

Select Health Quality Provider Program Report Hub Instructions: Intermediate User

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Additional Online Resources

Formatting a Gaps List in Excel

Select Health Quality Provider Program
Formatting a Gaps List in Excel

Once you have downloaded and saved the QPPs 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 effectively. For more information on these functions and other reporting tool formatting tips, access the content's Data Training Page. The examples on this page indicate how to address items in the Excel spreadsheet, making it easier to read the data.

Select columns with information regarding down your review of address and dragging to the last column with data.

Most focus between any provider column that is highlighted and the next column address column. Double click on the provider to make the selected column.

This is the resulting view once the columns have resized.

Select Health

Troubleshooting Dashboard Errors

Quality Provider Program
Troubleshooting Dashboard Errors

General Instructions: For all issues encountered, first clear your browser cache based on the steps listed below.

Chrome instructions:

1. Click on the Chrome window and then select "Clear Cache."
2. You should then see a pop-up window (see below), and make sure ALL boxes are checked.
3. Then click on "Clear data."

Microsoft Edge instructions:

1. Click on the Edge window, and select "Clear Cache."
2. Select all four items in the pop-up window that opens.
3. Make sure the "Clear Cache" button is highlighted.
4. Then click on "Clear now."

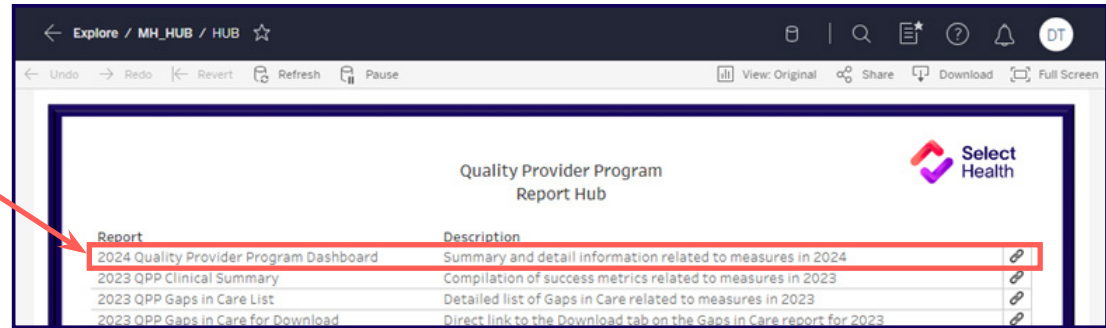
Specific error messages are addressed on the subsequent pages.

Select Health

Report Hub Instructions: Intermediate User, Continued

Navigating the 2024 Quality Provider Program Dashboard

1. Once you access the report hub, select the current QPP Dashboard (i.e., “2024 Quality Provider Program Dashboard”) to view summary and detail information related to measures for the current year.
2. Once the dashboard opens, you may see up to 6 tabs, 4 of which are key for the intermediate user (see below).



RATES_SUMMARY:
Displays clinic's rates by measure along with compliance status.
Instructions begin on [page 7](#).

PERFORMANCE_TRACKER: Displays the following:

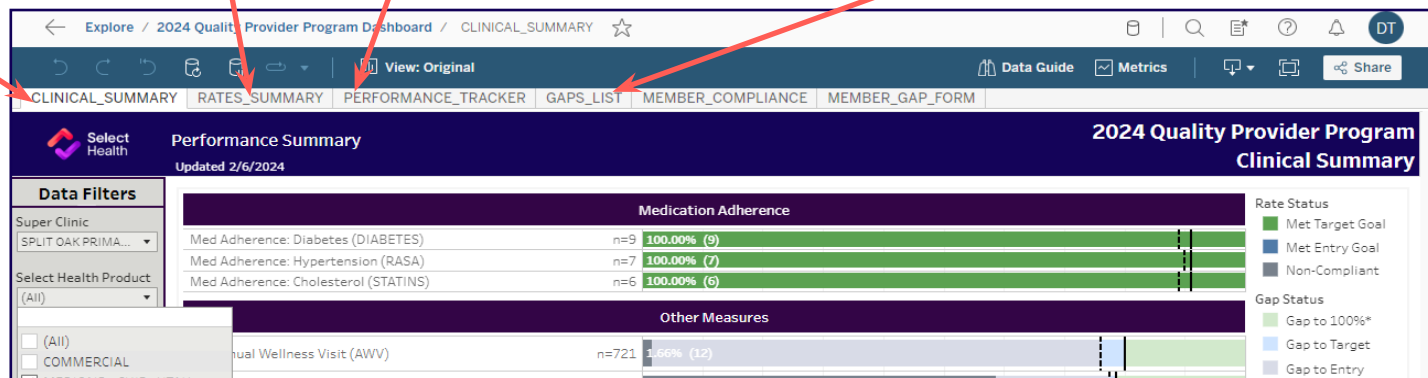
- Payment amount per gap closed
- Potential remaining opportunities and payments
- Estimated numerator
- All participating QPP clinics' rate of gaps closed year to date
- Estimated percentage of gaps closed year to date
- Percentage of gaps closed in the prior year
- Estimated denominator

Instructions begin on [page 9](#).

GAPS_LIST: Displays gaps by members & providers. Clinic user will have the option to download a report. **NOTE:** View the gaps in care data with links to a printable PDF form and the Quality Data Corrections (QDC) Tool.

