



Accessing Quality Data via the Secure Provider Portal

Provider Portal Registration & Login

Portal Registration: provider.carolinacompletehealth.com

Tip: add no-reply@mail.entrykeyid.com to your email contacts

Log In

Username (Email)

LOG IN

Create New Account

single password



reliable security

EntryKeyID

[Help](#) [Privacy Policy](#) [Terms of Use](#) © 2021 Centene



Create Your Account

Let's get started - creating an account is quick and easy.

Email

First Name

Last Name

Language Preference

Password

Passwords must be at least 8 characters and include three of the four items below:

- One uppercase letter
- One lowercase letter
- One number
- One special character (For example: &, \$, !, *)

CREATE ACCOUNT

CANCEL

Portal Banner

The screenshot shows a dark blue portal banner. At the top left is a blurred area for the Health Plan / Product Logo. To its right are five icons with labels: Eligibility (calendar), Patients (people), Authorizations (checkmark), Claims (dollar sign), and Messaging (envelope). On the far right is a blurred area for the User's Name / Menu Options. Below these icons is a section titled 'Viewing Dashboard For :'. It contains two dropdown menus: 'TIN' with the value '4449' and 'Plan Type' with the value 'Medicaid'. A green 'GO' button is to the right of the Plan Type dropdown. Red dashed lines with arrows point from text labels to these elements: 'Health Plan / Product Logo' to the top left; 'Portal Functionalities' to the Eligibility, Patients, and Authorizations icons; 'Secure Messaging' to the Messaging icon; 'User's Name / Menu Options' to the top right; 'TIN(s) Listing' to the TIN dropdown; and 'Plan Type Option(s)' to the Plan Type dropdown.



Tips

- Portal functionality / access is based on the user's permissions
- **Plan Type** drop-down options are automatically assigned based on how the TIN is set-up in our systems, and the products offered by the Health Plan

Portal Home Page – Verified Portal Account

Portal Banner

Eligibility Patients Authorizations Claims Messaging Help

Viewing Dashboard For : TIN [] Plan Type Medicaid [] GO

Quick Eligibility Check

Quick Eligibility Check for Medicaid

Member ID or Last Name: 123456789 or Smith Birthdate: mm/dd/yyyy [Check Eligibility](#)

Last Five Received Claims

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
\$	05/15/2020	[]	T136
\$	05/18/2020	[]	T139
\$	05/18/2020	[]	T139
\$	04/23/2020	[]	T114
\$	04/21/2020	[]	T112

Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Patient Analytics >
- Provider Analytics >
- Care and Risk Gaps - Daily View >

Welcome Center

Recent Activity

Date Activity

Quick Links

Portal Registration & Login Tips

- Registration is required for access to the portal
- Portal accounts cannot be shared
 - Each person within a provider organization who needs access to the portal, must complete the portal registration
- For a portal user to register, their TIN must be loaded in our systems
 - Allow at least two business days for portal to reflect updates in back-end systems
- There is no limit on the number of TINs a portal user can add to their portal account
- Portal users must log into the portal every 90 days to prevent their account from being locked due to inactivity
- The Forgot Password / Unlock Account link on the Secure Provider Portal login page, cannot be used to unlock a portal account, that is locked due to inactivity

Portal Functionality: Provider Analytics

Provider Analytics


To view Provider Analytics

1. Click **Provider Analytics**
2. **Agree to HIPAA terms**

The screenshot displays the Carolina Complete Health provider portal. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a header section allows users to view the dashboard for a specific TIN and Plan Type. The main content area includes a 'Welcome' message, a 'Revised Medical Claims Payment Schedule' announcement, a 'Quick Eligibility Check for Carolina Complete Health' form, and a 'Recent Claims' section. On the right side, a vertical navigation menu lists various options: 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', 'Patient Analytics', and 'Provider Analytics'. A red circle with the number '1' highlights the 'Provider Analytics' option in this menu. Below the main content, a 'Quick Links' section is visible. A modal dialog box is overlaid on the bottom half of the screen, titled 'Quick Eligibility Check for Carolina Complete Health'. It contains the text: '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'. At the bottom of the dialog, there are two buttons: 'Agree to Terms' (highlighted with a red circle and the number '2') and 'Cancel'.

Supplemental Reports

Provider Analytics



Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide

Supplemental Reports

COVID-19 Detail	12-06-2021	
Daily IP & Discharge	No Report	...
Weekly Med Claims	12-05-2021	...
Weekly Rx Claims	12-05-2021	...


P4P and Quality Reporting

Quality

- 2021 NC Med (Adults)
- 2021 NC Medicaid (Peds)

Dashboards

No data returned for this view. This might be because the applied filter excludes all data.



