Supporting Documentation

User Guide: Q Corp Reporting Portal

Table of Contents

Welcome to the Q Corp Reporting Portal 3

Exploring the Reporting Portal 4

- Dashboard 5
  - *Receiving Default Dashboards* *6*
  - *Using & Navigating Widget Types* *6*
  - *Adding Widgets to an Existing Dashboard* *12*
  - *Creating a New Dashboard* *18*
  - *Managing Dashboards* *19*
- Measurement 20
  - *Viewing Self-Reporting-Level Measure Results* *20*
  - *Viewing Additional Reporting-Level Measure Results* *25*
- Reconsiderations 33
  - *Requesting Reconsideration* *34*
  - *Reviewing the History of Reconsideration Requests* *36*
- Master Provider Directory 38
  - *Editing Existing Primary Care Providers* *39*
  - *Adding New Providers* *42*
  - *Managing Providers' Affiliated Organizational Attributions* *45*
  - *Editing Existing Organizations* *50*
  - *Creating New Organizations* *52*
- Reporting 53
  - *Using & Navigating Reporting Styles* *53*
- User Management 59
  - *Edit Existing Users* *60*
  - *Create New Users* *62*
- Documentation 64
- Help & Support 64

Welcome to the Q Corp Reporting Portal

The Oregon Health Care Quality Corporation (Q Corp) is an independent, nonprofit organization dedicated to improving the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information. Q Corp works with members of its community – including consumers, provider organizations, practitioners, employers, policymakers, and health insurers – to improve the health of all Oregonians.

Founded in 2000, Q Corp plays a unique role as an independent multi-stakeholder organization that leads community-based initiatives focused on improving the quality, affordability and patient experience of health care in Oregon. Q Corp has aggregated claims to produce quality and utilization data since 2008, adding cost data in 2015. Delivered through a public website, provider portal, and direct reporting to clinics, health plans, state agencies and other health care stakeholders, this unbiased information is one of the ways Q Corp delivers on its commitment to transparent, community-wide reporting on the health care provided to Oregonians.

Q Corp has partnered with Onpoint Health Data, a Portland, Maine-based nonprofit organization offering a comprehensive suite of data services and analytic solutions to the healthcare community nationwide, to produce the Q Corp Reporting Portal.

Q Corp has earned the trust of local health plan partners, who voluntarily contribute claims data through the Q Corp Data Collaborative. Data is collected, integrated, standardized and put through the application of advanced tools and methodologies, comprehensive measures production, and standard and customized reporting. Our end goal: provide a robust resource that can be used to support the measurement and improvement efforts of end users.

With an increasing need to put sensitive and actionable summary and patient-detail data in the hands of key stakeholders to inform quality improvement and care management, we have developed a delivery tool that offers comprehensive views of quality and utilization of health care services for targeted patient populations.

This portal is an innovative reporting transparency tool that facilitates personalized views into the health and performance of organizations' provider and patient populations.

A secure, online application, the Reporting Portal offers role-based user interfaces to view both summary- and patient-level reporting across a carefully crafted set of measures enriched by comparative benchmarks and actionable filters. Core functionality allows users to quickly customize dashboard visualizations, drill down into a suite of sophisticated analyses, request "reconsideration" of posted results, and manage all relevant inputs to the Q Corp master provider directories. The result is a data set that most accurately reflects the quality and utilization of care provided to patients across health plans.

In the sections that follow, key components, features, functionality, and recommended workflows of the Reporting Portal will be explored in greater detail. For more information on

the underlying methods and measures used in generating analyses displayed throughout the portal, see the directory of reference materials located in the main menu's *Documentation* component, or reach out to Q Corp for more information.

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Exploring the Reporting Portal

The Reporting Portal was built to meet a critical need of our stakeholders. Through intensive collaboration with leaders in the health care industry – from federal, state, and private agencies to provider organizations and health plans – the platform was designed carefully to help fill crucial information gaps and to address the need for greater transparency in the quality and utilization of services delivered across health care settings. The Reporting Portal both tells the story of the health and performance of an organization's provider and patient populations and allows that story to be re-written with validated information from users with "on-the-ground" knowledge.

At a high-level, there are eight core components that structure the Reporting Portal framework, each of which are explored in greater detail in this document's following sections:

1. **Dashboard** – A widget-based architecture to present concise and convenient analyses that allow users to quickly interpret and verify their performance.

2. **Measurement** – Dynamic tabular presentations that allow users to review and explore their summary and patient-detail measure results.

3. **Reconsiderations** – Functionality that focuses on the validation and improvement of measurement calculations and attribution methodologies by allowing users to verify the accuracy of the submitted enrollment, claims, and provider data.

4. **Master Provider Directory** – A centralized, authoritative repository of provider organization and provider attributes, allowing users to update, validate, and attest to the accuracy of their information on a routine basis.

5. **Reporting** – A library of both pre-configured and user-customized reports outfitted with actionable filters and the ability to toggle between both tabular and graphical presentations of defined data visualizations.

6. **User Management** – Administrative controls that permit privileged users to administer and manage their organization's/setting's record of associated users.

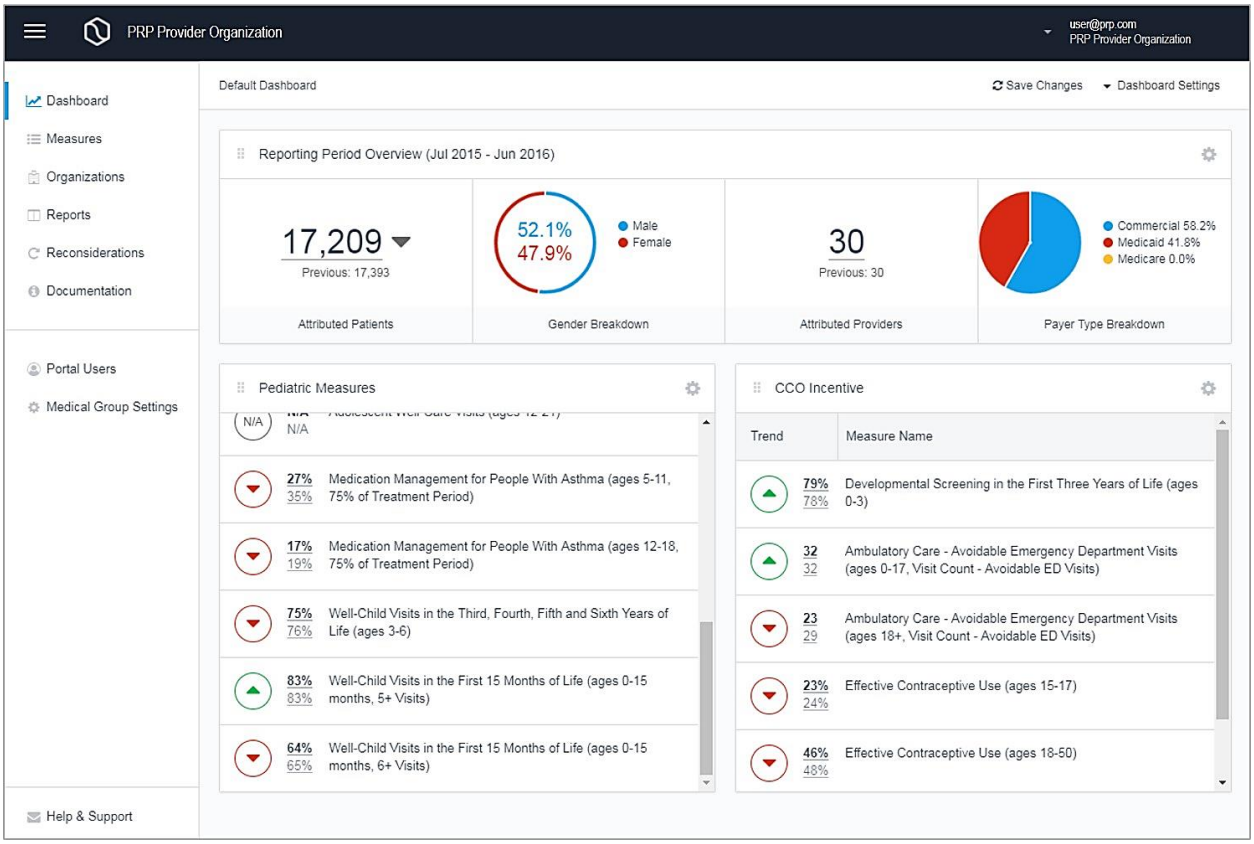
7. **Documentation** – A directory of both application and Q Corp supporting documentation and reference materials for use in operating and understanding the Reporting Portal's key features and functionalities.

8. **Help & Support** – Information including contact information for help and support requests.

Dashboard

The Reporting Portal dashboard component is a data visualization tool that displays the status of an organization's key metrics and performance indicators for the current reporting period. The dashboard's graphics empower users to monitor correlations, trends, outliers, patterns, and business conditions at a glance. Whether users choose to consume information from a pre-configured display or from one they have customized themselves, the tool's widget-based architecture enables dynamic interactivity through hover, drill-down, and filtering functionality. For an overview of key features included in the Reporting Portal dashboard component, see Figure 1.

Figure 1. Example of a Configured Dashboard



Receiving Default Dashboards

Upon logging in to the Reporting Portal for the first time, each user will be presented with a default dashboard tailored specifically for their user type and role. This default dashboard includes data visualizations that offer information defined and packaged by Q Corp to help users easily monitor metrics pertaining to program goals and objectives.

Should Q Corp wish to update their default dashboards when more current information becomes available, program goals and/or objectives change, or the Reporting Portal's dashboard component functionality is updated, users will automatically receive revised default dashboards, either overwriting previous models or as alternative versions. Such changes will be reflected in the dashboard's title and can be managed or adjusted using the dashboard settings control. For more information on how to manage dashboard settings, see Managing Dashboards.

Using & Navigating Widget Types

The Reporting Portal dashboard displays are architected with a widget-based design. A widget is an application created to capture a limited, albeit targeted, set of key materials for quick consumption. These snapshots of information are dynamic by design, with settings enabled allowing users to edit and/or remove their content, re-prioritize their placement on the dashboard among other selected widgets, hover over their features to learn more via pop-up previews, and drill into their hyperlinks for more granular views of the data. It is the widget's customizable nature that facilitates the creation of personalized views of insights into the health and performance of a user's provider and patient populations.

The Reporting Portal's dashboard visualization tool offers three primary types of widgets:

- **Reporting Period Overview** – This widget provides key information on the demographics and reported organizational attribution of the user's self-reporting level for the current reporting period — and, when applicable, the previous reporting period for trending purposes.

- **Demographics** – This widget provides comparative information on the demographics of the user's self-reporting level, each of the user's additional reporting-level associations, and the state as a whole (or some additional higher-level aggregation).

- **Measurement Bundles** – This widget provides comparative information on the results of domain-related measures for the user's self-reporting level between the current and previous reporting periods.

  Domains defined by Q Corp in the generation of measurement bundles may include:

  – **Healthcare Performance** – Measures generated specifically to provide critical information related to the, quality, and utilization of services delivered across healthcare settings.

- **Healthcare Policies & Initiatives** – Measures generated specifically to support and proactively monitor key areas of performance of particular interest by critical health care transformation efforts.

  Measurement bundle examples in this domain may focus on the Comprehensive Primary Care Plus (CPC+) initiative, the Quality Payment Program (QPP), or the Coordinated Care Organization Incentive Measures among others.

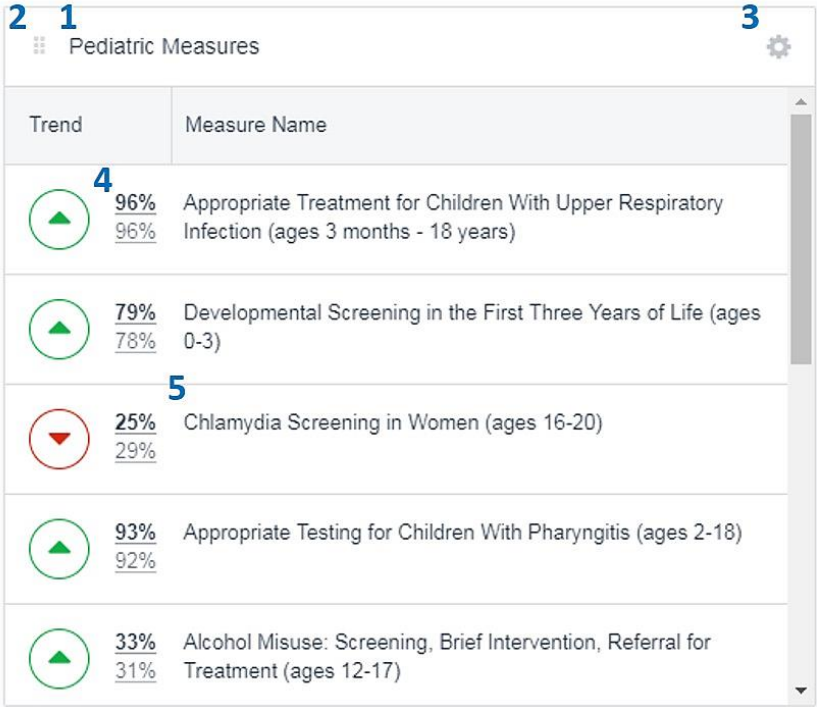
- **Health Conditions & Diseases** – Measures generated specifically to help evaluate and better understand various health conditions and diseases.

  Measurement bundle examples in this domain may focus on asthma, diabetes, heart disease, and other acute and chronic health conditions and diseases.

- **Pediatric Subspecialty Performance** – Measures generated specifically to assess an organization's pediatric patient population.

For an overview of core features and functionality of the various widgets that can be found in a dashboard, see Figure 2, which uses the *Pediatric Measures* widget as an example.

Figure 2. Example of a Configured Widget Type

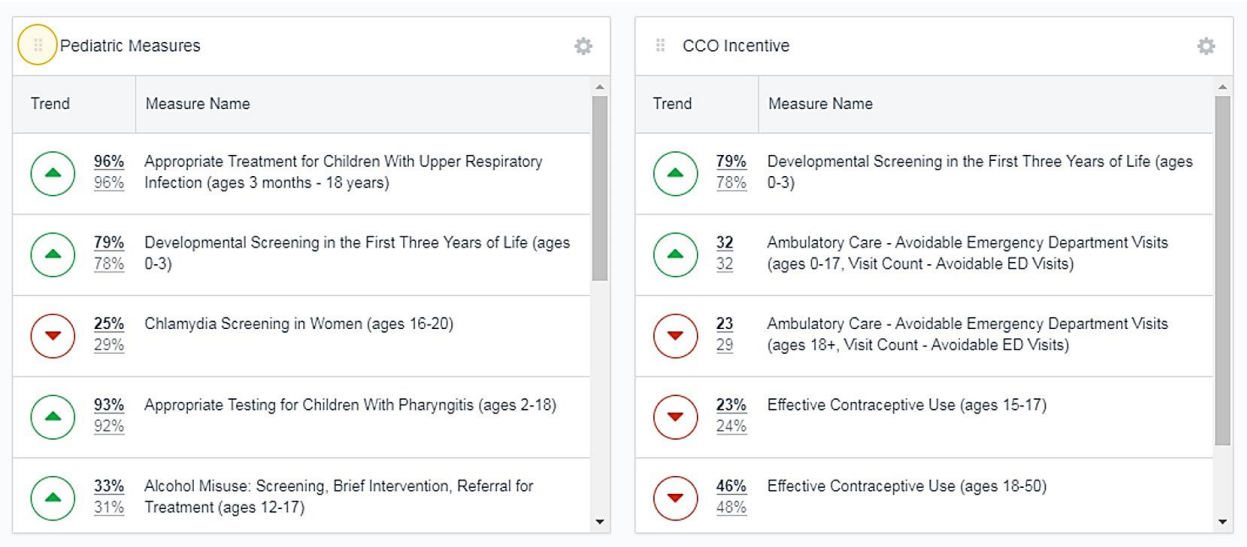


Key features contained in a widget type include:

1. Widget Title – All pre-configured widget types have established, non-editable titles; customizable widget types have titles that may be edited and revised according to a user's preferences.

