Provider Portal Webinar Frequently Asked Quesions

1. **How does the Alliance receive data for the Linked Member Reports?**
This depends on the report you are accessing. The Alliance uses eCensus to capture ED and Inpatient visits. The Linked Member ED Visits and Linked Member Inpatient Admissions reports use eCensus data. Hospitals must participate and use eCensus in order for the Alliance to capture the data to post on the Provider Portal.

   The Linked Member High ED Utilizer report pulls claims data rather than eCensus data. Because this report is matched to a claim, we are able to add the avoidable ED visit data.

2. **What can the clinic do if a screening or immunization was completed in the office, but the member is still showing as non-compliant? How does the Alliance obtain vaccination information?**
The Alliance receives immunization data through claims data, immunization registries (CAIR/RIDE), and/or the Alliance's Data Submission Tool. If you are seeing a member received their vaccine and it is not showing on the Provider Portal report it can mean:

   1. We did not receive the claim/appropriate billing code.
   2. The claim hasn't been processed yet.
   3. Information is missing in your local immunization registry.
   4. Member name or date of birth doesn't match what is in the immunization registry.

   If you are seeing a discrepancy, clinics can still submit data using the Data Submission Tool or enter immunization information into the immunization registry (CAIR/RIDE). It is best practice to submit data monthly via the Data Submission Tool for monitoring ongoing improvement in Care-Based Incentive (CBI) performance.

   For more information, please see the Immunizations: Children (Combo 10) and the Immunizations: Adolescents tip sheets on the Alliance's website: https://thealliance.health/for-providers/manage-care/quality-of-care/care-based-incentives/care-based-incentives-resources/

3. **Please explain why the Diabetes Care Monthly Report will show HbA1c screening dates for members but not the HbA1c lab value. What can providers do to ensure the Alliance has these values?**
The Alliance receives HbA1c screening dates via claims data. HbA1c lab values are only transmitted to the Alliance if a member uses a contracted laboratory, via claims or uploads to the Data Submission Tool. In order to ensure credit is given to your office, providers can upload a Comma Separated Value (CSV) file to the Data Submission Tool on the Provider Portal.

There are four options to extract data:

Option 1: Run a report from your Electronic Health Record system
Option 2: Run a report from your Point of Service HbA1c Analyzers
Option 3: Run a Diabetes Care quality report
Option 4: Manually compile patient data

Coding guidelines for HbA1c:

- **CPT Codes:** 83036, 83037
- **LOINC Codes:** 17856-6, 4548-4, 4549-2
- **Telehealth Modifier Codes:** GT, 95
- **Telehealth Place of Service Code:** 02 (for non-FQHCs)

CPT Category II codes are optional tracking codes that can be used for performance measurement, here defining the HbA1c range. They need to be submitted on the claim and may not be used as a substitute for Category I codes. CPT II codes are not accepted in the Data Submission Tool.

- 3044F - Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)
- 3046F - Most recent hemoglobin A1c level greater than 9.0% (DM)
- 3051F- Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)
- 3052F- -Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)

4. Why does it take so long to fix report errors in a provider portal report (i.e. immunization report was not working properly)?

When errors occur via the provider portal, the QI and Provider Relations team submit a ticket to the Technology team to notify of the issue and request repair. Some report errors can take longer to fix than others depending on the complexity of the issue. The Alliance will post a notification of all errors or delays on the provider portal home page to notify providers.

5. Who should we contact if we are experiencing issues with the provider portal or notice an error?

Providers are encouraged to contact their Provider Relations Representative at (800) 700-3874 ext. 5504 or the Provider Services Web and EDI Specialist at (831) 430-5518.

6. Why would a Member ID not be hyperlinked when checking eligibility status to access the Member Report card?

Member ID's will only by hyperlinked in the eligibility section of the provider portal when a member is linked to your practice. If a member's linkage is to a clinic outside your organization, you will not be able to view the Member Report.

Provider Portal Webinar Frequently Asked Quesions

7. When will the Well Child and Adolescent Well-Care Visit be available via the quality reports?

The Alliance has submitted a request for the creation of the new Well-Child and Adolescent Well-Care Visit report and it is currently in the queue. Due to competing priorities and limited staff the report creation has been delayed. We are hopeful it will be published soon.

8. When is a good time to check the quality reports every month?

We recommend checking the quality reports monthly. We recommend checking the reports after the 6th of the month. That gives the QI team time to review the reports to ensure they are functioning and pulling current information. If errors are identified this will be posted on the Provider Portal home page.

If you are reviewing the quality reports after submitting data via the Data Submission Tool, the time to check the reports is dependent on when you uploaded the information. If the upload was between the 1st and 24th of the month, your data will show on the next month's report. If you submit your data after the 24th of the month it will show on the following months report.

9. What happens when my file is rejected multiple times through the Data Submission Tool? Who should I contact for assistance?

Every evening at 6:00pm file submissions are processed through the Data Submission Tool to determine file status (acceptance/rejection rate). The QI team receives a copy of the file status for each submission. A member of the QI team will reach out to a clinic when noticing a trend in rejected files to assist in troubleshooting. If rejections continue to occur, please reach out to cbi@ccah-alliance.org for additional assistance with file submissions.

10. Should we include the column header row when submitting a file through the Data Submission Tool or can we delete it?

Yes, the best practice for submitting .csv files through the Data Submission Tool is to keep the column header row to avoid a rejected file. When column labels/headers are submitted, our system will still accept the file. When you log into to view your detailed report on the portal, you will see the column header row rejected. This will not affect your member specific data.