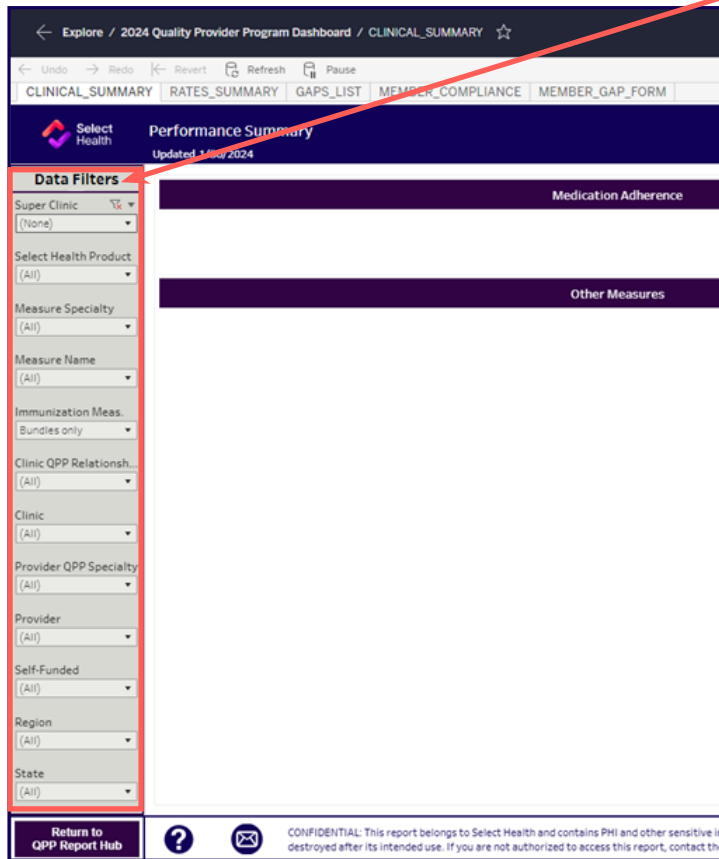
Instructions begin on [page 12](#).

CLINICAL_SUMMARY:
Displays clinic's current data rates and the number of members needed to meet entry, stretch goals, and gap status.
Instructions begin on [page 4](#).



Report Hub Instructions: Intermediate User, Continued

Data filters appear on the left side of the window that opens. Use the definitions at right to decide which filters meet your needs.



NOTE: If you closed out of the Report Hub tab previously, each report has a “Return to the QPP Report Hub” button in the bottom left corner, below the “Data Filters.”

DATA FILTERS	DESCRIPTION
SUPER CLINIC	Select the name of your organization. You should only have access to one super clinic.
SELECT HEALTH PRODUCT	Allows filtering by Commercial, Medicare, or Medicaid products to focus on a specific population.
MEASURE SPECIALTY	Options will be limited to the type of specialty program the clinic is enrolled in.
MEASURE NAME	Allows filtering by measure types.
IMMUNIZATION MEAS.	For primary care specialties, immunization members can be depicted as: <ul style="list-style-type: none"> • Bundles only (COMBO 2 & COMBO 7) • Bundles & components
CLINIC QPP RELATIONSHIP	The Super Clinic will default to either “Affiliated,” “Intermountain,” or “Employed.”
CLINIC	If the organization has multiple clinic locations, this will allow you to filter to specific location(s).
PROVIDER QPP SPECIALTY	Allows filtering by provider primary specialty within the QPP Program.
PROVIDER	Allows filtering by provider name.
SELF-FUNDED	If your clinic is affiliated with Castell, selecting “yes” will filter to members not affiliated with Castell Programs due to different attribution models.
REGION	The Super Clinic main location will be set as the region default.
STATE	The Super Clinic main location will be set as the state default.
STATUS*	Allows filtering by member compliance status: Achievable, Compliant, or Non-Compliant
MEMBER*	Allows filtering by member name