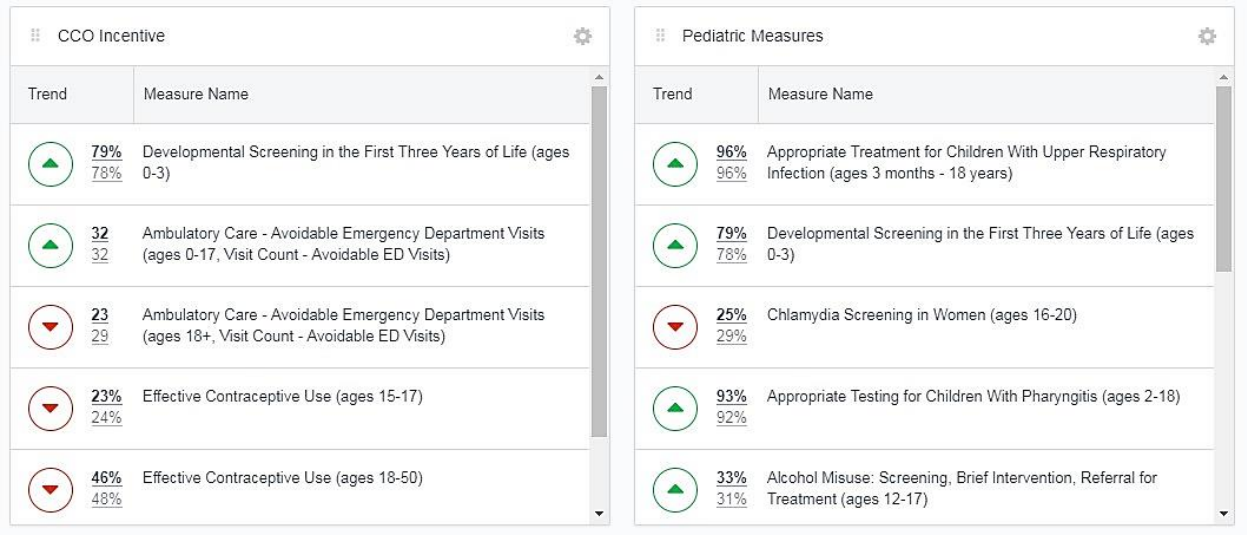
2. Widget Relocation – To relocate a widget on the grid-structured dashboard, users must first click and hold on to the button located in the upper-left-hand corner of the selected widget (Step 1). Next, users can drag the widget to the desired area on the dashboard (Step 2) and drop it into place by releasing their hold onto the button (Step 3).

Step 1 – Click and hold on to the button located in the upper-left-hand corner of the Pediatric Measures *widget. Prepare to relocate the widget to the current location of the* CCO Incentive *widget.*



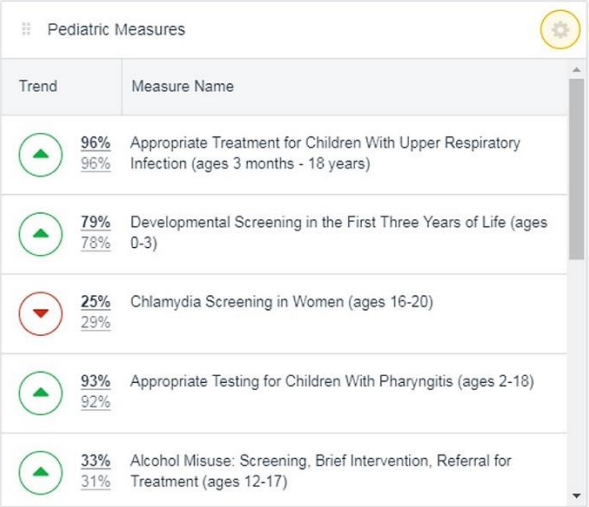
Step 2 – While holding on to the button, drag the widget to its new location.

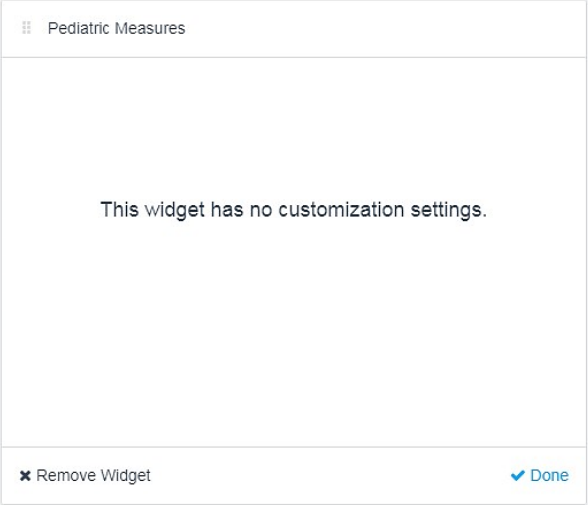
Step 3 – Once the widget has snapped into its new position on the dashboard, simply release its button.



3. Widget Settings – In the upper right-hand corner of each widget, there is a dynamic settings button. Clicking on the icon will rotate the widget to view and customize its content (Step 1). By design, all pre-configured widget types do not have any customizable settings. For more information on how to modify a customizable widget type, see Adding Widgets to an Existing Dashboard. For both pre-configured and customizable widget types, users can delete a widget from their dashboard simply by clicking the ✖ Remove Widget button located in the lower-right-hand corner of the widget's settings panel. Once all adjustments to a widget's settings have been made, users must click the ✔ Done button located in the right-hand corner of the panel to confirm and implement all changes.

Step 1. *Click on the settings gear button located in the upper right-hand corner of the widget type. By design, all pre-configured widget types do not have any customizable settings enabled for users' control. Once all adjustments to the widget's settings have been completed, click the* ✔ Done *button located in the lower left-hand corner to confirm and implement all changes.*

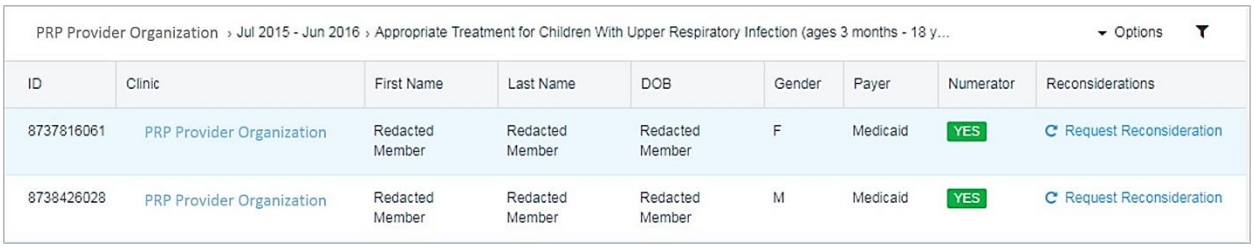




4. Metric Drill-down – Each widget has drill-down functionality that provides more-granular views of the aggregated data presented. By clicking on a widget's hyperlinked figure (Step 1), users will immediately be redirected to a measurement table displaying the more-detailed patient data used to calculate the summary result displayed in the widget (Step 2).

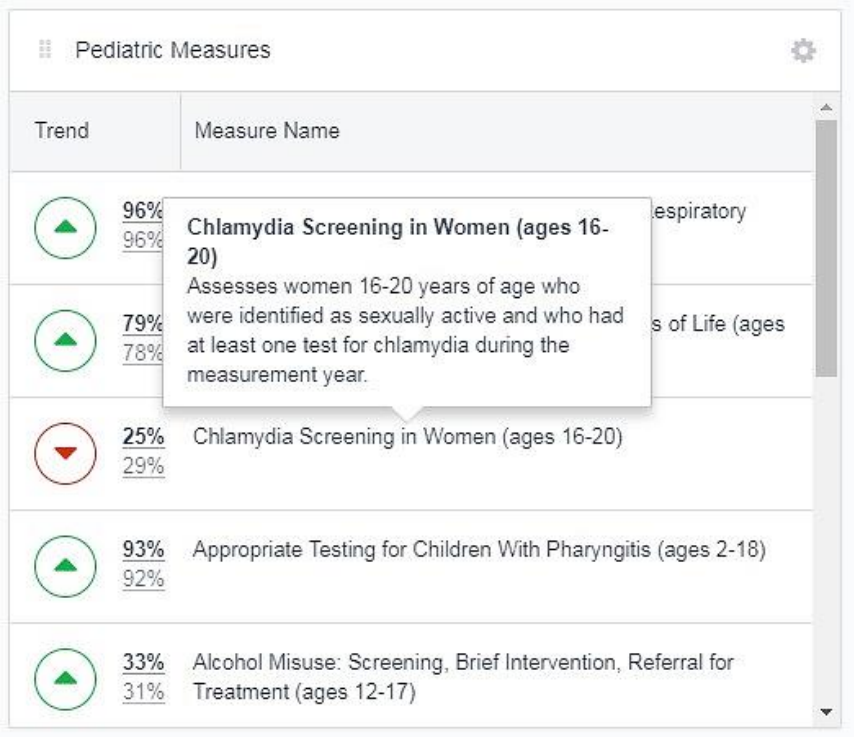
Step 1. *Identify and click on the hyperlinked figures in a widget to explore the detailed data set used to calculate its aggregate value.*

Step 3. *Review the detailed measurement table displaying the targeted set of information.*



5. Hover Pop-ups – For field titles, measure results, and other information displayed in a widget that are not intuitive by nature, users can often hover over those areas to reveal pop-ups that provide additional descriptions and explanations (Step 1). Some pop-ups also will provide links that redirect users to more-robust supporting documentation.

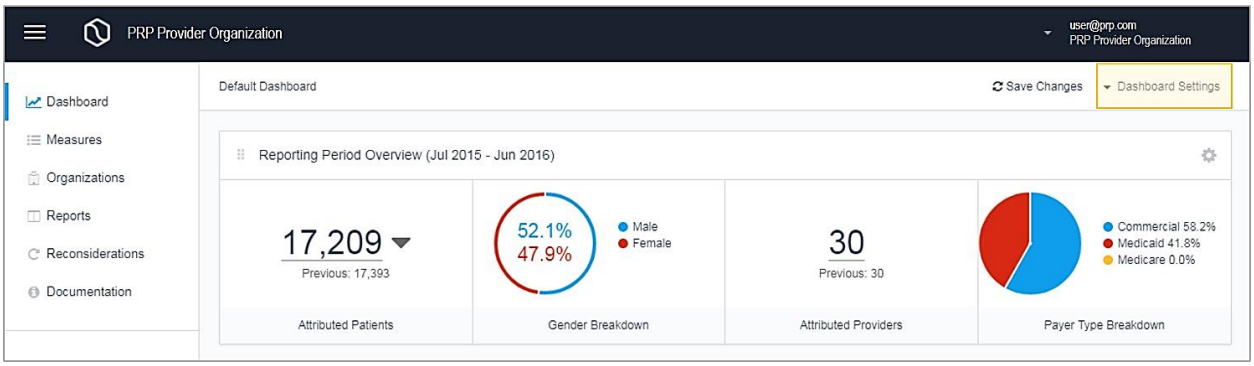
Step 1. *Hover over a widget's content to reveal pop-up previews displaying additional information about the selected areas.*



Adding Widgets to an Existing Dashboard

While default dashboards may be designed initially by Q Corp using a certain set of pre-configured widget types, their displays can still be customized by users. Any pre-configured widget type can be removed from a default dashboard using the ✖ Remove Widget button located in the unwanted widget's settings panel. For more information on how to remove widgets from a dashboard, see the section above on Widget Settings. Alternatively, new widgets – from a library of either pre-configured or customizable types – can be added to a user's default dashboard using the *Dashboard Settings* control located in the upper right-hand corner of the component's banner (Step 1).

Step 1. *Click on the* Dashboard Settings *control located in the upper right-hand corner of the dashboard's banner*



Clicking on the *Dashboard Settings* control will present users with a variety of options to consider, the first of which allows users to *Add Widget* (Step 2). Selecting this item will prompt users to add a new widget to their current dashboard with options of either "pre-configured" (Step 2a) or "customizable" (Step 2b) widget types:

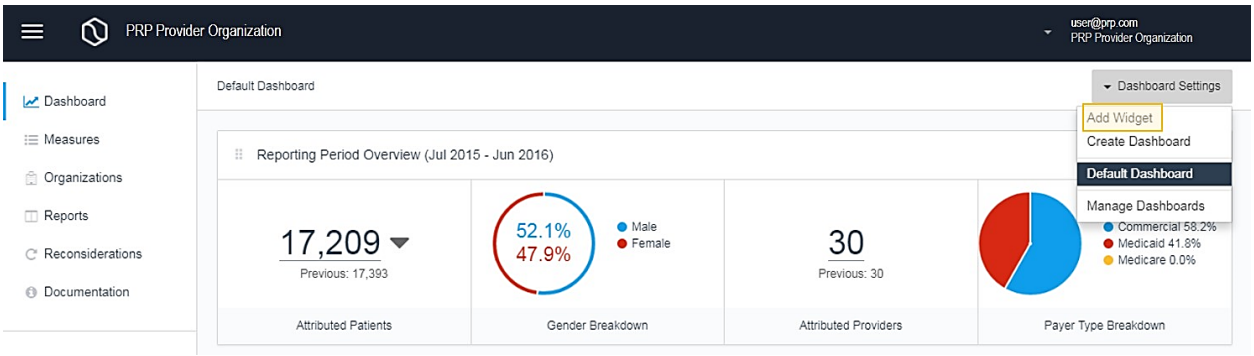
- **Pre-Configured Widget Types:** Widget types containing pre-defined content by Q Corp areunable to be edited by the user. For more information on pre-configured widget types offered to users, see Using & Navigating Widget Types.

- **Customizable Widget Types:** Widget types providing a visualization framework (i.e., a template) to allow users to tailor the content displayed according to their preferences.

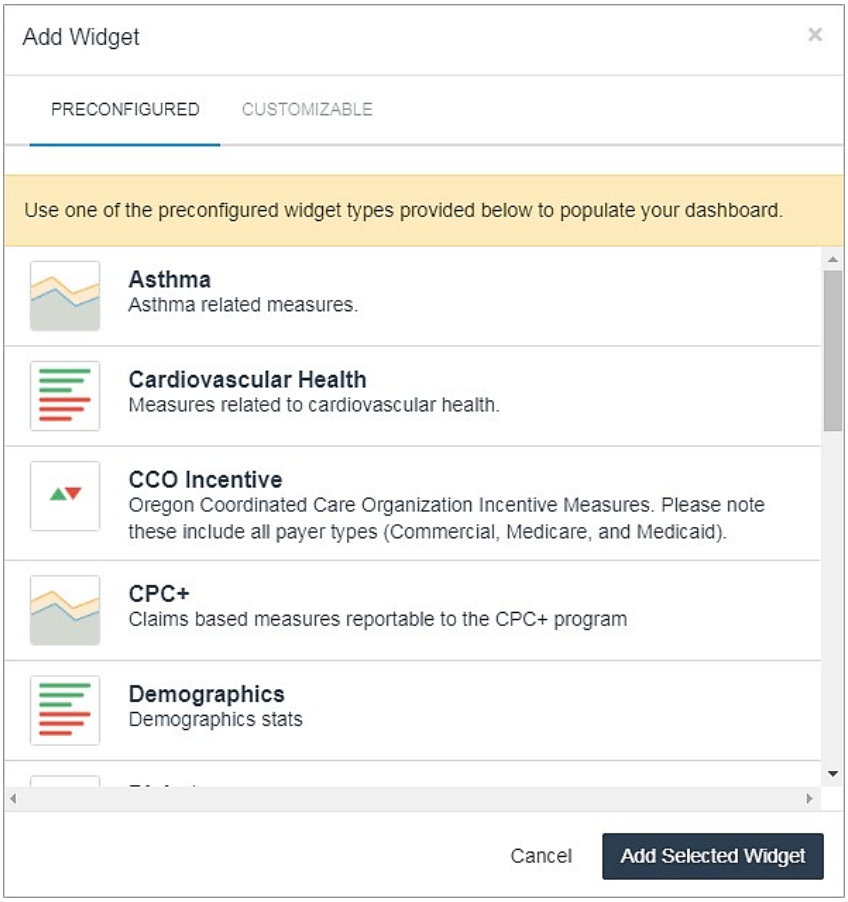
  Widget types enabling user customization include:

  – **Measurement Bundles** – This widget type allows user to select a number of domain-related measures (e.g., health care performance, health care policies and initiatives, health conditions and diseases, pediatric subspecialty performance, etc.) for comparison of results within the user's self-reporting level and between reporting periods.

