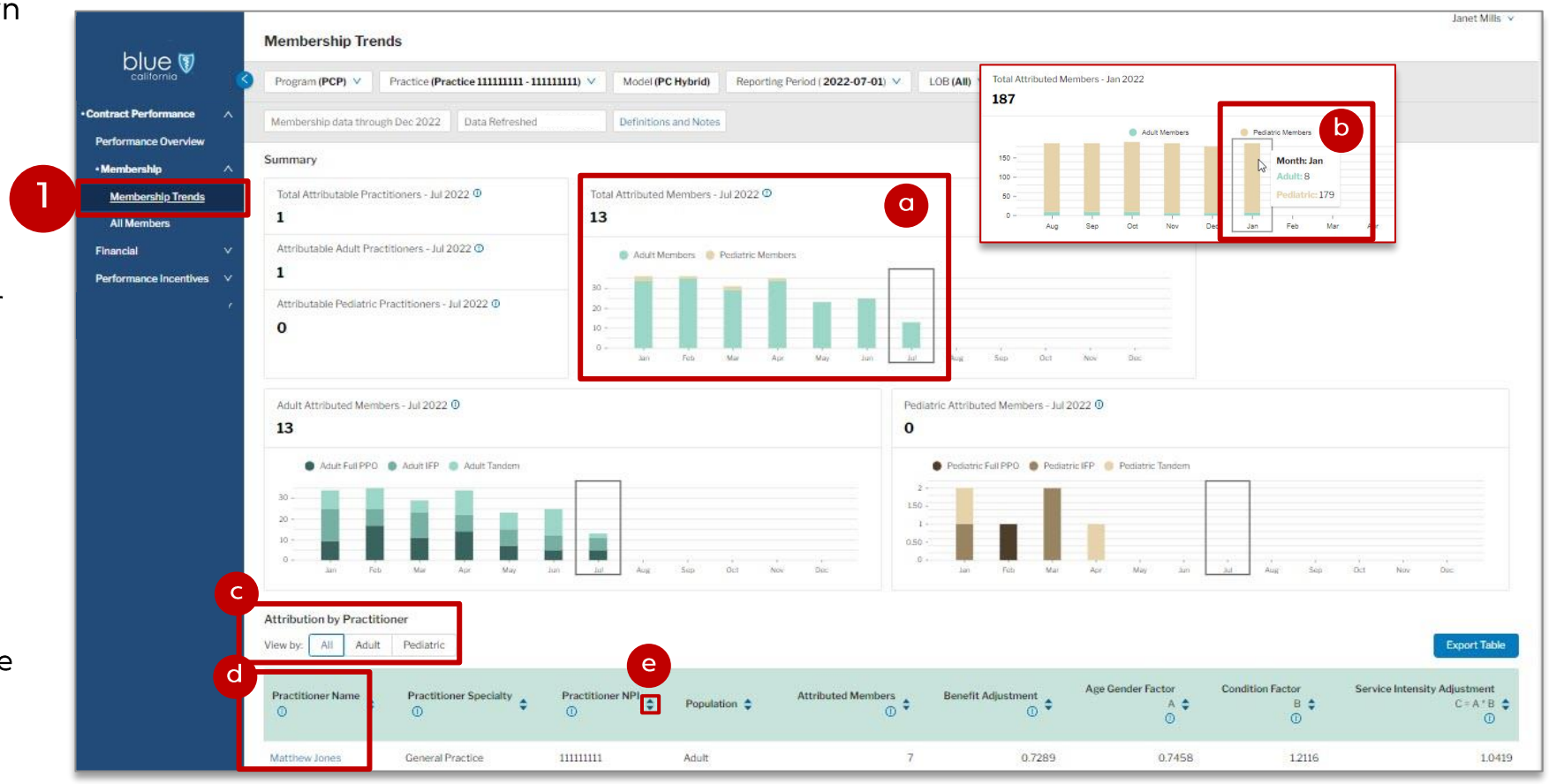
Membership reports	• **Membership Trends:** Summary of the member attribution for your practice, including a month-to-month trend and the attributed adult and pediatric members by individual practitioner. • **All Members:** Total practice attribution by member and by member assigned to each practitioner.
Financial reports	• **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	• **Incentive 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.

Membership reporting: Membership Trends

Membership 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 practitioner.

1. Click the **Membership** drop-down arrow, then click **Membership Trends**.
   a) The *Reporting Period* is 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 Practitioner* section, you can view all practitioners or click **Adult** or **Pediatric** to filter results.
   d) Click a practitioner name to access the *All Members* page filtered for that physician.
   e) Use the up/down arrows to sort records in numerical or alphabetical ascending/ descending order.