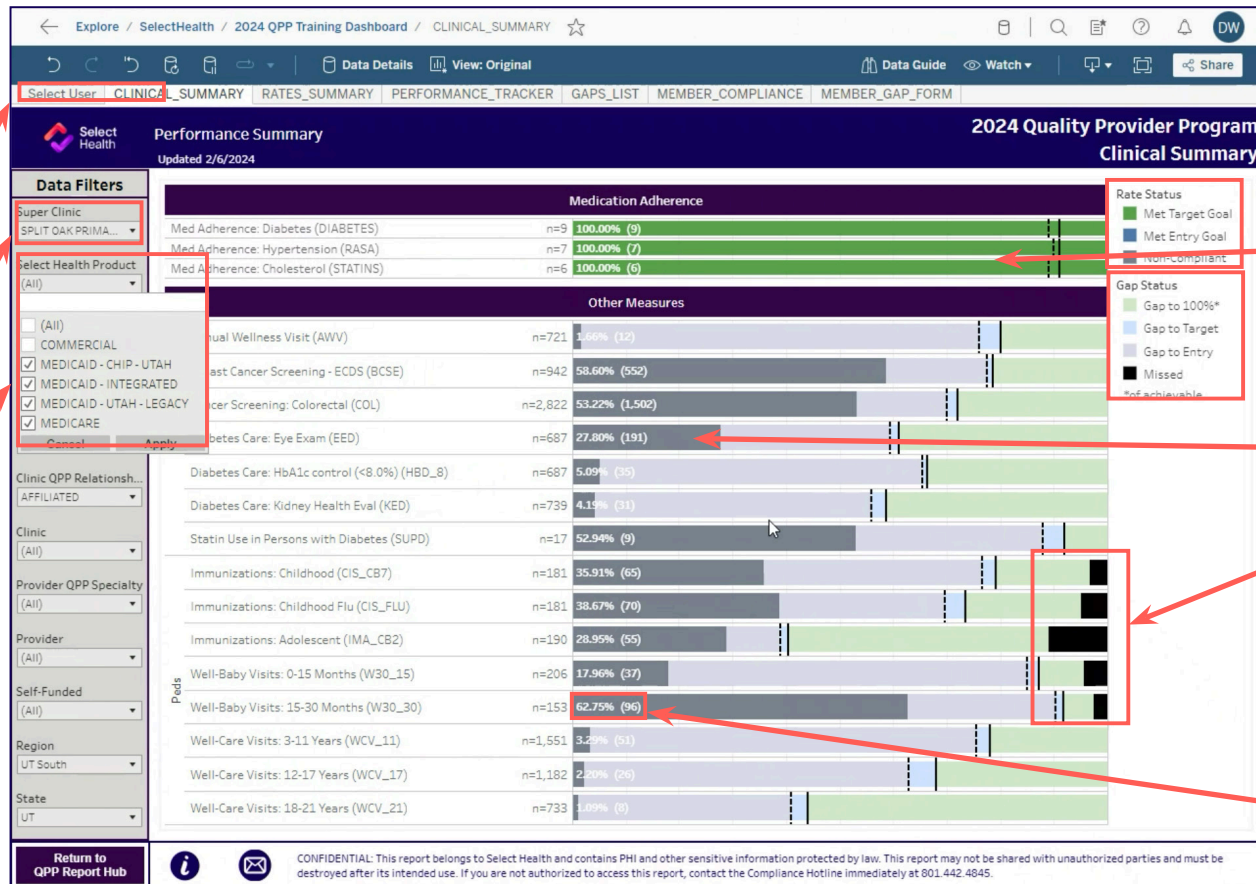
* Filters are only available on the GAPS_LIST (covered in the [Basic User Instructions](#)) and MEMBER_COMPLIANCE (covered in the [Super User Instructions](#)) tabs.

Report Hub Instructions: Intermediate User, Continued

CLINICAL_SUMMARY

Quality Provider Program payments are driven by number of gaps closed. “Entry” and “Stretch” goals are presented for benchmarking.

1. When you first click on the current “Quality Provider Program Dashboard” (e.g., “2024 Quality Provider Program Dashboard”*) you will see the “CLINICAL_SUMMARY” tab.
2. Select your clinic in the “Super Clinic” drop down and click “Apply.” Repeat for other additional filters desired.



3. The graph will show how many gaps are needed to reach entry and target. Colors indicate the following:

- **Green:** Meeting goal at the “Target” rate
- **Blue:** Meeting goal at the “Entry” (not shown here)
- **Gray:** Not yet meeting goal
- **Black:** Missed gaps (defined as non-compliant members whose denominator date has passed)

The numbers reflect members with whom you have the opportunity to close a measure.

* Dashboards for the current year and last 3 years are available.

Continued...

Report Hub Instructions: Intermediate User, Continued

CLINICAL_SUMMARY, Continued

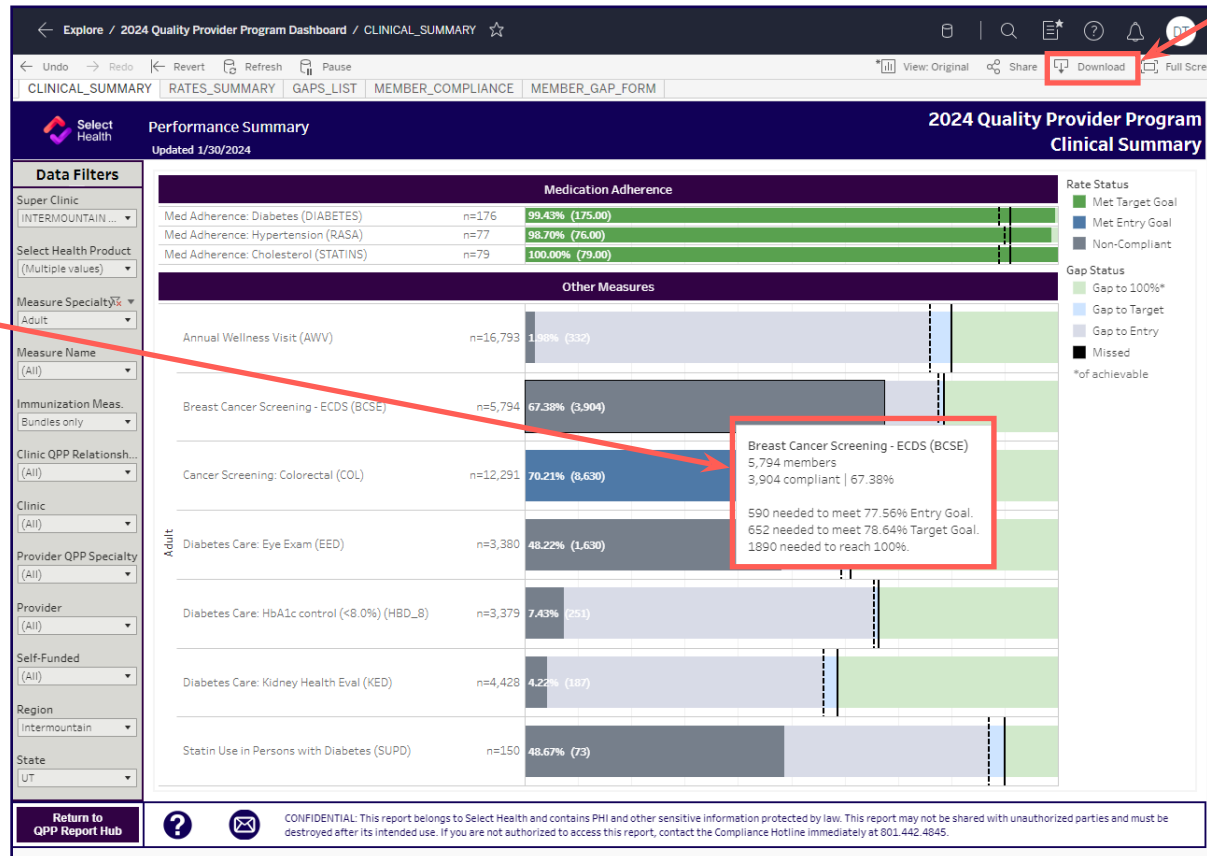
When you hover over a bar on the CLINICAL_SUMMARY tab, you will see a popup like below.