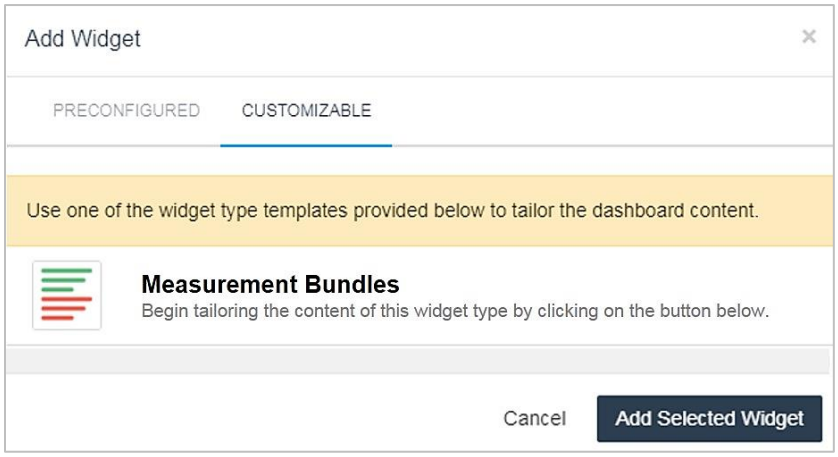
Step 2. *From the* Dashboard Settings *control, select the* Add Widget *option.*



Step 2a. *Identify the pre-configured widget type to be added to the default dashboard.*

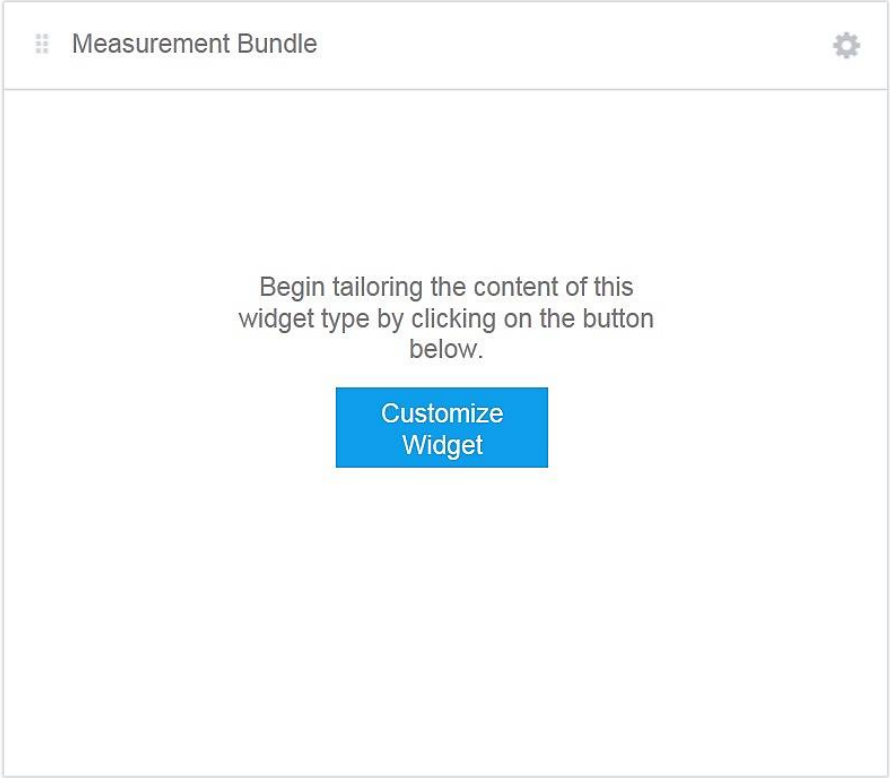


Step 2a. *Identify the customizable widget type to be added to the default dashboard.*



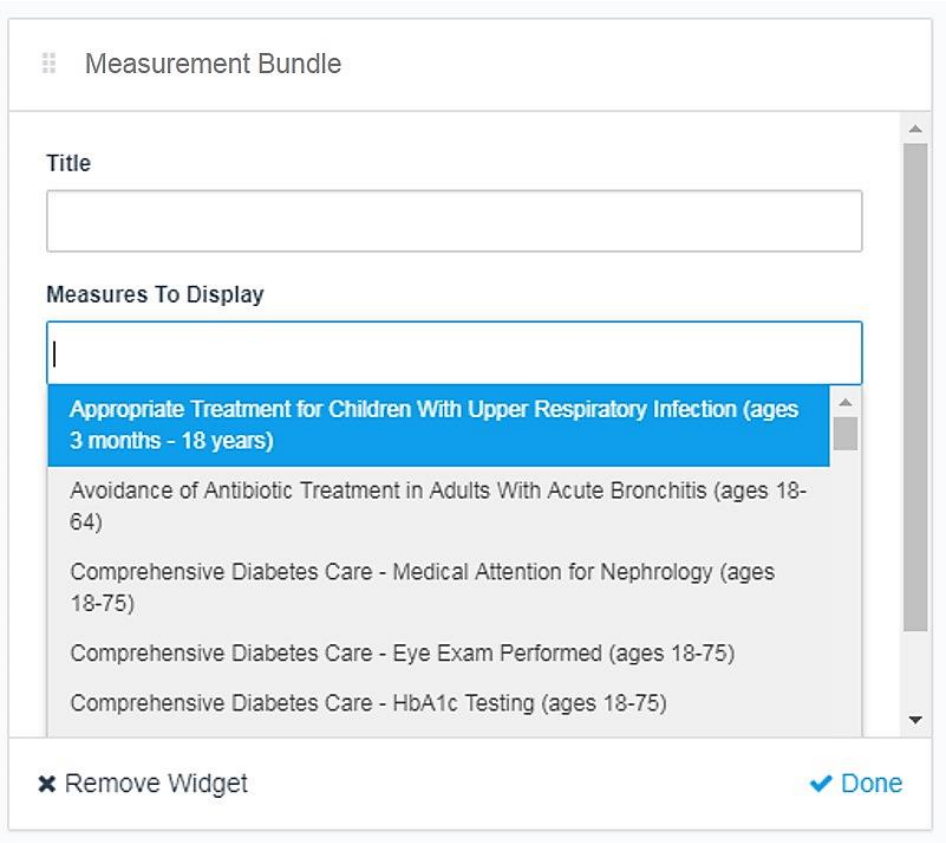
For users who decide to create and customize a new *Measurement Bundle* widget type by clicking on the Add Selected Widget button located in the lower right-hand corner of the *Add Widget* window, they will return to their dashboard with a new *Measurement Bundle* widget populated in an available position on their display. The widget will be blank, but will instruct the user to begin tailoring the content of this widget type by clicking on the *Customize Widget* button below (Step 3).

Step 3. *Select a customizable* Measurement Bundle *widget type from the* Add Widget *control panel to populate the widget in the default dashboard; click on the* Customize Widget *button to begin tailoring the content of this new widget type.*



Users will next be given options to select the set of *Measures to Display* in the new *Measurement Bundle* widget as well as the title that most accurately reflects the purpose of its defined content. The measurement selection option includes a dynamic drop-down/auto-text menu, where users can either click directly in the field to select desired measures from a drop-down menu or to begin typing to narrow their search for the requested measure; the title selection option, on the other hand, is a free-form entry field that allows users to personalize their widget's title with a name of their choosing. After configuring the new widget, click the ✔ Done button located in the lower right-hand corner of the widget's settings panel to confirm and implement all changes (Step 4). Doing so will rotate the widget back to its visualization presentation, which will now display the user's newly tailored content. For more information on how to modify an existing widget's settings, see Using & Navigating Widget Types.

Steps 4. *Tailor the widget's content by giving the widget a title and selecting a set of measures to display; click on the* ✔ Done *button to confirm and implement all changes.*

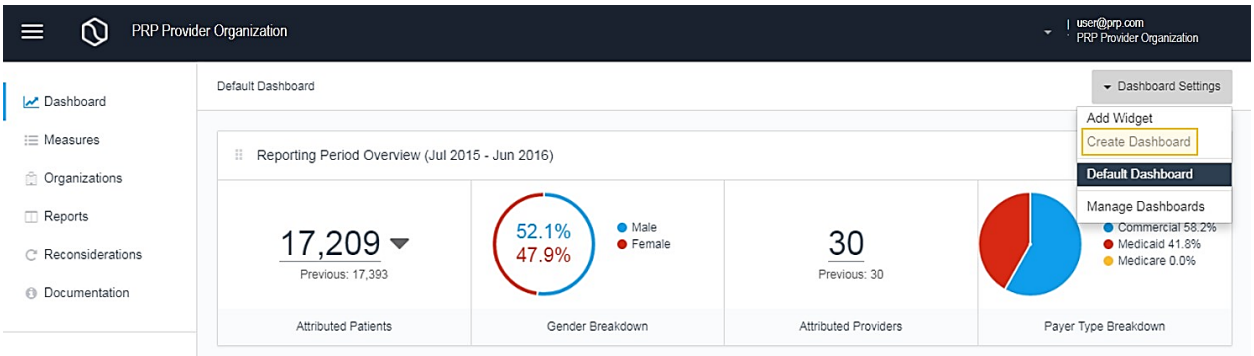


Before leaving a modified default dashboard, users must always remember to save changes using the Save Changes button located in the component's banner. For changes made to a default dashboard, the portal will allow users only to *"save as"* changes by creating a new dashboard. Default dashboards cannot be overwritten by users in an effort to maintain the integrity of Q Corp dashboards.

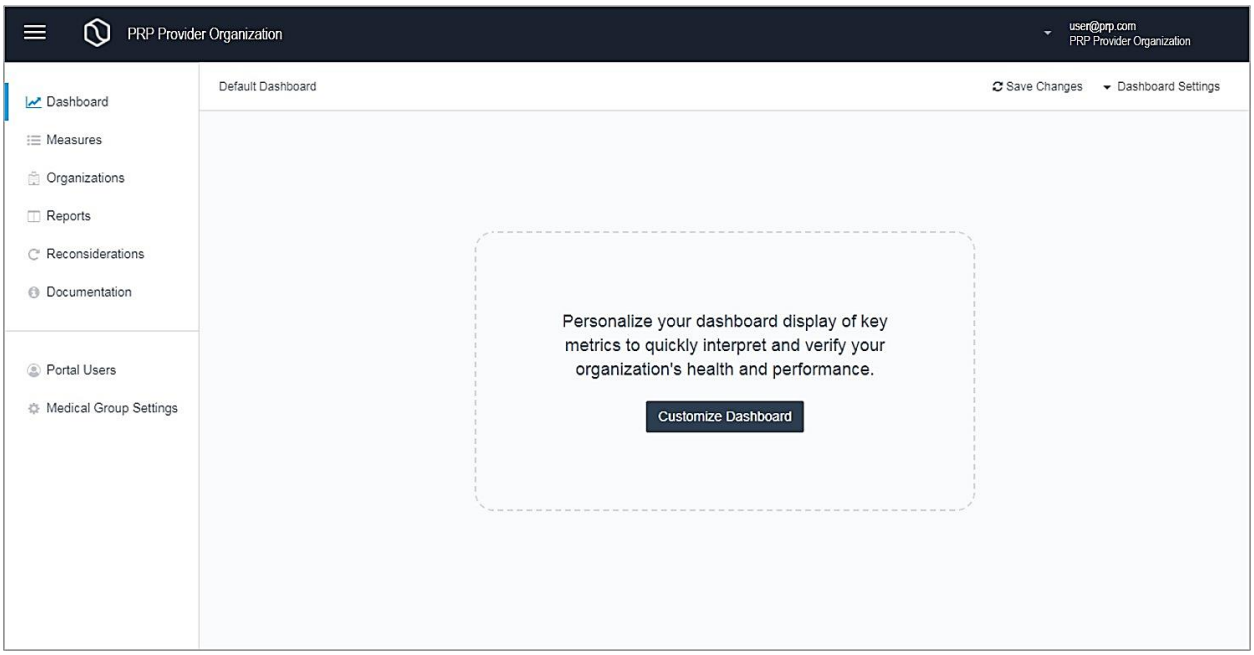
Creating a New Dashboard

Just as users can modify existing default dashboards by adding and removing widget types to the displays, the Reporting Portal's dashboard visualization tool also allows users to build displays entirely from scratch to best meet their needs. Using the *Dashboard Settings* control located in the component's banner, users can select the menu option to *Create Dashboard* (Step 1). Doing so will redirect users to a window that provides instructions on how to begin designing their new dashboards (Step 2).

Step 1. *From the* Dashboard Settings *control, select the* Create Dashboard *option.*



Step 2. *Users will next be redirected to a window instructing them on how to customize their new dashboard display.*



Clicking on the Customize Dashboard button located in the *Create Dashboard* window will bring users to a familiar pop-up window to begin selecting either pre-configured or customizable widget types to populate their new dashboard. For more information on widget types and how to add them to a dashboard, see Adding Widgets to an Existing Dashboard.

Note that only a single widget type may be added to a dashboard at a given time. After the first widget type is selected using the *Create Dashboard* option, users must select the *Add Widget* option from the *Dashboard Settings* control each time they wish to insert a new widget type to their dashboard.

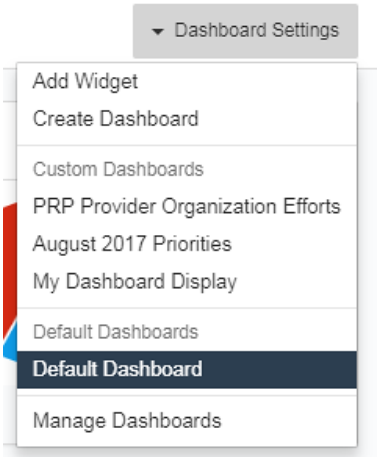
Once configured, users must remember to save changes to their new dashboards using the Save Changes button located in the component's banner. The first time that a user saves their new dashboard, they will be provided with a pop-up to name their new dashboard. Any adjustments or modifications to the dashboard thereafter will require only "save" conditions, which will overwrite previous displays with the user's current revisions. By design, the most recently saved dashboard will become the default dashboard when the user next logs in to the Reporting Portal.

Managing Dashboards

After using the Reporting Portal consistently over time, it is not unlikely for users to amass several dashboards to choose from – views prepared and updated byQ Corp, existing views modified by users, and entirely new views designed and defined by users and their organizations. To administer and review all of these updates, modifications, and creations, the Reporting Portal allows users to manage their set of dashboards quickly and effortlessly through two primary management approaches:

- **Toggle Management** – By selecting the *Dashboard Settings* control in the upper right-hand corner of the component's banner, users can view a list of all dashboards available for their use in the drop-down menu. Differentiated between those dashboards that are provided automatically by Q Corp (i.e., *Default Dashboards*) and those that have either been modified or created by the user themselves (i.e., *Custom Dashboards*), users can toggle to any of the available options to immediately render the visualizations of the selected displays (Step 1).

  Step 1. *Toggle among the various dashboards available for use and select one from the drop-down menu to view it.*



- **Administrative Management** – By selecting the same *Dashboard Settings* control, users will see the option to *Manage Dashboards*. By clicking on this option (Step 2), users are provided with an administrative function that allows them to view a comprehensive list of all user-customized dashboards, with details on when each dashboard was created and last updated. This screen also gives users the option to Delete each custom dashboard from their individual collection. Deleting a custom dashboard will result in its permanent removal.

Step 3. *Administer custom dashboards, including removing customdashboards*

Settings › Dashboard

ACCOUNT DASHBOARDS

Name	Created	Updated	
My Dashboard Display	7/31/2017	7/31/2017	Delete
August 2017 Priorities	8/2/2017	8/3/2017	Delete
PRP Provider Organization Efforts	1/1/2016	1/10/2016	Delete

Measurement

The Reporting Portal's measurement component offers users a role-based interface to view both summary- and patient-level reporting across a carefully crafted set of measures enriched by relevant benchmarks, actionable filters, dynamic drill-down capabilities, and responsive feedback mechanisms. This style of reporting seeks to provide greater transparency into measurement calculations — both to inspire the user's continuous engagement and to solicit user feedback to help inform ongoing reporting efforts. These reports encourage users to compare their performance to benchmarks, assess variations in care, and implement systems for improving health care quality.

Viewing Self-Reporting-Level Measure Results

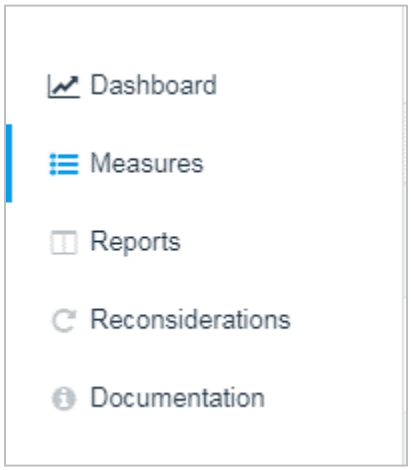
At a minimum, each user of the Reporting Portal can view their *self* reporting level's summary measure results with deeper dives into the corresponding *patient* data set. For example, a provider can view their own individual summary measure results as well as the underlying patient-detail performance; a clinic administrator can view their organization's summary measure results as well as the underlying patient-detail performance, etc. For formal definitions of these types of reporting levels, see Table 1.

Table 1. Definitions of Reporting Levels

Reporting Level Type	Description
Self	Summary-level measure results for the user type's own setting; all user types have access to this level of reporting. *Example: As a provider, I can view my own individual summary-level measure results.*
Patient	Patient-detail measure results corresponding to the underlying performance of the user type's summary-level measure results; all users have access to this level of reporting *Example: As a provider, I can view the underlying patient-detail data set contributing to my individual summary measure results.*

To begin exploring their self-reporting level's measure results, users first must select the *Measures* component from the portal's main menu options (Step 1).

Step 1. *Select the* Measures *component from the portal's main menu options.*



Selecting the *Measures* component will bring users to a dynamic table that displays current results of key metrics and performance indicators for the user's self-reporting level. For an overview of some of the core features and functionality of the self-reporting level's measurement table, see Figure 2.

Figure 2. Example of a Self-Reporting Level's Measurement Component

1 PRP Provider Organization › Jul 2015 - Jun 2016 2 Options 3

4

Measure	Description	Result	Benchmark #1	Benchmark #2	Benchmark #3	Denominator
URI	6 Appropriate Treatment for Children With Upper Respiratory Infection (ages 3 months - 18 years)	96%	96%	99%	95%	5 1179
AAB	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (ages 18-64)	100%	37%	60%	37%	1
CDC-NEPH	Comprehensive Diabetes Care - Medical Attention for Nephrology (ages 18-75)	63%	70%	88%	94%	32
CDC-EYE	Comprehensive Diabetes Care - Eye Exam Performed (ages 18-75)	44%	45%	62%	70%	32

Key features contained in the measurement component include:

1. Measurement Navigation – Wherever a user travels in the measurement tables, they will always be able to find their way back to the beginning of their searches – or anywhere in between – by using the hyperlinked "breadcrumb" navigation trail located in the component's banner. By identifying then clicking on a particular unit of the navigation, users will find themselves automatically redirected to the window of interest.

2. Measurement Options – Throughout the Reporting Portal, users have the opportunity to export a variety of windows' data displays as a comma-separated values (CSV) file. When viewing summary or patient-detail measure results, clicking on the Options button in the component's banner produces a drop-down menu that allows users to convert the on-screen data into a CSV file that can be downloaded and manipulated by the user.

