



DIGITAL FIRST

Closing gaps in care in 2024 and beyond

As health care continues to transition into the digital space, we're adapting our supplemental data strategy to follow suit.

Allowing only the data sources detailed below, beginning with the 2024 performance year, allows us to:

- **Improve data quality exchanges** and support our supplemental data integrity
- **Enable workflows and processes** that support our ACNs' EHRs

We're here to help you.

Do you need support transitioning from Patient Profile and/or the PIP_70 report to the data sources detailed here?

Our teams are here to help. **Contact your ACN's Provider Strategy & Solutions Consultant to get started.**

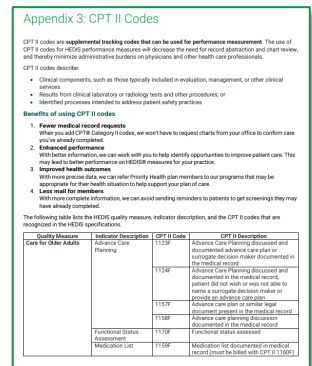
Data source	Details
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CPT II codes are used to track services on claims for performance measurement. They reduce the need for record abstraction and chart review, ultimately lowering the administrative burden for your staff. They also close care gaps quickly.

You can use CPT II codes to close the following PIP measures:

- Hypertension controlled blood pressure
- Diabetes care: HbA1c poor control
- Diabetic eye exam

See our [2023 HEDIS Provider Reference Guide](#) for more information, including a helpful chart identifying which CPT II codes you can use to close HEDIS / Medicare 5-Star measures as well as exclusionary diagnosis codes.



CPT II codes

Direct data feeds (HL7 or APS)

Disease registries (EHR / HIE) aggregate patient data to collect information and are used for tracking clinical outcomes for population health.

Setting up a direct data feed can take up to four months. Secured File Transfer Protocol (SFTP) and a test file with de-identified data is a requirement.



Have questions about our Digital First initiative?

Contact your Provider Strategy & Solutions Consultant for help.

Data source	Details
MiHIN	<p>MiHIN's Physician-Payer Quality Collaborative (PPQC) data feed is used to standardize and streamline the exchange of supplemental clinical data and bridge the gaps in care between provider and health plans. We use the MiHIN PPQC data to close quality gaps in care, which improves your HEDIS and PIP scores. If your ACN is interested with participating with MiHIN, email help@mihin.org.</p>
Michigan Care Improvement Registry (MCIR)	<p>Michigan Care Improvement Registry (MCIR) is an electronic immunization registry. MCIR calculates a patient's age, provides an immunization history and determines which immunizations may be due.</p> <p>MCIR files are typically delivered to Priority Health between the 22nd and 24th of each month.</p>
Epic Payer Platform (EPP)	<p>Does your ACN use Epic EMR? Epic Payer Platform (EPP) is an extension of Epic EMR that allows bi-directional data exchange between payor and provider to:</p> <ul style="list-style-type: none"> • Enhance patient care • Increase valuable insights • Reduce the cost of care <p>Talk with your Provider Strategy & Solutions Consultant about how your ACN could leverage EPP for gap closure.</p>
Continuity of Care Documents (CCDs)	<p>CCD is the patient care medical record at all points of care including hospital, PCP, home health, specialists and more. CCD exchange happens between electronic health records (EHRs) and can include the following:</p> <ul style="list-style-type: none"> • Patient demographics • Patient history • Medications • Procedures • Encounters • Diagnoses • Lab results

Submit exclusions and more directly to our HEDIS team

You can submit medical record documentation directly to our HEDIS team for:

- **Measure denominator exclusions** (i.e., bilateral mastectomy, radical or total hysterectomy)
- **Certain measures to close gaps in care**, when all other gap closure methods have been exhausted (see our HEDIS Provider Reference Guide for details)

Ensure that...

- ✓ The patient's name and date of birth are on **every page** of the progress notes and lab results
- ✓ The physician, physician assistant or nurse practitioner has signed the progress notes **after each visit**

Where to send medical records

Email

HEDIS@priorityhealth.com

Fax

616.975.8897

Mail

1231 E. Beltline NE
Mail stop 1280
Grand Rapids, MI 49525

Electronic – email to inquire

Note: There may be reporting lag with this method. If we receive medical records before the last day of the previous month and approve them, compliant data will appear in your next monthly PIP reports.

FAQ

Can we use Patient Profile / PIP_70 for the remainder of 2023?

Yes. Both will be available for use for the remainder of the 2023 performance year, through Jan. 31, 2024, for claims runout for 2023 dates of service.

What happens if we don't transition away from Patient Profile / PIP_70 for the acceptable data sources detailed above?

Any supplemental data submitted through Patient Profile and PIP_70 for 2024 dates of service won't be counted towards PIP performance, with downstream effects to quality index performance.

ACNs not using the acceptable data sources listed above will ultimately need to expend administrative and financial resources to conduct manual chart chases for gap closure.

How will we discharge patients when Patient Profile retires?

By Feb. 1, 2024, the patient discharge process will be available in prism through the Member Inquiry tool. We'll share additional details on this transition in a future communication.