1. The popup shows how many members:

- Fall into the measure
- Are compliant
- Are needed for gap closure to hit Entry, Target, and/or reach 100%.

For example, this clinic has a current rate of 67.38% and needs 590 members to meet entry (77.56%).

2. You can view the data or select the “download” icon toward the top-right of this report within your browser.



Continued...

Report Hub Instructions: Intermediate User, Continued

CLINICAL_SUMMARY, Continued

To “Export” the clinical summary, we recommend exporting as an image for best results. This format will only export a snapshot of what is depicted on the screen and may cut off data if not sized appropriately. Click on **CTRL** and (- or +) to resize the data displayed on your browser.

The screenshot shows a web application interface for a 'Performance Summary' report. The top navigation bar includes a 'Download' icon (a square with a downward arrow) and a 'Share' icon. A red box highlights the 'Download' icon, with an arrow pointing to step 1 of the instructions. A second red box highlights the 'Image' option in the dropdown menu, with an arrow pointing to step 2. The main content area displays a table of performance metrics with horizontal bar charts. The table is divided into 'Medication Adherence' and 'Other Measures' sections. The 'Medication Adherence' section includes metrics for Diabetes, Hypertension, and Cholesterol. The 'Other Measures' section includes metrics for Annual Wellness Visits, Cancer Screenings, Diabetes Care, and Immunizations. The 'Data Filters' sidebar on the left allows for filtering by Super Clinic, Health Product, Measure Specialty, Measure Name, Immunization Measures, Clinic QPP Relationship, Clinic, Provider QPP Specialty, Provider, Self-Funded status, Region, and State. A footer contains a 'Return to QPP Report Hub' button and a confidentiality disclaimer.

Medication Adherence		
Med Adherence: Diabetes (DIABETES)	n=9	100.00% (9)
Med Adherence: Hypertension (RASA)	n=7	100.00% (7)
Med Adherence: Cholesterol (STATINS)	n=6	100.00% (6)

Other Measures		
Annual Wellness Visit (AWV)	n=721	1.66% (12)
Breast Cancer Screening - ECDS (BCSE)	n=290	53.10% (154)
Cancer Screening: Colorectal (COL)	n=675	54.07% (365)
Diabetes Care: Eye Exam (EED)	n=224	33.93% (76)
Diabetes Care: HbA1c control (<8.0%) (HBD_B)	n=224	5.80% (13)
Diabetes Care: Kidney Health Eval (KED)	n=277	5.05% (14)
Statin Use in Persons with Diabetes (SUPD)	n=17	52.94% (9)
Immunizations: Childhood (CIS_CB7)	n=38	34.21% (13)
Immunizations: Childhood Flu (CIS_FLU)	n=38	26.32% (10)
Immunizations: Adolescent (IMA_CB2)	n=58	32.76% (19)
Well-Baby Visits: 0-15 Months (W30_15)	n=76	11.84% (9)
Well-Baby Visits: 15-30 Months (W30_30)	n=30	56.67% (17)
Well-Care Visits: 3-11 Years (WCV_11)	n=465	2.85% (10)
Well-Care Visits: 12-17 Years (WCV_17)	n=337	4.80% (16)
Well-Care Visits: 18-21 Years (WCV_21)	n=146	1.97% (3)

1. To export, click on the Download icon at the top right corner of the screen.
2. Then, click on “Image” as the file format to fully download.

Report Hub Instructions: Intermediate User, Continued

RATES_SUMMARY

The "RATES_SUMMARY" tab provides a table summary of the program measures with the assigned target and stretch goals in addition to the clinic's current numerator, denominator, and rate compared to the overall QPP rate. This data is updated on a weekly basis. Remember, you are paid for the numerator, regardless of your rate. Provider rates data allows you to track current clinic rates and number of member opportunities.

