

HealthRegistries

Frequently Asked Questions

Question 1: Is the HealthRegistries interfaced with imMTrax, the State DPHHS immunization registry to receive all immunization data?

Response 1: HealthRegistries will have the DPHHS immunization registry as one of the sources,

Question 2: How can I see my patient list?

Response 2: From the Registries landing page select Registries from the top of the page. On the left hand side you will see your Clinic(s)*. In the right hand pane you will see the CPC+ (also means PCMH) registry and below the right hand corner of the registry tile you will see view persons. Select view persons and in the left-hand pane on the next page the patient list will display.

*If you have more than one Clinic you will be able to view the patient list for each organization individually.

Question 3: Is the outreach button a viable option to reach our members and satisfy measures?

Response 3: At this time the outreach button functionality is not turned on, so it is not a viable option to reach your members. Practices will still need to outreach to members in the way they have been doing in order to meet the contract requirements.

Question 4: How can I remove a member from attribution?

Response 4: A provider can request a member be removed from their clinics attribution by going the patient view select Relationships from the four options right below the banner bar. Click the dropdown next to Displaying and change the filter from provider to organization. Click on Supporting Facts. On the right hand side click unaffiliate and then select a reason and save the request. You may also enter in an additional comment not listed in the reasons before saving. A member can only be removed for the allowed disenrollment reasons and each request will be reviewed by the Department. More information on disenrollment will be sent out to providers in the next few weeks regarding when a member can be disenrolled and what information is needed by the Department.

Question 5: Can we upload clinical data currently?

Response 5: At this time clinical data cannot be uploaded. We are working on this for the future.

Question 6: How do we find the most recent attribution date?

Response 6: From the patient view select Relationships. Click the dropdown next to displaying and change the filter from provider to organization. Click on Supporting Facts. The Attribution dates will display on the right-hand side of the pane. More functionality will be coming that will add a report to give the ability to sort by attribution date.

Question 7: Will we be required to report the same measures to Medicaid that we report separately to Medicare/CPC+? Will the Department pull that data from Medicaid as you did for 2017 measures?

Response 7: The measures you are required to report on have not changed. The Department will still be using claims data for applicable measures as was done in 2017.

Question 8: Will onsite/web-based training specific to our clinic be an option?

Response 8: Yes, onsite training specific to your training is an option, please contact Jen Rieden at jrieden@mt.gov to request additional training.

Question 9: Are the demographics (address, phone number) valid and current information?

Response 9: Demographic information is the current information the department has on a member; however, it is up to the member to notify the department of any changes in address.

Question 10: Will there be a download of the patient list with the mailing address for sending out the mail? So we don't have to look up every patient individually?

Response 10: Yes, there will be a way for providers to download a patient list. Below are the steps to download your patient list: From the Registries landing page select Registries from the top of the page. On the left hand side you will see your Clinic(s)*. In the right hand pane you will see the CPC+ (also means PCMH) registry and below the right hand corner of the registry tile you will see view persons. Select view persons and in the left-hand pane on the next page the patient list will display. On the right-hand side of the screen select export. A dropdown list will appear, select patient list. The patient list will download in PDF format including name, age, DOB, gender, address, and phone number. There is a maximum export limit via this functionality of 2850 persons.

*If you have more than one Clinic you will be able to view the patient list for each organization individually.

Question 11: Will the EMR update HealthRegistries with lab results and vital signs automatically or do we have to manually input this data?

Response 11: Lab results and vital statistics will only be updated for those clinics that have had their EMRs integrated into the HealthRegistries. This integration will be occurring over time; therefore, at this time providers will still have to upload their clinical measures at the end of the reporting period.

Question 12: What is the difference between the quality score and composite score?

Response 12: The quality score is the total number of measures met divided by the total number of eligible measures for all people in the population. The composite score is based on specific targets that have been set for selected measures. Only measures for scorable people are factored into the composite score. The composite score is the total number of points achieved divided by the total number of points eligible (weighted by category, if applicable).

Question 13: What is the completion percentage and how is it related to composite and quality score?

