



Provider Reference Manual

Select Health Quality Provider Program

Primary Care
September 2023



In Idaho, the program is referred to as the Quality Provider Plus Program.

Table of Contents

QDC TOOL INSTRUCTIONS: SUBMITTING A CORRECTION.....	3
ALLOWABLE CORRECTIONS GUIDE	9
Adult Measures	9
Pediatric Measures.....	11
Attribution & Demographics	13
PULLING REPORTS FROM THE QUALITY PROVIDER PROGRAM CLINICAL REPORT HUB	14
How to Pull a Patient Gaps List from the Quality Provider Program Gaps in Care for Download Report	15
How to Pull Provider Rates from the Clinical Summary Report	19
2023 QUALITY PROVIDER PROGRAM ADULT/PEDIATRIC MEASURES: QUICK GUIDE	22
APPENDIX: OTHER RESOURCES.....	25
USIS Data Entry Instructions	25
How to Format a Gaps List in Excel.....	28

QDC Tool Instructions: Submitting a Correction

The QDC Data Correction Tool can be accessed via the [Quality Provider Program Report Hub](#). Use this tool to enter submissions and view approvals/submissions.

Report	Description	
2023 QPP Clinical Summary	Compilation of success metrics related to measures in 2023	
2023 QPP Gaps in Care List	Detailed list of Gaps in Care related to measures in 2023	
2023 QPP Gaps in Care for Download	Direct link to the Download tab on the Gaps in Care report for 2023	
2022 Medical Home Clinical Summary	Compilation of success metrics related to measures in 2022	
2021 Medical Home Clinical Summary	Compilation of success metrics related to measures in 2021	
2020 Medical Home Clinical Summary	Compilation of success metrics related to measures in 2020	
Hospital Census	List of members admitted to the hospital or ED in the last 7 days	
Case & Disease Management Patient List	List of members with active Case or Disease Management Cases	
Gaps in Care Form	Printable form for clinics to identify gaps in care	
Medicare Advantage STARS : Provider	5 HEDIS and 4 PQA Pharmacy/CMS measure performance data available by provider	
Quality Data Corrections Tool	Submit a correction for Medical Home data	

From the QPP Reports Hub, select the Quality Data Corrections Tool

selecthealth

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Quality Data Correction Tool **Submissions**

Enter Another Correction

Correction	Member	Provider	Submitted By	Status	Comments	Entered Date	Status Reason Date		
Comprehensive Diabetes Care		Stanley Graham		Pending		06/08/2023	06/08/2023		
Comprehensive Diabetes Care		Stanley Graham		Pending		06/08/2023	06/08/2023		
Comprehensive Diabetes Care		Tiffanie Haun		Pending		06/08/2023	06/08/2023		
Cervical Cancer Screening		Barry Noorda		Pending		06/08/2023	06/08/2023		
Cervical Cancer Screening		Ryan Miller		Pending		06/08/2023	06/08/2023		
Cervical Cancer Screening		Harmony Schroeder		Pending		06/08/2023	06/08/2023		
Cervical Cancer Screening		David Bradshaw		Pending		06/08/2023	06/08/2023		
Cervical Cancer		Lesi Lopez		Pending		06/08/2023	06/08/2023		

Note the "Enter Another Correction" button at top right.

Once you log in, the report will default to the "Submissions" screen.

QDC Tool Instructions: Submitting a Correction, Continued

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Quality Data Correction Tool > Submissions

EMPI * Or Member Id *

Provider Name *

Category * Measure * Component *

Add Attachment(s): Comment

Cervical Cancer Screening	JULYNN FRANDSEN	Barry Noorda	Kori Johnson	Pending	06/07/2023
Cervical Cancer	ANGIE KING	Barry Noorda	Kori Johnson	Pending	06/07/2023

On the screen that opens, enter the EMPI number or Member ID number. Once you enter that number, use the tab or enter keys to auto-populate the patient information.

Enter the provider's last name. A drop-down list will display. The field will begin to auto-populate once you start typing the last name.

NOTE: You MUST select from the drop-down options that appear below this field for the correction to be submitted.

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Quality Data Correction Tool > Submissions

EMPI * Or Member Id *

Provider Name *

- Jones, Adrian | Marriage and Family Therapy |
- Jones, Logan | Family Medicine |
- Jones, Andrea | Physician Assistant |
- Jones, Ginger | Clinical Mental Health Counselor |
- Jones, Kashley | Nurse Practitioner, Family |

Component *

Review & Submit

Cervical Cancer Screening	JULYNN FRANDSEN	Barry Noorda	Kori Johnson	Pending	06/07/2023	06/07/2023
Cervical Cancer	ANGIE KING	Barry Noorda	Kori Johnson	Pending	06/07/2023	06/07/2023

QDC Tool Instructions: Submitting a Correction, Continued

NOTE: Refer to the Allowable Corrections Guide (beginning on [page 9](#)) for instruction and options.

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Quality Data Correction Tool > Submissions

EMPI * Or Member Id * Patient Info

Provider Name *
Jones, Logan | Family Medicine |

Category * Measure * Component *

Add Attachment(s): Comment

Cervical Cancer Screening	JULYNN FRANSDEN	Barry Noorda	Kori Johnson	Pending
Cervical Cancer	ANGIE KING	Barry Noorda	Kori Johnson	Pending

Select the Category, Measure, and Component from the drop-down lists that appear when you click on the arrow at right of each field.

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Quality Data Correction Tool > Submissions

EMPI * Or Member Id * Patient Info

Provider Name *
Jones, Logan | Family Medicine |

Category * Measure * Component *
Chronic Disease Comprehensive Diabetes Care A1C Result

Measure Specific Correction

A1C Result Date * Hemoglobin A1c Result Value *

Add Attachment(s): Comment
Most Recent A1c

Review & Submit Reset

QDC Tool Instructions: Submitting a Correction, Continued

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Quality Data Correction Tool > Submissions

Admin, Reviewer, Operat...

Search

Enter Another Correction

Add Submission Correction

EMPI * Or Member Id * Patient Info

Provider Name * Jones, Logan | Family Medicine |

Category * Chronic Disease Measure * Comprehensive Diabetes Care Component * A1C Result

Measure Specific Correction

A1C Result Date * 4/7/2022 Hemoglobin A1c Result Value * 4.1

Add Attachment(s)*: A1C .pdf

Comment: Most Recent A1c

Upload supporting documentation and add any necessary comments.

NOTE: The only formats supported are .xls, .xlsx, .pdf, and .png file formats.

You can add multiple attachments; however, they must have different file names. If you upload a document with the same name, you will see an error message and will be able to replace the existing file or cancel the upload.

Select the “trash” button to delete an incorrectly uploaded document. You will then have the option to delete or cancel.

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Quality Data Correction Tool > Submissions

Admin, Reviewer, Operat...

Search

Enter Another Correction

Add Submission Correction

EMPI * Or Member Id * Patient Info

Provider Name * Jones, Logan | Family Medicine |

Category * Chronic Disease

A1C Result Date * 4/7/2022

Add Attachment(s)*: A1C .pdf

Delete Correction

Are you sure you want to delete the A1C .pdf File?

Delete Cancel

QDC Tool Instructions: Submitting a Correction, Continued

Click on “Review & Submit” to have an opportunity to review a summary of your submission.

NOTE: You can “Reset” at any point to start over.

Once you have completed and reviewed all the fields, click on the “Submit” button.

QDC Tool Instructions: Submitting a Correction, Continued

To view the status of a correction you have entered, view the “Submissions” page.

Correction	Member	Provider	Submitted By	Status	Comments	Entered Date	Status Reason Date		
Comprehensive Diabetes Care		Stanley Graham		Pending		06/08/2023	06/08/2023		
Comprehensive Diabetes Care		Stanley Graham		Pending		06/08/2023	06/08/2023		
Comprehensive Diabetes Care		Tiffanie Haun		Pending		06/08/2023	06/08/2023		
Comprehensive Diabetes Care		Douglas Vogeler		Rejected		05/15/2023	05/16/2023		
Comprehensive Diabetes Care		Clarissa Peterson		Rejected		05/15/2023	05/16/2023		
Comprehensive Diabetes Care		Nancy Huber		Rejected		05/15/2023	05/17/2023		
Comprehensive Diabetes Care		Robert Rowe		Rejected		05/15/2023	05/17/2023		
Comprehensive Diabetes Care		Maria Villagrana		Rejected		05/15/2023	05/17/2023		
Comprehensive Diabetes Care		Verdon Walker		Rejected		05/15/2023	05/17/2023		
Comprehensive Diabetes Care		Bruce Grover		Rejected		05/12/2023	05/12/2023		
Comprehensive Diabetes Care		Meghan Newman		Rejected		04/25/2023	04/26/2023		
Comprehensive Diabetes Care		Nathan Brown		Rejected					
Comprehensive Diabetes Care		Kristen Romo		Rejected					
Comprehensive Diabetes Care		Shannon Quinn		Rejected					
Comprehensive Diabetes Care		Kristen Romo		Rejected					

To view more detail, select the “eye” icon next to the relevant submission.

The “View Submissions” window will display the details, including the status and reasons for any rejection/comments from the reviewer.

TIPS FOR SUBMITTING CORRECTIONS:

- For rejected corrections, providers may have the option to resubmit the correction. Most selections will be kept except for the attachments, result date, and result value.
- When resubmitting, consider reopening and downloading the patient file so that you won't have to dig through files looking for the patient record.
- Corrections that have been resubmitted and accepted will still appear as a rejection. Do not resubmit the correction twice if the newly submitted correction was approved.