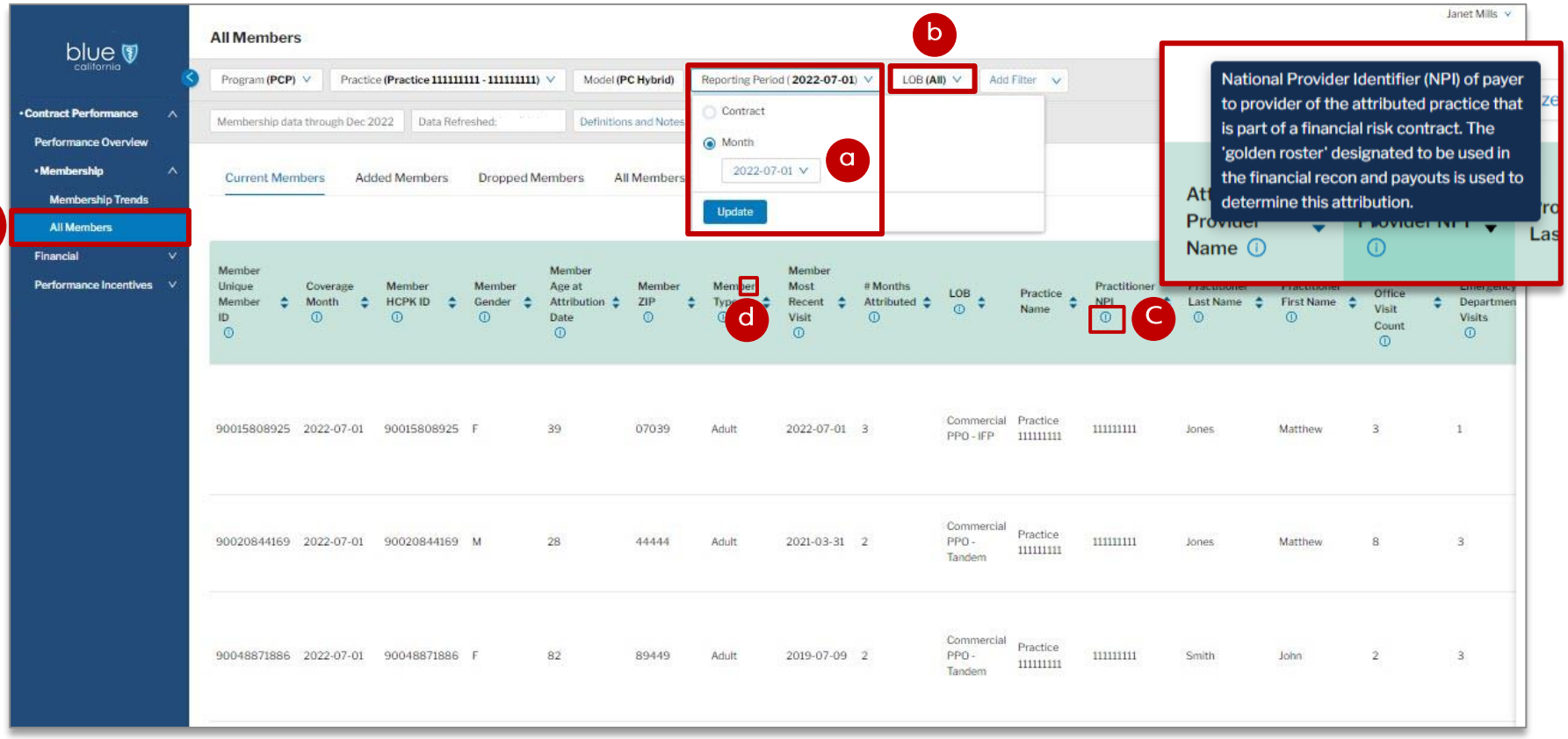


Membership reporting: All Members

All Members shows the total practice attribution by member including the practitioner assigned.

1. Click the **Membership** drop-down arrow, then click **All Members** to view the total attribution by member.

   You can also click a practitioner name on the *Membership Trends* screen to access the *All Members* page, filtered for a specific physician.



   a) The *Reporting Period* defaults to the latest month but can be changed to *Contract Period*. You can also select a specific month by clicking the desired month, and then **Update**.

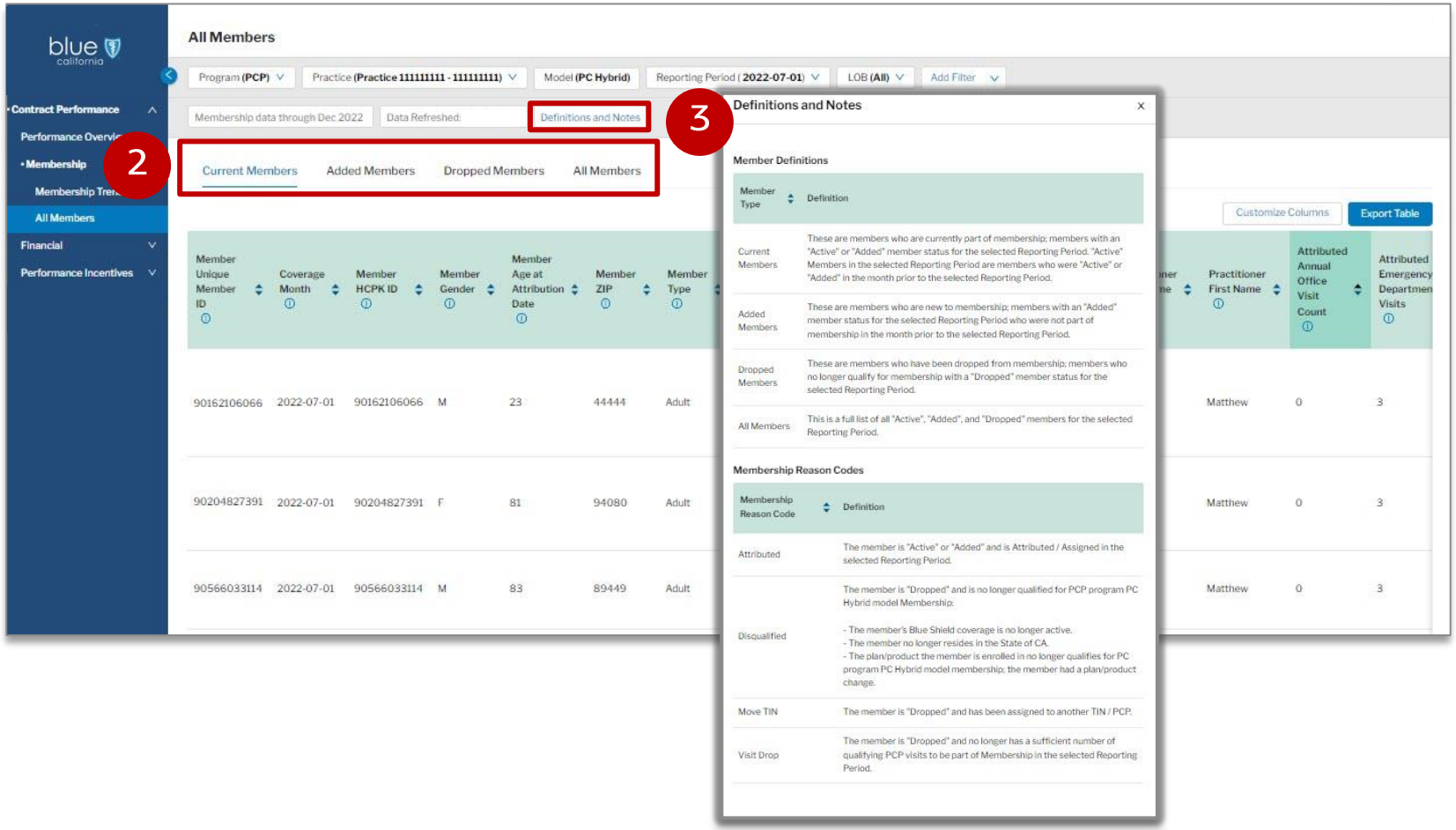
   b) The *LOB* field allows you to view data by individual lines of business.

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

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

Membership reporting: All Members *continued*

2. Report data can be displayed by four membership categories:
    - *Current:* Members attributed for the reporting period selected.
    - *Added:* Members not on the previous month's attribution but on this month's attribution. (Subset of Current)
    - *Dropped:* Members on the previous month's attribution but not on this month's attribution.
    - *All Members:* Current and dropped members in one report.
3. The *Definitions and Notes* pop-up provides additional information to help you interpret report data.