2024 Quality Provider Program Clinical Summary
Updated 2/6/2024

Measure	Sum of Numerator	Sum of Denominator	Rate	Goal Target	Goal Entry	QPP Rate
Annual Wellness Visit (AWV)	12	721	1.66%	80.00%	76.00%	1.60%
Breast Cancer Screening - ECDS (BCSE)	154	290	53.10%	78.64%	77.57%	63.03%
Cancer Screening: Colorectal (COL)	365	675	54.07%	72.00%	70.00%	61.42%
Med Adherence: Diabetes (DIABETES)	9	9	100.00%	91.00%	89.00%	99.65%
Diabetes Care: Eye Exam (EED)	76	224	33.93%	61.08%	59.37%	35.69%
Diabetes Care: HbA1c control (<8.0%) (HBD_8)	13	224	5.80%	66.42%	65.45%	7.29%
Diabetes Care: Kidney Health Eval (KED)	14	277	5.05%	58.66%	56.00%	4.68%
Med Adherence: Hypertension (RASA)	7	7	100.00%	91.00%	90.00%	100.00%
Med Adherence: Cholesterol (STATINS)	6	6	100.00%	91.00%	89.00%	100.00%
Statin Use in Persons with Diabetes (SUPD)	9	17	52.94%	92.00%	88.00%	55.43%
Immunizations: Childhood (CIS_CB7)	13	38	34.21%	79.14%	76.61%	33.92%
Immunizations: Childhood Flu (CIS_FLU)	10	38	26.32%	73.56%	69.57%	40.98%
Immunizations: Adolescent (IMA_CB2)	19	58	32.76%	40.39%	38.93%	29.06%
Well-Baby Visits: 0-15 Months (W30_15)	9	76	11.84%	87.27%	84.92%	22.76%
Well-Baby Visits: 15-30 Months (W30_30)	17	30	56.67%	91.84%	90.22%	64.89%
Well-Care Visits: 3-11 Years (WCV_11)	10	465	2.15%	78.07%	75.54%	3.45%
Well-Care Visits: 12-17 Years (WCV_17)	5	337	1.48%	68.06%	62.87%	2.39%
Well-Care Visits: 18-21 Years (WCV_21)	2	146	1.37%	44.00%	41.00%	1.85%

This depicts a summary of overall clinic rates. On the right side of the table, you can break down overall clinic rates by filtering to clinic or provider while sorting by clinic, measure, or provider groups.

For example, this depicts an example of sorting RATES_SUMMARY by "Clinic, sort by Clinic."

2024 Quality Provider Program Clinical Summary
Updated 2/6/2024

Measure	Sum of Num.	Sum of Deno.	Rate	Sup Clin Rate	Goal Target	Goal Entry	QPP Rate
Med Adherence: Diabetes (DIABETES)	3	3	100.00%	100.00%	91.00%	89.00%	99.65%
Med Adherence: Hypertension (RASA)	4	4	100.00%	100.00%	91.00%	90.00%	100.00%
Statin Use in Persons with Diabetes (SUPD)	6	9	66.67%	52.94%	92.00%	88.00%	55.43%
Well-Baby Visits: 0-15 Months (W30_15)	2	19	10.53%	17.96%	87.27%	84.92%	22.76%
Well-Baby Visits: 15-30 Months (W30_30)	3	6	50.00%	62.75%	91.84%	90.22%	64.89%
Well-Care Visits: 3-11 Years (WCV_11)	4	98	4.08%	3.29%	78.07%	75.54%	3.45%
Well-Care Visits: 12-17 Years (WCV_17)	2	48	4.17%	2.20%	68.06%	62.87%	2.39%
Well-Care Visits: 18-21 Years (WCV_21)	2	17	11.76%	1.09%	44.00%	41.00%	1.85%
Annual Wellness Visit (AWV)	0	51	0.00%	1.66%	80.00%	76.00%	1.60%
Breast Cancer Screening - ECDS (BCSE)	18	32	56.25%	58.66%	78.64%	77.57%	63.03%
Cancer Screening: Colorectal (COL)	42	83	50.60%	53.22%	72.00%	70.00%	61.42%
Diabetes Care: Eye Exam (EED)	7	25	28.00%	27.80%	61.08%	59.37%	35.69%
Diabetes Care: HbA1c control (<8.0%) (HBD_8)	2	25	8.00%	5.09%	66.42%	65.45%	7.29%
Diabetes Care: Kidney Health Eval (KED)	1	29	3.45%	4.19%	58.66%	56.00%	4.68%
Immunizations: Adolescent (IMA_CB2)	1	7	14.29%	28.55%	40.39%	38.93%	29.06%
Immunizations: Childhood (CIS_CB7)	4	10	40.00%	35.91%	79.14%	76.61%	33.92%
Immunizations: Childhood Flu (CIS_FLU)	4	10	40.00%	38.67%	73.56%	69.57%	40.98%
Med Adherence: Cholesterol (STATINS)	1	1	100.00%	100.00%	91.00%	89.00%	100.00%
Well-Baby Visits: 0-15 Months (W30_15)	1	19	5.26%	17.96%	87.27%	84.92%	22.76%
Well-Baby Visits: 15-30 Months (W30_30)	5	7	71.43%	62.75%	91.84%	90.22%	64.89%
Well-Care Visits: 3-11 Years (WCV_11)	1	79	1.27%	3.29%	78.07%	75.54%	3.45%
Well-Care Visits: 12-17 Years (WCV_17)	0	58	0.00%	2.20%	68.06%	62.87%	2.39%
Well-Care Visits: 18-21 Years (WCV_21)	0	25	0.00%	1.09%	44.00%	41.00%	1.85%
Annual Wellness Visit (AWV)	1	340	0.29%	1.66%	80.00%	76.00%	1.60%
Breast Cancer Screening - ECDS (BCSE)	70	147	47.62%	58.66%	78.64%	77.57%	63.03%
Cancer Screening: Colorectal (COL)	153	332	46.08%	53.22%	72.00%	70.00%	61.42%
Diabetes Care: Eye Exam (EED)	31	114	27.19%	27.80%	61.08%	59.37%	35.69%
Diabetes Care: HbA1c control (<8.0%) (HBD_8)	4	114	3.51%	5.09%	66.42%	65.45%	7.29%
Diabetes Care: Kidney Health Eval (KED)	6	136	4.41%	4.19%	58.66%	56.00%	4.68%
Immunizations: Adolescent (IMA_CB2)	12	23	52.17%	28.95%	40.39%	38.93%	29.06%
Immunizations: Childhood (CIS_CB7)	2	10	20.00%	35.91%	79.14%	76.61%	33.92%
Immunizations: Childhood Flu (CIS_FLU)	3	10	30.00%	38.67%	73.56%	69.57%	40.98%

Continued...