View Submissions

Submission Summary:

Member: [Redacted]

Provider: Clarissa Peterson | Physician Assistant | [Redacted]

Category: Chronic Disease

Measure: Comprehensive Diabetes Care

Component: A1C Result

Specific Correction:

A1C Result Date: 04/04/2023

Hemoglobin A1c Result Value: 7.7

Status: Rejected

Rejection Reason: Other

Reviewer Comment: We already have record of this lab value.

Attachment(s): A1C.pdf

Close

Allowable Corrections Guide

GENERAL GUIDANCE

- Include a copy of EMR note, progress note, or screen print signed by MA/RN/MD including member name, DOB, and provider.
- Submit corrections using [this online tool](#).
- Wait 6 weeks from the date of service to enter corrections to allow for claim lag.
- Don't attach multiple patient records to a single correction

ADULT CORRECTIONS							
	Allowable Correction	Submission Correction Process			Additional Required Documentation (see "General Guidance" for Standard Requirements)	Notes for Entering Corrections	
		Category	Measure	Component			Correction Type
CANCER SCREENINGS	Breast Cancer Screening						
	Does not fit age criteria	Refer to Other Corrections: Patient Attribution Section			Date of birth	Mammogram 2023 Date Range: OCT 2021–DEC 2023 Breast biopsies, thermography, ultrasounds, and/or MRIs DO NOT COUNT.	
	Patient is male				BIRTH sex of patient		
	Unaccounted for mastectomy	Preventive Screening	Breast Cancer Screening	BCS Exclusion	Bilateral Mastectomy Unilateral Mastectomy: Right Unilateral Mastectomy: Left		Date of mastectomy (Coding for mastectomy is different prior to 10/1/2015. Please double check the date of mastectomy and select the correct option from the drop-down list in the QDC tool.)
	Unaccounted for breast cancer screening			BCS Numerator	Mammography		Date of mammogram
	Colorectal Cancer Screenings¹						
	Does not fit age criteria	Refer to Other Corrections: Patient Attribution Section			Date of birth	For colonoscopy: <ul style="list-style-type: none"> • When only year is given, use date 12/31/YEAR • When only month & year is given, use last day of month (e.g., April 2023: 4/30/2023) In the Correction tool, use: <ul style="list-style-type: none"> • FOBT for Fecal Occult Blood Test (FOBT) or fecal immunochemical test (FIT) • FIT-DNA for Fit DNA or Cologuard test Digital rectal exams or FOBT performed in an office setting DOES NOT COUNT.	
	Unaccounted for total colectomy	Preventive Screening	Colorectal Cancer Screening	Col Exclusion	Total Colectomy		Date of total colectomy
	Unaccounted for colorectal cancer diagnosis				Colorectal Cancer (history of)		Date of diagnosis
	Unaccounted for colorectal cancer screening			Col Numerator	FOBT FLEXSIG COLONOSCOPY CT COLO FIT-DNA		Date of colorectal screening

¹ Types of colorectal cancer screening:

- Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) one or more times during 2023.
- Flexible sigmoidoscopy one or more times from 2019 to 2023.
- Colonoscopy one or more times from 2014 to 2023.

- CT colonography one or more times from 2019 to 2023.
- Fit DNA or Cologuard test one or more times from 2021 to 2023. NOTE: FIT and FIT-DNA are different tests.

Allowable Corrections Guide, Continued

ADULT CORRECTIONS, CONTINUED						
Allowable Correction	Submission Correction Process				Additional Required Documentation (see “General Guidance” for Standard Requirements)	Notes for Entering Corrections
	Category	Measure	Component	Correction Type		
A1c						
Unaccounted for HbA1c <8.0	Chronic Disease	Comprehensive Diabetes Care	A1c Result	Hemoglobin A1c Result Value: 4.0–20.0	Lab result with report date and A1c value	If the collect date differs from report date. Use the report date. An A1c < 8 will count towards patient compliance for measure.
Unaccounted for HbA1c ≥8.0						If the collect date differs from report date, use the report date. An A1c ≥ 8 will not count towards patient compliance for measure but will count towards HEDIS reporting.
Patient is Not Diabetic						
Exclusion	Chronic Disease	Comprehensive Diabetes Care	CDC Exclusion	Not diabetic PCOS	Chart note supporting correction signed by MD or DO	Select Health will research claims data and approve if acceptable.
Statin Therapy for Patient with Diabetes						
Exclusion: Patient is not diabetic	Chronic Disease	Comprehensive Diabetes Care	CDC Exclusion	Not diabetic	Chart note supporting correction signed by MD or DO	Select Health will research claims data and approve if acceptable.
Eye Exam						
Unaccounted for diabetic eye exam	Chronic Disease	Comprehensive Diabetes Care	Diabetic Eye Exam	NEG RET POS RET NO RESULT	Date of eye exam, name of eye care professional (Ophthalmologist/Optom- trist) and result (Normal or Retinopathy)	Eye exam in current measurement year and year prior needs a result (All eye exams must have a result to count).
Kidney Health Evaluation (KED)						
Unaccounted for estimated glomerular filtration rate (eGFR)	Chronic Disease	Kidney Health Evaluation for Patients with Diabetes	KED Numerator	eGFR	Date of test and result	Do not use the nephropathy option under Comprehensive Diabetes Care. Need to enter all three components separately. Member has to have all three components to be compliant. Most often, they are not compliant because they don't have the two urine tests entered separately.
Unaccounted for albumin-creatinine ratio (uACR)				Urine Creatinine		
				Urine Albumin		

Allowable Corrections Guide, Continued

PEDIATRIC CORRECTIONS						
Allowable Correction	Submission Correction Process				Additional Required Documentation (see “General Guidance” for Standard Requirements)	Notes for Entering Corrections
	Category	Measure	Component	Correction Type		
IMMUNIZATION						
Immunization: Childhood and Flu						
Unaccounted for vaccination: DTaP, IPV, MMR, HiB, HepB, VZV, Pneumococcal conjugate, Hep A, Rotavirus, Flu	Immunization	Childhood Immunization	CIS Numerator	DTaP IPV MMR HiB Hepatitis B VZV Pneumococcal conjugate Hepatitis A Rotavirus (2 Dose Schedule) Rotavirus (3 Dose Schedule) Influenza	Enter missing immunizations in USIIS (in Utah). Documentation for corrections must be the Immunization History Report from USIIS (in Utah), which shows date of vaccination. For Idaho clinics , Select Health does not receive data feeds from IRIS and would require data correction submissions using the QDC Tool.	<ul style="list-style-type: none"> All doses for childhood immunizations must have occurred on or before the 2nd birthday. Flumist (LAIV) is only acceptable if given on the 2nd birthday. Rotavirus: <ul style="list-style-type: none"> — RotaTeq: 3-dose series. Rotarix: 2-dose series. — If note says “NOS” or unspecified, they must have a total of 3 doses of rotavirus. NOTE: If a child falls behind on the vaccine schedule, and only receives: <ul style="list-style-type: none"> — Three pneumococcal conjugate (PCV) doses by the 2nd birthday, they may be considered complete in a vaccine forecast but they are not compliant for the measure. — Two RotaTeq doses before age 8 months, they may be considered complete in a vaccine forecast but they are not compliant for the measure.
Immunization: Adolescence						
Unaccounted for vaccination: Meningococcal conjugate, HPV, Tdap (tetanus, diphtheria toxoids, and acellular pertussis)	Immunization	Adolescent Immunization	IMA Numerator	Meningococcal Tdap HPV	Enter missing immunizations in USIIS (in Utah). Documentation for corrections must be the Immunization History Report from USIIS (in Utah), which shows date of vaccination. For Idaho clinics , Select Health does not receive data feeds from IRIS and would require data correction submissions using the QDC Tool.	<ul style="list-style-type: none"> Meningococcal: Between 11th and 13th birthday Tdap: Between 10th and 13th birthday HPV: Between 9th and 13th birthday (2-dose minimum 146 days apart)

Allowable Corrections Guide, Continued

PEDIATRIC CORRECTIONS, CONTINUED						
Allowable Correction	Submission Correction Process				Additional Required Documentation (see “General Guidance” for Standard Requirements)	Notes for Entering Corrections
	Category	Measure	Component	Correction Type		
WELL-CHILD VISITS						
Well Child Visit: 0–15 Months & 15–30 Months						
Unaccounted for Well Child Visit	Wellness Visit	Well Child Visits	W30 Numerator	Well Care 1–15 Months Well Care 16–30 Months	Indicating visit with PCP including key well-visit components ¹	<ul style="list-style-type: none"> ● NICU: If claims support or note from provider indicates length of stay in NICU and the baby was in the NICU a month or longer, please send the record to your QPP representative for visits missed. ● Well Child Visits: <ol style="list-style-type: none"> 1. When the visit was in the previous year, still use the date of visit (e.g., 12.20.2021 for measure 2022; use 12.20.2021). 2. When the child is 15 months +1 day old, select 16–30 month as the correction type. 3. When the child is 30 months +2 days old, submit a child and adolescent well care visit for 3–11 years. 4. A correction must be submitted for each visit date separately to count.
Well Child Visits: 3–21 years						
Unaccounted for Well Child Visit	Wellness Visit	Well Child Visits	WCV Numerator	Well-Care Visits 3–11 Years	Indicating visit with PCP including key well-visit components ¹	Medication checks and sports physicals are only acceptable if components of well child are addressed.