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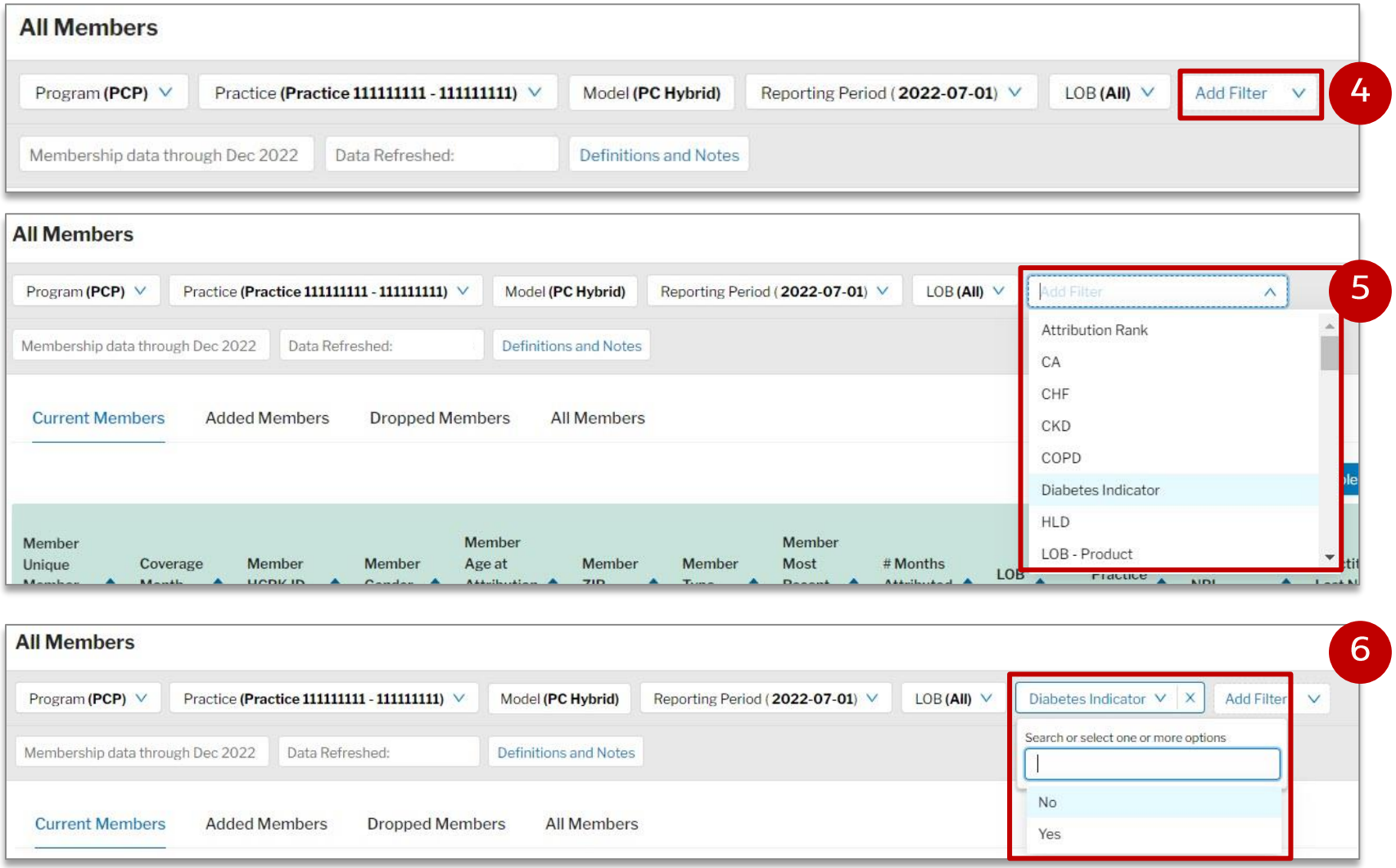
Membership reporting: All Members *continued*



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

4. Click **Add** Filter.
5. Select a filter from the drop-down or type in the field to activate predictive search.
6. Add one or more items from the list of sub-options that display.
    - Click **X** to remove a filter.

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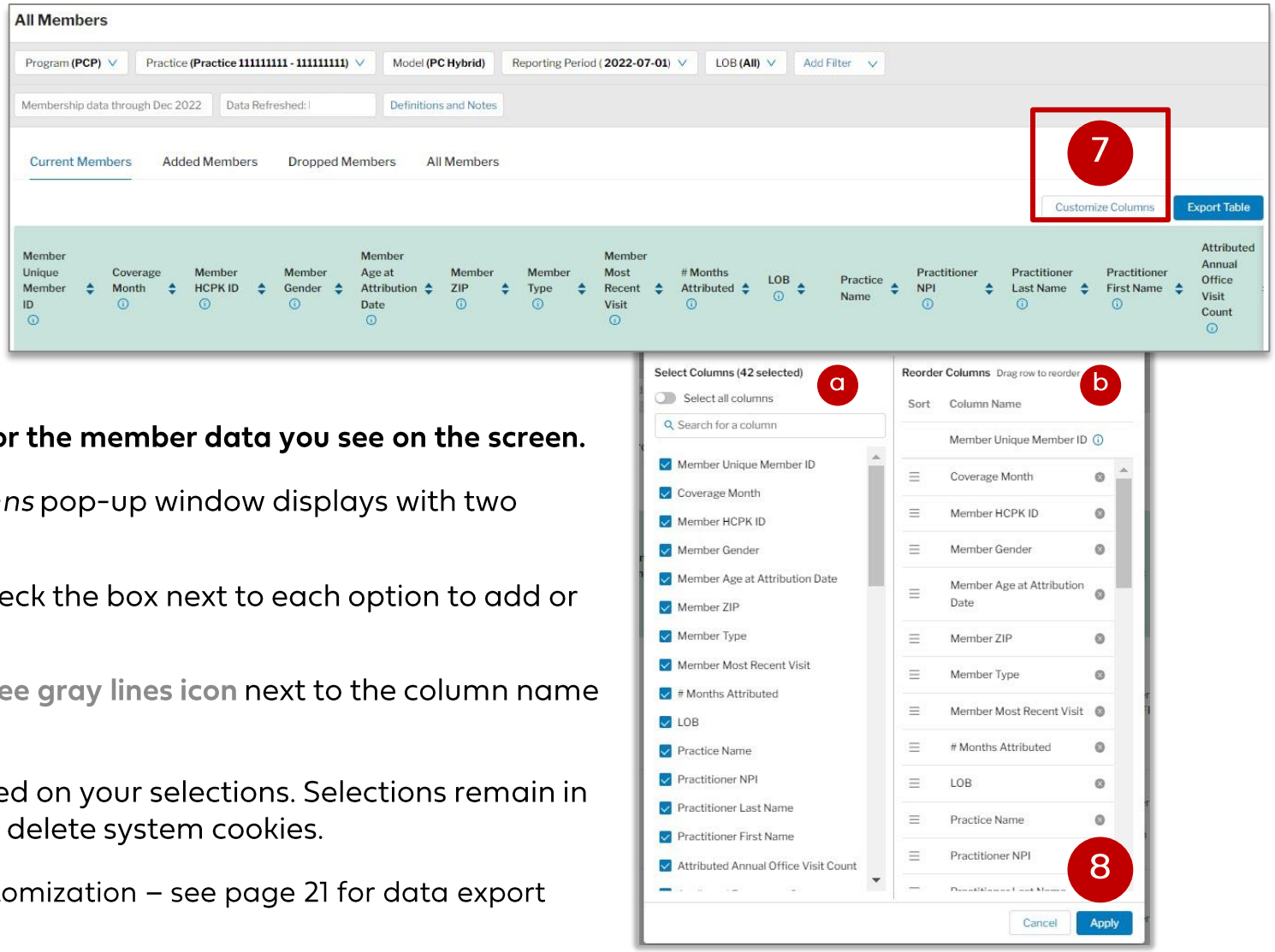
Membership reporting: All Members *continued*

The All Members table columns contain:

- Member, practitioner, & 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).