Response 13: The completion percentage is the total number of measures that have data (regardless of measure status) divided by the total number of eligible measures for a population. The completion percentage communicates how much data is available to calculate the composite and quality score. The quality score must be equal to or less than the completion percentage. Similarly, the composite score can must be equal to or less than the quality score.

Question 14: How is the risk score determined?

Response 14: This metric is calculated based on the Milliman Advanced Risk Adjuster (MARA) specifications and is used to gauge a patient's cost of care and monetary risk to the hospital. Risk scores are normalized to a given population, so that the average risk score for a person in the population is always one. The higher the risk score, the more costly than average a person's care is likely to be. Risk scores less than one indicate that a person's care is likely to cost less than the average person in the population. Person-level risk scores are aggregated at the person and organization level to provide an overall picture of the costs of care at each level.

Question 15: What is the top opportunity and how is it determined?

Response 15: The top opportunity is the measure or measures on which you have the greatest chance to improve your composite score. It is calculated using an algorithm that considers several factors, such as the category weight and difference between the current percent achieved and the target percent.



Question 16: How is the information in the treemap displayed?

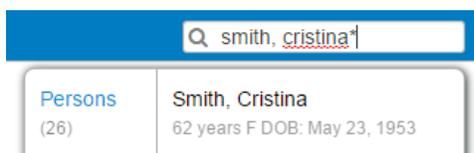
Response 16: The layout of the treemap is a visual representation designed to draw the user's eye to the areas with the greatest opportunity for improvement. The cells near the upper-left corner display the lowest performing registry or measure (this can be filtered based on quality score, met percentage, completion percentage, or percent of target), and the cells near the bottom-right corner display the registry or measure with the highest performance. As the size of each cell decreases, the performance of that cell increases. The cells also get darker as performance increases, ranging from light blue to dark blue. All information displayed in the treemap view also can be displayed in a table view.

Question 17: Can you search for patients by medical record number (MRN)?

Response 17: Yes, you can search by name, date of birth, and one additional person identifier (MRN, national health ID, or payer member ID, depending on your site's configuration).

Question 18: How do you use the global search effectively?

Response 18: Use an asterisk (*) when searching for names, or search by date of birth using only numbers (DDMMYYYY), or search by a person identifier (MRN, national health ID, or payer member ID, depending on your site's configuration) without any additional formatting.



Question 19: What is HealtheRecord?

Response 19: In HealtheRegistries, it is the Clinical Information tab of the Person Summary view.

Smith, Cristina 62 years Female DOB: May 23, 1953 Risk Score: 0.04

Registries Provider Relationships Clinical Information Activity History

Displaying Overview

Results Most Recent			Vital Signs Most Recent		
LDL Cholesterol	217 mg/dL	Aug 19, 2014	Height	194 cm	Jun 7, 2013
Triglycerides	123 mg/dL	Aug 19, 2014	Diastolic Blood Pressure	105 mmHg	Apr 20, 2013
Microalb/Creatinine Ratio Urine	100 ug/mg	Apr 20, 2013	Systolic Blood Pressure	164 mmHg	Apr 20, 2013
Serum Creatinine	0.6 mg/dL	Jan 25, 2013	Weight	90 kg	Apr 20, 2013
Hemoglobin A1c	8.8 %	Sep 22, 2012			

Conditions Most Recent		Medications Most Recent	
Diabetes Mellitus Type 2	Apr 18, 2011	atorvastatin	Jan 27, 2012
Hypertension	Apr 18, 2011	metFORMIN	Jan 27, 2012

Immunizations Most Recent: 0
No immunization information has been identified for Smith, Cristina.

Procedures Most Recent			Encounters Most Recent		
PHQ-2	Aug 19, 2014		EM Level 3 Established	--	Aug 19, 2014
Tobacco Use/Exposure Screening	Aug 19, 2014		Prevention and Screening 40-64 years Established	--	May 13, 2014
Foot Exam	May 13, 2014		Emergency department visit for the evaluation and management of a	--	Jul 10, 2013
Pap	Jan 25, 2014				

Question 20: How do you find the patient's demographic information and MRN?