¹ Key well-care visit components required are date of visit and evidence of health and history, including:

- Record of patient’s developmental milestones
- Physical exam
- Wellness counseling/education/anticipatory guidance
- Screenings (hearing, vision)

Allowable Corrections Guide, Continued

ATTRIBUTION AND DEMOGRAPHICS							
Correction Type	Allowable Correction	Submission Correction Process				Required Documentation	Notes for Entering Corrections
		Category	Measure	Component	Correction Type		
Not My Patient	Changed provider, patient moved, or patient discharged	Member Detail	Attribution	Member Provider Assignment	Provider Move Member Move Discharge	Documentation from EMR stating patient request records sent to new provider or note showing patient has been notified they have been discharged from the clinic.	If a patient is only seen for sick visit(s) and immunization(s), they will not be removed from attribution. Not-my-patient corrections are due no later than December 31st of the measurement year.
Date of Birth	Birthday is incorrect in Quality Provider Program Gaps in Care for Download.		Date of Birth	Member Date of Birth	Documentation from EMR or HIPAA consent form signed by patient requesting change of DOB.	Select Health will research claims data and approve if acceptable.	
Member Sex	Patient is included in wrong measure based on sex (e.g., patient is male, but included for breast cancer screening.)		Demographics	Member Sex	Member Sex	Documentation from EMR of patient's birth sex.	Select Health will research claims data and approve if acceptable. List measure exclusion if applicable.

NO ALLOWABLE CORRECTIONS FOR COMPLIANCE	
Statin Therapy for Diabetes	There is an option in the tool to enter a correction; however, it is not for our measure. The only way for a patient to be compliant in this measure is a pharmacy claim for a statin; or codes on a claim during the measurement year, which will remove the individual from the QPP measure.
Medication Adherence: Cholesterol, Diabetes & Hypertension	The only way for a patient to be compliant in QPP measure is pharmacy claim for RX.
Adult Annual Wellness Visits	The only way for a patient to be compliant in QPP measure is to correct the claim with accepted AWW billing codes (i.e., G0402, G0438, G0439, Codes: 99381-99397).

Pulling Reports from the Quality Provider Program Clinical Reports Hub

This Report Hub can be accessed from the **QPP area** of the Select Health provider website (see image at right).

This section covers two frequently accessed reports available at this location:

1. Quality Provider Program Gaps in Care for Download
2. Quality Provider Program Clinical Summary

The instructions that follow will guide you through pulling a patient gaps list as well as pulling provider rates once you access the Report Hub.

Access your reports here.

The Select Health[®] Quality Provider Program

The Quality Provider Program is an outpatient care delivery model that offers patients a collaborative relationship with a team of providers. This team-based healthcare delivery model is led by a healthcare practitioner and provides comprehensive and continuous patient care for enhancing health outcomes and patient satisfaction.

New programs for 2023 encompass [women's health](#), [behavioral health](#), and [nephrology](#) specialties, currently available for Utah providers. For Eastern Idaho and Nevada primary care providers, Select Health Quality Plus Provider Program is available in conjunction with risk management.

Key Program Benefits Include:

- An extended disease management and preventive care focus
- Increased patient involvement in healthcare decisions
- Enhanced care processes through information sharing
- Improved quality of care and patient safety
- Prevention of unnecessary tests and procedures

The Quality Provider Program is an NCQA Partner in Quality -- a program that recognizes organizations providing financial incentives or support services for NCQA - recognized practices. [Learn more.](#)

To support clinics in their transformation to a patient-centered medical home care delivery model, Select Health provides clinics with enhanced reporting, a consultant resource, and the opportunity to earn quarterly performance payouts with an annual bonus structure.

Already participating?

- [Access your clinic reports](#) (secure login required).
- Access Quality Ribbon Transparency (QRT) Program information: [Frequently Asked Questions](#), [Quality Transparency Provider Report Example](#).



NOTE: See [page 28](#) for Excel formatting tips customized for working with Gaps in Care data.

How to Pull a Patient Gaps List from the Quality Provider Program Gaps in Care for Download Report

Patient gaps data allows you to track current member gaps for different populations, measures, specialties, and more. From the QPP Report Hub link, follow the steps below to filter and download this information:

Access the Gaps in Care Report

Choose the current year's
"Gaps in Care for Download" link.

Quality Provider Program Report Hub		
Report	Description	
2023 QPP Clinical Summary	Compilation of success metrics related to measures in 2023	🔗
2023 QPP Gaps in Care List	Detailed list of Gaps in Care related to measures in 2023	🔗
2023 QPP Gaps in Care for Download	Direct link to the Download tab on the Gaps in Care report for 2023	🔗
2022 Medical Home Clinical Summary	Compilation of success metrics related to measures in 2022	🔗
2021 Medical Home Clinical Summary	Compilation of success metrics related to measures in 2021	🔗
2020 Medical Home Clinical Summary	Compilation of success metrics related to measures in 2020	🔗
Hospital Census	List of members admitted to the hospital or ED in the last 7 days	🔗
Case & Disease Management Patient List	List of members with active Case or Disease Management Cases	🔗
Gaps in Care Form	Printable form for clinics to identify gaps in care	🔗
Medicare Advantage STARS : Provider	5 HEDIS and 4 PQA Pharmacy/CMS measure performance data available by provider	🔗
Quality Data Corrections Tool	Submit a correction for Medical Home data	🌐

Filter the Data for Your Clinic

Click on the "X" to hide the menu.

Under the "DOWNLOAD" tab, there is a green menu that lets you select the filters you want. The arrows on the right of each filter type open options for narrowing your search.

The screenshot shows the 'Quality Provider Program 2023 Gaps in Care for Export' report. At the top, there are tabs for 'GAPS', 'GAPSbyPROV', and 'DOWNLOAD'. A red box highlights the 'DOWNLOAD' tab. On the left, a green sidebar contains various filter categories: Super Clinic, SelectHealth Product, Measure/Program Specialty, Measure, Immunization Measures, Clinic Specialty, Clinic, Provider, Compliance Status, Medication Refill Needed?, Noncompliant in <30 Days?, Member, and Keyword Search. A red 'X' icon is highlighted in the top-left corner of the sidebar. A red arrow points from the text 'Click on the "X" to hide the menu.' to this icon. Another red arrow points from the text 'Under the "DOWNLOAD" tab, there is a green menu that lets you select the filters you want...' to the 'DOWNLOAD' tab. A third red arrow points from the text 'When you have selected the filters in each category that you want, be sure to click on "Apply."' to the 'Apply' button in the filter dropdown menu. The filter dropdown menu is open, showing a list of checkboxes for various measures, with 'Cancer Screening: Colorectal (COL)' checked. The 'Apply' button is highlighted with a red box. In the background, a table of data is visible with columns for Date, Provider, Clinic, Measure, Qualified Date, Compliance, Status, and Status Detail. A white box with a black border is overlaid on the table, containing the title 'How to download the Gaps in Care data to a spreadsheet' and a numbered list of five steps: 1- Make sure you have the desired filters selected in the green section on the top-left - By default, Super Clinic is set to "None" so the report loads faster; 2- Click any of the grey text behind this white box so Tableau is focused on that data; 3- Click the "Download" button toward the top-right of this report within your browser; 4- Select Crosstab as the file format; 5- Save the file as CSV to your desired location on the local computer. At the bottom of the report, there is a footer with a question mark icon and the text 'Back to Quality Provider Program Report Hub' and 'CONFIDENTIAL: This report belongs to SelectHealth and contains PHI and other sensitive information protected by law. This report may not be shared with unauthorized parties and must be destroyed after its intended use. If you are not authorized to access this report, contact the Compliance Hotline immediately at 801.442.4845.'

When you have selected the filters in each category that you want, be sure to click on "Apply."

Allowable Corrections Guide, Continued

You can click here to have the green filter drop-down menu reappear. This is helpful when you want to look at the data selected before downloading it.

If you want to view a gaps chart, move the filter out of the way to ease viewing.

GAPS GAPSbyPROV DOWNLOAD

selecthealth
Data updated 6/5/2023
Show 'Filter menu'

Quality Provider Program 2023 Gaps in Care for Export

How to download the Gaps in Care data to a spreadsheet

- 1 - Make sure you have the desired filters selected in the green section on the top-left
 - By default, Super Clinic is set to "None" so the report loads faster
- 2 - Click any of the grey text behind this white box so Tableau is focused on that data
- 3 - Click the "Download" button toward the top-right of this report within your browser
- 4 - Select Crosstab as the file format
- 5 - Save the file as CSV to your desired location on the local computer

Allowable Corrections Guide, Continued

Export the Data

Click on the “DOWNLOAD” button at upper right to access the filtered data.

How to download the Gaps in Care data to a spreadsheet

- 1- Make sure you have the desired filters selected in the green section on the top-left
- 2- By default, Super Clinic is set to "None" so the report loads faster
- 3- Click any of the grey text behind this white box so Tableau is focused on that data
- 4- Select Crosstab as the file format
- 5- Save the file as CSV to your desired location on the local computer

Select “Crosstab” under file format.

Select “GapsinCare.”

To make sure you capture all relevant data, select “CSV” and then “Download.”