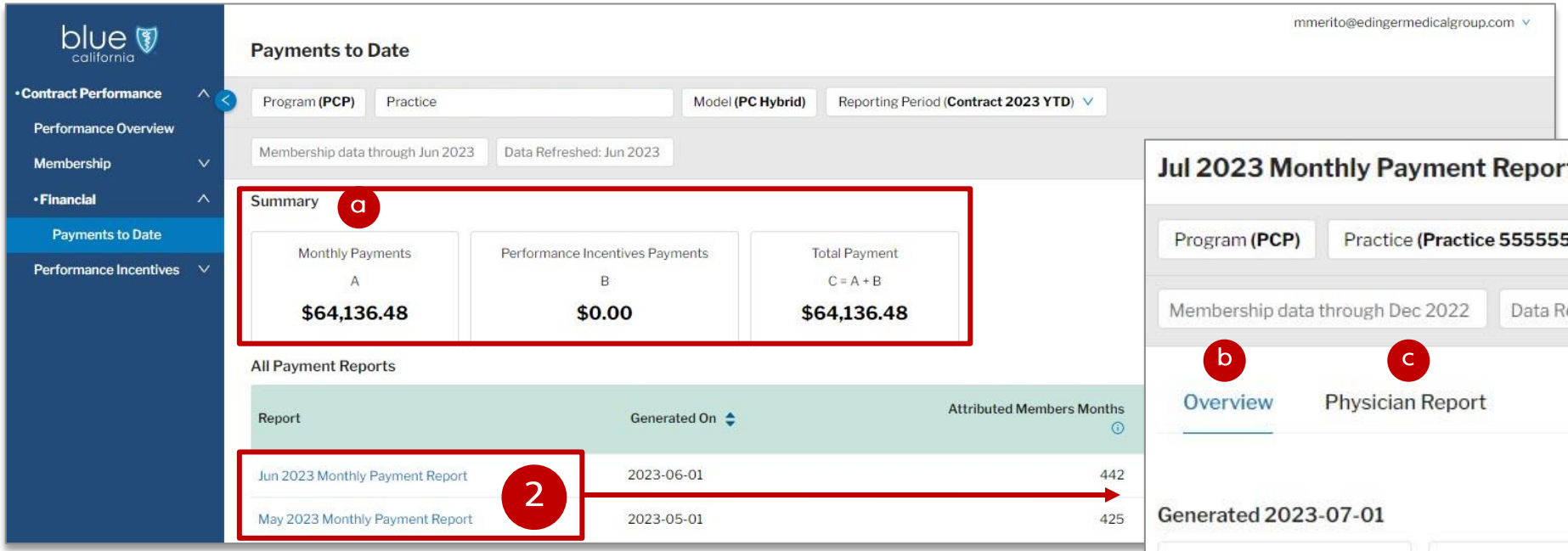


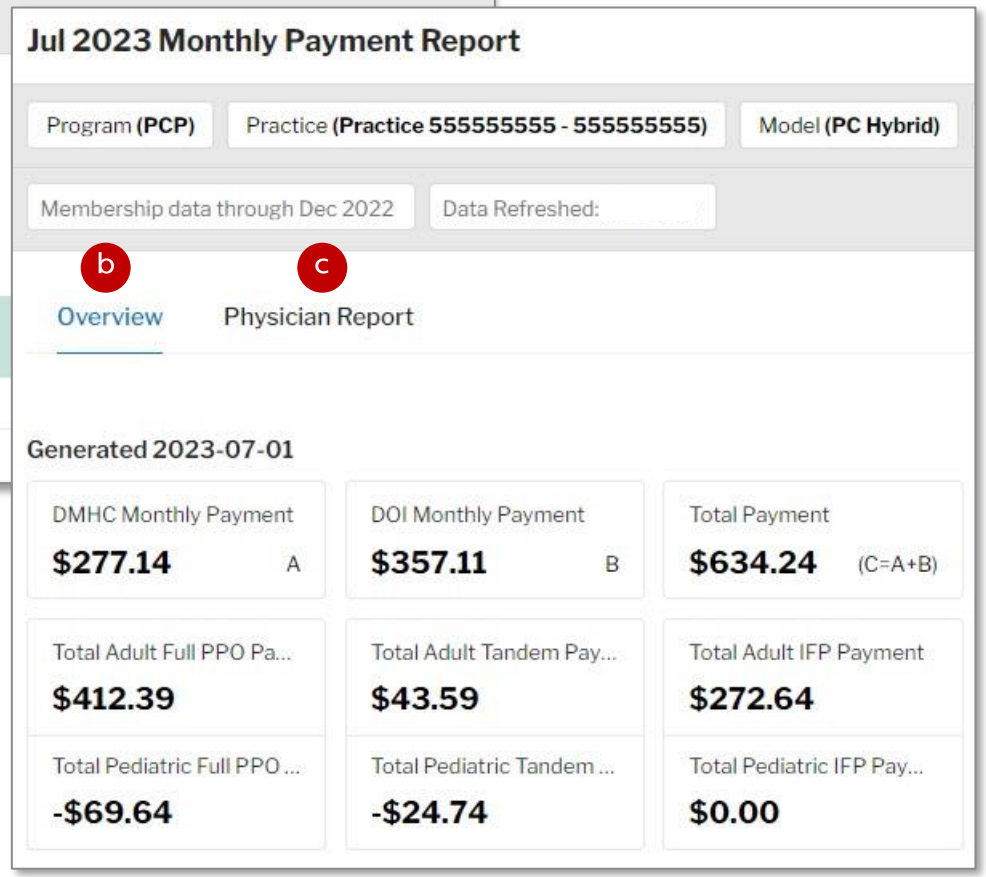
The *Customize Columns* button allows you to tailor the member data you see on the screen.

7. Click **Customize Table**. The *Customize Columns* pop-up window displays with two sections.
    a) Under *Select Columns*, check or uncheck the box next to each option to add or remove.
    b) Under *Reorder Columns*, click the **three gray lines icon** next to the column name and drag to your preferred order.
8. Click **Apply**. The view is now customized based on your selections. Selections remain in place for this table until you change them or delete system cookies.
    - Data export will contain all filters/customization – see page 21 for data export instructions.

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 and by individual practitioner.