Reference Materials

- [Data Dictionary](#)

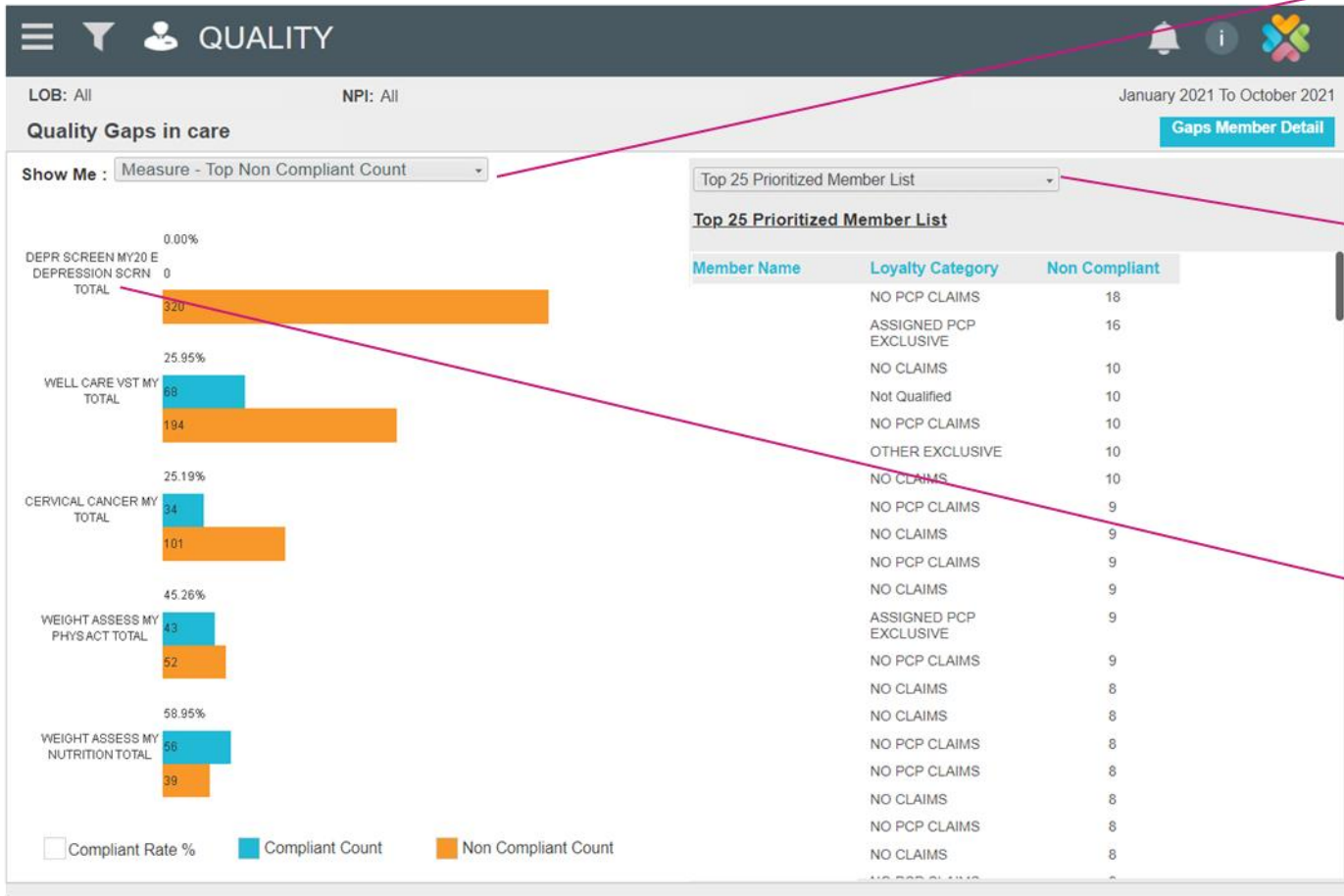
P4P and Quality Reporting

The screenshot displays the 'Provider Analytics' dashboard. At the top, there is a 'Resources' section with links for 'Case Study Support Resource', 'FAQ', and 'Tool Navigation Guide'. Below this, the dashboard is divided into three main areas: 'Supplemental Reports', 'P4P and Quality Reporting', and 'Dashboards'. The 'Supplemental Reports' section includes 'COVID-19 Detail' (12-06-2021), 'Daily IP & Discharge' (No Report), 'Weekly Med Claims' (12-05-2021), and 'Weekly Rx Claims' (12-05-2021). The 'P4P and Quality Reporting' section is highlighted with a red box and contains 'Quality', '2021 NC Med (Adults)', and '2021 NC Medicaid (Peds)'. The 'Dashboards' section shows a message: 'No data returned for this view. This might be because the applied filter excludes all data.' At the bottom left, there is a 'Reference Materials' section with a link to 'Data Dictionary'.