NOTE: Save the CSV file as an Excel workbook to allow formatting for readability and usability. Otherwise, your CSV file will look like this:

GapsinCare - 2023-06-09T180808.780.txt

Member	EMPI	Member ID	Birth Date	Provider	Clinic	Measure	Qualified Date	Compliance Date	Status	Status Detail	Achievable Date	Day(s) Until Noncomp	Member
1						"STOKES, CATHERINE O."	INTERMOUNTAIN NORTHERN UTAH PEDIATRICS	Well-Care Visits: 3-11 Years (WCV_11)	J				
2						"MARTIS, KATE"	INTERMOUNTAIN COTTONWOOD FAMILY PRACTICE	Diabetes Care: Kidney Health Eval (KED)	M				
3						GAN, MARK K."	INTERMOUNTAIN LAYTON CLINIC	Well-Care Visits: 12-17 Years (WCV_17)	Jul-16-2019	Achievable			
4						ALENTINE, D. MARK M"	INTERMOUNTAIN ALTA VIEW CLINIC	Well-Care Visits: 3-11 Years (WCV_11)	Nov-14-2016				
5						LL, TYLER S."	INTERMOUNTAIN HIGHLAND CLINIC	Cancer Screening: Colorectal (COL)	Apr-11-2027	Jun-7-2022	Compliant		
6						DMUNDS, ALYSON E."	INTERMOUNTAIN ALTA VIEW CLINIC	Well-Care Visits: 18-21 Years (WCV_21)	Aug-6-2023				
7						LARKSON, SAMANTHA L."	INTERMOUNTAIN MCKAY-DEE INTERNAL MEDICINE CLINIC	Cancer Screening: Colorectal (COL)					
8						TRASSER, CATHERINE A."	INTERMOUNTAIN NORTHERN UTAH PEDIATRICS - LAYTON	Well-Care Visits: 12-17 Years (WCV_17)	Feb-1-2023				
9						DMUNDS, ALYSON E."	INTERMOUNTAIN ALTA VIEW CLINIC	Well-Care Visits: 12-17 Years (WCV_17)	Feb-1-2023				
10						STEVEN P."	INTERMOUNTAIN NORTHERN UTAH PEDIATRICS - LAYTON	Well-Care Visits: 12-17 Years (WCV_17)	Oct-1				
11						ROUGH, PHILLIP M."	INTERMOUNTAIN KAYSVILLE CREEKSIDE CLINIC	Cancer Screening: Colorectal (COL)	Nov-5				
12						TOVE, LAURA C."	INTERMOUNTAIN ROSE CANYON CLINIC	Cancer Screening: Colorectal (COL)	Mar-16-2024	Feb-2			
13						DMUNDS, ALYSON E."	INTERMOUNTAIN ALTA VIEW CLINIC	Well-Care Visits: 12-17 Years (WCV_17)	Oct-8-2019	F			
14						STEVEN P."	INTERMOUNTAIN NORTHERN UTAH PEDIATRICS - LAYTON	Well-Care Visits: 12-17 Years (WCV_17)	Nov-2				
15						TRASSER, CATHERINE A."	INTERMOUNTAIN NORTHERN UTAH PEDIATRICS - LAYTON	Well-Care Visits: 3-11 Years (WCV_11)					
16													

How to Pull Provider Rates from the Clinical Summary Report

Provider rates data allows you to track current clinic rates and number of member opportunities as well as to view a breakdown by individual providers within your clinic. From the Quality Provider Program Report Hub link, follow the steps below:

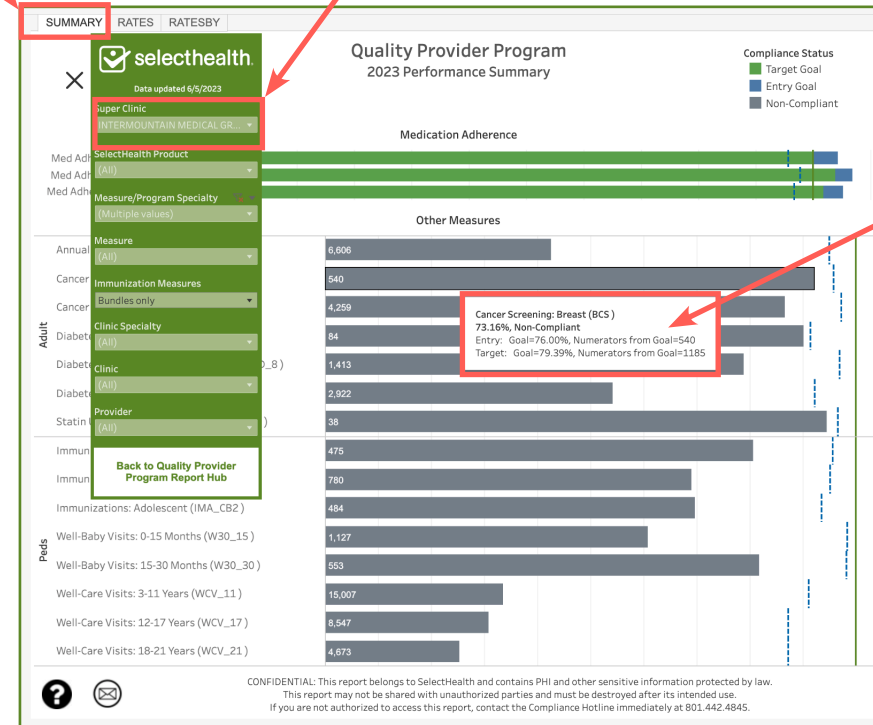
Access Clinic-Specific Data

Select the applicable year's "Clinical Summary."

Report	Description	
2023 QPP Clinical Summary	Compilation of success metrics related to measures in 2023	🔗
2023 QPP Gaps in Care List	Detailed list of Gaps in Care related to measures in 2023	🔗
2023 QPP Gaps in Care for Download	Direct link to the Download tab on the Gaps in Care report for 2023	🔗
2022 Medical Home Clinical Summary	Compilation of success metrics related to measures in 2022	🔗
2021 Medical Home Clinical Summary	Compilation of success metrics related to measures in 2021	🔗
2020 Medical Home Clinical Summary	Compilation of success metrics related to measures in 2020	🔗
Hospital Census	List of members admitted to the hospital or ED in the last 7 days	🔗
Case & Disease Management Patient List	List of members with active Case or Disease Management Cases	🔗
Gaps in Care Form	Printable form for clinics to identify gaps in care	🔗
Medicare Advantage STARS : Provider	5 HEDIS and 4 PQA Pharmacy/CMS measure performance data available by provider	🔗
Quality Data Corrections Tool	Submit a correction for Medical Home data	🌐

The "Summary" tab offers filters for refining your data search.

Select your "Super Clinic" and ensure that the data populates in the window behind the Summary tab drop down.



The screen will then display your current data rates and the number of members needed to meet clinic entry and stretch goals. For example, this clinic has a current rate of 73.16% and needs 540 members to meet entry (76.00%).

NOTE: QPP Payment is driven by Gaps Closure. Entry and Stretch Goals are presented for benchmarking.

Pulling Provider Rates from the Clinical Summary Report, Continued

View Provider Breakdown

Access the "RATESBY" tab to see a breakdown by provider.

Download Provider Rate Data

To download the data, click on "Download" in the upper right-hand corner.

A pop-up will appear in the middle of the screen with file format options. Select "Crosstab."

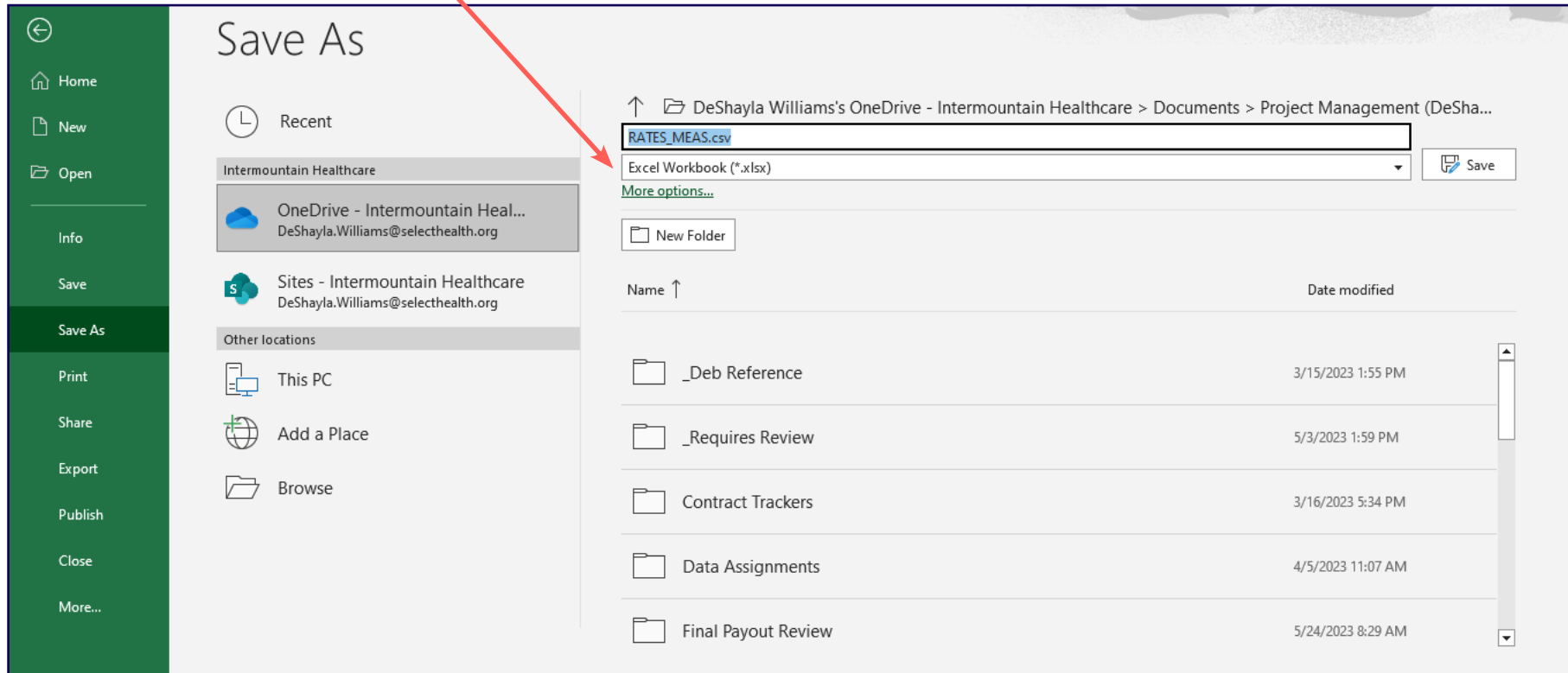
When the "Download Crosstab" window opens, select "MEAS_RATES."

