

# Quality Care and Risk Gaps – Daily View

Access through the provider portal



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## Interpreta OVERVIEW

### What is Interpreta?

Interpreta optimizes quality of care, risk adjustment, patient prioritization, and precision medicine in real-time. By continuously interpreting clinical and genomic data, Interpreta creates a dynamic, shared, and personalized roadmap for physicians, patients, and key stakeholders. Interpreta integrates many applications to enable real-time population management.

#### Available in Interpreta:

- Assigned Member List
- Daily Care Opportunities
- Anchor Dates
- Member Clinical Information
- Member Calendar / Alerts

This reference guide highlights the practical application of Interpreta through the use of Case Studies that focus on the Quality and Members modules. We encourage you to explore Interpreta, and incorporate it into your practice workflow to enhance care, cost, and quality.

#### Key Benefits of the Tool:

- Patient-specific data re-computed daily
- Prevention of gaps in care, rather than retrospective identification
- Provides measure anchor dates which helps providers prioritize time-sensitive care gaps
- Member prioritization based on clinically actionable risk
- Produces reports exportable to Excel
- Proactive, quantified care planning

We encourage you to engage patients while assessing and delivering the care they need. By providing detailed data and organizational features available in the **Interpreta Portal**, we hope to assist you in identifying opportunities for closing care gaps, improving quality and optimizing your performance in your value-based arrangement, if applicable.

For additional support or feedback, please contact your assigned Clinical Quality Consultant at Iowa Total Care.

Thank you for your participation in our Network and the high quality care that you deliver to our members.

## Interpreta – GETTING STARTED

### How to Access Interpreta

*New: Effective July 1st, you will be able to launch Interpreta directly from our Health Plan Secure Provider Portal.*

To launch Interpreta via the Portal:

1. From the Home page of the Secure Provider Portal, click **Care and Risk Gaps – Daily View**. The Agree to Terms pop-up displays.
2. Review the terms, and click **Agree to Terms** to proceed to Interpreta.
3. A new browser tab/window displays the Organization's Quality Module. This is the Interpreta Landing Page.

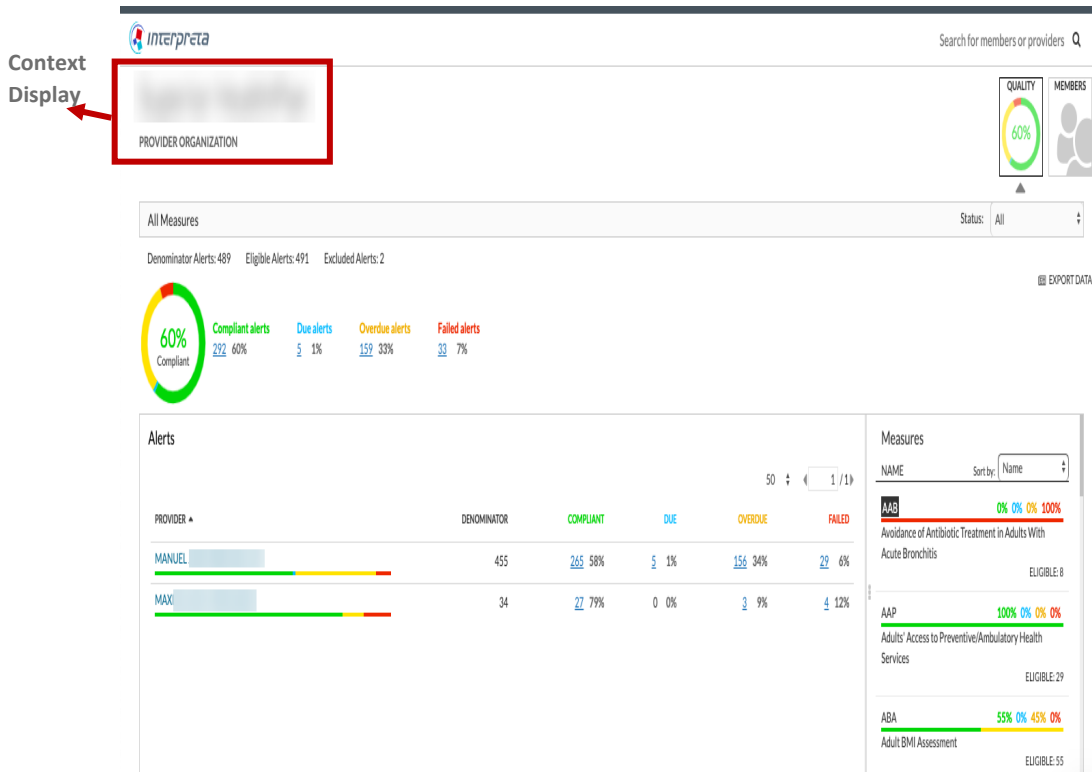
The screenshot shows the Secure Provider Portal dashboard. At the top, there are navigation tabs: Eligibility, Patients, Authorizations, Claims, and Messaging. Below these, there's a section for 'Viewing Dashboard For:' with dropdowns for 'TIN' and 'Plan Type' (set to Medicaid), and a 'GO' button. A blue announcement box states: 'Available May 1st, 2021 on this Portal for PCP providers! New Daily Care and Risk Gap Analytics for Better Patient Care'. It includes a list of bullet points about using Interpreta's Clinical Action tool to identify and close patient care gaps. Below this is a pink box with a link: 'What you need to know about COVID-19'. A red arrow points from this link to the 'Care and Risk Gaps - Daily View' link in the right sidebar. The sidebar also contains a 'Welcome' section with links for 'Add a TIN to My ACCOUNT', 'Patient Analytics', 'Provider Analytics', and 'Care and Risk Gaps - Daily View'. Below the sidebar is a 'Quick Eligibility Check for Medicaid' section with input fields for 'Member ID or Last Name' (123456789 or Smith) and 'Birthdate' (mm/dd/yyyy), and a 'Check Eligibility' button. A 'Recent Activity' section is also visible at the bottom right.

The screenshot shows a 'Provider agrees' pop-up dialog. The text inside reads: 'Provider agrees that all health information, including that related to patient conditions, medical utilization and pharmacy utilization, available through the portal or any other means, will be used exclusively for patient care and other related purposes as permitted by the HIPAA Privacy Rule'. A red arrow points from this text to the 'Agree to Terms' button. The dialog also has a 'Cancel' button.