1. Click the **Financial** drop-down arrow, then click **Payments to Date**.
   a) The summary of all monthly and all incentive payments and their totals display here.
2. Click an active link in the *All Payment Reports* column to view a *Monthly Payment Report*. Two view options present:
   b) Overview (default)
   c) Physician Report

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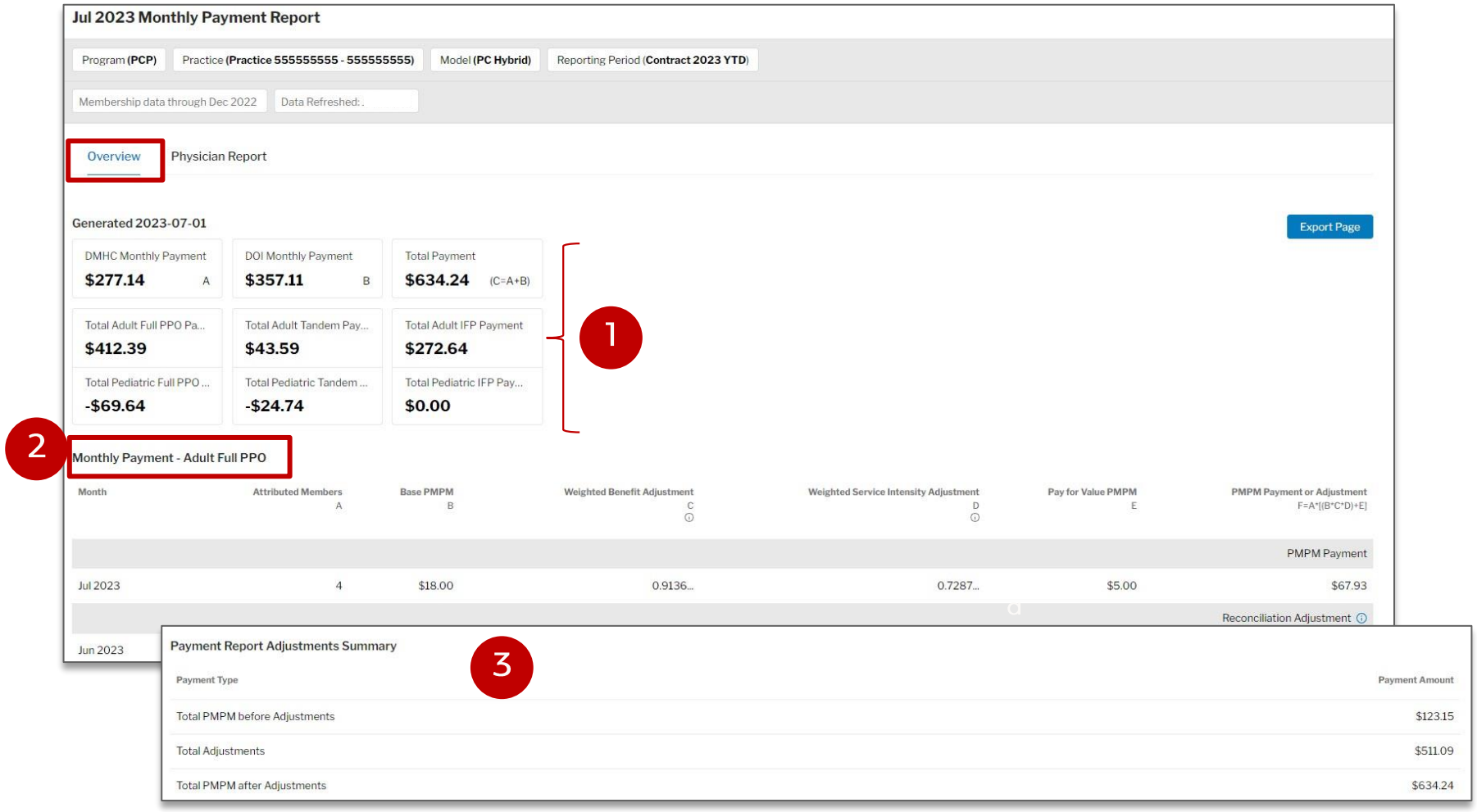
Financial reporting: Monthly Payment Report – Overview Report

1. The *Overview* tab shows summaries of the DMHC and DOI portion of the payment, as well as total monthly payments by adult and pediatric members and lines of business.
2. Below the summary are multiple tables that break out financial data by category.
3. The total PMPM before and after adjustments is provided at the bottom of the screen.



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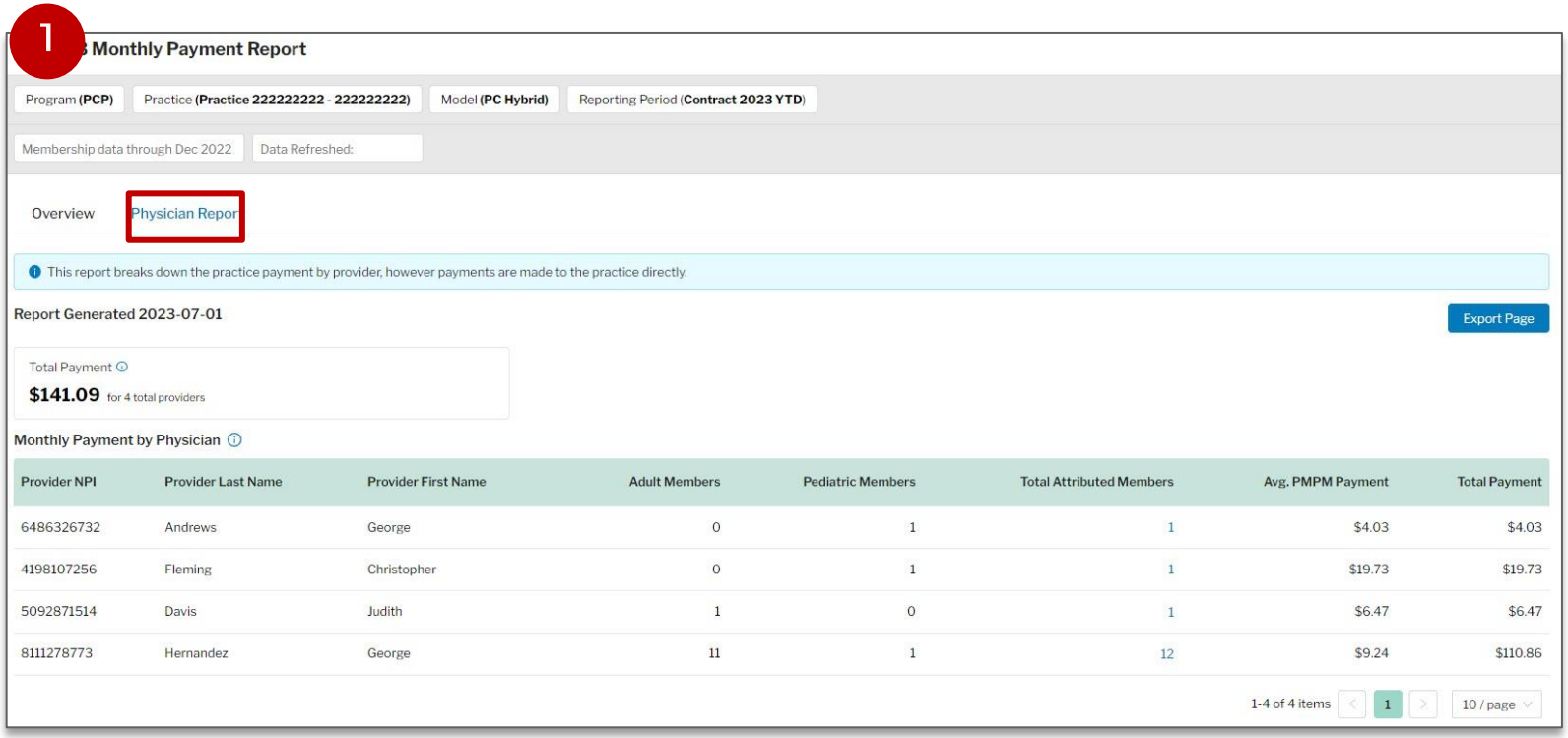
Financial reporting: Monthly Payment Report – Physician Report