To make sure you capture all applicable data, select "CSV" as the format.

Click "Download."

Pulling Provider Rates from the Clinical Summary Report, Continued

Once you export report data as a CSV file, save the file as an Excel Workbook to format for readability and ease of use.



2023 Quality Provider Program Adult/Pediatric Measures: Quick Guide

(For more details, refer to the [Quality Provider Program 2023 Quality Measures: Adult and Pediatric](#) booklet.)

Measure/Abbr.	Who's Included? (Denominator)	What's Needed? (Numerator)	How Often?	Exclusion(s)*	Helpful Codes
Annual Wellness Visit (MA)/AWV	All Select Health Medicare members	Annual wellness visit	Annual		AWV inclusion codes: G0402, G0438, G0439; Codes: 99381-99397
Cancer Screening: Breast/BCS	All women (ages 52 to 74)	Mammogram or breast tomosynthesis	Every 2 years (Oct 1, 2021 to Dec 31, 2023)	<ul style="list-style-type: none"> Palliative care Medicare members age 66+ enrolled in an I-SNP or living in a long-term institution «Advanced Illness and Frailty» in those age 66+ Bilateral or two unilateral mastectomies 	Mastectomy codes for exclusion: Z90.11, Z90.12, Z90.13
Cancer Screening: Colon/COL	Members (ages 46 to 75)	<ul style="list-style-type: none"> FOBT or FIT—Annual Flexible sigmoidoscopy—Every 5 years (2019–2023) Colonoscopy—Every 10 years (2014–2023) CT colonography—Every 5 years (2019–2023) Fit DNA (Cologuard)—Every 3 years (2021–2023) 		<ul style="list-style-type: none"> Palliative care or LTI Claim-based proof of «Advanced Illness and Frailty» in those age 66+ Colorectal cancer Total colectomy 	Colorectal cancer history codes: Z85.038, Z85.048
Diabetes: A1C in Control/HBD	Members (ages 18 to 75) with a diagnosis of diabetes through medical or pharmacy claim	Hemoglobin A1c <8%	Annual, most recent A1c used for measurement	<ul style="list-style-type: none"> Palliative care Medicare members age 66+ enrolled in an I-SNP or living in a long-term institution «Advanced Illness and Frailty» in those age 66+ Gestational or steroid-induced diabetes PCOS w/o a diagnosis of diabetes 	A1c Cat II codes: <ul style="list-style-type: none"> Compliant: 3044F <7; 3051F 7-8 Non-compliant: 3052F 8-9; 3046F >9
Diabetes: Eye Exam/EED		Retinal eye exam performed by eye care professional OR negative retinal eye exam performed in 2022	<ul style="list-style-type: none"> Annual if positive Every 2 years if negative 	<ul style="list-style-type: none"> Palliative care Medicare members age 66+ enrolled in an I-SNP or living in a long-term institution «Advanced Illness and Frailty» in those age 66+ Gestational or steroid induced diabetes PCOS w/o a diagnosis of diabetes 	<ul style="list-style-type: none"> Eye exam inclusion Cat II codes: 2022F, 2023F, 2024F, 2025F, 2026F Low risk of retinopathy: 3072F
Diabetes: Kidney Health Eval/KED	Members (ages 18 to 85) with a diagnosis of diabetes through medical or pharmacy claims	eGFR and uACR (or urine creatinine and albumin test within 4 days of each other)	Annual	<ul style="list-style-type: none"> ESRD/dialysis Palliative care «Advanced Illness and Frailty» in those age 66+; frailty during measurement year for those age 81+ Medicare members age 66+ enrolled in an I-SNP or living in a long-term institution 	<ul style="list-style-type: none"> eGFR codes: 80047, 80048, 80050, 80053, 80069, 82565 uACR codes: 82043, 82570 (Use both as one urine component may be recorded without the other.)

2023 Quality Provider Program Adult/Pediatric Measures: Quick Guide

Adult Measures, Continued

Measure/Abbr.	Who's Included? (Denominator)	What's Needed? (Numerator)	How Often?	Exclusion(s)*	Helpful Codes
Med Adherence: Cholesterol (MA)/MAC	Members (ages >18) with two fills of any statin	Adherence to medications as prescribed at least 80% of PDC (portion of days covered)	Annual	<ul style="list-style-type: none"> • ESRD • Dialysis in measurement year 	NA
Med Adherence: Diabetes (MA)/MAD	Members (ages >18) with two fills of any non-insulin diabetes medication	Adherence to medications as prescribed at least 80% of PDC (portion of days covered)	Annual	<ul style="list-style-type: none"> • ESRD • Dialysis in measurement year • Prescription for insulin 	NA
Med Adherence: HTN (MA)/MAH	Members (ages >18) with two fills of any RAS antagonist	Adherence to medications as prescribed at least 80% of PDC (portion of days covered)	Annual	<ul style="list-style-type: none"> • ESRD • Dialysis in measurement year • Prescription for sacubitril/valsartan 	NA
Statin Therapy: Diabetes (MA)/SUPD	Members (ages 40 to 75) with diabetes	Dispensed one statin	Annual	<ul style="list-style-type: none"> • Adverse effects of antihyperlipidemic & antiarteriosclerotic drugs • Pregnancy, lactation, or fertility • Liver disease, PCOS, or prediabetes • ESRD, dialysis coverage dates, or cirrhosis • Myositis, myopathy, or rhabdomyolysis 	Exclusion codes: <ul style="list-style-type: none"> • Myositis: M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9 codes • Myopathy: G72.0, G72.89, G72.9 codes • Rhabdomyolysis: M62.82 code • Lactation: O91.03, O91.13, O91.23, O92.5, O92.70, O92.79, Z39.1 codes • PCOS: E28.2 code • Cirrhosis: K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69 codes • ESRD: I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2 codes • Adverse effects of antihyperlipidemic & antiarteriosclerotic drugs: T46.6X5A code

(MA) Limited to Select Health Medicare members only

* Hospice will exclude members from all measures

2023 Quality Provider Program Adult/Pediatric Measures: Quick Guide

Pediatric Measures

Measure/ Abbr.	Who's Included? (Denominator)	What's Needed? (Numerator)	How Often?	Exclusions*	Helpful Codes
Immunizations: Adolescence/ IMA	Members age 13 years	<ul style="list-style-type: none"> Tdap (1 dose between 10th and 13th birthdays) Meningococcal A,C,W,Y (1 dose by 13th birthday) HPV (3 doses OR 2 doses by 13th birthday given at least 146 days apart) 	Completed on or by 13th birthday	<ul style="list-style-type: none"> Anaphylaxis on or before 13th birthday Encephalitis (Tdap) on or before 13th birthday 	<ul style="list-style-type: none"> Tdap codes: 90715 Meningococcal codes: 90619, 90733, 90734 HPV codes: 90649, 90650, 90651
Immunizations: Childhood/CIS	Members age 2 years	<ul style="list-style-type: none"> DTaP (4 doses) IPV (3 doses) MMR (1 dose/history of measles, mumps, rubella illness) HiB (3 doses) Hepatitis B (3 doses/history of hepatitis illness) VZV (1 dose/history of varicella zoster illness) Pneumococcal conjugate (4 doses) Hepatitis A (1 dose/history of hepatitis A illness) Rotavirus (2 doses of two-dose vaccine or 3 doses of three-dose vaccine) 	Completed on or by 2nd birthday	<ul style="list-style-type: none"> Severe combined immunodeficiency, immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma, leukemia, intussusception, or anaphylaxis Encephalitis (Tdap) on or before 13th birthday Anaphylaxis (Hep B) to common baker's yeast 	<ul style="list-style-type: none"> DTaP: 90697, 90698, 90700, 90723 IPV: 90697, 90698, 90713, 90723 MMR: 90707, 90710 HiB: 90644, 90645, 90646, 90647, 90648, 90697, 90698, 90721, 90737, 90748, 90740, 90748 Hepatitis B: 90478, 90697, 90723, 90731, 90740, 90744, 90747, 90748 VZV: 90710, 90716 Pneumococcal: 90670 Hepatitis A: 90633 Rotavirus: 90681 (2 dose), 90680 (3 dose)
Immunizations: Child Flu/CIS-Flu	Members age 2 years	Influenza (2 doses)	Completed on or by 2nd birthday	<ul style="list-style-type: none"> On or before their 2nd birthday: Immunodeficiency or HIV Lymphoreticular cancer, multiple myeloma, or leukemia Anaphylactic reaction to neomycin 	<ul style="list-style-type: none"> 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689, 90724, 90756, 90674 LAIV only allowed if given on 2nd birthday: 90660, 90672
Well Care: 0 to 15 months/W15	Members age 15 months	Six or more well-child visits with a PCP on or before 15-month birthday	N/A		<ul style="list-style-type: none"> Established: 99381, 99382 New: 99391, 99392
Well Care: 15 to 30 months/W30	Members age 30 months	Two or more well-child visits with a PCP between 15-month birthday plus 1 day and the 30-month birthday	N/A		<ul style="list-style-type: none"> Established: 99381, 99382 New: 99391, 99392
Well Care: 3 to 21 years/WCV	Members 3–21 years	One or more well-care visits with a PCP or an OB/GYN	Annual		<ul style="list-style-type: none"> Established: 99392, 99393, 99394, 99395 New: 99383, 99384, 99385