4. A new browser tab/window displays the Organization's Quality Module. This is the Interpreta Landing Page.

As you navigate Interpreta, the Context Display provides context for the information you are viewing. It will either be:

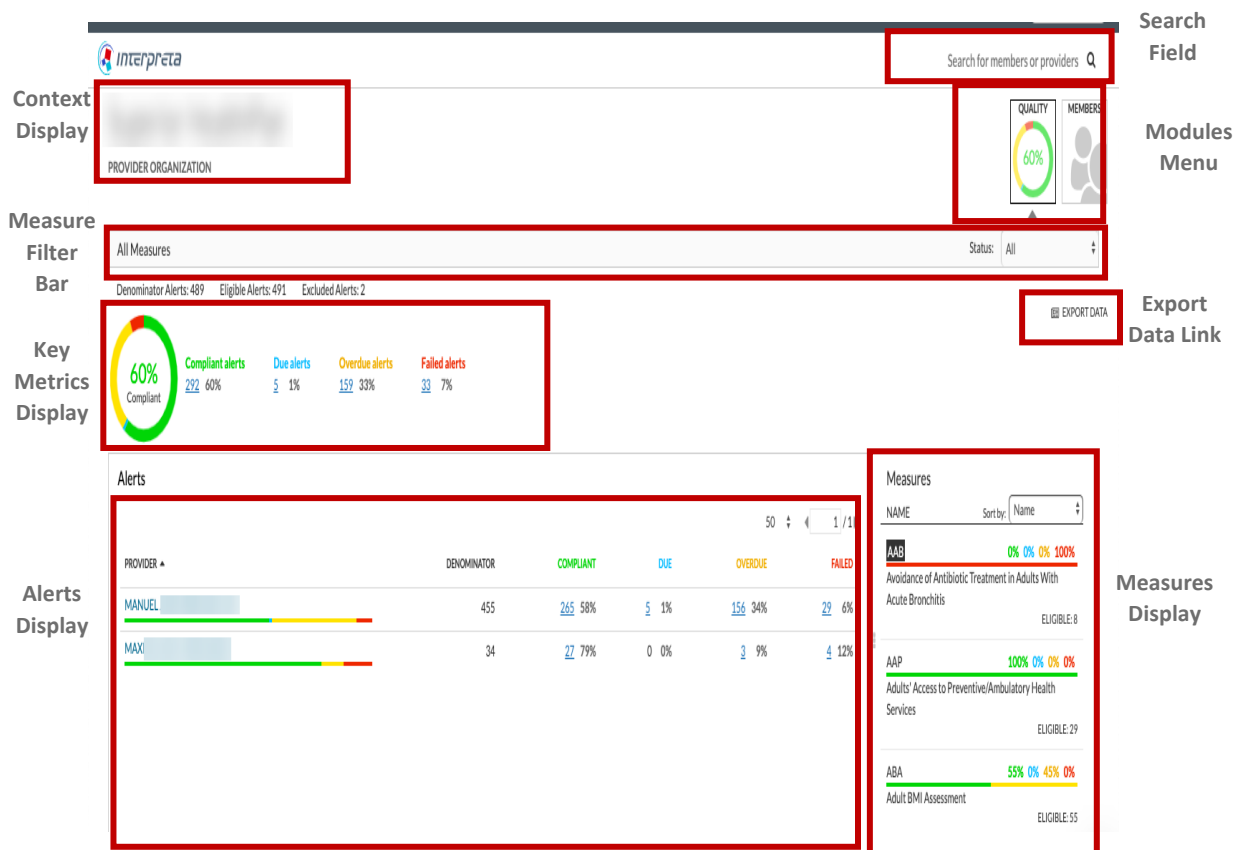
- Organization (TIN-level view)
- Provider (NPI-level view), Or
- Member (Single member-level view)



# Quality Module

## Organization's Provider List – Getting Started

The Quality module is opened by default when you launch Interpret. The Quality module defaults to the Organization's Provider List, which is TIN-driven and displays all of the providers on the organization's roster. It is a TIN-level view of your organization's performance on HEDIS measures. The data within the Alerts display, is for providers associated with your TIN. Below each provider is a stacked line chart representing compliant, due, overdue, and failed alerts. The default sort display is ascending alphabetical order by provider name. However, each column header in the Alerts display is click-enabled to sort in ascending or descending order.

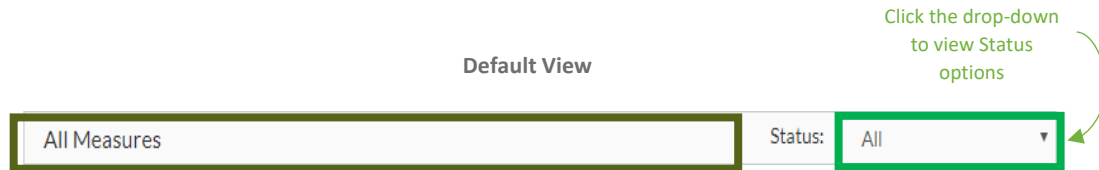


### Tips

- In the Key Metrics Display, click an alert count for list of members for that alert status
- The Export Data Link on the Quality Module will export the Provider List, not the Member List.

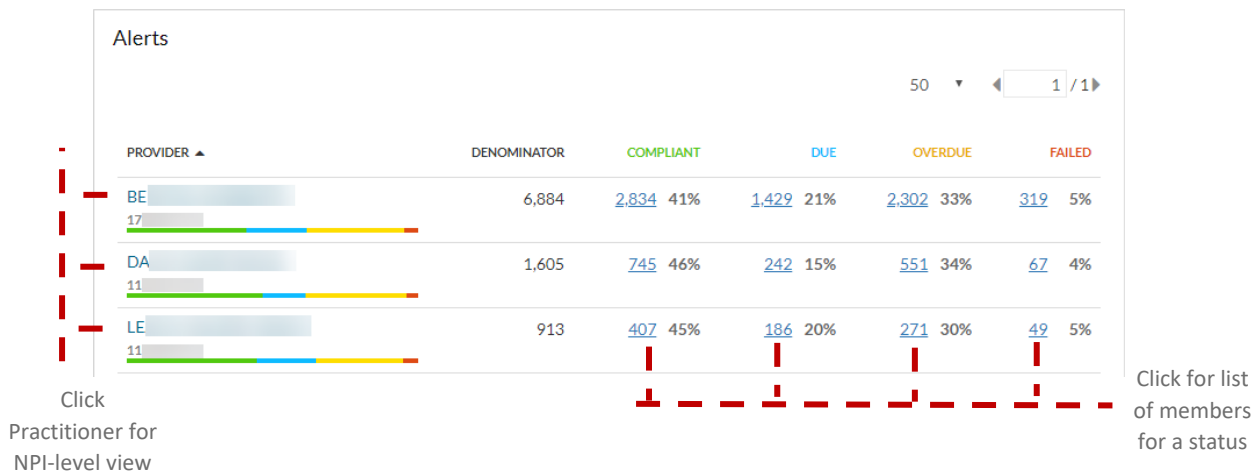
Examples of the information included in the Quality module are:

- **Measure Filter Bar** has two (2) parts. The left side displays currently applied, measure-level filters. The right side are status options. By default, no measure-level filters are applied, and all measures display.