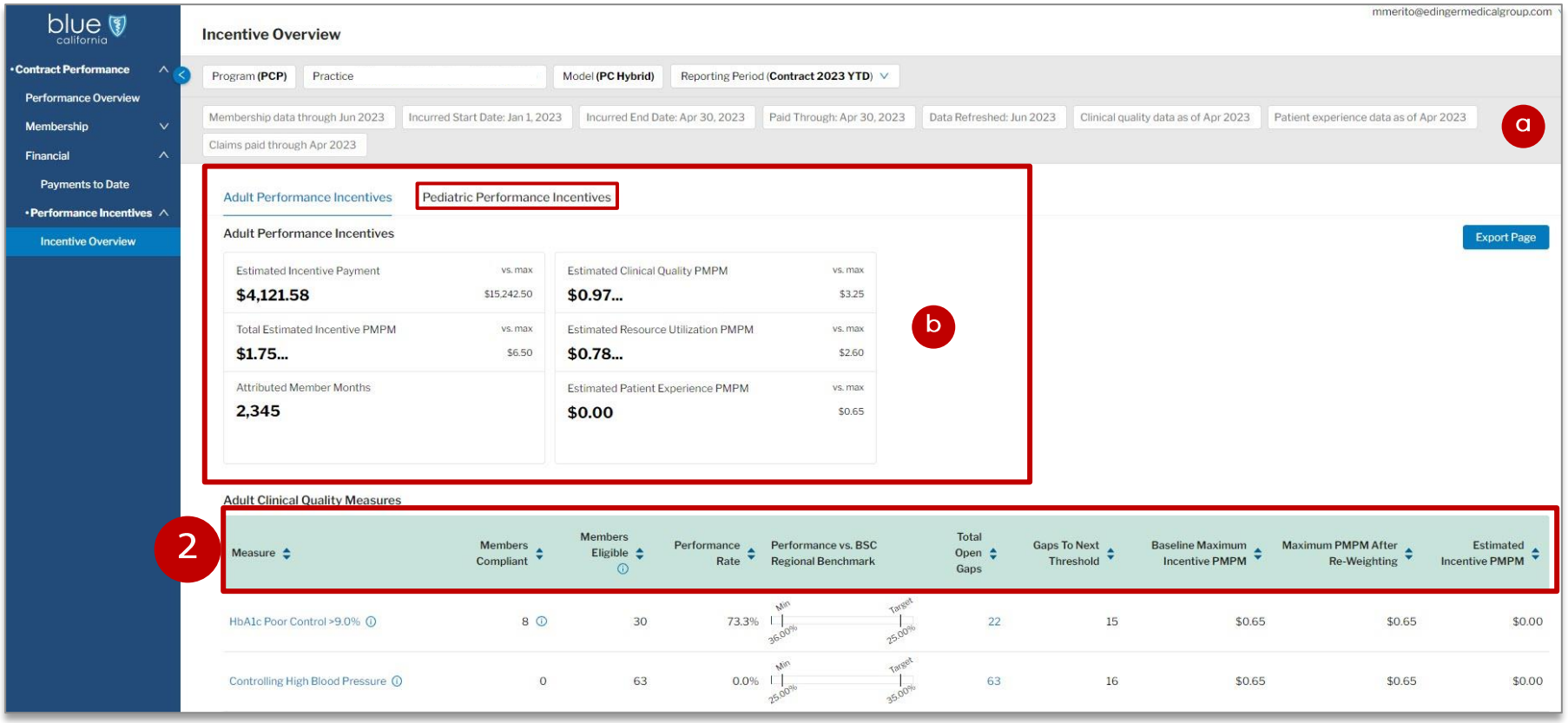
1. The *Physician* tab breaks down the total practice payment by provider.



Performance incentive reporting: Incentives Overview

Incentive 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 **Incentive Overview**.
   a) Fixed data fields display the most recent feed of clinical quality, patient experience, and claims.
   b) A summary of *Adult Performance Incentives* payments display based on the reporting 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:** 1) Clinical Quality Measures; 2) Resource Utilization Measures; 3) Member Experience Measures..

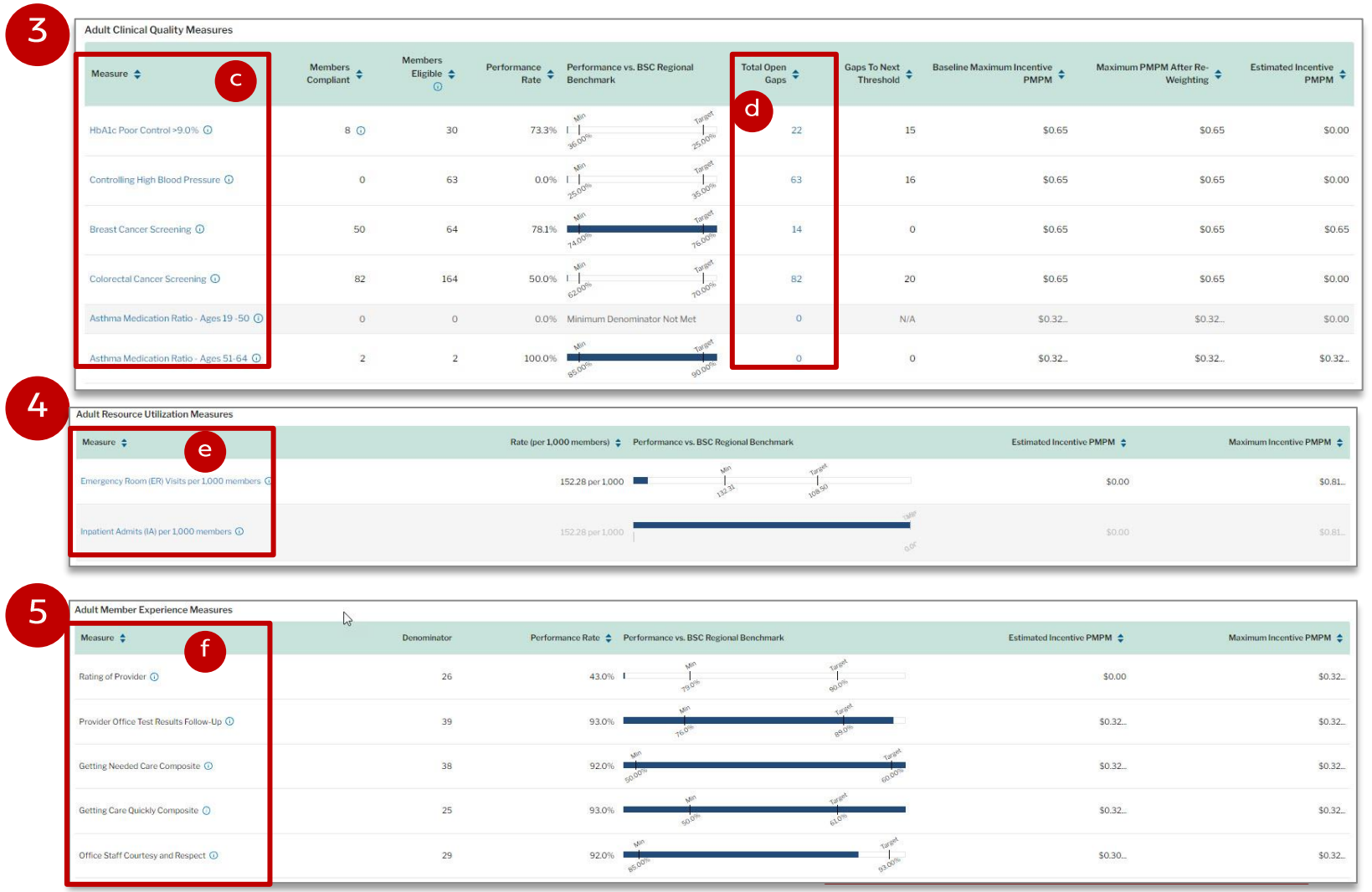
Performance incentives reporting: Incentive Overview *continued*