* Hospice will exclude members from all measures

Appendix: Other Resources

USIIS Data Entry Instructions (for Utah Clinics)

The Utah Department of Health (UDOH) Utah Statewide Immunization Information System (USIIS) is an online software application offering a free, confidential, information system for managing immunization records for Utahans of all ages. This system provides immunization histories that reflect consolidated information submitted across providers. Healthcare providers can enter and submit immunization records using either the web-based application or via their facility electronic health record system via a data interface.

This section offers instruction on how to submit immunization data for:

- 1. Administered immunizations** – those administered by your facility
- 2. Historical immunizations** – those administered by another healthcare provider but entered by your facility as part of the person's immunization history

Once you sign up to use USIIS and enter patient identifiers, you will be able to select "Immunizations" from the top navigation bar to see that patient's immunization history (see image at right).

For Intermountain Health providers and facilities using iCentra, please document unspecified vaccines in iCentra as an alternative to using USIIS (see instructions).



USIIS Immunize

Search | Demographics | **Immunizations** | Forecast | Contraindications | School Exemptions | Reports | Help | Links

History | **Detailed Entry** | Brief Entry

Immunizations History

Provider: USIIS PROGRAM - 801
 User: Nancy McConnell
 Patient ID: cdctest1
 Patient: Olive Robinson
 Birth Date: 01/27/2015
 USIIS ID: 16882852
 Age: 1 year 11 months

Immunization History
 Show All entries

Series ^	Code ^	Vaccine Name ^	Vaccination Date ^	Invalid Vaccine ^	Reaction ^
DTP	110	DTaP-Hep B-IPV (Pediarix)	02/01/2016		
HIB	49	Hib PRP-OMP (PedvaxHIB)	04/01/2015		
POLIO	110	DTaP-Hep B-IPV (Pediarix)	02/01/2016		
MMR	3	MMR	02/01/2016		
HEP-B	110	DTaP-Hep B-IPV (Pediarix)	02/01/2016		
PNEUMO PCV	133	PCV-13 Pneumococcal	04/01/2015		
HEP-A	83	Hep A, ped/adol, 2 dose	02/01/2016		
ROTAVIRUS	116	rotavirus, pentavalent (Rotateq)	04/01/2015		

Showing 1 to 8 of 8 entries

Change USIIS Service: Choose One

IT Help Desk: (801)538-3440 / (800)678-3440
 Copyright 2017, Utah Department of Health
 Version: 1.00.00_20170107

To enter **administered immunizations**, select "Detailed Entry" (see [next page](#)).

To enter **historical immunizations**, select **Brief Entry** (see [page 28](#)).

Do not enter immunizations administered at your facility using **Brief Entry**.

NOTES:

- Entering historical immunization information into USIIS for your patients offers the most complete, consolidated immunization histories to help ensure appropriate immunizations and reduce over-immunization among Utahans.
- For Idaho Immunization Entry instructions, access the [IRIS User Manual](#).

USIIS Date Entry Instructions, Continued

Detailed Entry Instructions (Do not enter immunizations administered at your facility using Brief Entry.)

Vaccine Date: You can either manually enter the date of vaccination or automatically fill in the current date by double-clicking in the data entry field.

Financial Class Code: What you enter in this field determines what selection options display in the:

- **Unit of Use Lot Number** drop-down list (e.g., if you selected VFC Medicaid for **Financial Class**, then only VFC-funded **Unit of Use Lot Numbers** set up in inventory display for selection.
- **Inventory Borrowed From** drop-down list (e.g., if **Financial Class** is “Non-VFC Eligible,” then **Inventory Borrowed From** options will only be “VFC” and “Special Projects—not Private.”

Unit of Use Lot Number: Whether or not you checked the “Constrained to vaccines in inventory” box determines what you can enter in this field. For example:

- If the box is checked, your entry must be from the selections that appear in the drop-down list.
- If not checked, your entry can be either manually entered or selected from the **Unit of Use Lot Number** drop-down list.

Vaccine Code: This field auto fills if **Vaccine Name** is entered; manually enter data in this field if the **Constrain entry to vaccines in inventory** box is NOT checked.

(Vaccine) Name: This field only displays if “Constrained to vaccines in inventory” box is NOT checked. Once you select the Vaccine Brand from the drop-down list, the program will automatically fill in the Vaccine and Manufacturer as well.

Vaccinator: Enter the person’s first name followed by last name.

• **Route Code:** Select the immunization route from the drop-down list.

• **Site Code:** Select the immunization site from the drop-down list.

- **VIS Version Date:** You can select options based on CDC VIS published dates for the vaccine picked.
- **VIS Presented Date:** You can automatically fill in the current date by double-clicking in the data entry field.

NOTE: Be sure to click on “Save” when you have completed your entry.

USIS Date Entry Instructions, Continued

Detailed Entry Instructions, Continued

OPTIONAL INFORMATION

- **Inventory Borrowed From:** Used to record if vaccine came from stock that does not match patient eligibility entered in **Financial Class**. You must provide a reason.
- If used, the funding category determines what **Lot Numbers** can be selected in the **Unit of Use Lot Number** drop-down list (e.g., if **Inventory Borrowed From** is "VFC," then only "VFC inventory" will display in the **Unit of Use Lot Number** drop-down list.
- **Dosage:** Cannot be a value greater than 999.99.
- **Ordering Physician**
 - **Reaction:** If applicable, select the adverse reaction following immunization from drop-down list.
 - **Reaction Note:** Provide details about the reaction.
 - **Invalid:** If applicable, select one of the four available reasons for why the vaccine administered was invalid (i.e., "Manufacture recall," "Stored too cold," "Stored too warm," "Other").
 - **Invalid Note:** Provide detail if you selected "Other" in the **Invalid Code** field.

USIS Immunize

Search | Demographics | **Immunizations** | Forecast | Contraindications | School Exemptions | Reports | Help | Links

History | **Detailed Entry** | Brief Entry

Immunizations Detailed Entry

Provider: TEST CLINIC C - 10373
User: Nam Test
Patient ID: Test_patient
Patient: Jodie Smithe
Birth Date: 08/11/1997

USIS ID: 149028
Age: 20 years 6 months

Administered at your facility.
 Not Administered at your facility.

Constrain entry to vaccines in inventory.

* Vaccination Date: MM/DD/YYYY Time: ### Choose One

* Financial Class Code: * Description: Choose One

Inventory Borrowed From: Reason: Choose One

* Unit of Use Lot Number: Choose One

Deduct from: No Inventory

* Vaccine Code: * Name: Choose One

* Manufacturer Code: * Name: Choose One

Dosage: 0.5

* VIS Version Date: MM/DD/YYYY

* VIS Presented Date: MM/DD/YYYY

* Vaccinator:

Route Code: Route: Choose One

Site Code: Site: Choose One

Ordering Physician First: Last:

Reaction Code: Reaction: Choose One

Reaction Note:

Invalid Code: Invalid: Choose One

Invalid Note:

General Note:

Reset Clear Save

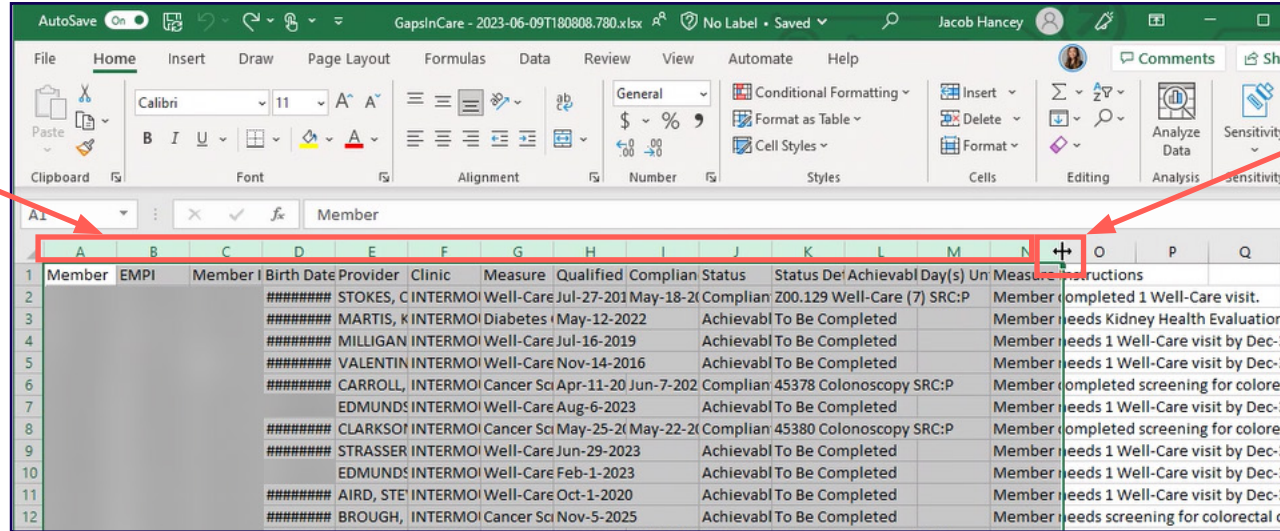
How to Format a Gaps List in Excel

Once you have downloaded and saved the Gaps List in Excel, open the file and follow the formatting tips in this section. These tips will help you manage the data in the Gaps List more efficiently.