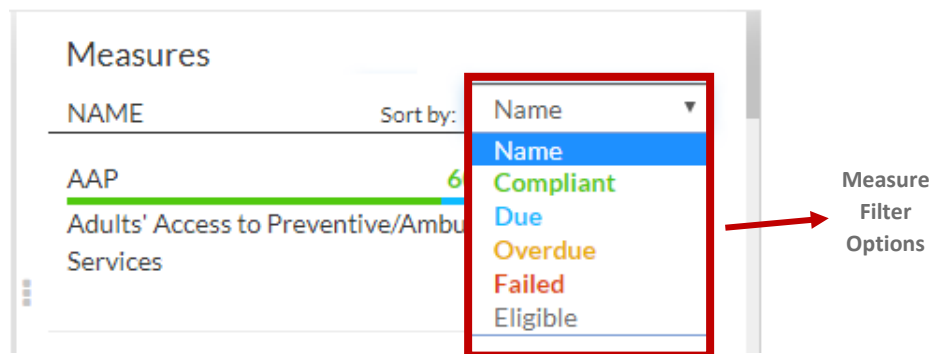


- **Key Metrics** displays overall compliance, due, overdue, and failed alerts information across all, providers, and members. This information changes based on context (i.e. TIN-level, NPI-level, selected measure, etc.).
- **Denominator Alerts** is the number of alerts for eligible members not excluded from measurement by other events. This is the total number of alerts for the population of interest and *NOT* the total number of members in the population.
- **Eligible Alerts** is the number of alerts for members who passed the explicit eligibility criteria spelled out in the HEDIS specifications, which may include the member's age, gender, exposure to certain prescription or clinical events, and / or disease diagnoses.
- **Excluded Alerts** is the number of alerts where certain demographic or clinical factors render a member unable to receive the recommended actions that would otherwise close a gap in care for eligible members.
- **Donut chart** is color-coded, and ALWAYS represents the compliant percentage, regardless of selection(s).
- **Status alerts** are color-coded and displays associated counts and percentages. The following color-coding is consistent throughout Interpretata:
  - **Compliant** – HEDIS measures closed per HEDIS guidelines for the measurement year (i.e. closed care gaps).
  - **Due** – HEDIS measures with a future clinical due date – in the measurement year – requiring action to place the patient(s) into compliance for a measure before the deadline date (i.e. open care gap). The clinical due date is determined by proprietary Interpretata analytics.
  - **Overdue** – HEDIS measures with a past clinical due date – in the measurement year – requiring action to bring patient(s) into compliance (i.e. open care gap).
  - **Failed** – HEDIS measures where appropriate action was not taken and recorded to bring patient(s) into compliance *before* the deadline date in the measurement year. Measures in this status, are either:
    - Closed after the deadline date, but no further action required, or
    - Open, requiring action to close the care gap

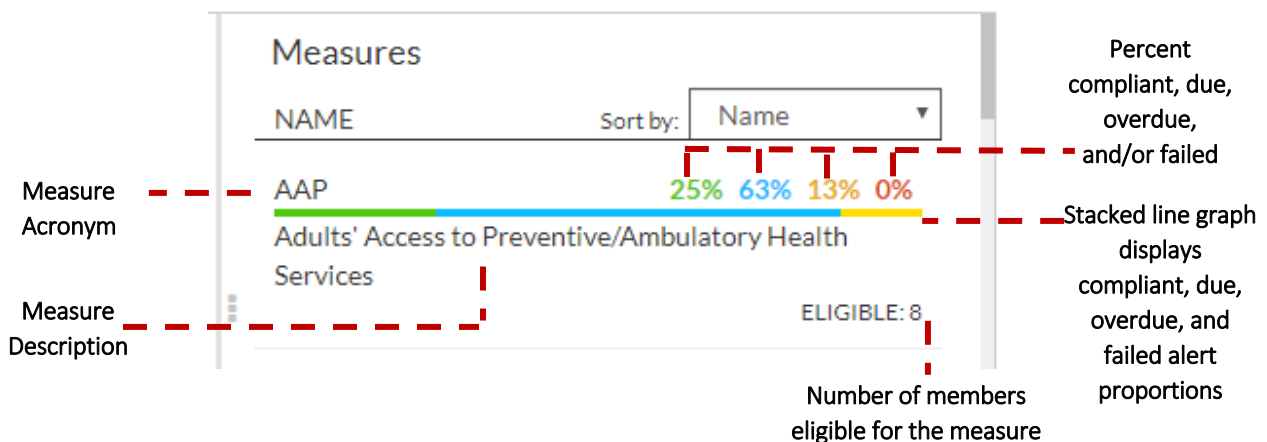
- **Alerts Display** represents information for the compliant, due, overdue, and failed alerts within a context and/or using any applied measure-level filters. The stacked line under each practitioner's name is color-coded to represent compliant, due, overdue, and failed alerts for their assigned patient(s).



- **Measures Display** shows a list of included measures. The default sort order for Measures is in alphabetical order by measure code [Name], but can be filtered by complaint, due, overdue, failed, or eligible.



- The pieces of information included for each measure in the Measure Display are:

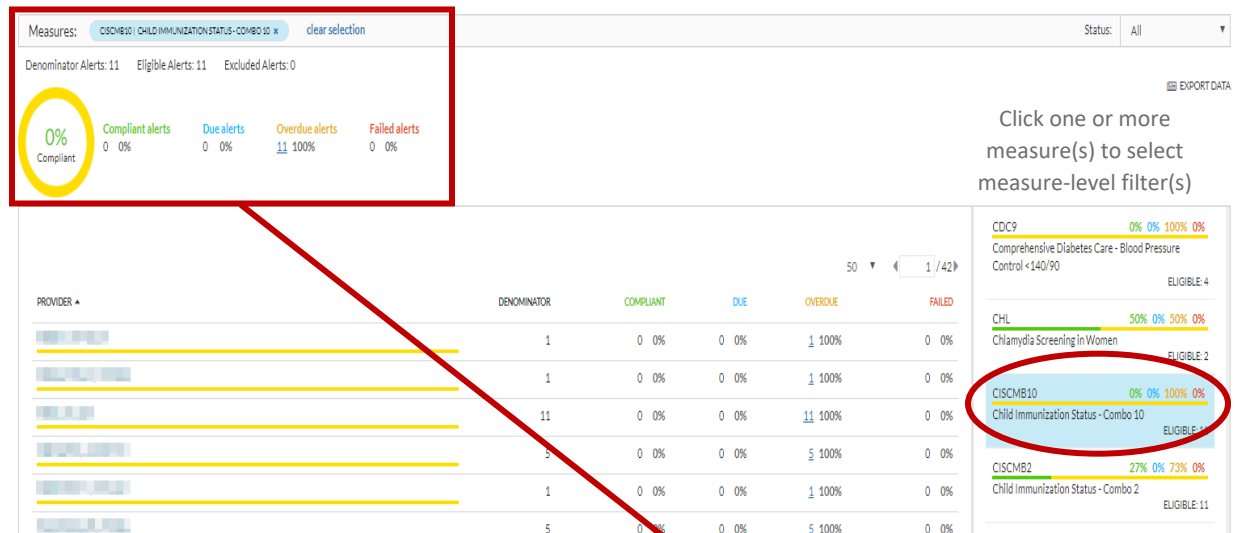




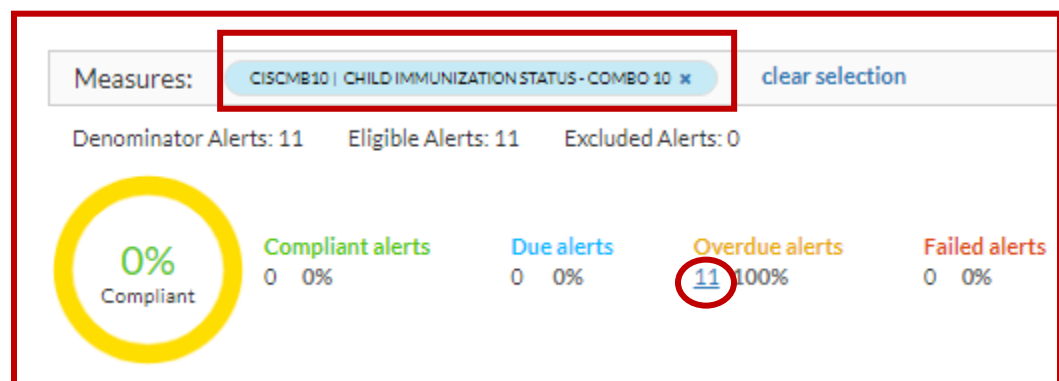
## Quality Organization's Provider List – Case Study #1

How can I find patients that are non-compliant for a specific quality measure for all associated providers (i.e. TIN-level)? Example: Childhood Immunizations Status – Combo 10 (CISCMB10)?