Table functionality is the same for *Adult and Pediatric views*, but they have different clinical quality measures and there is only one pediatric resource utilization measure. 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 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 19 for additional details on this report.)

4. *Adult Resource Utilization Measures*
   - e) Click an active link to view member utilization by provider.

5. *Adult Patient Experience Measures*
   - f) Hover your curser over the blue circled i icon to view each CAHPS measure's definition.



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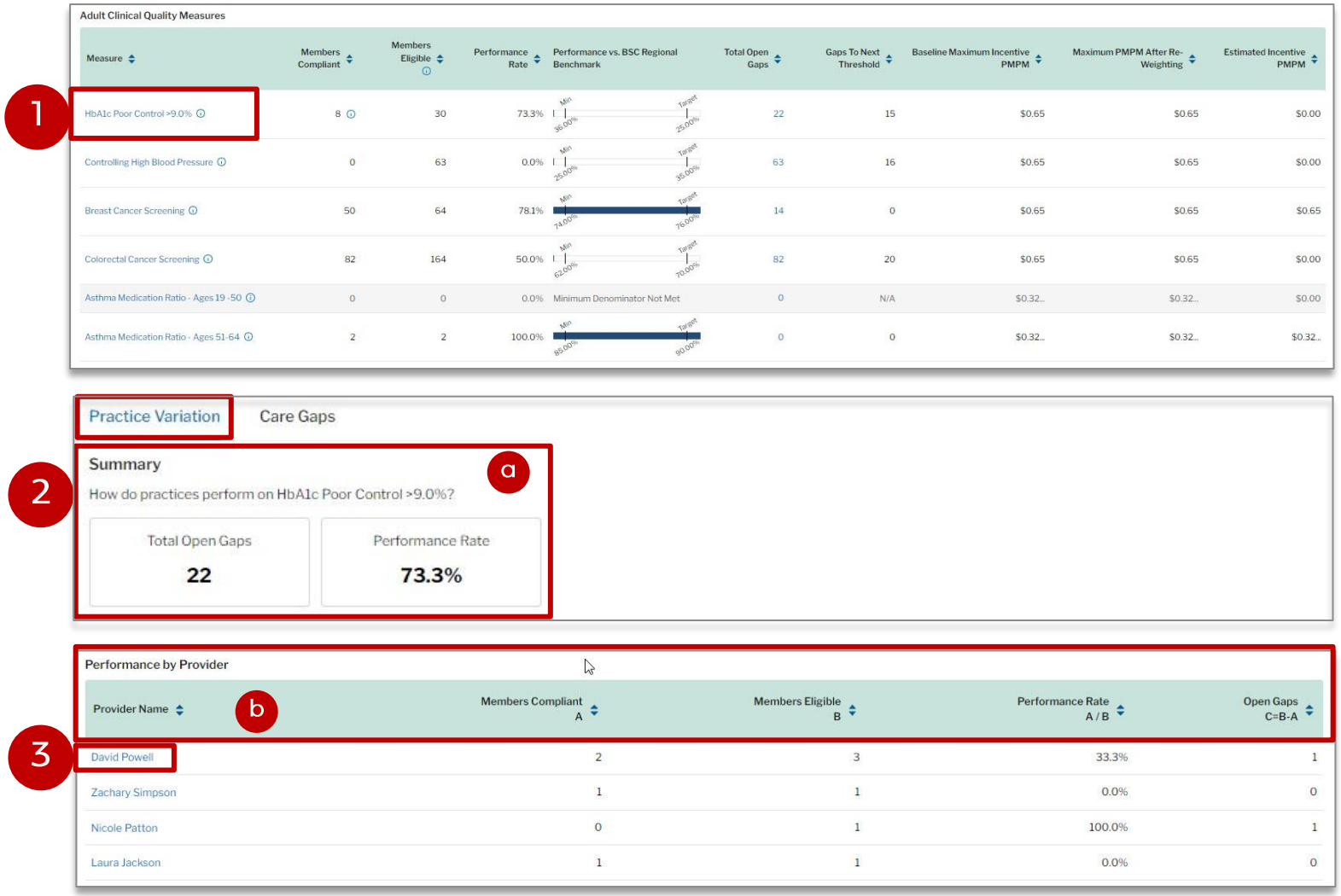
Performance incentives reporting: Practice Variation