For more information on these functions and other common Excel formatting tips, access Microsoft's [Excel Training Page](#).

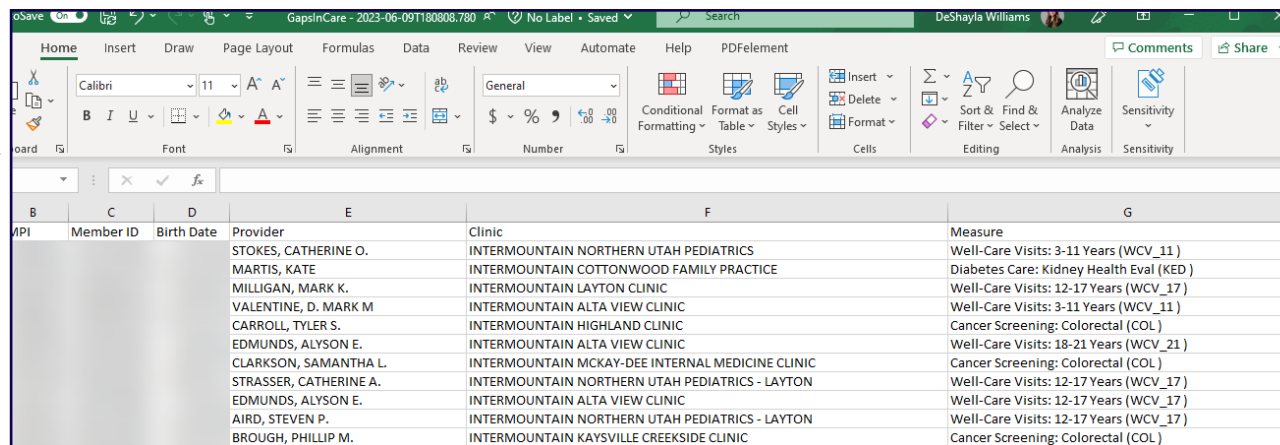
The examples on this page indicate how to widen rows in the Excel spreadsheet, making it easier to read the data.

Select columns with information by holding down your mouse, starting at the top of column A and dragging to the last column with data.



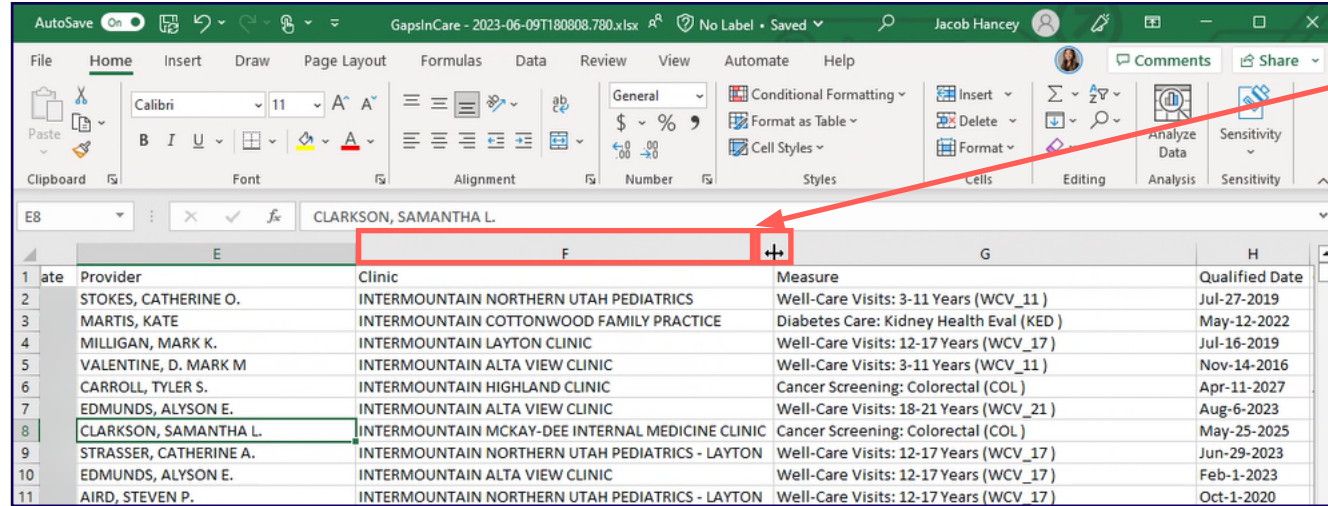
Next, hover between any column divider that is highlighted until the column resize pointer appears. Double click on the pointer to resize the selected columns.

This is the resulting view once the columns have resized.



Format a Gaps List in Excel, Continued

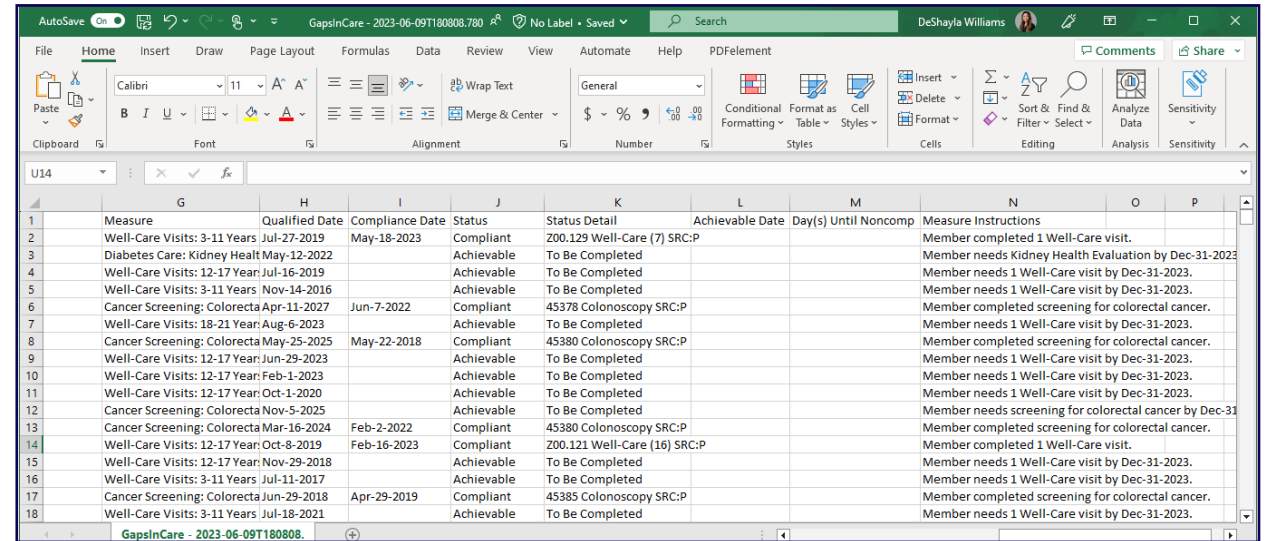
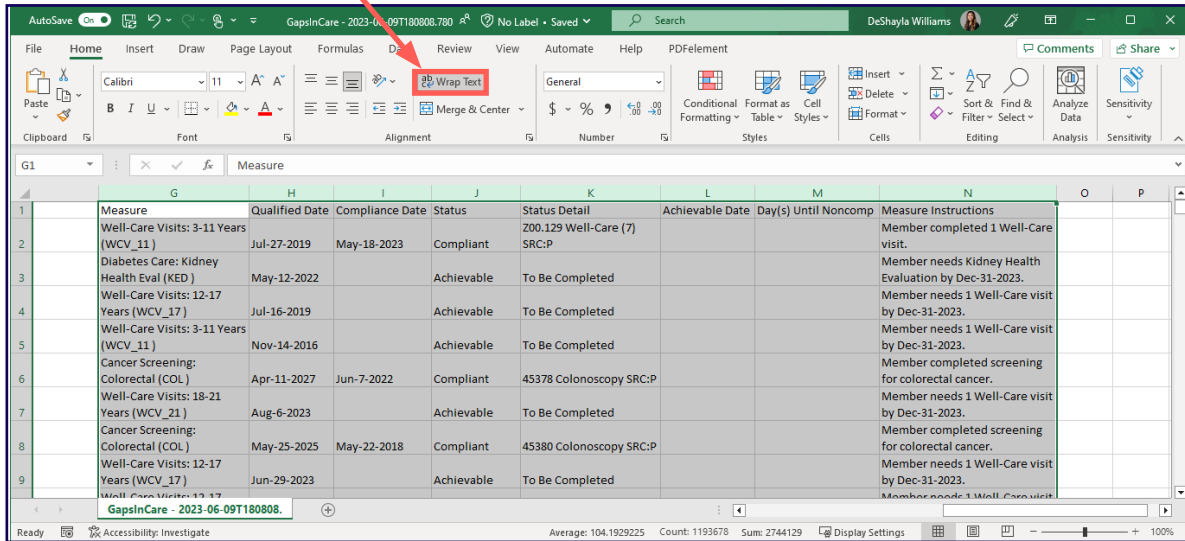
Widen a Column and Wrap Text



Select any column perceived as large. Hover over the column divider of the selected column until the column resize pointer appears. Drag and resize the column as needed.