Click on the desired measure(s) in the Measures Display. The selected measure(s) displays in the Measure Filter Bar, and the entire page refreshes based on measure selection(s).



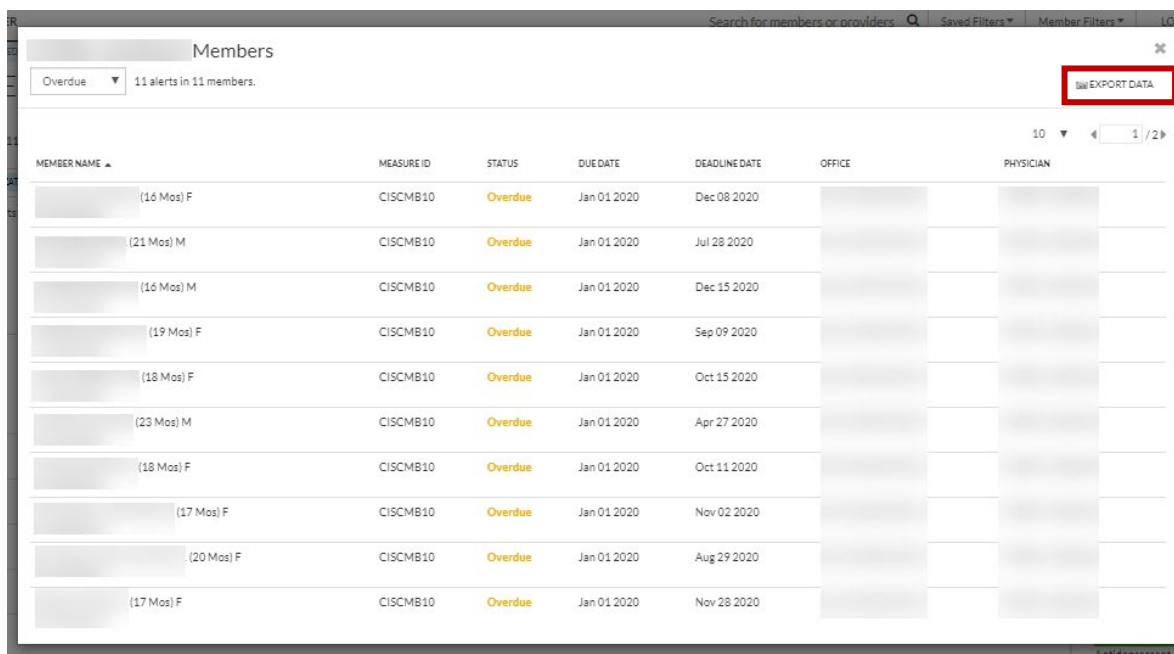
In the Key Metrics, click on the number under Overdue alerts.



### Tip

If there are Due and/or Failed alerts, click the corresponding number for the list of patients. The number of Due, Overdue, and possibly Failed alerts represents the patients with open care gaps for the selected measure(s).

When you click on the number under Overdue alerts, the patients and associated physicians display in a pop-up window. Click **EXPORT DATA** to export the listing into Microsoft Excel.



Members

Overdue 11 alerts in 11 members.

EXPORT DATA

MEMBER NAME	MEASURE ID	STATUS	DUE DATE	DEADLINE DATE	OFFICE	PHYSICIAN
(16 Mos) F	CISCMB10	Overdue	Jan 01 2020	Dec 08 2020		
(21 Mos) M	CISCMB10	Overdue	Jan 01 2020	Jul 28 2020		
(16 Mos) M	CISCMB10	Overdue	Jan 01 2020	Dec 15 2020		
(19 Mos) F	CISCMB10	Overdue	Jan 01 2020	Sep 09 2020		
(18 Mos) F	CISCMB10	Overdue	Jan 01 2020	Oct 15 2020		
(23 Mos) M	CISCMB10	Overdue	Jan 01 2020	Apr 27 2020		
(18 Mos) F	CISCMB10	Overdue	Jan 01 2020	Oct 11 2020		
(17 Mos) F	CISCMB10	Overdue	Jan 01 2020	Nov 02 2020		
(20 Mos) F	CISCMB10	Overdue	Jan 01 2020	Aug 29 2020		
(17 Mos) F	CISCMB10	Overdue	Jan 01 2020	Nov 28 2020		

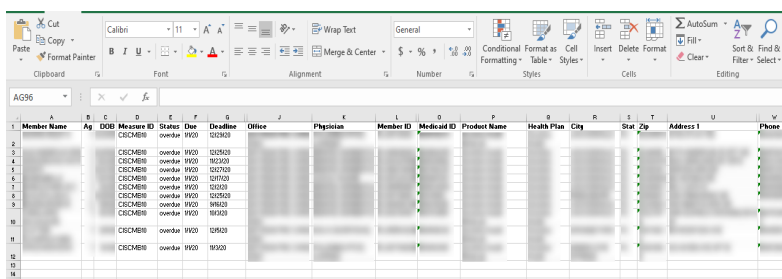
Please Note:

- **Due Date** is the clinical due date determined by proprietary Interpreta analytics.
- **Deadline Date** is the HEDIS anchor date, determined by HEDIS Technical Specifications.

Click on the Excel download.

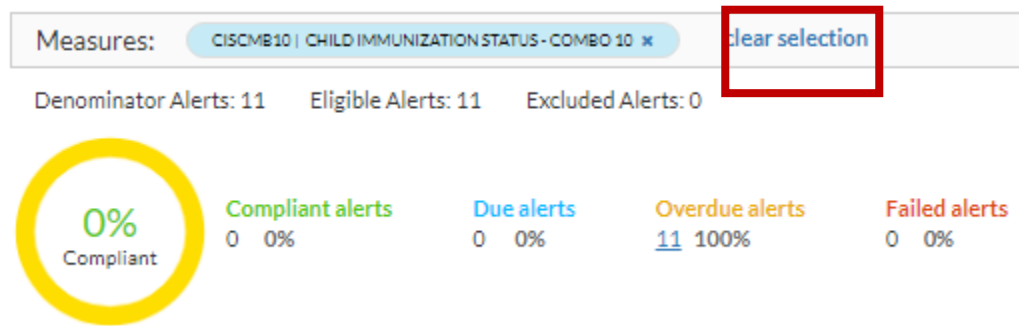


Excel will open to **Members** listing. The export will contain the same information displayed in the pop-up window, as well as, patients' contact information (i.e. address, telephone number, etc.).