Response 20: Select the downward arrow next to the patient's name to view extended demographic information.

Smith, Cristina 62 years Female DOB: May 23, 1953 Risk Score: 0.04

Contact Info	Identification
Phone: --	Payer Member IDs:
Address: 6588 Gentle Rise Townline CHICAGO, IL 60634	MRNs: Cerner - Demo EMR 69100
Email: --	

Question 21: What is the difference between persons and scorable persons?

Response 21: A scorable person's registry and measure information contribute to an organization or a provider's scorecard data, while a nonscorable person's registry and measure information contribute to only registry data. The population of scorable persons is set by the client; it is recommended that all persons in the population be scorable.

Question 22: What is the difference between attributed and unattributed persons?

Response 22: Attribution indicates a relationship between a care provider and a person. The algorithm for determining attribution relationships is set by the client. Unattributed persons do not have a relationship to a provider established through the set attribution algorithm.

Question 23: What is flagged data?

Response 23: When a patient record is split apart by Enterprise Master Person Index (EMPI) processing, any data that was manually entered on that original person is flagged, because the system does not know to which patient that data accurately applies. The data is flagged so that you can review it and edit it if not necessary (though not directly in the Flagged Items dialog box).

Conflicting data is expanded to provide a clearer indication of what it is and where to go to address it further. If you are a system or registries administrator, you can click Dismiss to dismiss the flag. Doing so does not automatically reconcile the data; only the flag itself is removed from view.

The types of data that can be flagged are clinical data items, administrative items (attribution, affiliation, measures, registries, and scorability), and outreach activity.

Question 24: Is Outreach Management certified for Meaningful Use? Should we use this to meet the outreach component of our contracts.

Response 24: No; it is recommended that you use your certified electronic medical record outreach to accomplish Meaningful Use objectives.

Question 25: How do I know if a person has already been contacted for outreach?

Response 25: Outreach instances are displayed on the Activity Information tab in the Person Summary view.

Type	Date	Organization	Outreach Personnel
✓ Mail	Jun 2, 2015	Calvert Family Practice	Rebecca Perez
Adult Wellness: Cervical Cancer Screening			
✓ Mail	Apr 20, 2015	Calvert Family Practice	Rebecca Perez
Adult Wellness: Alcohol Use Screening			
✓ Mail	Apr 7, 2015	Calvert Family Practice	Rebecca Perez
Adult Wellness: Blood Pressure Measurement			
✓ Mail	Mar 16, 2015	Calvert Family Practice	Rebecca Perez
Hypertlipidemia: Blood Pressure Measurement			
✓ Mail	Feb 18, 2015	Calvert Family Practice	Rebecca Perez
Adult Wellness: Body Mass Index			
✓ Mail	Dec 9, 2014	Calvert Family Practice	Ian Calvert
Adult Wellness: Body Mass Index			
✓ Mail	Nov 12, 2014	Calvert Family Practice	Rebecca Perez

Question 26: What is the purpose of announcements?

Response 26: HealthRegistries announcements are used for internal communication between members of the health system.

Question 27: Can I configure announcements in Announcement Tool to automatically turn on or off?

Response 27: Any personnel with access to Announcement Tool can set a specific date for an announcement to be automatically turned on or off.

Question 28: If you are a provider at multiple organizations, how can you view your quality information at different organizations?

Response 28: Search for the desired organization in the Search box in the upper right corner and select it from the search results to view your quality information.



Question 29: When looking at an organization's treemap, why is the View Person option not displayed?

Response 29: Since attribution ties a patient's care to a provider, a specific provider must be selected in order to select View Person.

Question 30: Is there a home button?

Response 30: To return to the home page, select the health system icon displayed in the upper left corner.

Question 31: How can I find help?

Response 31: A link to the HealtheRegistries help pages is available when you click the menu button underneath the username in the upper right corner.

Contacts:

Program related questions:

Medical Home Program Officer: (406)444-0991

Additional Resources:

- [Announcement Tool Help](#)
- [HealtheIntent Outreach Management Help](#)
- [HealtheRecord Help](#)
- [HealtheRegistries Help](#)