Report Hub Instructions: Intermediate User, Continued

PERFORMANCE_TRACKER

The "PERFORMANCE_TRACKER" tab displays overall clinic performance. You will see how many more opportunities you have remaining during the year to improve your clinic's performance and maximize your payment. You may also compare your:

- Most recent rates against rates from last year during the same period
- Clinic against all participating clinics

This tab is not connected to the other tabs on the dashboard; therefore, any previously selected filters must be reapplied.

2024 Quality Provider Program Clinical Summary
Updated 2/6/2024

Data Filters

- Super Clinic: SPLIT OAK PRIMA...
- Month: February
- Select Health Product: (All)
- Measure Specialty: (All)

Rule Id	Line of Business	Measure	Pmt. For Gaps	Opportunities Remaining	Payment Remaining	SPLIT OAK PRIMARY CARE				
						2024 February				
						Numerator	Denominat..	Current Rate	Your 2023 Rate	2024 QPP Rate
AWV	MA ONLY	Annual Wellness Visit	\$50	2	\$100	0	2	0.00%		1.60%
BCSE	ALL	Breast Cancer Screening - ECDS	\$30	5	\$150	19	24	79.17%		63.04%
COL	ALL	Cancer Screening: Colorectal	\$30	51	\$1,530	33	84	39.29%		61.49%
EED	ALL	Diabetes Care: Eye Exam	\$25	8	\$200	0	8	0.00%		35.74%
HBD_8	ALL	Diabetes Care: HbA1c control (<8.0%)	\$25	8	\$200	0	8	0.00%		7.30%
KED	ALL	Diabetes Care: Kidney Health Eval	\$25	8	\$200	0	8	0.00%		4.68%
CIS_CB7	ALL	Immunizations: Childhood	\$25	2	\$50	1	3	33.33%		33.88%
CIS_FLU	ALL	Immunizations: Childhood Flu	\$25	2	\$50	1	3	33.33%		41.02%
IMA_CB2	ALL	Immunizations: Adolescent	\$25	1	\$25	1	2	50.00%		29.05%
W30_15	ALL	Well-Baby Visits: 0-15 Months	\$40	3	\$120	0	3	0.00%		22.85%
W30_30	ALL	Well-Baby Visits: 15-30 Months	\$35	0	\$0	4	4	100.00%		64.79%
WCV_11	ALL	Well-Care Visits: 3-11 Years	\$35	38	\$1,330	2	40	5.00%		3.45%
WCV_17	ALL	Well-Care Visits: 12-17 Years	\$35	28	\$980	0	28	0.00%		2.38%
WCV_21	ALL	Well-Care Visits: 18-21 Years	\$35	13	\$455	0	13	0.00%		1.86%

Return to QPP Report Hub

CONFIDENTIAL: This report belongs to Select Health 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.

Continued...

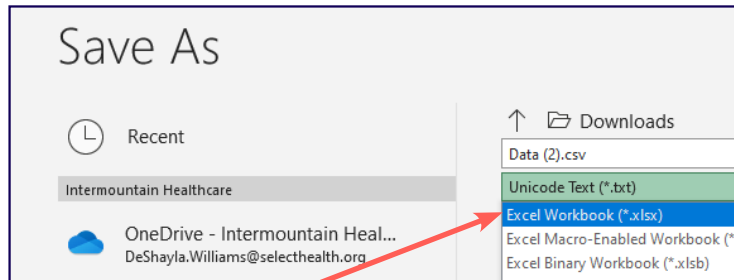
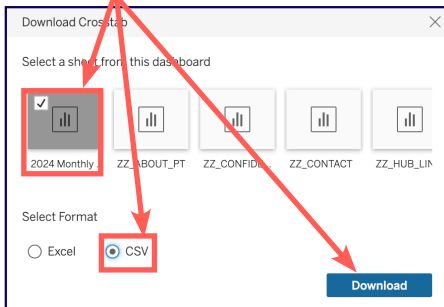
Report Hub Instructions: Intermediate User, Continued

PERFORMANCE_TRACKER, Continued

We recommend that you export the Performance Tracker report as a CSV file. To do so:

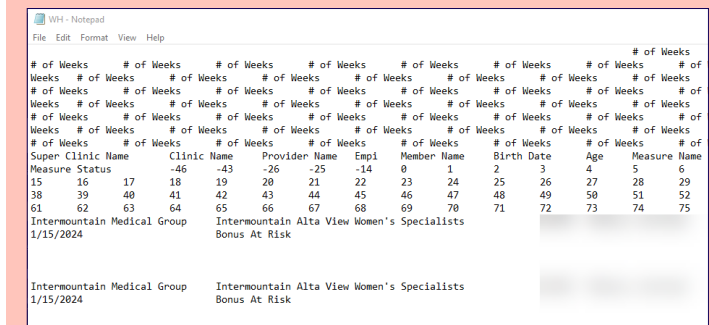
1. Click on the data table displayed to focus on the data you would like to export.
2. Select the “download” icon toward the top-right of this report within your browser.
3. Choose “Crosstab” as the file format.
4. Select the file to download (“2024 Monthly Performance Tracker”) and “CSV” as the format to download to your desired location on your computer.

NOTE: Make sure to select the correct sheet before downloading.