Member Name	Age	DOB	Measure ID	Status	Due	Deadline	Office	Physician	Member ID	Medicaid ID	Product Name	Health Plan	City	State	Zip	Address 1	Phone
(16 Mos) F			CISCMB10	Overdue	Jan 01 2020	Dec 08 2020											
(21 Mos) M			CISCMB10	Overdue	Jan 01 2020	Jul 28 2020											
(16 Mos) M			CISCMB10	Overdue	Jan 01 2020	Dec 15 2020											
(19 Mos) F			CISCMB10	Overdue	Jan 01 2020	Sep 09 2020											
(18 Mos) F			CISCMB10	Overdue	Jan 01 2020	Oct 15 2020											
(23 Mos) M			CISCMB10	Overdue	Jan 01 2020	Apr 27 2020											
(18 Mos) F			CISCMB10	Overdue	Jan 01 2020	Oct 11 2020											
(17 Mos) F			CISCMB10	Overdue	Jan 01 2020	Nov 02 2020											
(20 Mos) F			CISCMB10	Overdue	Jan 01 2020	Aug 29 2020											
(17 Mos) F			CISCMB10	Overdue	Jan 01 2020	Nov 28 2020											

When done, click **clear selection** to remove the selected filter(s).



**Tip:** The data in Interpreteta is recalculated daily. If you export data to Excel, it is encouraged, that you check Interpreteta daily for the most up-to-date information.

## Members Module

### Organization's Member List – Getting Started

The Members module enables you to see a roster of all assigned patients within your organization. This section of the Members module displays, the total patient roster count, and per patient, the Latest Clinical Percentile (Score), Cost (1 Year), number of Open Alerts, PCP [name], and Last Visit. Each column can be sorted in ascending/descending order.

The screenshot shows the 'Members (546)' section of the application. A sidebar on the left contains a 'Plan Type' dropdown set to 'Show All' and a 'MEMBER NAME' header. The main area displays a list of members. A green box highlights a specific member's data row, which is also shown in a larger, detailed view on the right. This detailed view includes a progress bar for the Latest Clinical Percentile (Score), the Cost (1YR), the number of Open Alerts, the PCP name, and the Last Visit status.

The Cost (1YR) represents the cost for the patient for a rolling 12 months.

LATEST CLINICAL PERCENTILE (SCORE)	COST (1YR)	OPEN ALERTS	PCP	LAST VISIT
15	\$2,091	3		No Recent Visit
15	\$0	4		No Recent Visit
15	\$171	2		No Recent Visit
15	\$583	2		No Recent Visit
15	\$3,645	3		No Recent Visit

The Latest Clinical Percentile represents the patient's *clinical* priority/risk score.


In the **Last Visit** column, **No Recent Visit** indicates the patient has not had an appointment with their assigned PCP.

## Organization's Member List – Case Study #1

I think I have several patients with open care gaps. How can I prioritize my patients for outreach?

Example: Generate a list by highest non-compliant patient within my organization.

In the Members module, click **Open Alerts** to list the patients in descending order by the number of open alerts.



PROVIDERS > [REDACTED]

PROVIDER [REDACTED]

Plan Type: [Show All] Plan Name/Code: [Name] [Add Plan] [Apply Filters] [Reset Filters]


QUALITY 27% MEMBERS [Icon]

EXPORT DATA

10 1 / 36

MEMBER NAME	PLAN INFORMATION	LATEST CLINICAL PERCENTILE (SCORE)	COST (1YR)	OPEN ALERTS	PCP	LAST VISIT
[REDACTED]	[REDACTED]	15	\$0	2	[REDACTED]	No Recent Visit
[REDACTED]	[REDACTED]	15	\$8,740	2	[REDACTED]	No Recent Visit
[REDACTED]	[REDACTED]	31	\$742	6	[REDACTED]	8/15/2018
[REDACTED]	[REDACTED]	15	\$1,975	3	[REDACTED]	No Recent Visit
[REDACTED]	[REDACTED]	15	\$0	2	[REDACTED]	No Recent Visit

The page refreshes and displays patients with the highest number of open alerts in descending order. You can click **EXPORT DATA** to export the Members module into Microsoft Excel, which offers additional filter capabilities.



PROVIDERS > [REDACTED]

PROVIDER [REDACTED]

Plan Type: [Show All] Plan Name/Code: [Name] [Add Plan] [Apply Filters] [Reset Filters]

QUALITY 27% MEMBERS [Icon]

EXPORT DATA

10 1 / 36

MEMBER NAME	PLAN INFORMATION	LATEST CLINICAL PERCENTILE (SCORE)	COST (1YR)	OPEN ALERTS	PCP	LAST VISIT
[REDACTED]	[REDACTED]	14	\$3,885	14	[REDACTED]	No Recent Visit
[REDACTED]	[REDACTED]	14	\$4,165	14	[REDACTED]	No Recent Visit
[REDACTED]	[REDACTED]	14	\$3,925	14	[REDACTED]	No Recent Visit
[REDACTED]	[REDACTED]	43	\$2,569	14	[REDACTED]	No Recent Visit
[REDACTED]	[REDACTED]	14	\$1,965	14	[REDACTED]	No Recent Visit

# Single Member View – Getting Started

## Member Details

The Single Member View can be accessed by clicking on a patient's name. Member Details is the default for the Single Member View, and displays information unique to the patient consisting of:

- **Member Demographics** – Displays patient's ID, name, contact information, and other data.
- **Action List** – Displays all open and successfully closed or failed alerts for which the patient is eligible.
  - **Compliant** – Indicates patient's status for a quality measure has been closed per HEDIS guidelines for the measurement year (i.e. closed care gap).
  - **Due** – Indicates patient has a future clinical due date (i.e. open care gap) – in the measurement year – requiring action to place the member into compliance for a measure before the deadline date. The clinical due date is determined by proprietary Interpreta analytics.
  - **Overdue** – Indicates patient has past a clinical due date – in the measurement year – requiring action to place the patient into compliance (i.e. open care gap).
  - **Failed** – Indicates appropriate action was not taken and recorded to bring a patient into compliance *before* the deadline date in the measurement year. Measures in this status, are either:
    - Closed after the deadline date, but no further action required, or
    - Open, requiring action to close the care gap
- **Clinical Summary** – Shows relevant conditions and diagnoses, procedures, medication, and laboratory results in the last 365 dates.
- **Enrollments** – Displays the current and past plan enrollments for the patient.
  - Enrollments display in reverse chronological order, with the most recent enrollment at the top.
- **Member Calendar** – Represents both future clinical due dates and clinically overdue items.
  - The Member Calendar view consists of two parts, Current month of events and Event list.