For readability of the resized columns, make sure all columns are still selected. Then, click on “Wrap Text” to fit the content in the columns to the new width.

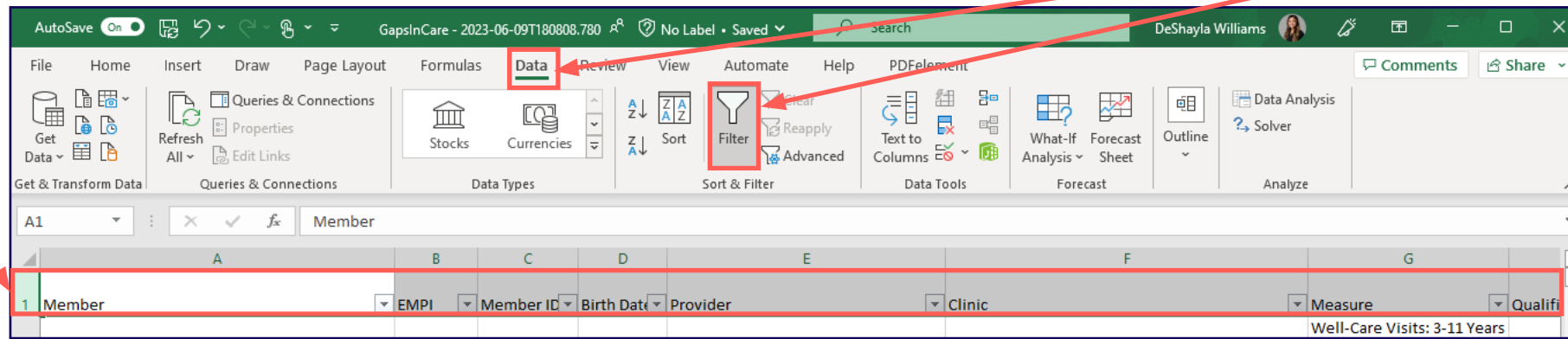
This is the resulting view once the text wraps.



Format a Gaps List in Excel, Continued

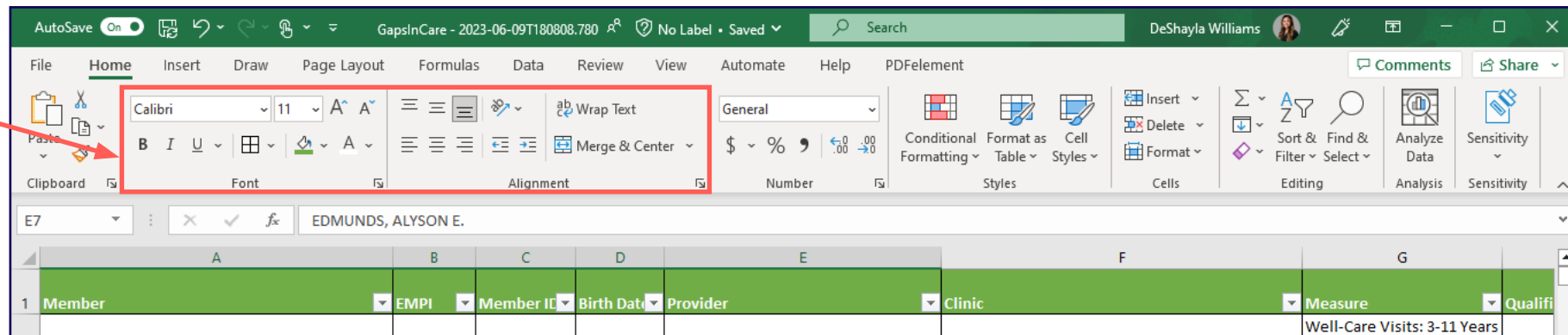
Filter Data and Apply Custom Formatting

Select row 1 (or any combination of rows that you want to filter).



Then, select “Data” and “Filter.” This will create drop-down filters to organize the data in row 1.

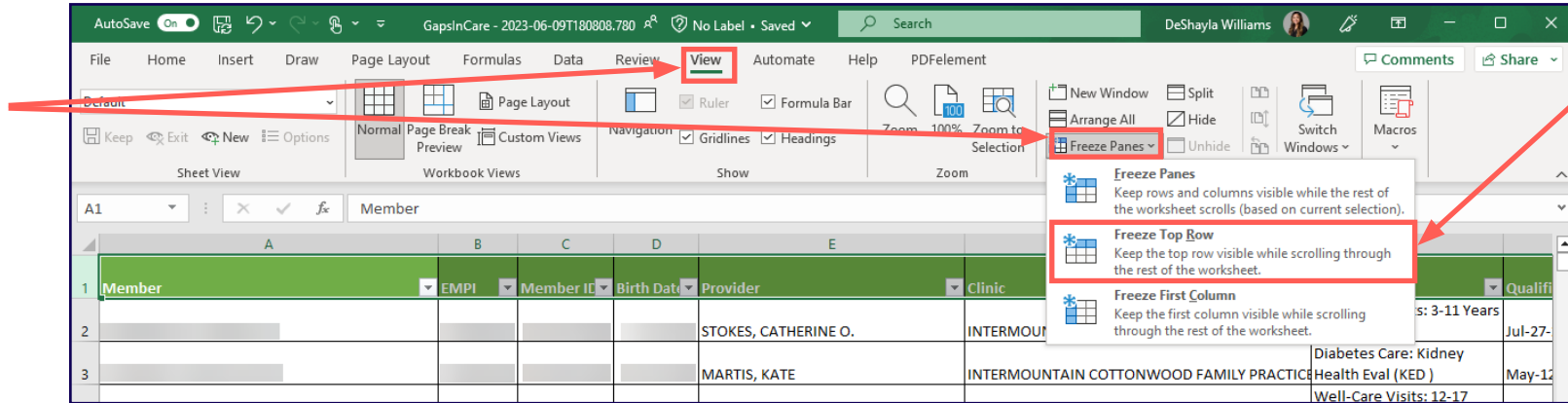
Use the “Font” and “Alignment” sections of the tool bar to custom format cells (e.g., to distinguish table headings).



Format a Gaps List in Excel, Continued

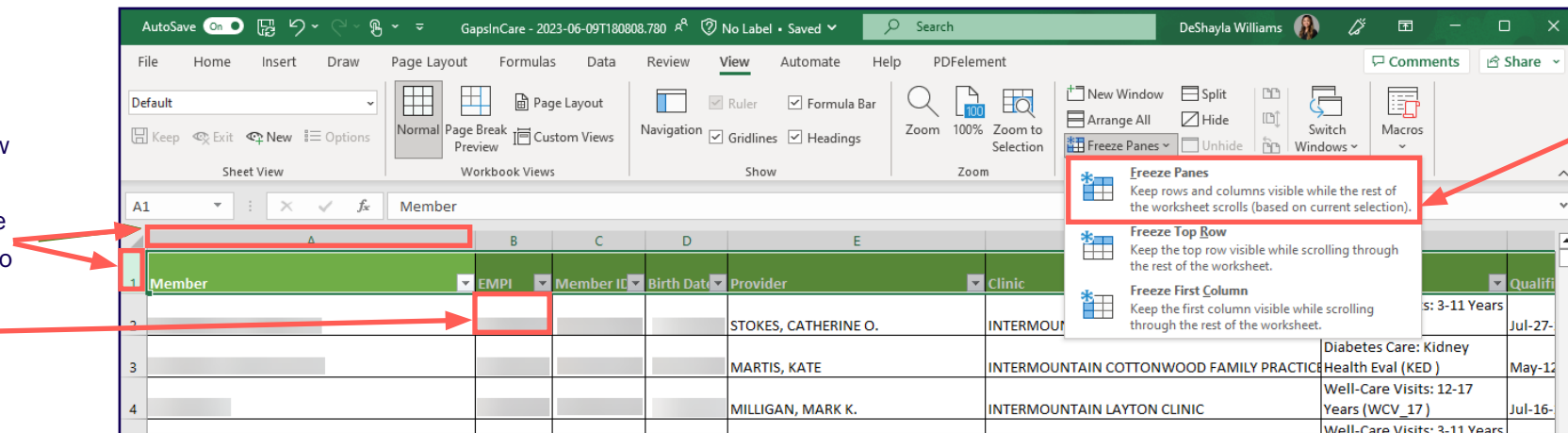
Freeze Panes to Make Scrolling and Comparing Data Easier

To scroll through the data and still have the headers visible, you can freeze rows by selecting “View” and “Freeze Panes.”



Select “Freeze Top row” to scroll with visible headers.

If you want to freeze a row (e.g., row 1) and a column (e.g., column A), select the cell BELOW the row and to the RIGHT of the column you want to freeze.



Then, select “Freeze Panes.”

Questions?

Contact your Quality Provider Performance representative
(qualityprovider@selecthealth.org)