5. After opening the CSV data file, select “Save As” an Excel workbook to allow formatting for readability and usability.

NOTE: Save the CSV file as an Excel workbook. Otherwise, your CSV file will look like this:



Report Hub Instructions: Intermediate User, Continued

GAPS_LIST

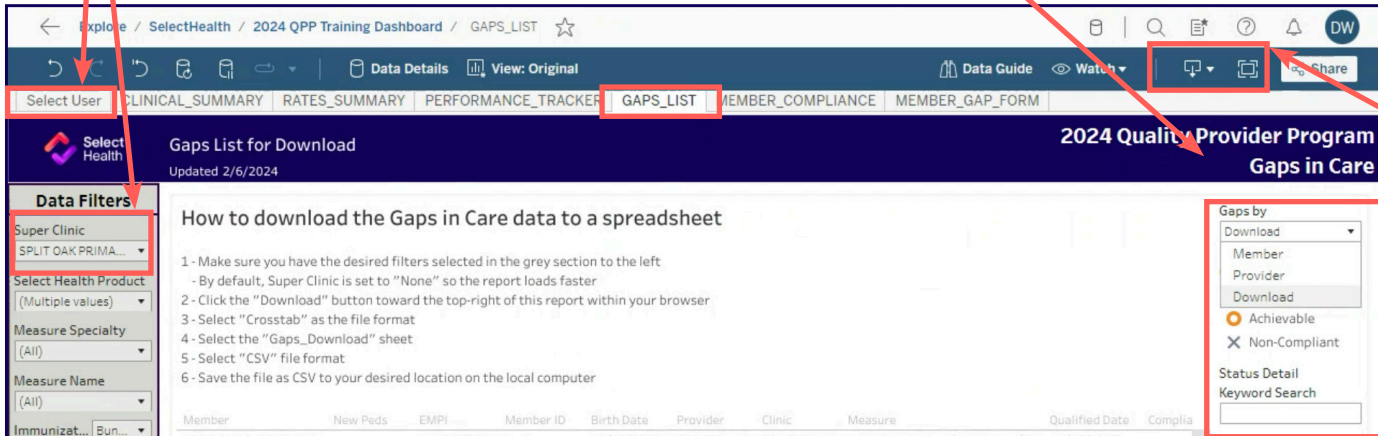
The “GAPS_LIST” tab will pull up every patient and every measure they fall into.

1. Start by selecting your clinic in the “**Super Clinic**” drop down, and click “**Apply.**”

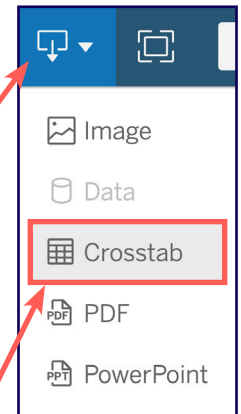
2. By default, the GAPS_LIST tab depicts member-to-measure information without status detail. Use the filter to the right of the table to view more detailed information by selecting:

- “**Provider**” for data grouped by provider, then by associated member and measure
- “**Member**” for data grouped by member first, then by associated provider and measure
- “**Download**” to access a full gaps-in-care by list with supplementary information to support gap closure.

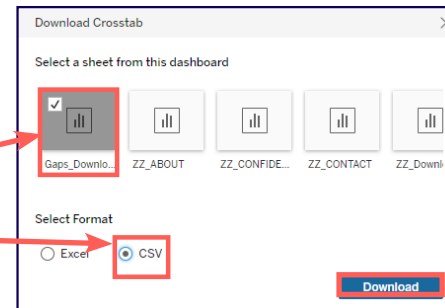
NOTE:
Make sure you select the correct sheet before downloading.



3. We recommend that you export the gaps list report as a CSV file. To do so, choose “Download” from the “Gaps by” dropdown or the “Download” icon in the top right corner; then select “Crosstab” as the file format.



4. Select the file to download (“**2024 Gaps List**”) and “**CSV**” as the format to download to your desired location on your computer.