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



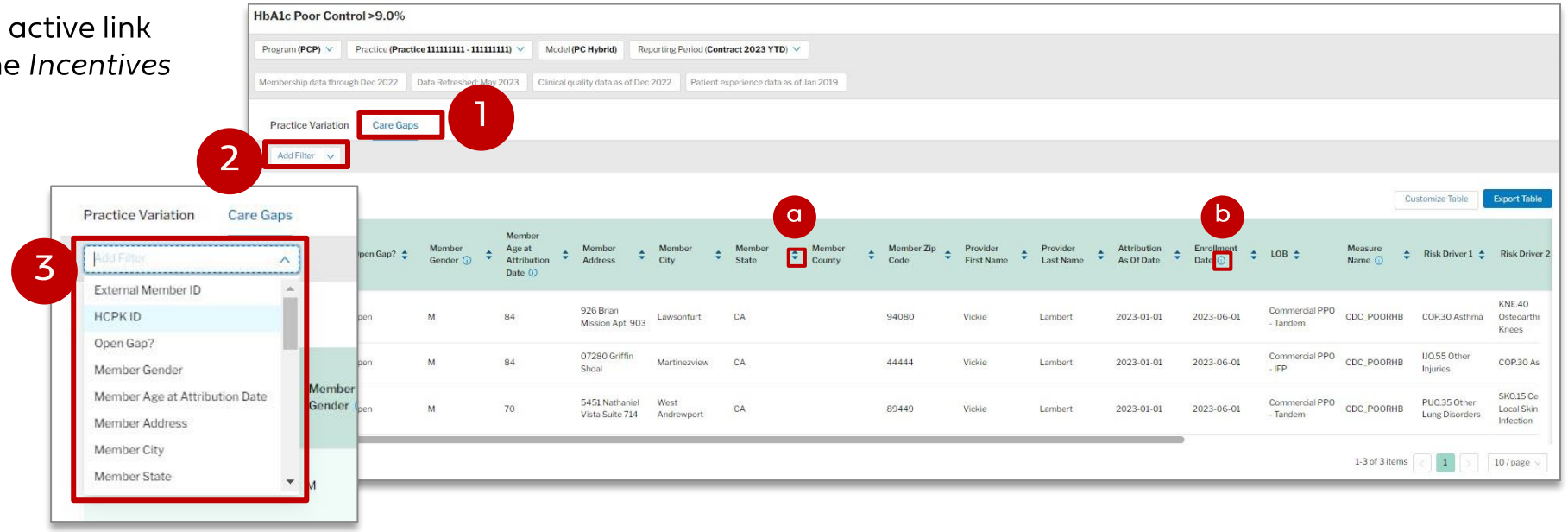
1. To reach this screen, click an active link in the *Clinical Quality Measures* column on the *Incentive Overview* screen.
2. The *Practice Variation* screen displays.
   a) This screen summarizes practice performance for a specific measure.
   b) It also shows by practitioner, the attributed members who are compliant and eligible for the measure, plus the number of open care gaps.
3. Click an active provider 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 clinical quality measure care gaps: From *Incentives Overview:* 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 practitioner 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**.



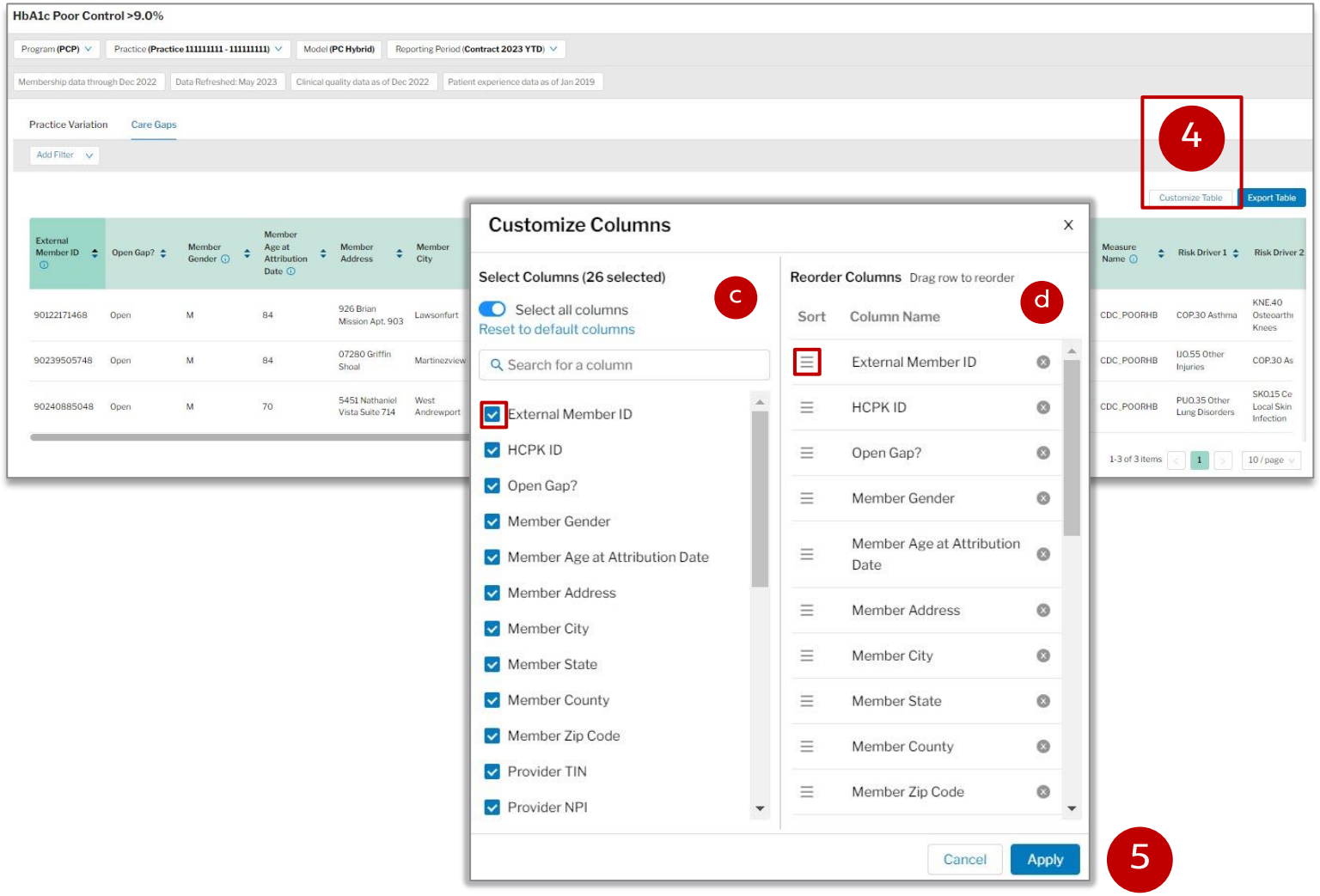
2. You can apply multiple filters to this data. Each must be added separately. Click **Add Filter**.
3. Select a filter then add one or more items from the list of sub-options that display. Click the **X** to remove a filter.
   a) Use the up/down arrows to sort records in numerical or alphabetical ascending/ descending order.
   b) Hover your curser over the blue circled i icon to view helpful information.

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* pop-up 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.
5. Click **Apply**. The view is customized based on your selections. Selections remain in place for this table until you change them or delete system cookies.
   - See the next slide for data export instructions.



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Exporting data

Data can be downloaded in XLS or CSV format (depending on the file size) from multiple screens.

- You can export data as in an XLS or CVS format file from the following locations in the system:

Export Table button	Export Page button
▪ Membership > Membership Trends > **Attribution by Practitioner** ▪ Membership > **All Members** ▪ Performance Incentives > Incentive Overview > Clinical Quality Measure > Total Open Gaps > **Care Gaps** ▪ Performance Incentives > Incentive Overview > Adult Utilization Measure > **Measure data**	▪ Financial > Payments to Date > **Monthly Payment Report** ▪ Financial > Payments to Date > Physician Report ▪ **Incentive Overview** ▪ Performance Incentives > Incentive Overview > Clinical Quality Measure > **Practice Variation**

- For *All Members* and *Care Gaps*, you can set filters before clicking **Export Table**. These filters will be reflected in the exported document. (See the previous page in this user guide for filtering instructions.)
- XLS exports include a cover sheet.. CSV files do not.

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