Interpreta DAILY ANALYZER

Search for members or providers

Member Details Clinical Priority 21 LOW HEDIS 25% Claims 241

PCP: [REDACTED] CURRENTLY ENROLLED AS OF 04-03-2020: Medicaid C

EXPORT DATA

Gap in care, gaps in coding, drug safety with pharmacogenomics

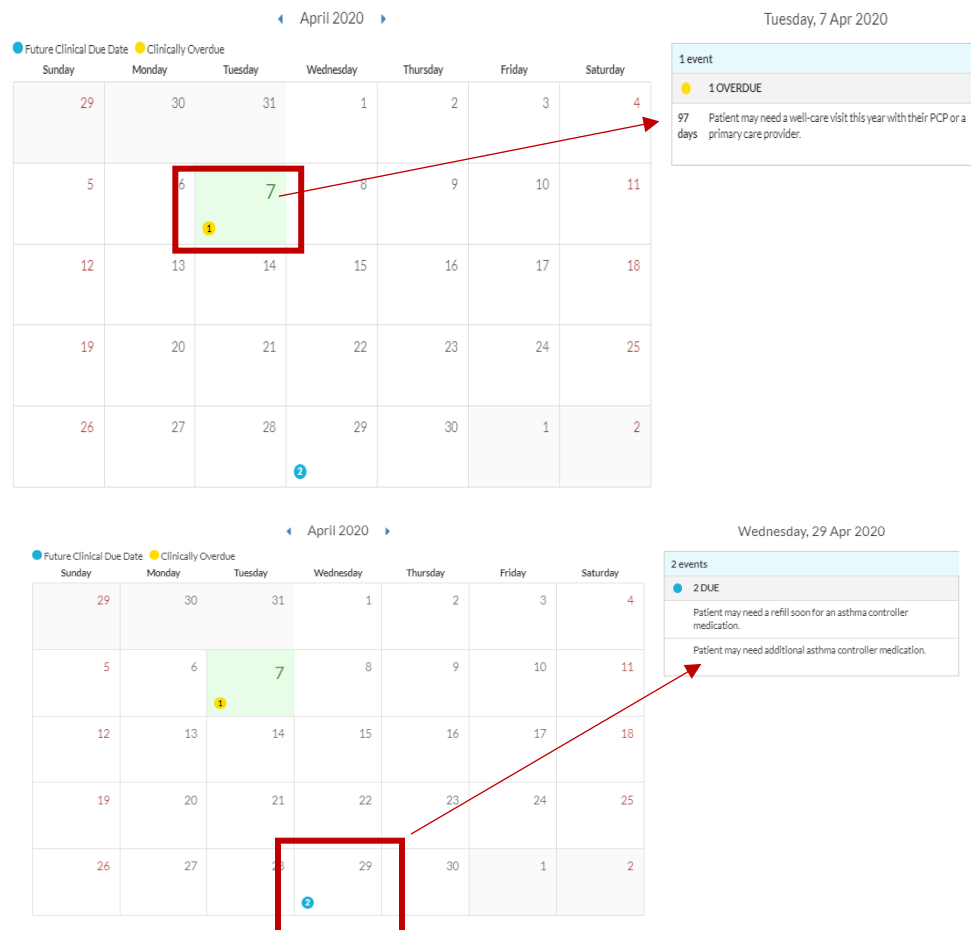
STATUS	ACTION	CATEGORY	CLINICAL DUE DATE	DEADLINE DATE
Overdue	Patient may need BMI measurement this year. [REDACTED] Pediatric Medicine Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (WCCA)	HEDIS	1/1/2020	12/31/2020 272 Days Left
Overdue	Patient may need nutrition counseling this year. [REDACTED] Pediatric Medicine Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for nutrition (WCCB)	HEDIS	1/1/2020	12/31/2020 272 Days Left
Compliant	Patient has had an ambulatory visit with a primary care provider this year, or if between ages of 7 to 19 years, this year or last year. [REDACTED] Pediatric Medicine Children and Adolescents' Access to Primary Care Practitioners (CAP)	HEDIS	2/4/2022	12/31/2022
Past Event	Patient was seen in the emergency room NO PROVIDER NAME Hospital - General Occurred on 5/24/2018 Potentially Preventable Event: ER Visit (V807)	PPE		

CLINICAL SUMMARY		The member's current conditions and drugs. Procedures and labs within the past 365 days.	
Conditions and Diagnoses (8)		<a href="#">EXPAND ALL</a>	
Procedures & Services (14)			
Medications (3)			
Labs (0)			

ENROLLMENTS			
PCP NAME	PLAN DESCRIPTION	START DATE	END DATE
	MEDICAID	12/1/2019	12/31/9999
	MEDICAID	7/1/2019	11/30/2019
	MEDICAID	2/1/2019	6/30/2019
	MEDICAID	12/17/2018	1/31/2019
45 DAY ENROLLMENT GAP			
	MEDICAID	10/1/2018	10/31/2018
	MEDICAID	7/31/2018	9/30/2018
	MEDICAID	5/4/2018	7/30/2018
	MEDICAID	5/1/2018	5/9/2018
	MEDICAID	10/1/2016	4/30/2018
	MEDICAID	8/1/2016	9/30/2016


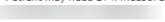









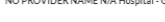
The Member Calendar is the last section of the Single Member View and displays both future clinical due dates and clinically overdue items. The Event List displays to the right of the Calendar View when you click on a date with an event.



## Single Member View Member Details – Case Study #1

My patient is coming in for an office visit. How can I access all of my patient's open care gaps?

On Member Details, under Action List, review the patient's open care gaps (Due and Overdue). You can use the Action List to glean information for pre-visit planning and to assist in creating a care management plan for the patient.

EXPORT DATA					
ACTION LIST (6)					
Gaps in care, gaps in coding, drug safety with pharmacogenomics					
DAYS	STATUS	ACTION	CATEGORY	CLINICAL DUE DATE	DEADLINE DATE
 97	Overdue	Patient may need BMI measurement this year.  ❗ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (WCCA)	HEDIS	1/1/2020	12/31/2020 268 Days Left
 114	Due	Patient may need a well-care visit this year with their PCP or a primary care provider.  ❗ Adolescent Well-Care Visits (AWC)	HEDIS	7/30/2020	12/31/2020 268 Days Left
 114	Due	Patient may need nutrition counseling this year.  ❗ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for nutrition (WCCB)	HEDIS	7/30/2020	12/31/2020 268 Days Left
 114	Due	Patient may need physical activity counseling this year.  ❗ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for physical activity (WCCC)	HEDIS	7/30/2020	12/31/2020 268 Days Left
 114	Compliant	Patient has had an ambulatory visit with a primary care provider this year, or if between ages of 7 to 19 years, this year or last year.  ❗ Children and Adolescents' Access to Primary Care Practitioners (CAP)	HEDIS	1/29/2022	12/31/2022
Successfully closed on 1/29/2020					
 114	Past Event	Patient was seen in the emergency room NO PROVIDER NAME N/A Hospital - General  Potentially Preventable Event: ER Visit (V146)	PPE		
Occurred on 4/30/2018					



## Single Member View Member Details – Case Study #2

How can I review my patient's clinical history to properly close care gaps and identify provider-to-patient education opportunities?

On the Single Member View, go to the Clinical Summary and click **EXPAND ALL** to expand the entire section, or the [+] to expand the desired section.

CLINICAL SUMMARY The member's current conditions and drugs. Procedures and labs within the past 365 days.

**EXPAND ALL**

🔗 Conditions and Diagnoses (2) +

🔪 Procedures & Services (3) +

💊 Medications (1) +

🧪 Labs (0) +

---

CLINICAL SUMMARY The member's current conditions and drugs. Procedures and labs within the past 365 days.