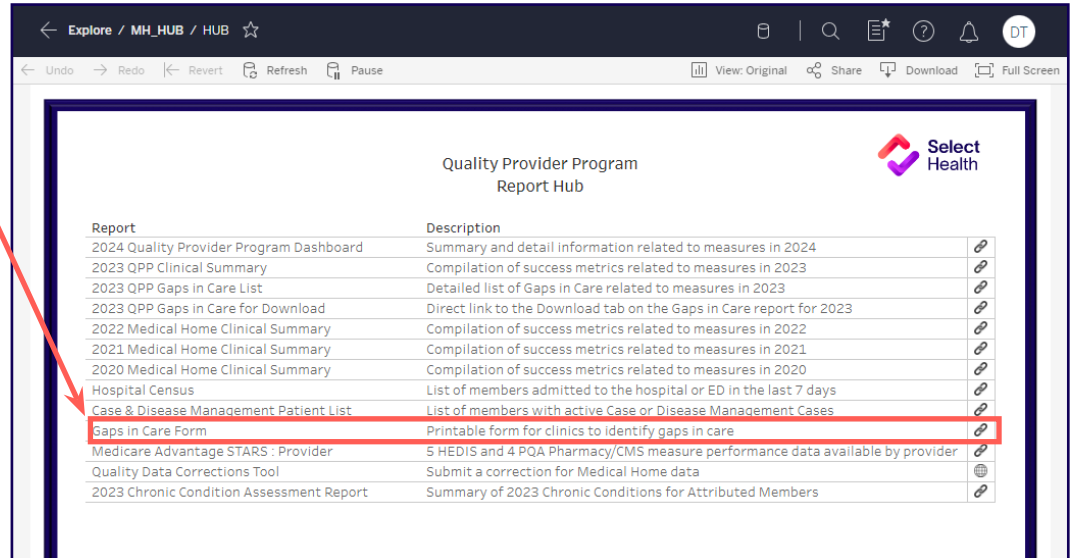


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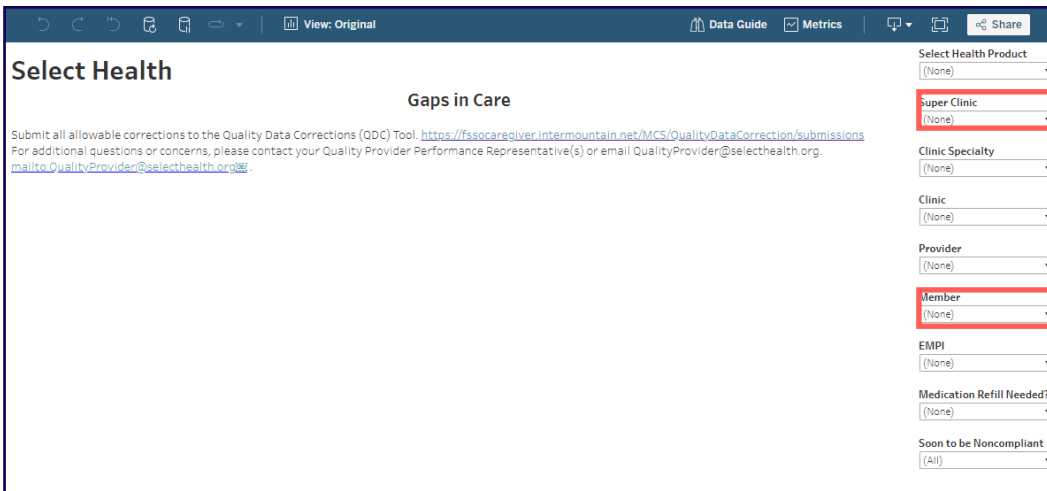
Report Hub Instructions: Intermediate User, Continued

Navigating the Gaps-in-Care Form

The Gaps-in-Care Form Report will reformat the GAP_LIST information into a PDF form for clinics to print.



Report	Description	
2024 Quality Provider Program Dashboard	Summary and detail information related to measures in 2024	🔗
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	🌐
2023 Chronic Condition Assessment Report	Summary of 2023 Chronic Conditions for Attributed Members	🔗



Select Health

Gaps in Care

Submit all allowable corrections to the Quality Data Corrections (QDC) Tool. <https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection/submissions>
For additional questions or concerns, please contact your Quality Provider Performance Representative(s) or email QualityProvider@selecthealth.org.

Select Health Product: (None)

Super Clinic: (None)

Clinic Speciality: (None)

Clinic: (None)

Provider: (None)

Member: (None)

EMPI: (None)

Medication Refill Needed?: (None)

Soon to be Noncompliant: (All)

1. Select desired filters and click on "Apply" to save changes as most of the filters default to none. Note that:
 - When a Super Clinic is selected, all filters will change to "(All)" except for member-specific filters.
 - You must add a member filter as well for information to populate or to use other filters listed as "(None)."

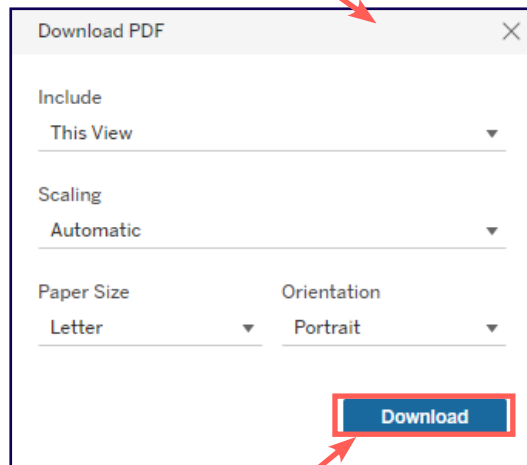
Continued...

Report Hub Instructions: Intermediate User, Continued

Export as a PDF file so that Tableau automatically selects the correct sheet for downloading. To do so:

1. Select the “download” icon toward the the “Gaps by” area of this report.
2. Choose “PDF” as the file format.
3. Select the file to download to your desired location on your computer.

NOTE:
Make sure you select the correct sheet before downloading.



4. Click “Download.”

Select Health

Gaps in Care

Submit all allowable corrections to the Quality Data Corrections (QDC) Tool.
<https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection/submissions>
For additional questions or concerns, please contact your Quality Provider Performance Representative(s) or email QualityProvider@selecthealth.org. <mailto:QualityProvider@selecthealth.org>.

Clinic Name: INTERMOUNTAIN ALTA VIEW CLINIC PCP: [REDACTED] ANITA
Patient: [REDACTED] MINDY Date of Birth: [REDACTED]
EMPI: [REDACTED]

Measures	Status	Num Date	Denom Date	Next RX Refill
1) Breast Cancer Screening - ECDS (BCSE) 77063 Mammography SRC:S	Download	[REDACTED]	in-2010	
2) Cancer Screening: Breast (BCS) 77063 Mammography SRC:S		[REDACTED]	in-2012	
3) Cancer Screening: Colorectal (COL) 60105 Colonoscopy SRC:P		[REDACTED]	in-2010	

Select your file format.

- Image
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- Crosstab
- PDF**
- PowerPoint
- Tableau Workbook