3. Measurement Filters – Sometimes, the summary and patient-detail measurement tables may not be calibrated to provide the precise information that users are searching for. If the tabular presentation contains either too much or too little content, filters can be used to help broaden or narrow the underlying data set, effectively allowing users to view only the information that they need. Across all measurement tables in the portal, there are three primary filtering options available to users:

1. **Reporting Period** – This filter allows users to toggle between measure results that have been calculated for different periods of time. Each reporting period captures a different span of enrollment and claims data, designated by a Q Corp defined span of incurred dates of service and/or paid claim dates, and are often presented in calendar-year or rolling-year durations. With each data refresh, a new reporting period will be added to the portal's filtering options of reporting periods to enable trend analysis.

2. **Measure Name/Code** – This filter is an auto-text entry field that allows users to narrow their search of measure results by typing in the desired measure – either by its code, its name, or a key word in its title or description.

3. **Product** – This filter allows users to redefine the measure set's specifications by refining each measure's denominator to examine only a specific product type – commercial,

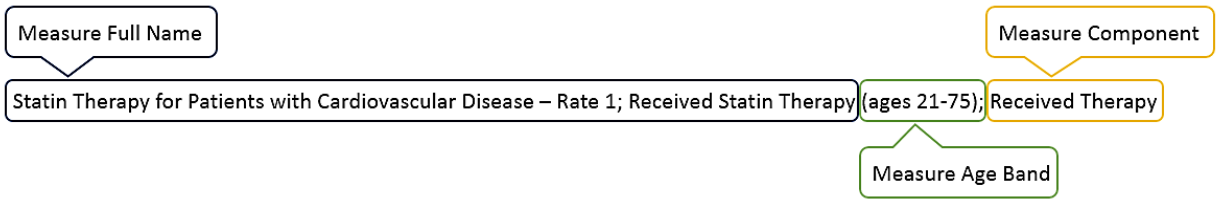
Medicaid, or Medicare. For example, choosing the Medicaid product type as a filter will recalculate the measurement table's results using only the user's Medicaid patient population as the basis for each denominator's computation.

4. Measurement Table – The Reporting Portal's measurement display encourages users to compare their performance indicators both against key benchmarks and across time, offering a starting place to further identify and assess areas for improvement by reviewing actionable patient-detail data. From the component's landing page, all users have access to a measurement table that provides a view of their self-reporting level's summary measure results. Fields contained in this display include the following:

- **Measure** – This field provides each measure's short name (e.g., the short name for the measure, "Breast Cancer Screening," is "BCS"; the short name for the measure, "Comprehensive Diabetes Care – Eye Exam Performed," is "CDC-EYE").

- **Description** – This field provides a concatenated string of each measure's full name, age band, and component. See Figure 3 for an example of a concatenated measure name.

  Figure 3. Example of a Concatenated Measure Name



- **Result** – This field provides the calculated measure result for the user's defined reporting level (e.g., the summary measure results for an individual practitioner).

- **Benchmark Metric(s)** – These columns provide specific benchmarks that are relevant to Oregon stakeholders when comparing their performance.

- **Denominator** – This field provides a count of the subset of the patient population included in the selected performance measure's results; this field is hyperlinked to a drill-down view of the actual patient-detail data set supporting the denominator count. For more information on how to view a patient-detail data set by drilling into a measure's denominator count, see the next section on Metric Drill-Down.

5. Metric Drill-Down – From a user's self reporting level's measurement table, they can dive deeper into the corresponding patient data set by clicking anywhere in an individual measurement row (Step 1). Doing so will bring users to a separate patient reporting-level measurement table displaying the selected measure's denominator (Step 2), including a field designated to also identify the selected measure's numerator.

Step 1. *Select an individual summary measurement row.*

PRP Provider Organization › Jul 2015 - Jun 2016 Options

Measure	Description	Result	Benchmark #1	Benchmark #2	Benchmark #3	Denominator
URI	Appropriate Treatment for Children With Upper Respiratory Infection (ages 3 months - 18 years)	96%	96%	99%	95%	1179
AAB	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (ages 18-64)	100%	37%	60%	37%	1
CDC-NEPH	Comprehensive Diabetes Care - Medical Attention for Nephrology (ages 18-75)	63%	70%	88%	94%	32
CDC-EYE	Comprehensive Diabetes Care - Eye Exam Performed (ages 18-75)	44%	45%	62%	70%	32

Step 2. *Review the selected measure's denominator of patients.*

PRP Provider Organization › Jul 2015 - Jun 2016 › Appropriate Treatment for Children With Upper Respiratory Infection (ages 3 months - 18 y... Options

ID	Clinic	First Name	Last Name	DOB	Gender	Payer	Numerator	Reconsiderations
8737816061	PRP Provider Organization	Redacted Member	Redacted Member	Redacted Member	F	Medicaid	YES	Request Reconsideration
8738426028	PRP Provider Organization	Redacted Member	Redacted Member	Redacted Member	M	Medicaid	YES	Request Reconsideration

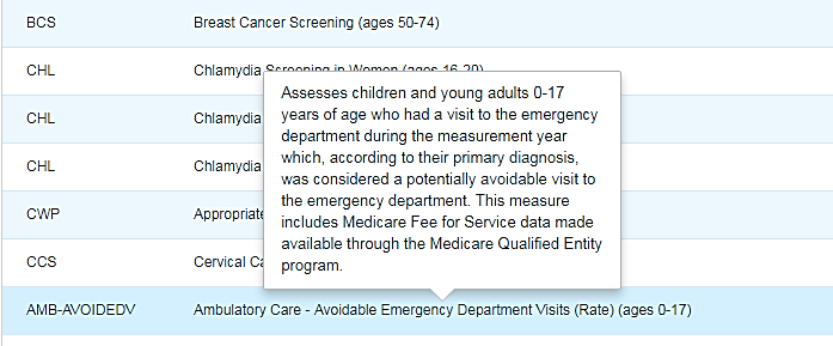
From this patient-level view of the data, users can similarly export and filter the data to meet their needs and retrace their steps using the component's breadcrumb navigation trail. For fields with values that are hashed or not able to be viewed by users, they will either be left as null or marked as redacted. Fields contained in this display include:

- **ID** – This field provides the Onpoint-assigned identifier that represents a unique patient.
- **Clinic** – This field provides the name of the clinic to which the patient is attributed.
- **First Name** – This field provides the patient's first name.
- **Last Name** – This field provides the patient's last name.
- **DOB** – This field provides the patient's date of birth.
- **Gender** – This field provides the patient's reported gender (Male/Female).
- **Payer** – This field provides the health plan's product type to which the patient has been attributed (i.e., commercial, Medicaid, or Medicare product codes).
- **Numerator** – This field indicates the subset of the denominator population for which a process or outcome of care occurred; it represents the member population that has been counted as meeting a measure's requirements.

- **Reconsiderations** – This field provides users with the opportunity to verify the accuracy of patient-detail measure results and both provider-to-organization and patient-to-provider attribution arrangements. For more information on the Reporting Portal's reconsideration component, see Reconsiderations).

6. Hover Pop-ups – In many cases, users can hover over field titles, measure results, and other information displayed in a measurement table to reveal pop-ups with additional descriptions and detail (Step 1). In some pop-ups, links are provided to redirect users to more robust supporting documentation.

Step 1. *Hover over a measurement table's content to reveal pop-up previews displaying additional information about the selected areas.*



Viewing Additional Reporting-Level Measure Results

For users of the Reporting Portal who have access to additional reporting-level associations other than the universal *self* and *patient* levels, the portal offers the chance to view the summary measure results for each additional associated type of reporting level and those reporting levels' corresponding patient data sets.

For example, a medical group administrator can view their self-reporting level's summary measure results and the corresponding patient data set, their *organization* reporting level's summary measure results (i.e., the summary measure results of each of their medical group's attributed clinics) and the corresponding patient data set, and their *provider* reporting level's summary measure results (i.e., the summary measure results of each of their medical group's reported providers) and the corresponding patient data set. For a comprehensive set of formal definitions on the different types of reporting levels, see Table 2.

Table 2. Definitions of Reporting Levels

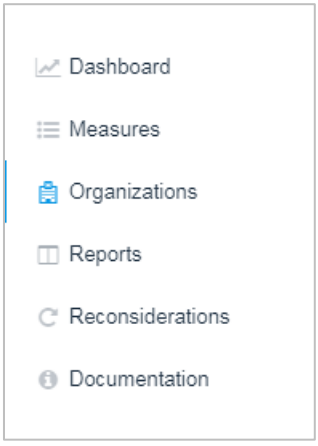
Reporting Level Type	Description
Self	Summary-level measure results for the user type's own setting; all user types have access to this level of reporting. *Example: As a medical group administrator, I can view summary-level measure results for my own organization.*

Reporting Level Type	Description
Organization	Summary-level measure results for each of the user type's attributed organizations. *Example: As a medical group administrator, I can view summary-level measure results for each my organization's attributed clinics.*
Provider	Summary-level measure results for each of the user type's attributed providers. *Example: As a medical group administrator, I can view summary-level measure results for each of my organization's attributed providers.*
Patient	Patient-detail measure results corresponding to the underlying performance of each of the summary-level measure results per reporting level to which the user type has access; all users have access to this level of reporting. *Example: As a medical group administrator, I can view the underlying patient-detail data sets contributing to my self, organization, and provider reporting levels' summary measure results.*

To begin exploring their other associated reporting levels' measure results, users must first select the appropriate option from the portal's main menu. Depending on the user type, the measurement option will be titled differently:

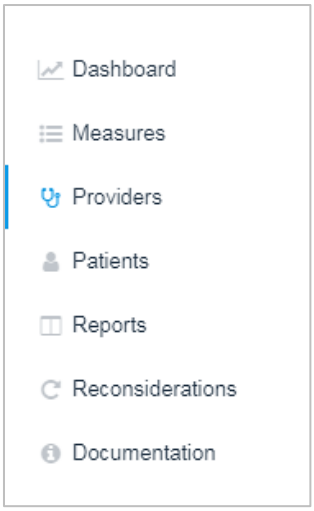
- **Organizations** – For user types whose access beyond the self-reporting level extends to the organization reporting level (e.g., the health system, medical group, and health plan user types), all related summary measurement tables (including organization, provider, and patient reporting levels) will exist in the portal's *Organizations* main menu option (see Figure 4).

  Figure 4. *Organizations* measurement component main menu option



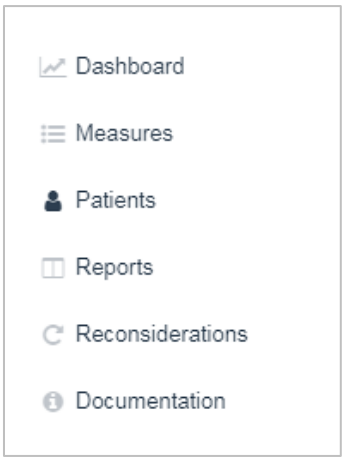
- **Providers** – For user types whose access beyond the self-reporting level extends to only the provider reporting level in addition to their self-reporting level (e.g., the clinic user type), all related summary measurement tables will exist in the portal's *Providers* main menu option (see Figure 5).

  Figure 5. *Providers* measurement component main menu option



- **Patients** – For user types whose access extends to only the provider reporting level beyond their self-reporting level (e.g., the clinic user type), or those with access to only their self-reporting level (e.g. ,the provider user type), a supplemental view of the user type's patient population will exist in the portal's *Patients* main menu option (see Figure 6).

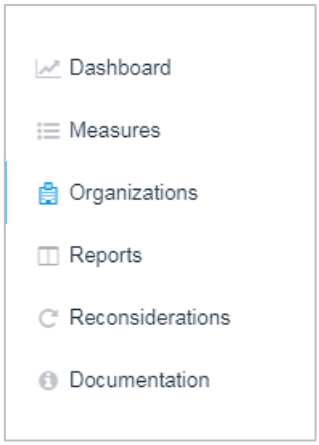
  Figure 6. *Patients* measurement component main menu option



To illustrate the core features and functionality of the various measurement tables for user types that have access to additional reporting levels other than the universal *self* and *patient* relationships, the medical group user type will be used as a case study.

The medical group user type has access to other organization reporting levels in addition to their self-reporting level (and, of course, the corresponding patient data set). Accordingly, all related summary-level measurement tables for the medical group user type exist in the portal's *Organizations* main menu option. Select this option from the portal's main menu (Step 1).

Step 1. *Select the* Organizations *measurement option from the portal's main menu.*



From the component's landing page, medical group users have access to a view of each of their organization's attributed clinics. Fields contained in this display include:

- **ID** – This field provides the Onpoint-assigned identifier that represents a unique organization.
- **Name** – This field provides the full name of the organization.
- **City** – The field provides the city location where the organization resides.
- **Type** – This field identifies the setting type (e.g., Health System, Medical Group, Clinic) of the organization.

From this view of attributed clinics, users can explore details of a particular clinic by clicking on a single clinic's row in the table (Step 1).

Step 1. *Select an individual clinic from the medical group's roster of attributed organizations.*

Affiliated Practices

ID	Name	City	Type
34	PRP Practice Location #1	Office Location #1	Practice
35	PRP Practice Location #2	Office Location #2	Practice

Doing so will bring users to a screen with several panels (akin to tabs) that contain distinct information pertaining to the selected clinic (Step 2).

Step 2. *Review the individual clinic's display of several panels that contain distinct information pertaining to its organization.*

Affiliated Practices > PRP Practice Location #1 Edit

ABOUT MEASURES PROVIDERS PATIENTS

Name
PRP Practice Location #1

Type
Practice

Phone
(123) 456-7890

Address
1080 PRP Practice Lane

Panels contained in this display include:

- **About** – This panel provides an overview of the selected organization, including its registered name, type of setting, and contact information such as phone number and mailing address. For more information on how to edit an organization's information, see the section on Editing Existing Organizations.

- **Measures** – This panel contains a measurement table that provides a view of the selected organization's summary measure results. Similar to the functionality found in other measurement tables, users can hover, filter, export, and drill down. Fields provided in this display include measure name, measure description, measure result, benchmark metrics, and denominator. For more information, see the section on Measurement Table.

- **Providers** – This panel contains the selected organization's reported population of providers. Similar to the functionality found in other displays, users can hover, filter, export, and drill down into their provider population. Fields in this display include the provider's National Provider Identifier (NPI), first and last names, and primary specialty.

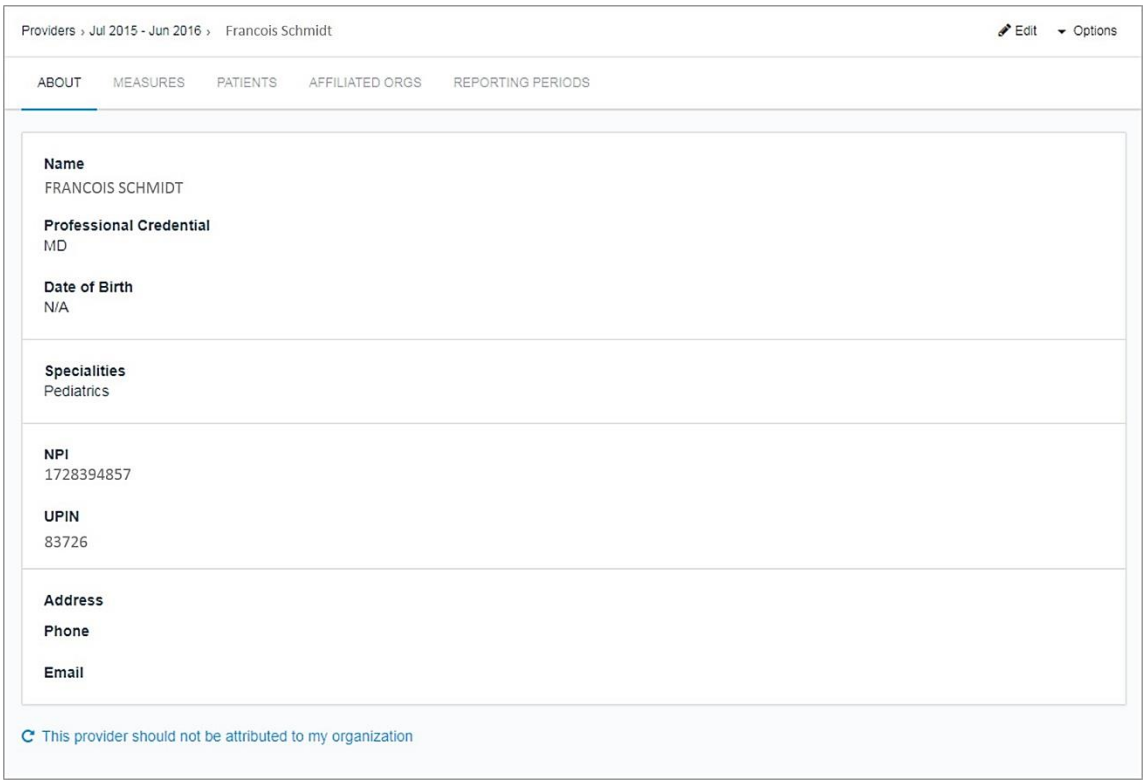
- **Patients** – This panel contains the selected organization's population of patients that are attributed to the providers reported by the organization. Similar to the functionality found in other displays of the data, users can hover, filter, export, and drill down in this display of the patient population. Fields provided in this display include patient ID, clinic name, patient first and last name, date of birth, gender, payer type, measure numerator, and reconsideration options. For more information, see the section on Metric Drill-down.