**COLLAPSE ALL**

🔗 Conditions and Diagnoses (2) —

CODE DESC	CODE TYPE	CODE	DOS ▼
Noninfective gastroenteritis and colitis, unspecified	ICD10DX	K52.9	12/28/2019
Acute pharyngitis, unspecified	ICD10DX	J02.9	12/28/2019

🔪 Procedures & Services (3) —

DESCRIPTION	POS	CODE TYPE	CODE	PROVIDER	DATE ▼
Med serv eve/wkend/holiday	11 - Office	CPT	99051		12/28/2019
Office/Outpatient visit est	11 - Office	CPT	99213		12/28/2019
Strep a assay w/optic	11 - Office	CPT	87880		12/28/2019

💊 Medications (1) —

☐ Show only Active Meds

DESCRIPTION	CODE TYPE	CODE	PROVIDER	QUANTITY	DAYS SUPPLY	DATE ▼
Ondansetron odt 4 mg tablet	NDC	57237007710		6	3	12/29/2019

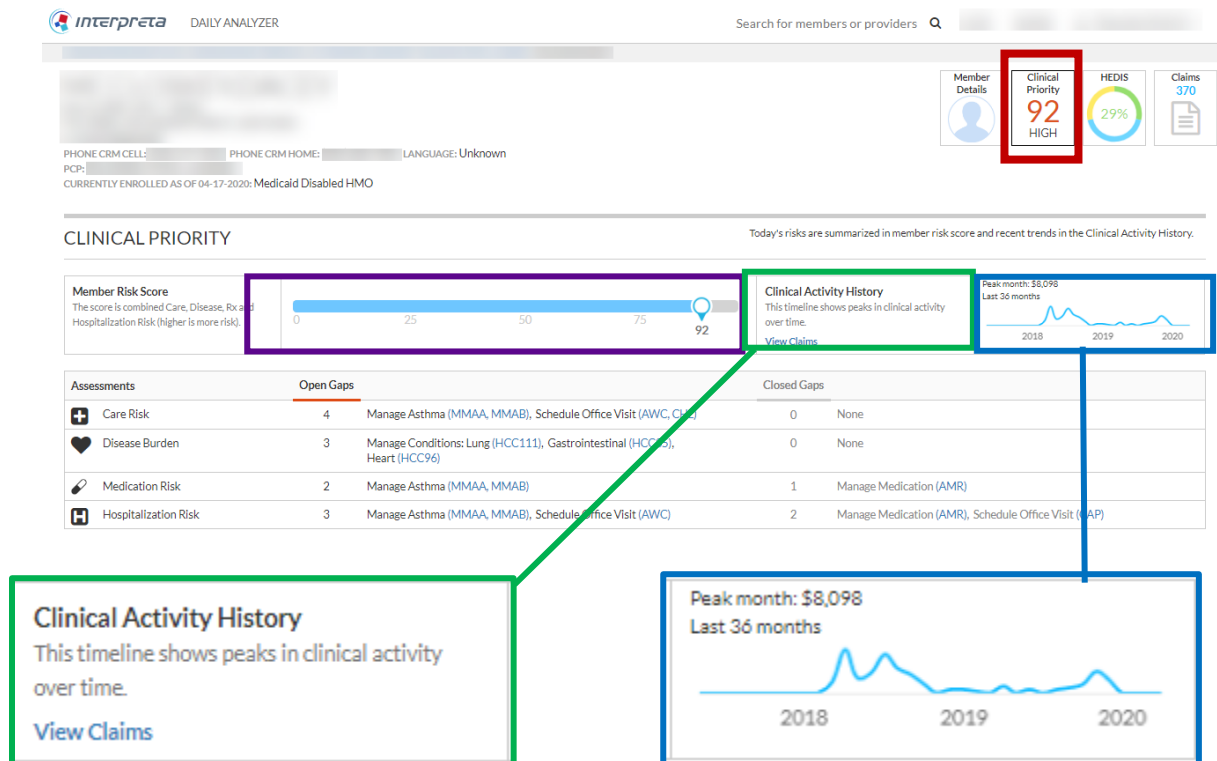
🧪 Labs (0) —

No labs found.

## Single Member View – Clinical Priority





The Member Prioritization module identifies high-risk patients due to existing or impending factors. Prioritization scores are re-assessed every night and are tied to open gaps in care, gaps in coding, and clinical concerns such as preventive care, disease, hospitalization, and medication risk. The Member Prioritization module tile only displays when a user has accessed the Single Member Page through the Members module or drilled down to the Single Member Page from any other module (i.e. Quality, Members, etc.). The module has five (5) sections that include:

- Member Risk Score description
- Member Risk Score bar
- Clinical Activity History
- Clinical Activity History spark line
- Categories that comprise the Member Risk Score includes
  - Count of Open Gaps
  - List of Open Gaps (with click enabled codes)
  - Count of Closed Gaps
  - List of Closed Gaps (with click enabled codes)







The Member Risk Score is comprised for four categories, which include count of open gaps, list of open gaps (with click-enabled codes), count of closed gaps, and list of closed gaps (with click-enabled codes). This section of the Member Prioritization module is informational only. The four categories are:

- Care Risk
- Disease Burden
- Medication Risk
- Hospitalization Risk

Assessments	Open Gaps		Closed Gaps
 Care Risk	4	Manage Asthma (MMAA, MMAB), Schedule Office Visit (AWC, CHL)	0 None
 Disease Burden	3	Manage Conditions: Lung (HCC111), Gastrointestinal (HCC35), Heart (HCC96)	0 None
 Medication Risk	2	Manage Asthma (MMAA, MMAB)	1 Manage Medication (AMR)
 Hospitalization Risk	3	Manage Asthma (MMAA, MMAB), Schedule Office Visit (AWC)	2 Manage Medication (AMR), Schedule Office Visit (CAP)

Under Open/Closed Gaps, click on a measure acronym, to access pertinent patient information regarding the care gap. If there is more than one gap in a category, when you click one, they all display.

CARE RISK						
Open Gaps (4)						
 21	Due	Patient may need a refill soon for an asthma controller medication. Attributed provider: [redacted] Provider specialty: N/A	HEDIS	5/8/2020	12/31/2020 258 Days Left	+
ⓘ Medication Management for People With Asthma - 50% compliant (MMAA)						
 21	Due	Patient may need additional asthma controller medication. Attributed provider: [redacted] Provider specialty: N/A	HEDIS	5/8/2020	12/31/2020 258 Days Left	+
ⓘ Medication Management for People With Asthma - 75% compliant (MMAB)						
 107	Overdue	Patient may need chlamydia screening this year. Attributed provider: [redacted] Provider specialty: N/A	HEDIS	1/1/2020	12/31/2020 258 Days Left	+
ⓘ Chlamydia Screening in Women (CHL)						
 146	Due	Patient may need a well-care visit this year with their PCP or a primary care provider. Attributed provider: [redacted] Provider specialty: N/A	HEDIS	9/10/2020	12/31/2020 258 Days Left	+
ⓘ Adolescent Well-Care Visits (AWC)						



**Tip:** The Assessments section may have open and/or closed care gaps. For best practice, review all care gap information.

# Single Member View Clinical Priority – Case Study #1

My patient's member risk score is high. How can I identify the factors contributing to my patient's clinical risk score?

On the Clinical Priority module, review the Assessments section to identify the factors contributing to the patient's risk score.

**interpreta** DAILY ANALYZER Search for members or providers

Member Details: **55** MEDIUM **50%** HEDIS **39%** Claims

PHONE: (000) 000-0000 PHONE ADT WORK: LANGUAGE: Unknown  
 POC: (000) 000-0000  
 CURRENTLY ENROLLED AS OF 04-07-2020: Medicaid

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**CLINICAL PRIORITY** Today's risks are summarized in member risk score and recent trends in the Clinical Activity History.

