Welcome to Florida Blue’s Quality and Efficiency Reporting Portal. This presentation will show you how to access your group’s and/or individual physician information through the Portal as well as how to close your care gaps online.

The Appendix of this presentation will guide you through the Availity log-on information. If you have any additional Availity questions, please call 954 714-3755.
1. **Quality and Efficiency Reporting** – Clicking on this option will allow access to scorecards and provider analytics such as care gaps, membership rosters, etc.

2. **eAppeals** – This is where appeals and supporting documents can be submitted electronically.

3. **News & Announcements** – This section will show the latest news and announcements from Florida Blue!

4. **835 Registration** – You can use this section to register online and skip the lines!
Quality & Efficiency Reporting (QERP)

By selecting the Quality & Efficiency Reporting section, you will be taken to the page below where you can explore drill down analytics on your population, view and attest to quality care gap information and much more.
Population Based Analytics

Utilization of this tool will allow you to see your current performance and drill down into the details of your population.

1. View the population analytics data for individual physicians within the group (Note: This option is available on the practice group view only)
2. View all patients falling into quality measures and their outcomes by clicking here
3. View all patients falling into quality measures and having an open care gap by clicking here
4. Export data to Microsoft Excel or Adobe PDF Reader

Additional Physician Specific Functionality

When logging in as a physician, there are additional analytics available.
5. View the following reports when clicking on your population:
   a. **Population** – a listing of the patients attributed to the physician  
   b. **Members with No PCP Visits in the last 6/12 months** – a listing of patients who have not seen their Primary Care Physician in the last six or twelve months  
   c. **Inpatient Admits Report** – a listing of the patients who were admitted to the hospital in the last twelve months  
   d. **ER Visits** – a listing of the patients seen in the emergency room in the last twelve months  
   e. **Drugs Report** – a listing of all the prescriptions filled by patients in the last twelve months  
   f. **Risk Outliers Report** – a listing of members demonstrating an increase in their medical risk evaluation
Population Based Analytics

Patient Profile
Whenever the patient’s identification number is underlined, you can view details such as diagnosis history, ER visits, inpatient admission, care gaps and other pertinent information.
MD Source 360

Utilization of this tool will allow you to see your current performance and drill down into details of each measurement.

1. View the clinical quality results for each program in which you are enrolled

2. Compare your compliance rate for each measure compared to your peers and practice

3. View your provider score for each measure. Possible scores are: Same as Peers, Better than Peers, Worse than Peers and Small Sample Size
4. View the methodology behind each measure including clinical rational and code tables

5. View the scorecard for different date runs

6. View patient registry for each measure to help you understand what patients were included in the measure

7. Navigate among physicians in the practice
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Physician Quality Measure Reporting

Patient Registry:
8. See how many patients were included in the measure and which patients met and did not meet the goal
9. View attribution logic to see how the patient was attributed to you
10. View claim details to see what claims triggered the patient to be attributed to you
11. Self-report data for patients who should not have been included in the measure or met the measures goal’s criteria. Any attestation that has been submitted for a valid HEDIS® reason will be automatically approved. Other self-reported data will be reviewed by a Florida Blue administrator. If approved, it will be reflected in your rate in the next refresh.
12. View the status of the attestations/self-reports you’ve submitted by clicking on the “My Tools” tab.

13. Manage your submitted attestations by clicking on the patient’s name. You can re-open or withdraw an attestation here as well as view its details.
14. View a list of your patients that were included in any of the measures and see if they have care gaps. Filter patients by program, measure and number of care gaps so you can prioritize the level of outreach to improve their outcomes and your rates.

15. View patient summary to see a consolidated list of care gaps, conditions and medical claims for each patient.
16. Print the “Patient Summary” and attach it to the patient’s medical record
17. View Care Gaps that are past due. You can also self-report data here to close the gaps
18. View most recent medical and facility claims from the last three years of administrative data
19. View Frequently Asked Questions for the program
Appendix
At the conclusion of this presentation you should be able to:

- Identify your Administrator (PAA).
- Get a new or change an existing PAA.
- Know how a PAA grants access for a physician or admin.
- Know how to sign up a new user or physician in Availity.
- Understand how to access quality and efficiency reports.
Identify your Administrator (PAA)

From the home page after logging in the Availity portal, any user can click on “Who Controls my access?” If you cannot login into Availity or do know anybody who can log into Availity, please contact your PCA Legal authority or Primary Controlling Authority.
Get a new or change an existing PAA

PAA change request forms can be accessed by clicking on “change” from the “Who Controls my access” window.
Get a new or change an existing PAA (Continued)

Complete the Change Request Form by selecting either “I’m replacing with a new administrator” or “I’m modifying my current administrator’s information.”
How does a PAA grant access for a physician or admin for the QERP portal?

The PAA clicks on Performance Reporting Setup under the Account Administration menu on the left. The PAA will need to click the box for the pertinent staff or physician’s name then click save to grant access. There are Group Level reports and Physician Level reports. NPI is needed to enter for the physician level reporting and not group level reporting.
How to sign up a new user/physician in Availity

The PAA under Account Administration clicks on “Add User” and enters the applicable new user information and then clicks next.
How to sign up a new user/physician in Availity
(Continued)

The PAA then can assign applicable roles for the new added user by simply checking off the appropriate boxes.
The PAA will receive confirmation of the new user. The PAA will need to click submit when finished. After submission, please follow steps in to grant access for user to access Quality and Efficiency Performance Reporting portal.
How to access Quality and Efficiency Reports

On the left menu > Click on My Payer Portals > Click on Florida Blue PASSPORT Portal
How to access Quality and Efficiency Reports (Continued)

On the drop down, please choose your group/organization and click submit.
How to access Quality and Efficiency Reports (Continued)

On the Welcome to PASSPORT screen click “I Agree” in the Terms & Agreement section.
How to access Quality and Efficiency Reports (Continued)

Click on Quality and Efficiency Reporting Tile or click on link in Left Menu Bar
How to access Quality and Efficiency Reports (Continued)

Welcome to Quality and Efficiency Reporting Portal. Please click on Population Based Analytics or Physician Quality Measure Reporting tiles or links.
Questions or Concerns please contact:

ProviderTechnologyOutreach@bcbsfl.com

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