For a medical group user who wishes to learn more about a particular provider with reported organizational attribution to one of its associated clinics, they can click on the selected provider's row from the clinic's *PROVIDERS* panel (Step 1).

Step 1. *Select an individual provider from the clinic's roster of practitioners with reported organizational attribution.*

Doing so will bring users to a display with another set of panels, this time containing distinct information pertaining to the selected provider (Step 2). Note: For users with the main menu measurement component titled, *PROVIDERS,* this view of provider information aligns with the component's landing page.

Step 2. *Review the individual provider's display of several panels containing information pertaining to the selected provider.*



Panels contained in this display include:

- **About** – This panel provides an overview of the selected provider, including their full name, professional credential(s), date of birth, specialties, NPI, and contact information. For more information on how to edit a provider's information, see the section on Editing Existing Providers.

- **Measures** – This panel contains a measurement table that provides a view of the selected provider's summary measure results. Similar to the functionality found in other measurement tables, users can hover, filter, export, and drill down. Fields in this display include measure name, measure description, measure result, benchmark metrics, and denominator. For more information, see the section on Measurement Table.

- **Patients** – This panel contains the selected provider's population of attributed patients. Similar to the functionality found in other displays of the data, users can hover, filter, export, and drill down in this display of the patient population. Fields provided in this display include patient ID, clinic name, patient first and last name, date of birth, gender, payer type, measure numerator, and reconsideration options. For more information, see the section on Metric Drill-Down.

- **Affiliated Orgs** - This panel contains information pertaining to the provider's affiliated organizational attributions — the potentially one-to-many relationships that the individual provider may have with clinics during a single reporting period. Fields contained in this display include the full name of the organization(s) at which the provider practiced over time and the provider's effective and termination dates at each. For more information on affiliated organizational attribution, see the section on Managing Providers' Affiliated Organizational Attributions.

- **Reporting Periods** – This panel contains information pertaining to the provider's reported organizational attributions; that is, the one-to-one relationship between the provider and one of their potentially many affiliated organizational attributions indicating the medical group within which the clinic is reported in the portal during a single reporting period. Fields contained in this display include each reporting period displayed in the portal and a crosswalk to the single practice organization by which the provider is reported in the portal. For more information on reporting periods, see the section on Managing Practitioners' Affiliated Organizational Attributions.

Lastly, for the medical group user who wishes to learn more about a particular patient attributed to a provider reported by one of its clinics they can click on the selected patient's row from either an individual clinic's *PATIENTS* panel or from an individual provider's *PATIENTS* panel (Step 1).

Step 1. *Select an individual patient from an individual clinic's* Patients *panel.*

In either case, doing so will bring users to a display with yet another set of panels, this time containing distinct information pertaining to the selected patient (Step 2). Note: For users with the main menu measurement component titled, *PATIENTS,* this view of patient information aligns with the component's landing page.

Step 2. *Review the panels containing distinct information pertaining to the selected patient.*

Panels contained in this display include:

- **About** – This panel provides an overview of the selected patient, including their full name, date of birth, gender, and attributed provider.
- **Measures** – This panel contains a measurement table with a view of the selected patient's detail measure results. Similar to the functionality found in other measurement tables, users can hover, filter, export, and drill down. Fields in this display include measure name, measure description, measure result, and benchmark metrics. For more information, see the section on Measurement Table.

Reconsiderations

The Reporting Portal's reconsideration component is a corrections-and-appeals tool that offers users the opportunity to verify the accuracy of reported information, including patient-detail measure results, patient-to-provider attribution, and provider-to-clinic attribution. The tool as well as the policy that it upholds are intended to ensure a transparent process by establishing consistent criteria by which data will be reconsidered/recalculated.

The reconsideration process is administered by Q Corp in consultation with Onpoint as necessary. As part of the review and reconsideration process, Q Corp will provide a clear review period and deadline by which reconsideration requests via the portal's feedback mechanism must be received for consideration prior to the portal's next scheduled refresh (i.e., prior to recalculation of patient-level measure results and attribution arrangements). Through the use of the portal's reconsideration component, Q Corp can apply a set of standard criteria to assess and accept patient-level feedback for Onpoint's subsequent adjustment.

Q Corp will closely evaluate all formal reconsideration requests requiring further review and audit those requests that automatically enter approval status per their defined protocol and

workflow. Reconsiderations require a reason description, appropriate date range, and comments.

The reconsideration tool offers users the option to verify the accuracy of the data submitted by health plans to Onpoint so that the information becomes validated, trusted, and useful for all. In the sections that follow, detailed instructions will be provided to demonstrate how users can request reconsideration and monitor and review client feedback through the performance portal.

Requesting Reconsideration

For user roles that have permission to request reconsideration, the option is provided within each patient-detail data display previously considered in this document. From any given patient reporting-level measurement table, users can open a form to formally request reconsideration securely through the portal's feedback mechanism by clicking on the Request Reconsideration link contained in an individual patient's measurement row (Step 1).

Step 1. *Click on the* Request Reconsideration *link in an individual patient's measurement row.*

PRP Provider Organization › Jul 2015 - Jun 2016 › Appropriate Treatment for Children With Upper Respiratory Infection (ages 3 months - 18 y... Options

ID	Clinic	First Name	Last Name	DOB	Gender	Payer	Numerator	Reconsiderations
8737816061	PRP Provider Organization	Redacted Member	Redacted Member	Redacted Member	F	Medicaid	YES	Request Reconsideration
8738426028	PRP Provider Organization	Redacted Member	Redacted Member	Redacted Member	M	Medicaid	YES	Request Reconsideration

Doing so will automatically present users with a *Reconsideration Request* pop-up window (Step 2).

Step 2. *Review the summary information contained in the* Reconsideration Request *pop-up window*

1
Reconsideration Request

Please complete the form below to describe your request for reconsideration. For any questions, please contact the client administrator.

2
- **Member(s):** Redacted Member
- **Measure:** Appropriate Treatment for Children With Upper Respiratory Infection (ages 3 months - 18 years)
- **Provider:** FRANCOIS SCHMIDT
- **Organization:** PRP Practice Location #1
- **Reporting Period:** Jul 2015 - Jun 2016

3
Reason:

4
Optional Comments

5
Cancel Submit Request

Key features contained in a reconsideration reason form include:

1. Reconsideration Instructions – To assist users in completing the form to request reconsideration, the *Request Reconsideration* pop-up window includes a brief set of instructions on the appropriate steps.

2. Reconsideration Summary – When users click on the Request Reconsideration link contained in an individual patient's measurement row, several key elements from the selected patient's information are compiled into a summary view for the user's reference. Those retrieved elements include the names of the patient, the measure, the patient's attributed provider, and the attributed clinic, as well as the reporting period under review.

3. Reconsideration Reason – The Reporting Portal provides users with Q Corp defined reasons in a drop-down menu. For reasons that require the definition of effective and termination dates, an additional *Date* field is provided in the form for users to specify the time frame impacted by the request. At a high level, the set of reasons provided to users include:

- **Patient-Level Measure Result Inquiries** – This reconsideration reason offers users the option to identify patient-detail performance measure results that may be inaccurate.

  Example: If an individual patient is indicated in the portal as included in the breast cancer screening measure, but the user has identified that patient as having received a double-mastectomy procedure that would effectively exclude them from the measure's denominator, they may request reconsideration to remove that patient from the measure's generation in subsequent reporting.

- **Patient-to-Provider Attribution Inquires** – This reconsideration reason offers users the option to indicate that the reported patient-to-provider attribution for an individual patient has changed.

  Example: If an individual patient is unknown to the clinic or has changed providers since the last reporting period, the user may request reconsideration. This provider attribution would be applied in the subsequent reporting periods.

- **Provider-to-Organization Attribution Inquiries** – This reconsideration reason offers users the option to indicate that the reported provider-to-organization attribution for an individual provider may need updating.

  Example: If an individual provider has changed clinics since the last reporting period, the user may request reconsideration to consider the provider's other affiliated organizational attributions for reporting purposes during the time period in question. This attribution change would carry forward in future reporting rounds and updated data would be made available through subsequent portal refreshes.

4. Reconsideration Comments – Users are encouraged to leave additional notes or clarifying comments with their requests for reconsideration, the *Request Reconsideration* form provides a free-form entry field for that purpose.

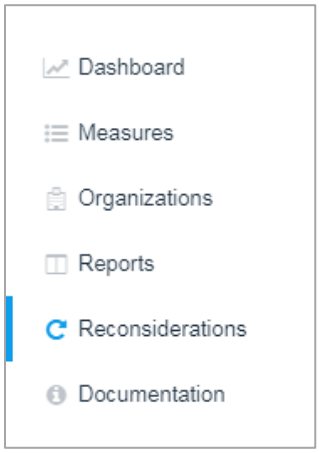
5. Reconsideration Confirmation – Once users have completed all required fields in the *Reconsideration Request* form, they must submit their applications by clicking on the Submit Request button located in the lower right-hand corner of the pop-up window.

Reviewing the History of Reconsideration Requests

Once a formal request for reconsideration has been submitted by a user, their application is either automatically accepted, or placed in a pending status for further investigation by Q Corp. Users can review their history of reconsideration requests – and monitor each application's

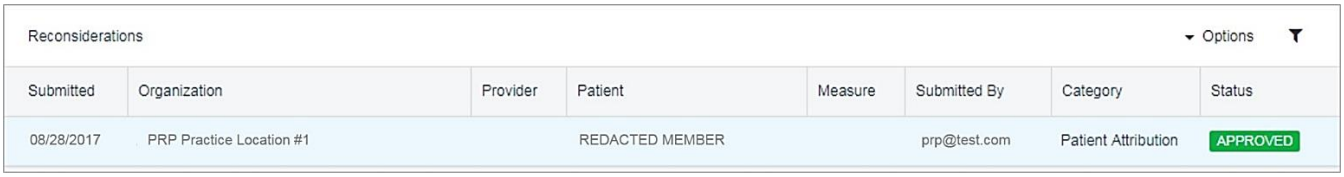
status – by selecting the *Reconsiderations* component from the portal's main menu options (Step 1).

Step 1. *Select the* Reconsiderations *component from the portal's main menu options.*



Doing so will bring users to a separate reconsideration log that displays the history of their reconsideration applications (Step 2).

Step 2. *Review the history of reconsideration applications and monitor their progress and status.*



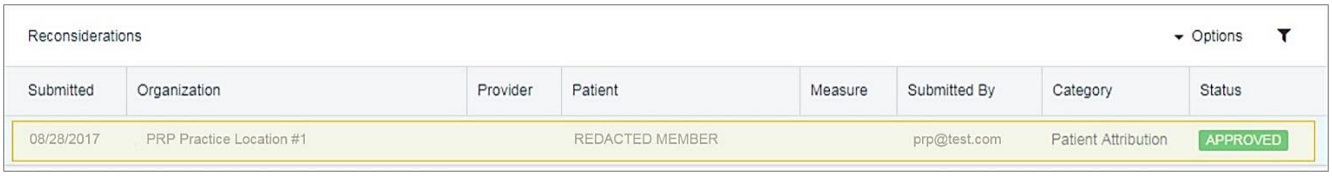
Fields contained in this display include:

- **Submitted** – This field provides the date when the request for reconsideration was submitted by the user.
- **Organization** – This field provides the full name of the organization involved in the request for reconsideration.
- **Provider** – This field provides the full name of the provider involved in the request for reconsideration.
- **Patient** – This field provides the full name of the patient involved in the request for reconsideration.
- **Measure** – This field provides the name of the measure involved in the request for reconsideration, if applicable.

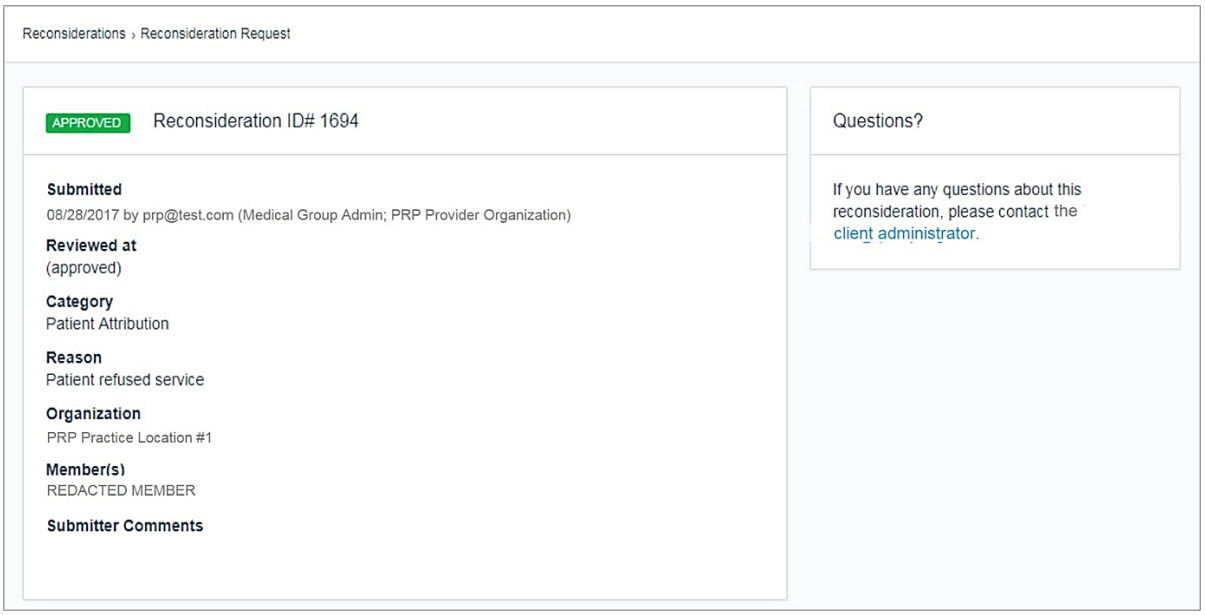
- **Submitted By** – This field provides the credentialed user name of the user who requested the reconsideration.
- **Category** – This field indicates the category of the user's reason for requesting reconsideration, including *Measure Result*, *Patient Attribution,* and *Provider Attribution* classifications.
- **Status** – This field indicates the outcome of the user's request for reconsideration, including *Approved, Rejected*, and *Pending* classifications.

Each reconsideration request log item has drill-down functionality to more granular views of the user's request. By clicking anywhere in the reconsideration request row (Step 1), users will immediately be redirected to a display providing the detailed set of information used by Q Corp to audit and review the user's appeal for correction (Step 2).

Step 1. *Select an individual reconsideration request row from the history log*



Step 2. *Review an individual request for reconsideration's detailed application*



Master Provider Directory

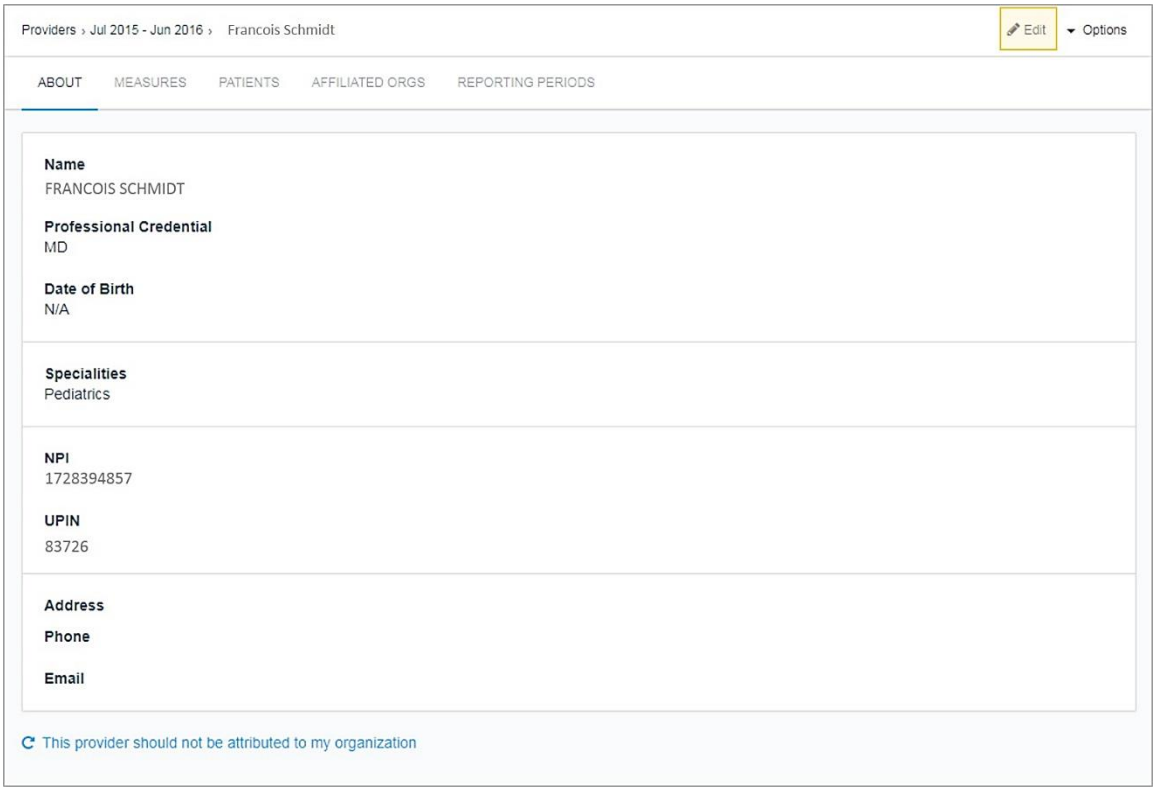
The Reporting Portal's master provider directory component is a centralized, authoritative repository of provider organization and provider information and associations. As relationships

among health care providers become increasingly more complex, keeping track of expanding and changing networks from a single perspective is a challenge. The Reporting Portal overcomes this challenge by providing users with access to a single, transparent shared master repository of key provider information for their use, review, and management. The master provider directory is a way of breaking through the silos of isolated provider information to encourage and facilitate users' ability to update, validate, and attest to the accuracy of their information. (Note: Since a newly entered provider has not yet been considered in the attribution processes for any reporting period, their information panels will include only those attributes populated in their *ABOUT* panel.) Prior to the portal's next scheduled refresh, all newly added providers to the master provider directory will be considered in the attribution processes to identify whether any patients are attributed to them in the submitted enrollment and claims data.