**Member Risk Score**  
 This score is combined Care, Disease, Rx and Hospitalization Risk (higher is increased)  
 0 25 50 75 100

**Clinical Activity History**  
 This measure shows peaks in clinical activity over time.  
 View Chart

Peak month: 07/2020 (last 50 months)

Assessments	Open Gaps	Closed Gaps
Care Risk	2 Schedule Office Visit (ADDL WCCA)	0 None
Disease Burden	1 Manage Conditions: Lung (HCC111)	0 None
Medication Risk	1 Schedule Office Visit (ADD1)	0 None
Hospitalization Risk	0 None	1 Schedule Office Visit (CAP)

↓

Assessments	Open Gaps	Closed Gaps
Care Risk	2 Schedule Office Visit (ADDL WCCA)	0 None
Disease Burden	1 Manage Conditions: Lung (HCC111)	0 None
Medication Risk	1 Schedule Office Visit (ADD1)	0 None
Hospitalization Risk	0 None	1 Schedule Office Visit (CAP)

↓

**CARE RISK**

Open Gaps (2)

	Due	Patient may need BMI measurement this year. Attributed provider: [redacted] Provider specialty: Pediatric Medicine Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (WCCA)	HEDIS	8/2/2020	12/31/2020 258 Days Left	+
	Fail	Patient with ADHD has not had follow-up visit within 30 days after receiving medication. HEDIS ADDO initiation phase measure is noncompliant but patient may still benefit from near-term follow-up. Attributed provider: [redacted] Provider specialty: Pediatric Medicine Follow-Up Care for Children Prescribed ADHD Medication - Initiation phase (ADD1)	HEDIS	9/13/2019	10/12/2019 188 Days Ago	+

↓

Eligibility						
DESCRIPTION	CC	PROVIDER NAME	SERVICE DATE	CLAIM ID	LINE	
Office/outpatient Visit Est	CPT - 99214	[redacted]	03/10/2020	T077	1	

Last Relevant

DESCRIPTION	CC	PROVIDER NAME	SERVICE DATE	CLAIM ID	LINE	
Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age	ICD10CM - Z68.54	[redacted]	08/02/2019	S241	3	

## Single Member View – Claims

The Claims module provides access to the selected patient's claims, but excludes payment information. There are three tabs – Medical Claims, Pharmacy Claims, and Lab Claims. The Medical Claims tab is the default. Below the tabs is a filter bar, allowing claims to be filtered by Claim ID, Start Date, End Date, Place of Service Code, Code, and Code Type.

Key information provided includes, [Claim] Status, Claim ID, Date of Service (DOS), Place of Service (POS), Procedure Code Type, Code, and Description.

The Claims module displays all available data used for interpreting the current status of the patient, displaying each claim as a single episode of care.

Interpretia DAILY ANALYZER

Search for members or providers

Member Details Clinical Priority 21 LOW HEDIS 80% Claims 86

PHONE CEM STATE: PHONE AOT CELL: LANGUAGE: Unknown  
PCP: CURRENTLY ENROLLED AS OF 04-17-2020: Medicaid

EXPORT DATA

Medical Claims (81) Pharmacy Claims (5) Lab Claims (0)

Claim ID Start Date End Date Place of Service Code Code Type

All All All All ALL

Clear filters Apply Filters

10 1/99

STATUS	CLAIM ID	DOS	POS	SPECIALTY CODE	CODE TYPE	CODE	CODE DESC	SUPPLEMENTAL DATA
DENIED	T049	1/10/2020	11 - Office	37 - Pediatric Medicine	CPT	99392	Prev visit est age 1-4	
					ICD10DX	Z71.02	Exercise counseling	
					ICD10DX	Z71.3	Dietary counseling and surveillance	
					ICD10DX	Z28.02	Immunization not carried out because of caregiver refusal	
					ICD10DX	Z00.129	Encounter for routine child health examination without abnormal findings	
PAID	T018	1/10/2020	11 - Office	37 - Pediatric Medicine	CPT	99392	Prev visit est age 1-4	
					ICD10DX	Z71.02	Exercise counseling	
					ICD10DX	Z71.3	Dietary counseling and surveillance	
					ICD10DX	Z28.02	Immunization not carried out because of caregiver refusal	
					ICD10DX	Z00.129	Encounter for routine child health examination without abnormal findings	
DENIED	R355	11/21/2018	11 - Office	37 - Pediatric Medicine	CPT	94760	Measure blood oxygen level	
					ICD10DX	Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm	
					ICD10DX	J05.0	Acute obstructive laryngitis [croup]	
PAID	R355FL39936	11/21/2018	11 - Office	37 - Pediatric Medicine	CPT	99214	Office/Outpatient visit est	
					ICD10DX	Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm	
					ICD10DX	J05.0	Acute obstructive laryngitis [croup]	

# Single Member View Claims – Case Study #1

How can I find claim history detail for one of my patients for pre-visit planning or care management outreach?

In the Single Member View, click **Claims** to access the patient's claim history.

**Interpreta** DAILY ANALYZER Search for members or providers

PHONE CRM HOME: [REDACTED] LANGUAGE: Unknown  
PCP: [REDACTED]  
CURRENTLY ENROLLED AS OF 04-17-2020: Medicaid [REDACTED]

Member Details Clinical Priority 17 LOW HEDIS 100% **Claims 18**

Medical Claims (11) Pharmacy Claims (7) Lab Claims (0)

Claim ID Start Date End Date Place of Service Code Code Type  
All All All All All ALL

Clear filters Apply filters

10 1 / 29

STATUS	CLAIM ID	DOB	POS	SPECIALTY CODE	CODE TYPE	CODE	CODE DESC	SUPPLEMENTAL DATA
PAID	T06	2/26/2020	11 - Office	37 - Pediatric Medicine	CPT	85025	Complete cbc w/auto diff wbc	
					CPT	81003	Urinalysis auto w/o scope	
					ICD10DX	Z68.52	Body mass index (bmi) pediatric, 5th percentile to less than 85th percentile for age	
					ICD10DX	Z71.82	Exercise counseling	
					ICD10DX	Z00.121	Encounter for routine child health examination with abnormal findings	
					ICD10DX	Z71.3	Dietary counseling and surveillance	
PAID	T06	2/26/2020	11 - Office	37 - Pediatric Medicine	CPT	99393	Prev visit est age 5-11	
					ICD10DX	Z68.52	Body mass index (bmi) pediatric, 5th percentile to less than 85th percentile for age	
					ICD10DX	Z71.82	Exercise counseling	
					ICD10DX	Z00.121	Encounter for routine child health examination with abnormal findings	
					ICD10DX	Z71.3	Dietary counseling and surveillance	
PAID	S25	9/12/2019	11 - Office	37 - Pediatric Medicine	CPT	99214	Office/Outpatient visit est	
					ICD10DX	K59.00	Constipation, unspecified	
PAID	S22	8/7/2019	23 - Emergency Room - Hospital	A0 - Hospital - General	CPT	74018	X-Ray exam abdomen 1 view	
					CPT	99283	Emergency dept visit	
					ICD10DX	K59.00	Constipation, unspecified	
					ICD10DX	K60.2	Anal fissure, unspecified	