Quality and Efficiency Reporting Portal in Availity Improved

The Quality and Efficiency Reporting Portal (QERP) tool in Availity® provides important quality and financial information about your patients.

We continue to work on ways to improve your experience using QERP, including making it easier for you to access important information about your Florida Blue patients. Here are the most recent QERP enhancements.

QERP Landing Page Update – Summary of Changes
The Landing page includes two new features:

- ACO groups are now able to select a specific provider ID in the bottom left-hand corner and filter data this way (first screen shot).
- A new Medicare authorization report was added (second screen shot). This report is updated at 7 p.m. daily and is designed to help you better understand the utilization of your members.

1Availity LLC is a multi-payer joint venture company. For more information or to register, visit Availity’s website at availity.com.
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Please see questions and answers on the following page for more information.
Questions and Answers
Quality and Efficiency Reporting Portal

Who has access to the QERP portal?
All providers who have Medicare and myBlue patients have access to QERP, as well as those providers with value-based agreements.

How do I access the QERP portal?
Log into Availity> My Payer Spaces> Florida Blue icon> Resources tab> Florida Blue Passport Portal> Select your organization> then select Quality & Efficiency Reporting (QERP).

What if I meet the access requirements but can’t view QERP?
Security for the QERP tool is managed by Availity. If you can’t view QERP, reach out to your group’s Primary Access Administrator (PAA) to have your access activated. If you need additional help setting it up, please reach out to your Florida Blue network representative.

What data is used to populate QERP and how often is it updated?
Most of our reports use claims data except for trigger reports. The emergency room trigger report uses data from the Health Information Exchange (HIE), facilities and member eligibility and benefits information. Our inpatient census is populated by our internal authorization tool, Jiva.

<table>
<thead>
<tr>
<th>Report Type</th>
<th>Refresh Cycle</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room – urgent care alert</td>
<td>15 minute interval</td>
<td>This represents the most recent data available. If no updates were posted in the previous 15 minutes, no changes will be made to the report.</td>
</tr>
<tr>
<td>Inpatient census alert</td>
<td>Twice a day at 7:30 a.m. and 12:30 p.m.</td>
<td>The data for this report comes from our internal authorization system. Not all fields are always available.</td>
</tr>
<tr>
<td>Specialist alert</td>
<td>daily</td>
<td></td>
</tr>
<tr>
<td>Quality reports</td>
<td>weekly</td>
<td>Updated every weekend</td>
</tr>
<tr>
<td>New member report</td>
<td>weekly</td>
<td>Includes members who are new to Florida Blue</td>
</tr>
<tr>
<td>Drug report</td>
<td>weekly</td>
<td></td>
</tr>
<tr>
<td>All other reports</td>
<td>monthly</td>
<td>First full weekend of every month</td>
</tr>
<tr>
<td>Quality reports</td>
<td>weekly</td>
<td>Updated every weekend</td>
</tr>
</tbody>
</table>

How is the patient roster created, and does it include all patients?
The HMO roster is based on certain Florida Blue primary care physicians. The PPO roster is based on a member attribution process that looks at claims experience to assign membership, and there is a three-month claim run-out. It includes all membership assigned after each refresh, but does not account for member movement during the month.

What if I have more questions?
Please contact your Florida Blue network representative.

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