Editing Existing Primary Care Providers

One of the many features of the master provider directory component is that it allows users with appropriate permissions to edit the information of individual providers within the client's repository. From any display panel for a selected provider, users can open a form to edit and update the selected provider's information by clicking on the Edit button located in the component's banner (Step 1).

Step 1. *Select an individual provider from a* PROVIDERS *display and click on the* Edit *button located in the component's banner.*



Doing so will automatically present users with editable fields for the selected provider's detailed information, as displayed in their *ABOUT* panel (Step 2).

Step 2. *Review the contents in the editable page detailing the selected provider's information.*

PRP Practice Location #2 › Providers › Francois Schmidt > Change Information

Edit Options

ABOUT MEASURES PATIENTS AFFILIATED ORGS REPORTING PERIODS

The form below allows users to edit the record of an individual primary care provider who exists in the client's master provider directory. Any changes made to an individual provider's information will be immediately updated in the directory and reflected throughout the portal. For any further questions, please contact the client administrator.

* Required Fields

Provider Name

* First Name

FRANCOIS

Middle Name

* Last Name

SCHMIDT

Identifiers

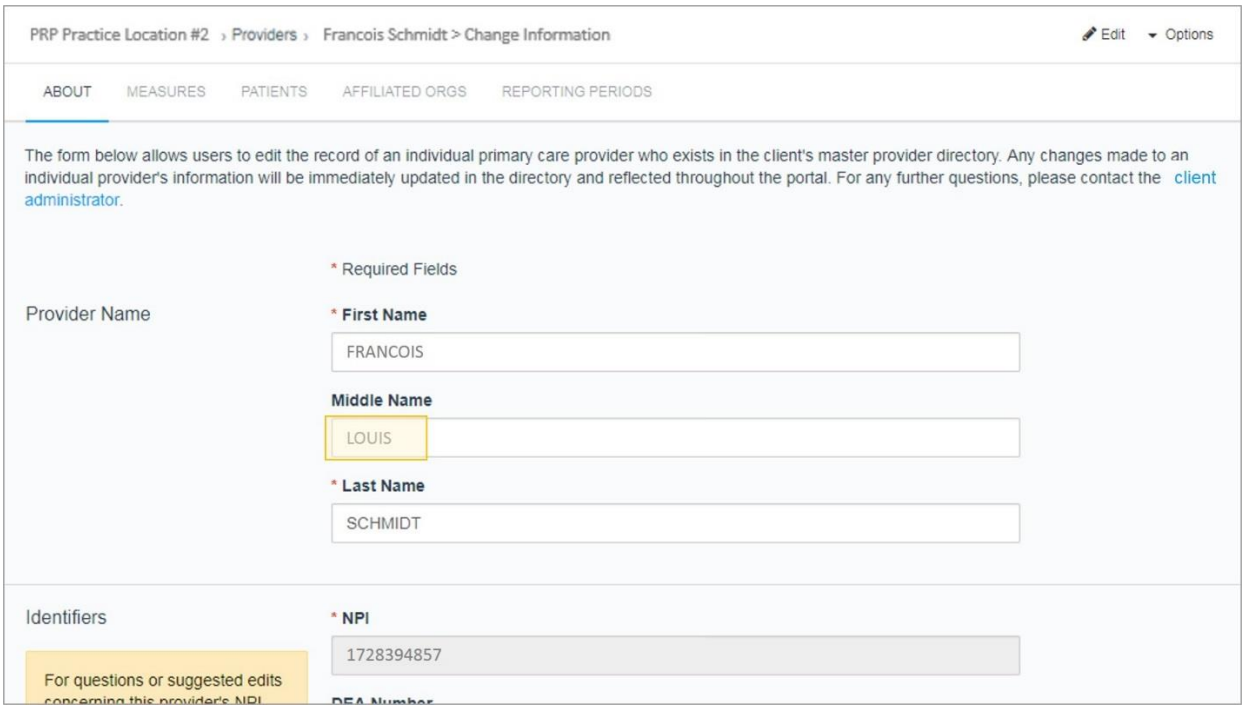
* NPI

1728394857

For questions or suggested edits concerning this provider's NPI

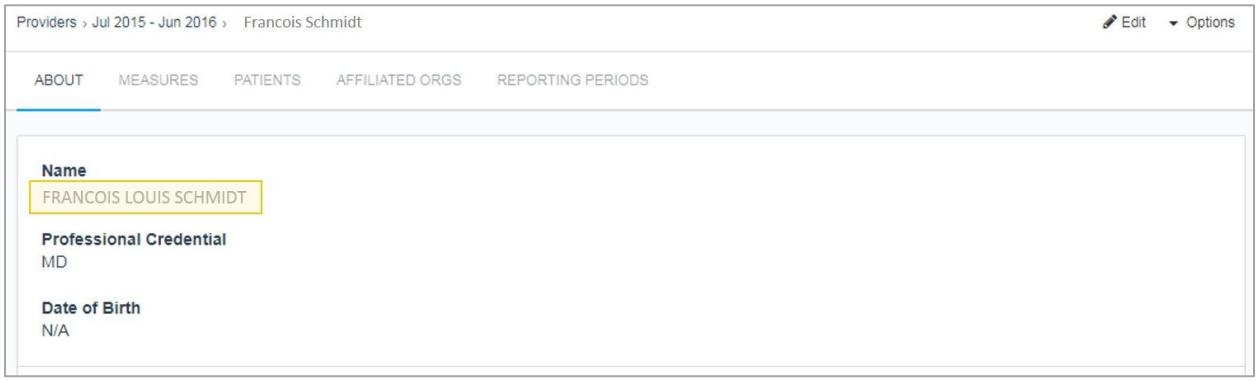
This editable version of an individual provider's record in the master provider directory is a dynamic form that allows users to verify, update, enrich, and standardize the providers's master information to create a source of truth so that downstream data processes and presentations are both accurate and consistent. While revisions to an individual provider's mater record are immediately updated, updates to data and measurement results will not be reflected until the next portal refresh after the change is made. Concurrently, Q Corp can audit all modifications made to the directory and follow up separately with the user if necessary. To edit a provider's master record, users simply select any field in the form and make the needed modifications. After making any necessary adjustments, users must select the Submit Changes button located in the lower left-hand corner to confirm and implement all changes (Step 3).

Step 3. *Click in any field to begin making modifications to the provider's master record. Click on the* Submit Changes *button to confirm and implement all changes.*



Doing so will return users to the provider's *ABOUT* landing page, with the freshly made alterations in place (Step 4).

Step 4. *Review all alterations made to the selected pravide's master record.*



Sections contained in the display of an individual provider's master record include:

- **Name** – This section includes fields containing the first, middle, and last names of the selected provider.
- **Identifiers** – This section includes fields containing the set of unique identifiers belonging to the selected practitioner, such as their National Provider Identifier (NPI),

Drug Enforcement Administration (DEA) number, and Unique Physician Identification Number (UPIN).

- **Contact Information** – This section includes fields containing the contact information of the selected practitioner, such as their phone number, email address, and primary clinic's mailing address.
- **Specialties & Credentials** – This section includes fields containing the primary and secondary specialties and professional credential (e.g., MD, NP, DO, PA, ND, etc.) of the selected provider.

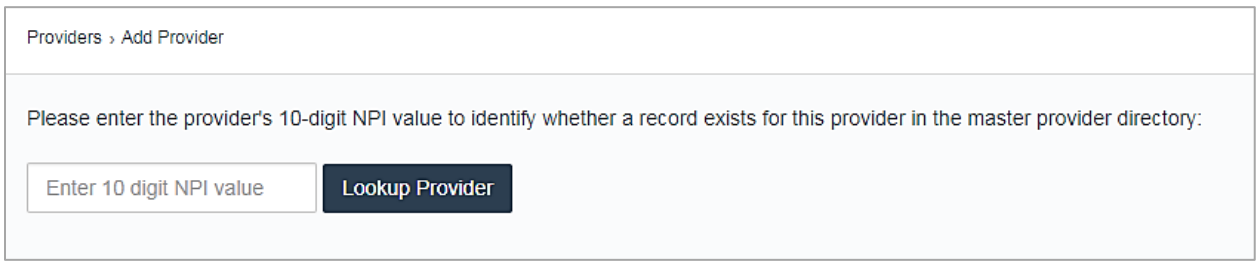
Adding New Providers

For those user roles with permissions to add new provider records to the master provider directory, the option to do so is provided with each provider display previously considered in this document. From any given display of an organization's reported population of providers, users can open a form to add of a new provider record by clicking on the Options button in the component's banner and selecting the *Add Provider* item from the drop-down menu (Step 1).

Step 1. *From the display of an organization's reported population of providers, click on the* Add Provider *item from the* Options *drop-down menu located in the component's banner*

Doing so will automatically redirect users to a window where they will be instructed to enter the 10-digit NPI of the requested provider into the platform's NPI-lookup database (Step 2).

Step 2. *Enter the 10-digit NPI value of the requested provider into the platform's NPI-lookup database to identify whether a record exists for the provider in the directory.*



If the NPI entered by the user into the lookup database corresponds to an existing provider record within the master provider directory, the platform will indicate the "matching provider" and provide a summary of their information for the user's review. Should the user have reason to believe that the identified provider should in fact be reported in the portal by another clinic for the reporting period, they can add a new affiliation for the provider by selecting the Add Affiliation button located in the lower left-hand corner of the *Add Provider* window (Step 2a). For more information on affiliated organizational attribution and how to add associations, see the section on Managing Providers' Affiliated Organizational Attributions.

Step 2a. *If a record corresponding to the entered NPI exists in the master provider directory, the platform will reveal the "Matching Provider."*

Providers › Add Provider

Please enter the provider's 10-digit NPI value to identify whether a record exists for this provider in the master provider directory:

1728394857 Lookup Provider

Matching Provider

Provider NPI: 1728394857
Provider Name: FRANCOIS LOUIS SCHMIDT
Credential: MD

Existing Affiliated Organizational Attributions

Organization	Start Date	End Date	Primary Practice Location
PRP Practice Location #1	07/01/2002		false

Add Affiliation

If, on the other hand, the NPI entered by the user does ***not*** correspond to an existing provider record within the master provider directory, the platform will indicate that no records corresponded to the requested provider's NPI and will offer the option to create a new record for the requested provider by clicking on the Add Provider button located in the lower left-hand corner of the *Add Provider* window (Step 2b).

Step 2b. *If no records correspond to the NPI, the platform will provide the option to add the new provider to the repository*

Providers › Add Provider

Please enter the provider's 10-digit NPI value to identify whether a record exists for this provider in the master provider directory:

1811986814 Lookup Provider

No records corresponding to the requested provider's NPI value could be found in the master provider directory. The NPI may be valid, but is not a provider currently in the provider directory. To create a new a record for this provider, please click on the button below to begin filling out the provider's information.

Add Provider

Doing so will bring users to a page where they can enter the individual provider's new record into the master provider directory. This form, which is blank with the exception of the pre-populated NPI as the record's primary input, allows users to supplement the record with the provider's full set of attributes (Step 3). For more information on how to enrich and edit an individual provider's record in the master provider directory, see the section on Editing Existing Practitioners.

Step 3. *Supplement the new provider's master record by entering their individual attributes.*

Providers › Add Provider

Provider Name

* Required Fields

* **First Name**

Middle Name

* **Last Name**

Organization Information

* **Organization**

* **Start Date**

Date Provider started affiliation with this organization

End Date

Date Provider ended affiliation with this organization, leave blank if currently affiliated with organization.

Identifiers

* **NPI**

1811986814

Once users have completed filling out the new provider's record, they must select the Create Provider button located in the lower left-hand corner to confirm and implement their additions.

Managing Providers' Affiliated Organizational Attributions

The Reporting Portal's master provider directory component makes a distinct difference between "affiliated" organizational attribution and "reported" organizational attribution. Whereas *affiliated* organizational attribution refers to the potentially one-to-many relationships that an individual provider may have with organizations during a single reporting period, *reported* organizational attribution refers to the one-to-one relationship between a provider and one of their potentially many affiliated organizational attributions during a single reporting period, ultimately indicating the clinic to which the provider is assigned in the portal.

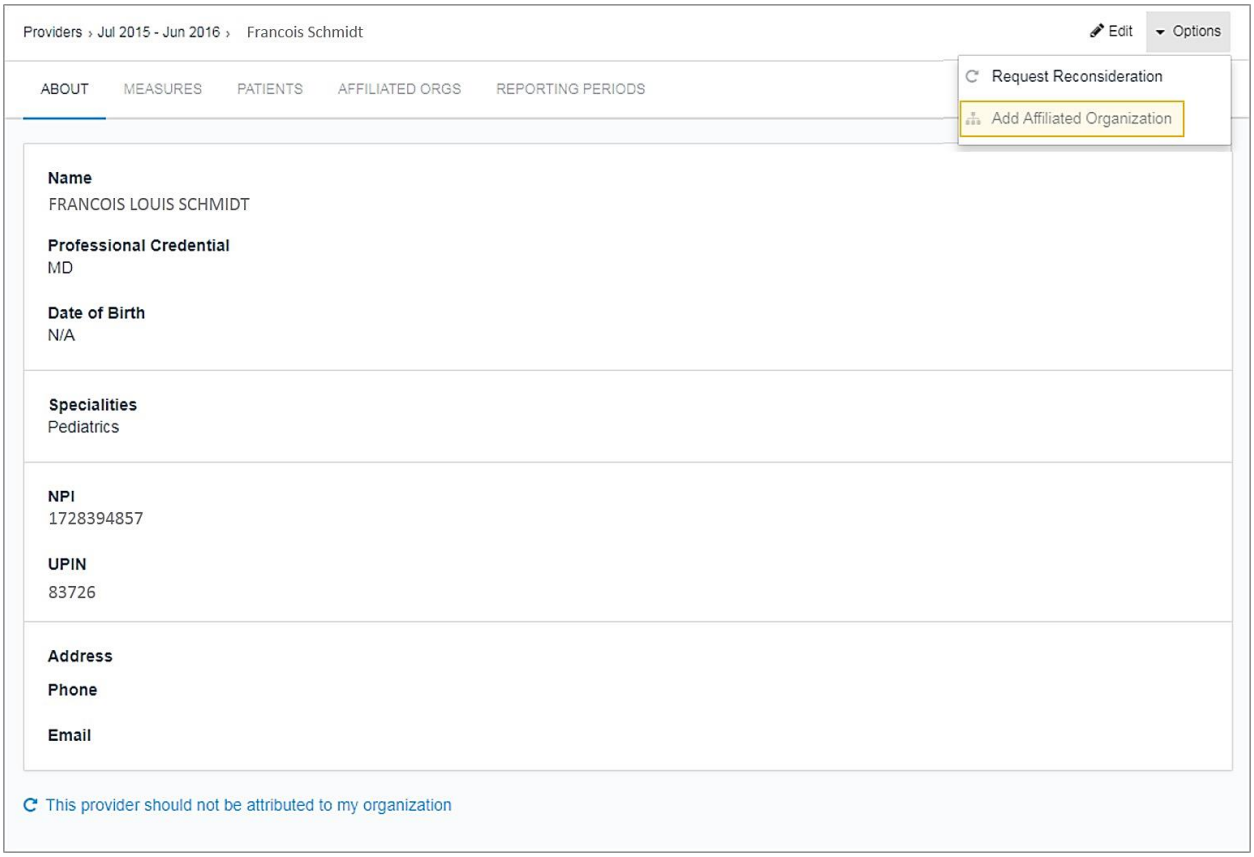
Within an individual provider's *AFFILIATED ORGS* panel is information pertaining to each of the organizations at which the provider practiced over time, including the names of those clinics and the provider's effective start and termination dates at each. Additionally, within an individual provider's *REPORTING PERIOD* panel is information pertaining to the single organization to which the provider is assigned per reporting period.

For users who wish to add or update an existing affiliated organizational attribution for an individual provider (and therefore modify the provider's reported organizational attribution during certain reporting period(s)), they can do so in two ways:

- **Request Reconsideration** – Users can question a provider's reported organizational attribution by selecting a reason for reconsideration related to the provider's relationship with a clinic. Users can supplement their requests with additional comments regarding the provider's attribution, such as the name of the clinic to which they believe the provider should be attributed as well as the provider's effective and termination dates with that organization. Such requests will enter a pending status that requires further review by Q Corp, who will follow up with the user and correct the provider's attribution manually as necessary. For more information on how to adjust a provider's reported organizational attribution through reconsideration, see the section on Requesting Reconsideration.

- **Add Affiliation** – Users can add a clinic association to an individual provider's list of affiliated organizational attributions by selecting the Add Affiliated Organization item from the Options drop-down menu located in banner of the provider's *AFFILIATED ORGS* panel (Step 1).

Step 1. *Select the* Add Affiliated Organization *item from the* Options *drop-down menu.*



Doing so will bring users to a window where they can fill in the details to identify an additional association for the selected provider. Fields contained in this display include a drop-down menu of clinics to select from based on the user's reporting-level access, options to designate the provider's effective and termination dates with the selected clinic, and a checkbox to indicate whether the selected clinic is the provider's *primary practice location* and therefore to be considered as the provider's reported organization attribution for the impacted reporting periods. Once users have completed filling out the provider's new association, they must select the Add Affiliation button located in the lower left-hand corner of the form to confirm and implement their additions (Step 2).

Step 1. *Complete the form to add an affiliated organization attribution for the selected provider.*

Providers › Francois Schmidt > New Affiliation Edit Options

ABOUT MEASURES PATIENTS AFFILIATED ORGS REPORTING PERIODS

Affiliated organizational attribution refers to the potentially one-to-many relationships that an individual provider may have with clinic organizations during a single period of time. Please complete the form below to identify an additional association for the selected provider.

* **Organization**

Effective Date

Termination Date

If the provider is currently still affiliated with the selected organization, please leave the termination empty.

Primary Practice Location

Check this box if provider sees the majority of their patient population at this organization.

Add Affiliation

A few scenarios of when users may decide to use this feature, and the outcome of those actions, are outlined below:

- **Scenario #1** – Provider A is reported by Clinic 1 in the portal for a particular reporting period. However, a user knows that Provider A also served at Clinic 2 at some point during that same period of time before they joined Clinic 1. Provider A therefore served with both Clinic 1 and Clinic 2 during the same reporting period, although their effective and termination dates at each clinic *do not* overlap.

  Since the attribution logic requires a one-to-one reporting relationship between providers and clinics, Provider A is assigned only to Clinic 1 in the portal. However, the user believes that Provider A's reporting relationship for the reporting period in question should instead be with Clinic 2.

  - **Action** – The user may either request reconsideration of Provider A's reporting relationship with Clinic 1 or add Clinic 2 as one of Provider A's affiliated organizations for the reporting period in question and mark that affiliation as Provider A's *primary practice location*.

  - **Outcome** – The user's request will be processed and considered in the subsequent application of provider-to-clinic attribution tie-breaker logic. This logic will select the primary practice location as either Clinic 1 or Clinic 2 for Provider A during the reporting period in question by choosing the affiliated

organization to which Provider A belonged at the end of the reporting period.

The outcome of the tie-breaker logic on Provider A's reported clinic attribution for the reporting period in question will be applied in the portal's next scheduled refresh.

- **Scenario #2** – Provider A is reported by Clinic 1 in the portal for a particular reporting period. However, a user knows that Provider A also practiced concurrently at Clinic 2 during the same period of time. Provider A therefore served with both Clinic 1 and Clinic 2 during the same reporting period, and their effective and termination dates at each clinic *do* overlap.

  Since the attribution logic requires a one-to-one reporting relationship between providers and clinics, Provider A is assigned only to Clinic 1 in the portal. However, the user believes that Provider A's reporting relationship for the reporting period in question should instead be with Clinic 2.

  - **Action** – The user may either request reconsideration of Provider A's reporting relationship with Clinic 1 or add Clinic 2 as one of Provider A's affiliated clinics during the reporting period in question and mark that affiliation as Provider A's *primary practice location.*

  - **Outcome** – The user's request will be processed and considered in the subsequent application of provider-to-clinic attribution tie-breaker logic. This logic respects the following procedure:

    - Identify whether one of Provider A's affiliated clinics during the reporting period in question is marked as their *primary practice location*.

      If either Clinic 1 or Clinic 2 is marked as such, Provider A will be attributed to that *primary* organization for the reporting period in question.

    - If both or neither of Provider A's affiliated clinics are marked as their *primary practice location*, then tie-breaker logic will select Provider A's reported clinic attribution for the reporting period in question by choosing the clinic that Provider A joined most recently.

    - If Provider A joined Clinic 1 and Clinic 2 at the same time, and therefore the logic results in another tie, Provider A will be attributed to the clinic whose name falls first in alphabetical order.

      The outcome of the tie-breaker logic on Provider A's reported clinic attribution for the reporting period in question will be applied in the portal's next scheduled refresh.

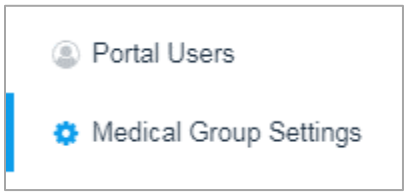
- **Update Affiliation** – Within an individual provider's *AFFILIATED ORGS* panel, users can update a provider's existing affiliated clinic attributions by clicking anywhere on one of their affiliated clinic rows (Step 1). Doing so will bring users to a window like the one used for adding affiliations (see above). The form, which is pre-populated with information pertaining to the selected clinic's relationship with the provider, includes the name of the selected clinic and offers options to revise the provider's effective and termination dates with the selected clinic as well as a checkbox to indicate whether the selected clinic is the practitioner's *primary practice location* and should therefore be considered as the provider's reported clinic attribution for the reporting period(s) in question. Once users have completed updating the provider's association, they must select the Update Affiliation button located in the lower left-hand corner of the form to confirm and implement their changes.

  Step 1. *To update a provider's affiliated clinic attribution, click anywhere on one of their affiliated clinic rows in the* AFFILIATED ORGS *panel.*

Editing Existing Organizations

Just as the master provider directory component provides users with the opportunity to verify the accuracy of individual provider attributes, it allows those user roles with permissions to also manage individual organization attributes. By selecting the *Organization Settings* component from the portal's main menu options (Step 1), users will be presented with a form to formally manage their organization's information.

Step 1. *Select the* Organization Settings (*in the example below, the* Medical Group Settings) *component from the portal's main menu options.*



This individual organization's record in the master provider directory is a dynamic form that allows users to verify, update, enrich, and standardize the organization's master information to create a source of truth so that downstream data processes and presentations are both

accurate and consistent. Any revisions made by users to an individual organization's master record are immediately updated in the directory and reflected throughout the portal. Concurrently, Q Corp will audit all modifications made to the directory and follow up separately with the user as needed.

To manage an organization's master record, users can simply select any field in the form and begin making modifications by overwriting exiting details. Fields in this dynamic form include the organization's address and the user's own contact information. After making all necessary adjustments, users must select the Submit Changes button located in the lower left-hand corner of the page to confirm and implement all changes (Step 2). Doing so will indicate that the organization's information was "successfully updated;" the organization's *ABOUT* panel will now reflect the newly made alterations. (Note: Users with access to multiple organizations and/or multiple user types within the Reporting Portal must log in separately as each individual user type and follow the above instructions to update each of their organization's master records.)

Step 3. *Click in any field to begin making modifications to the organization's master record. Click on the* Submit Changes *button to confirm and implement all changes.*

Settings Provider Organization

Please use the form below to make any necessary changes to the organization's contact information.

Address

* Street Address 1

Street Address 2

* City * State * ZIP Code

Contact Information

* Phone Number

First Name Last Name

Title

Email

Submit Changes

Creating New Organizations

The master provider directory functionality currently does not allow end users to create new provider organizations for the directory's consideration. If users believe that a new organization master record should be created within the directory, they should reach out directly to Q Corp via email or telephone. If appropriate, Q Corp will create a new provider organization in the

master provider directory for consideration during the next generation of measurement and attribution processes.

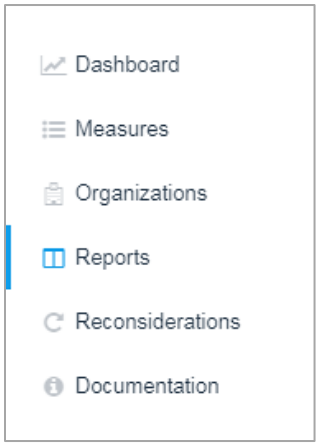
Reporting

The Reporting Portal's reporting component leverages the portal's many measurement displays by curating, converting, and consolidating available data sets into a suite of tabular and graphical visualizations. The tool transforms summary and patient-detail measure results into prepared analyses to help users consume their information efficiently for timely follow-on clinical actions. To meet the needs of users with varying levels of experience in generating analyses from a reporting engine, the interface draws on a set of predefined data and measures while also offering an array of filters, comparisons, visualizations, and exporting options that enable deeper dives into the data. With this dynamic functionality, reporting delivered to users through the portal can remain either as one-time analyses or serve as the formulation of a recurring report that can be shared with others.

Using & Navigating Reporting Styles

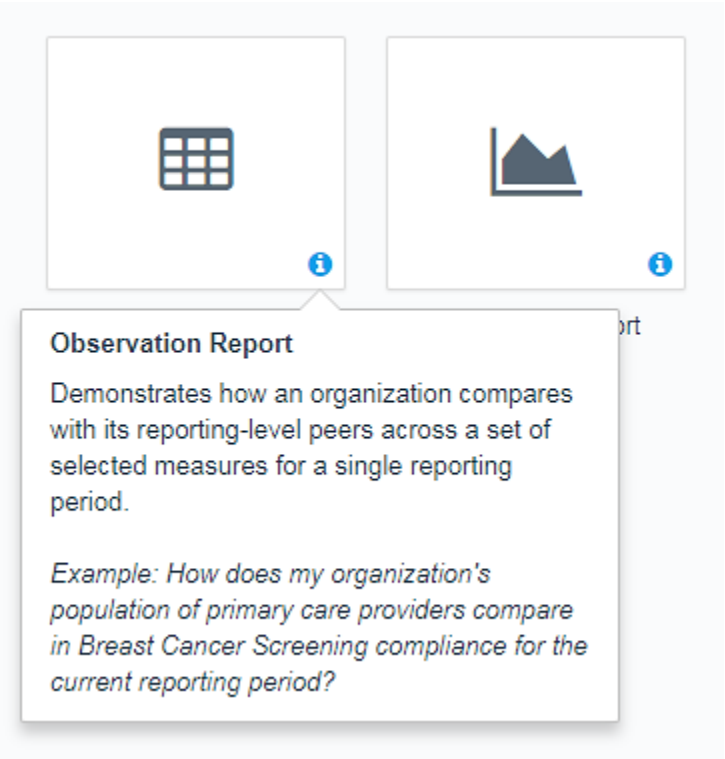
By default, users of the Reporting Portal will receive a set of defined reports designed specifically for their individual user type and role. These pre-configured reports, enhanced and supplemented regularly by Q Corp, are outlined as thumbnails on the landing page of each user's *Reports* component. To identify and begin exploring their set of crafted analyses, users must first select the *Reports* component from the portal's main menu options (Step 1).

Step 1. *Select the* Reports *component from the portal's main menu options.*



To learn more about the set of reports provided to them, users can hover over the icon located in the lower-right-hand corner of each individual thumbnail to produce a pop-up that contains a brief description of the selected analysis (Step 2).

Step 2. *Review the Q Corp issued set of pre-configured reports from the* Reports *landing page.*



There are two types of pre-configured reports offered and tailored to each user type and role:

- **Observation Report** – This report demonstrates how an organization and/or provider compares with its peers across a set of selected measures for a single reporting period.

  Example: How does my organization's population of providers compare in Breast Cancer Screening compliance for the current reporting period?

- **Comparison Report** – This report demonstrates how an organization compares with its reporting-level peers across a set of selected measures and across reporting periods, product types, or a combination of the two filters.

  Example: How does my organization's population of providers trend across time for Breast Cancer Screening compliance for their respective commercial patient populations?

To illustrate some of the core features and functionality of the various analyses offered to users, the *Comparison Report* will be used as a case study. For an overview of information contained in this style of reporting, see Figure 7.

Figure 7. Example of a Comparison Report

1 Reports › Comparison 2 Export 3 4 9 5

6

Description	Jan - Dec 2015	Apr 2015 - Mar 2016	Jul 2015 - Jun 2016
8 **Ambulatory Care - Avoidable Emergency Department Visits (all ages, Visit Count - Avoidable ED Visits)**			
PRP Provider Organization 7	34	31	32
Milford Grantley	58	51	42
Alison Alliyah	22	23	33
Karl Tucker	8	6	6

Key features contained in a report include:

1. Reports Title – All pre-configured reports have established, non-editable titles; customizable reports have titles that may be edited and revised according to a user's preferences.

2. Reports Export – Users who wish to generate static reports from the portal's dynamic analyses can do so by clicking on the Export button located in the component's banner. From the option's drop-down menu, users can then choose whether they would like to export the selected analysis's tabular presentation into a comma-separated values (CSV) file format or print as an Adobe Acrobat Portable Document Format (PDF).

3. Reports Save As – Before leaving a modified pre-configured report, users must always remember to save changes using the icon located in the component's banner. For changes made to a pre-configured report by a user, the portal will only allow users to "save as" by creating a new report option for their customized analysis (Step 1).

Step 1. Save As *changes to a customized analysis to create a new report option*

Save Custom Report

Saving this report will place it on your reports page and allow for quick access to the report as it is currently configured.

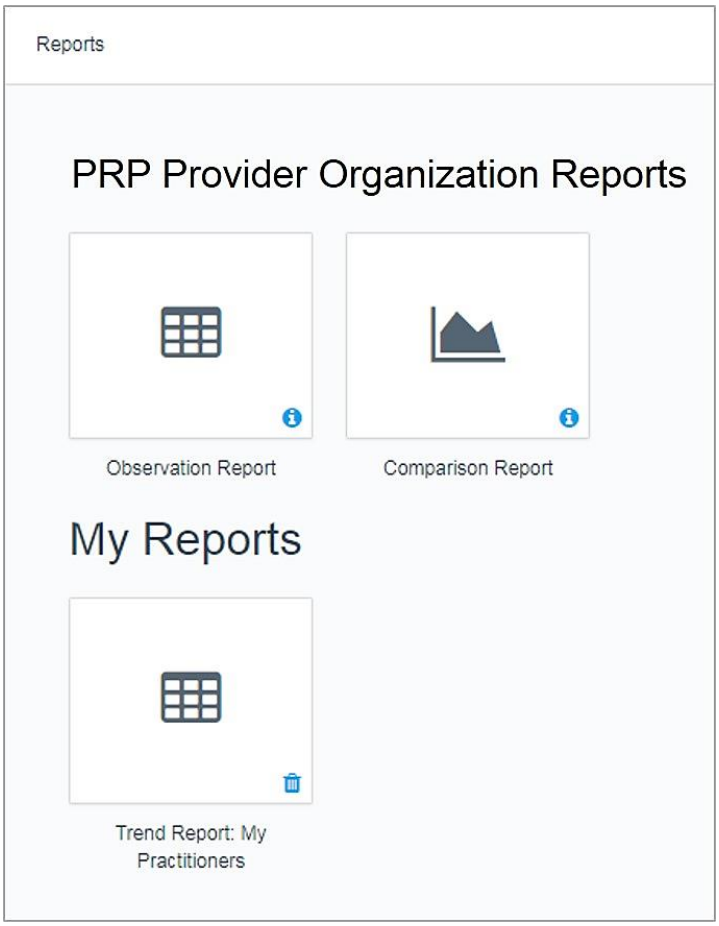
Report Name

Name for your custom report

Cancel Done

Pre-configured reports cannot be overwritten by users in an effort to maintain the integrity of Q Corp report designs. Once all alterations to a pre-configured report have been made and subsequently saved with a new title, simply click on the ✔ Done button located in the bottom-right-hand corner of the window. From that point on, users will have access to their customized analysis from the component's landing page, where a thumbnail for the customized report will be bookmarked beneath the new *My Reports* category of report types (Step 2).

Step 2. *Access customized analyses from the component's landing page beneath the* My Reports *category of report types*



4. Reports Tabular Toggle – By default, tabular presentations of reports are configured with individual reporting-level entities (e.g., individual medical groups, individual providers, etc.) arranged as rows and metrics and/or comparison levels (e.g., reporting periods, product types) arranged as columns. This is perhaps the most natural layout for organizing a table. However, should users wish to reverse the table's axes to present the individual reporting-level entities as columns and the metrics and/or comparison levels as rows, they can do so simply by selecting the button located in the component's banner (Step 1). Users can toggle between the two tabular presentations by clicking on the button as necessary.

Step 1. *Select the* Reverse Axis *button located in the component's banner.*

Reports › Comparison

Description	Jan - Dec 2015	Apr 2015 - Mar 2016	Jul 2015 - Jun 2016
Ambulatory Care - Avoidable Emergency Department Visits (all ages, Visit Count - Avoidable ED Visits)			
PRP Provider Organization	34	31	32
Milford Grantley	58	51	42
Alison Alliyah	22	23	33
Karl Tucker	8	6	6

Step 2. *Toggle the axes to convert the view as wanted.*

Reports › Comparison

Description	PRP Provider Organization	Milford Grantley	Alison Alliyah	Karl Tucker
Ambulatory Care - Avoidable Emergency Department Visits (all ages, Visit Count - Avoidable ED Visits)				
Jan - Dec 2015	34	58	22	50
Apr 2015 - Mar 2016	31	51	23	48
Jul 2015 - Jun 2016	32	42	33	46

5. Report Filters – Often times, the preconfigured analyses may not provide the precisely wanted information that users are searching for. If the tabular presentation contains either too much or too little content, filters can be used to help broaden or narrow the underlying data set, effectively allowing users to view only the information they need. Within the *Comparison Report* display, there are several filtering options available to users:

- **Comparison Level** – This filter allows users to compare the defined reporting level's measure results across multiple periods of time, refine each measure's denominator to examine only a specific product type(s), or both across multiple periods of time and broken out by product type.

- **Reporting Period** – This filter allows users to toggle between measure results calculated for different periods of time. Each reporting period captures a different span of enrollment and claims data, designated by a Q Corp defined span of incurred dates of service and/or paid claim dates, and are often presented in calendar-year or rolling-year durations. With each data refresh, a new reporting period will be added to the portal's filtering options of reporting periods.

- **Product Type** – This filter allows users to redefine the measure set's specifications by refining each measure's denominator to examine only a specific product type.

- **Reporting Level –** This filter allows users to select the level of reporting (i.e., self, organization, or provider reporting levels) for the analysis to consider in its calculations.

- **Entities** – This filter allows users to select the actual set of entities belonging to the designated reporting level for the analysis to consider in its calculations. For example, if a user selects the *Providers* reporting level, this option will allow them to select each individualprovider to which their organization is associated to display in the report.

- **Measures** - This filter allows users to select the set of measures for the analysis to calculate.

- **Benchmarks** - This filter allows users to select the set of benchmarks for the analysis to display with its calculations.

- **Display Options** – This filter allows users to enhance the analysis's calculations by supplementing the data displays with additional information such as denominator counts, risk-adjusted rates, and/or confidence intervals per measurement row (when available).

- **Product** – This filter allows users to redefine the measure set's specifications by refining each measure's denominator to examine only a specific product type. For example, choosing the Medicaid product type as a filter will recalculate the measurement table's measure results using only the user's Medicaid patient population as the basis for each denominator's computation.

6. Reports Table – The Reporting Portal's reports encourage users to compare the performance indicators of a select group of entities belonging to a single reporting level against key benchmarks and across time and offers a starting point to further identify and assess areas for improvement by reviewing actionable patient-detail data. By default, each pre-configured analysis will display a user type's self-reporting level's summary measure results.

7. Metric Drill-down – Each report type is equipped with drill-down functionality to enable more-granular views of the aggregated data. By clicking on an analysis's hyperlinked figure, users will be redirected immediately to a measurement table that displays the detailed, targeted set of patient data that was used to calculate the summary results.

8. Hover Pop-ups – For field titles, measure results, and other information displayed in a pre-configured report type that may not be immediately intuitive, users often can hover over areas to reveal pop-ups with additional descriptions and explanations. For some previews, links will be provided to redirect users to more-robust supporting documentation.

9. Reports Graphical Toggle – For users who prefer a graphical view instead of the default tabular view, the Reporting Portal easily converts the data into meaningful and useful visualizations. Users can effortlessly discover the insights hidden in their data – the correlations, trends, outliers, patterns, and business conditions – at a glance with rich, interactive visuals. The reporting tool is easy to use, yet powerful enough to perform advanced calculations. To convert a tabular presentation to a graphical visualization, users must click on the icon located in the upper left-hand corner of the component's banner (Step 1).

Step 1. *Select the* Graphics *button located in the component's banner.*

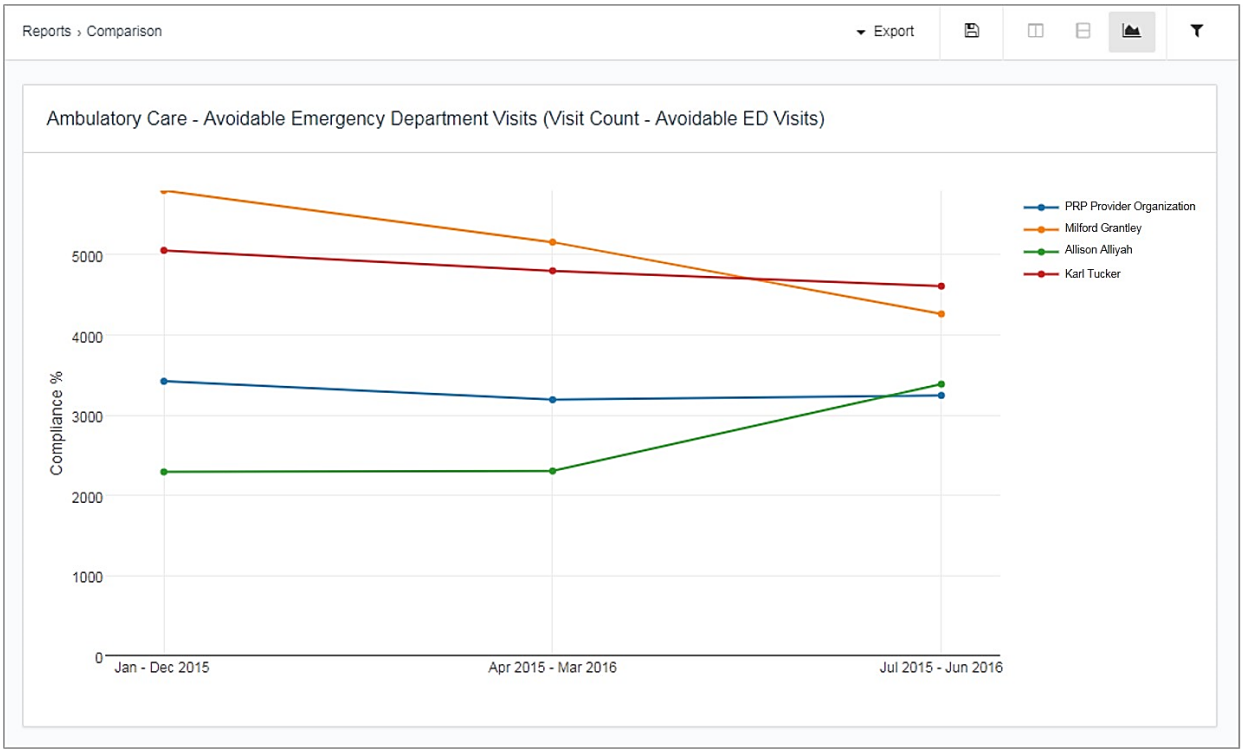
Reports › Comparison

Export

Description	Jan - Dec 2015	Apr 2015 - Mar 2016	Jul 2015 - Jun 2016
Ambulatory Care - Avoidable Emergency Department Visits (all ages, Visit Count - Avoidable ED Visits)			
PRP Provider Organization	34	31	32
Milford Grantley	58	51	42
Alison Alliyah	22	23	33
Karl Tucker	8	6	6

Doing so will bring users to a graphical visualization of the data display with the same drill-down, pop-up, filtering, and exporting features as the tabular presentation (Step 2).

Step 2. View and explore the graphical visualization tool for the selected analysis.



User Management

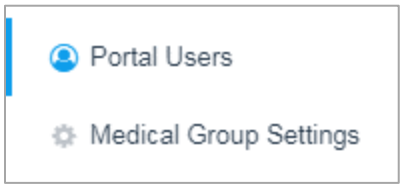
The Reporting Portal's user management component is an authentication feature that provides both Q Corp and user administrators with the ability to identify and control the state of users logged into their portal networks. This includes, but is not limited to, the ability to query and filter all associated users, audit and monitor those users' latest activities in the portal, manage

and reset credentials as requested, and create new and remove existing users from their networks.

Edit Existing Users

To edit an existing Reporting Portal user within their organization's network, users must first select the *Portal Users* component from the portal's main menu options (Step 1).

Step 1. *Select the* Portal Users *component from the portal's main menu options.*



Doing so will bring users to a display listing each of their organization's existing credentialed users. From this display, users can open a form to edit and update the credentialed user's login information by selecting anywhere in the user's row (Step 2).

Step 2. *Select an individual credentialed user from the* Portal User *directory.*

Doing so will automatically present users with editable fields for the selected credentialed user's login information, including their first and last names, email address, and password (Step 3).

Step 3. *Review the contents in the editable page detailing the selected credential user's information.*

Portal Users

Email

user@prp.com

Active

If unchecked this user will not be able to login.

First Name

Jane

Last Name

Holifield

Password

••••••••

Password Confirmation

•••••••••

Update User

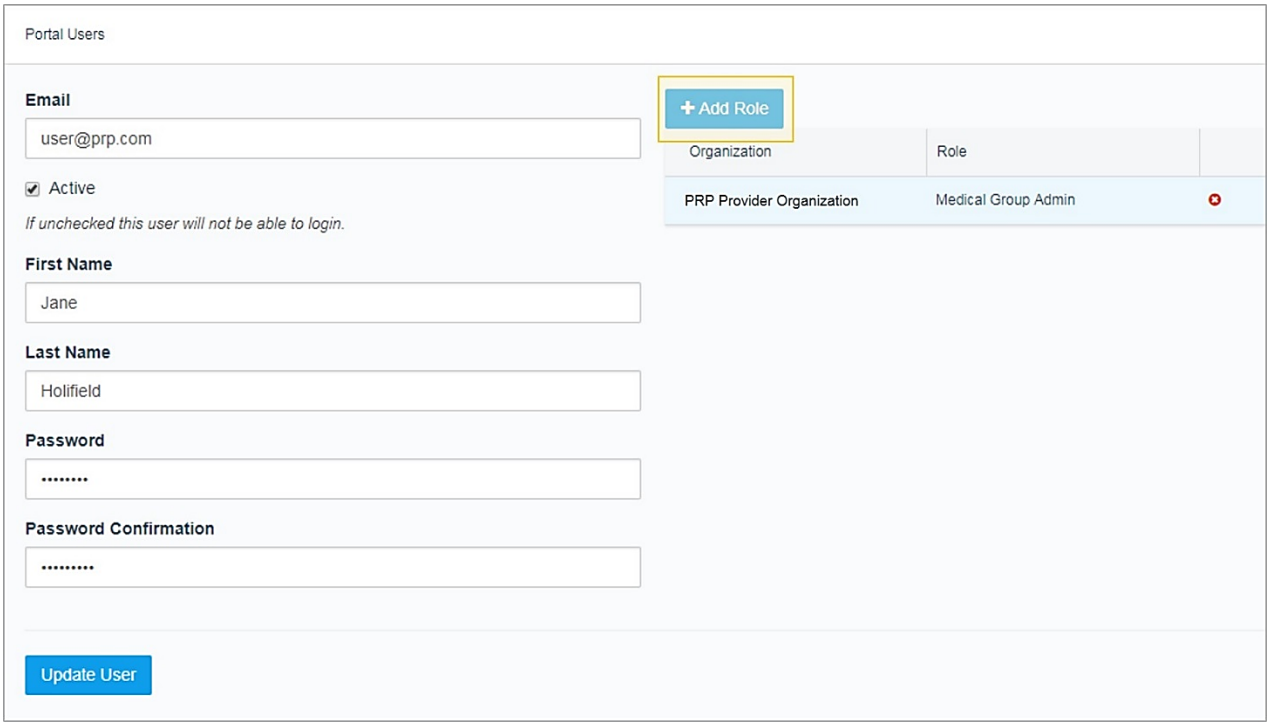
+ Add Role

Organization	Role	
PRP Provider Organization	Medical Group Admin	

This editable version of an individual credentialed user's record of login information is a dynamic form that allows users to verify, update and enrich user's information to enable or disable the user's permissions and privileges within the portal. Any revisions made to an individual credentialed user's record are immediately updated and considered effective in the portal. Concurrently, Q Corp can audit all modifications made to the user management system and follow up separately with the user if necessary. After making any necessary adjustments, users must select the Update User button located in the lower left-hand corner of the form to confirm and implement all changes.

Also included in this editable form is the ability to associate the user with multiple organizations within the network of the user updating the form. In other words, an administrator of a medical group is able to associate a user of the same medical group with any/all of the medical group's affiliated clinics. To do so, the user updating a credentialed user's record can click on the + Add Role button located in the upper left-hand corner of the form (Step 4).

Step 4. *Select the* Add Role *button located in the upper left-hand corner of the form.*



A pop-up window will appear allowing the user updating the record to associate the credentialed user with a clinic within the user's network of provider organizations. Once configured appropriately, the user completing the form must click the Add Role button located in the lower left-hand corner of the form to confirm and implement all changes (Step 5).

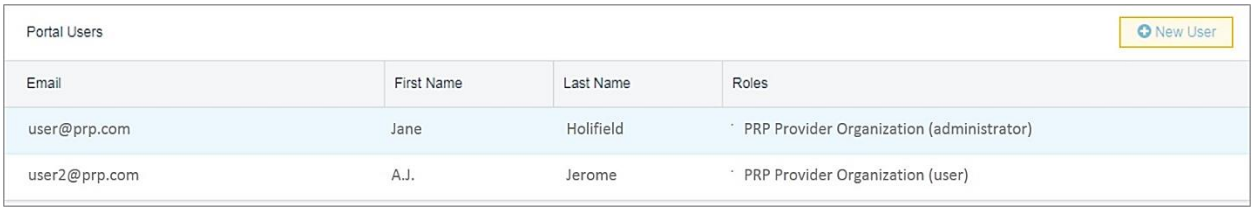
Step 5. *Associate the credentialed user with a new role by using the drop-down menu provided in the pop-up window. Select the* Add Role *button located in the upper left-hand corner of the form. Click on the* Add Role *button to confirm and implement all changes.*

Create New Users

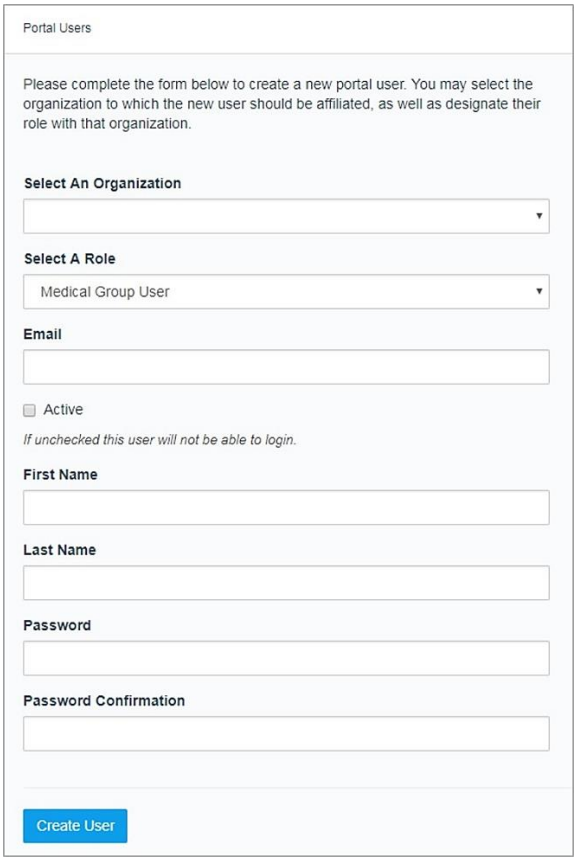
To create a new user within their organization's network, users must once again select the *Portal Users* component from the portal's main menu options, upon which they will enter the

same display listing each of their organization's existing credentialed users. From there, users must click on the New User option located in the upper right-hand corner of the component's banner (Step 2). Doing so will provide users with an editable form to complete in order to create a new portal user. Users will be instructed to not only enter all of the new user's contact information, such as their first and last names and email address, but also to assign the user's reported organizational affiliation, as well as their portal role (i.e., user or administrator) and a temporary password. Once all fields have been entered appropriately, the user completing the form must click the Create User button located in the left-hand corner of the form to confirm and implement all changes (Step 3).

Step 1. *Click on the* New User *button located in the component's banner.*



Step 2. *Review the contents in the editable page detailing the selected credentialed user's information. Click on the* Create User *button to confirm and implement all changes.*



Once a new user has been created, the user completing the form must manually contact the new user (via telephone, email, etc.) to provide them with their credentials: username = email address, password = temporary password created and assigned by the user completing the form. Note: When creating a new user, users must select the "Active" checkbox option; otherwise, the user will be labeled as inactive in the system and, consequently, will be unable to log in to their newly established account.

Documentation

The Reporting Portal's documentation component builds a transparent knowledge base by delivering to end users a wide array of ever-updating documentation, including technical appendices on the methods and measures used in generating the portal's many measurement and reporting components, user guides and announcements that facilitate and enhance workflows and procedures, and, of course, frequently asked questions (FAQs) that help pinpoint exact solutions to common inquiries.

Help & Support

The Reporting Portal's help and support component is a way for users to directly reach out to Q Corp without having to open a new tab in their browser or pick up their phone. Users can simply enter their email address, name, and question or support request – and click the *Contact Us* button located at the bottom of the form – and off their inquiries go to Q Corp for follow-on action and Q Corp will be in touch to provide further assistance.

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