Quality: All AMHs have Quality care gap and measure report available that includes all priority measures.

P4P: All AMHs have a standard P4P available except those within practice entities that are involved in a broad value-based payment arrangement.

Quality Measures



QUALITY

LOB: All NPI: All

Quality Gaps in care

Show Me: Measure - Top Non Compliant Count

- Measure - Top Non Compliant Count
- Measure - Top Compliant Count
- Measure - Top Compliant Rate %
- Measure - All
- NPI - Top Non Compliant Count
- NPI - Top Compliant Count
- NPI - Top Compliant Rate %
- NPI - All

DEPR SCREEN DEPRESSION TOTAL 25.19%

WELL CARE TOTAL

Top 25 Prioritized Member List

- Top 25 Prioritized Member List
- CIS Combo 10 - Sub Measure Member Details
- Well Child 15 - Sub Measure Member Details

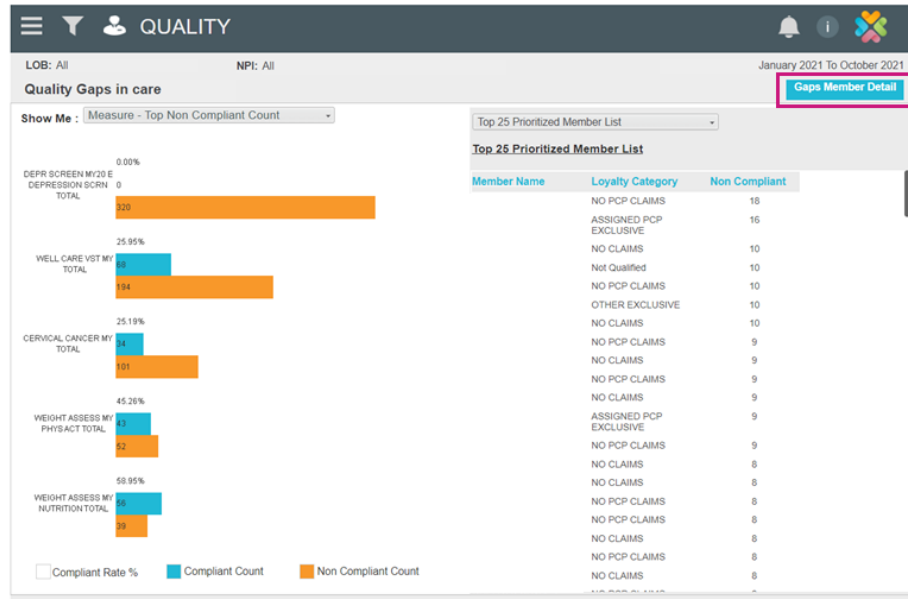
NPI by Measure Report

Measure : CHILD AND ADOLESCENT WELL-CARE VISITS MY Total Qualified Members : 262

Sub Measure : TOTAL

NPI	Qualified Count	Compliant Count	Non Compliant Count	Compliant Rate %
	35	8	27	22.86%
	116	36	80	31.03%
	50	15	35	30.00%
	12	3	9	25.00%
	8	0	8	0.00%
	19	3	16	15.79%
	6	0	6	0.00%
	9	2	7	22.22%
	7	1	6	14.29%

Quality Gaps- Member Detail



Member Detail

Year	LOB	NPI	Measure	Sub Measure	Compliant (Y/N)	Loyalty Category
All	All	All	ADULTS ACCESS MY	ADULTS ACCESS MY - TOTAL	All	All
2020	MARKETPLACE		ADULTS ACCESS MY - TOTAL	ADULTS ACCESS MY - TOTAL	N	ASSIGNED PCP EXCLUSIVE
2021	MEDICAID		ADULTS ACCESS MY - ACUTE PHASE	ADULTS ACCESS MY - ACUTE PHASE	Y	MULTIPLE PCP WITH ASSIGN
			ADULTS ACCESS MY - CONTINUATION PHASE	ADULTS ACCESS MY - CONTINUATION PHASE		MULTIPLE PCP WITH NO ASS
			ADULTS ACCESS MY - TOTAL	ADULTS ACCESS MY - TOTAL		NO CLAIMS
			ADULTS ACCESS MY - TOTAL	ADULTS ACCESS MY - TOTAL		NO PCP CLAIMS
			ADULTS ACCESS MY - TOTAL	ADULTS ACCESS MY - TOTAL		NOT QUALIFIED
			ADULTS ACCESS MY - TOTAL	ADULTS ACCESS MY - TOTAL		OTHER EXCLUSIVE

All Member Detail Datasets

Click drop down menu to export

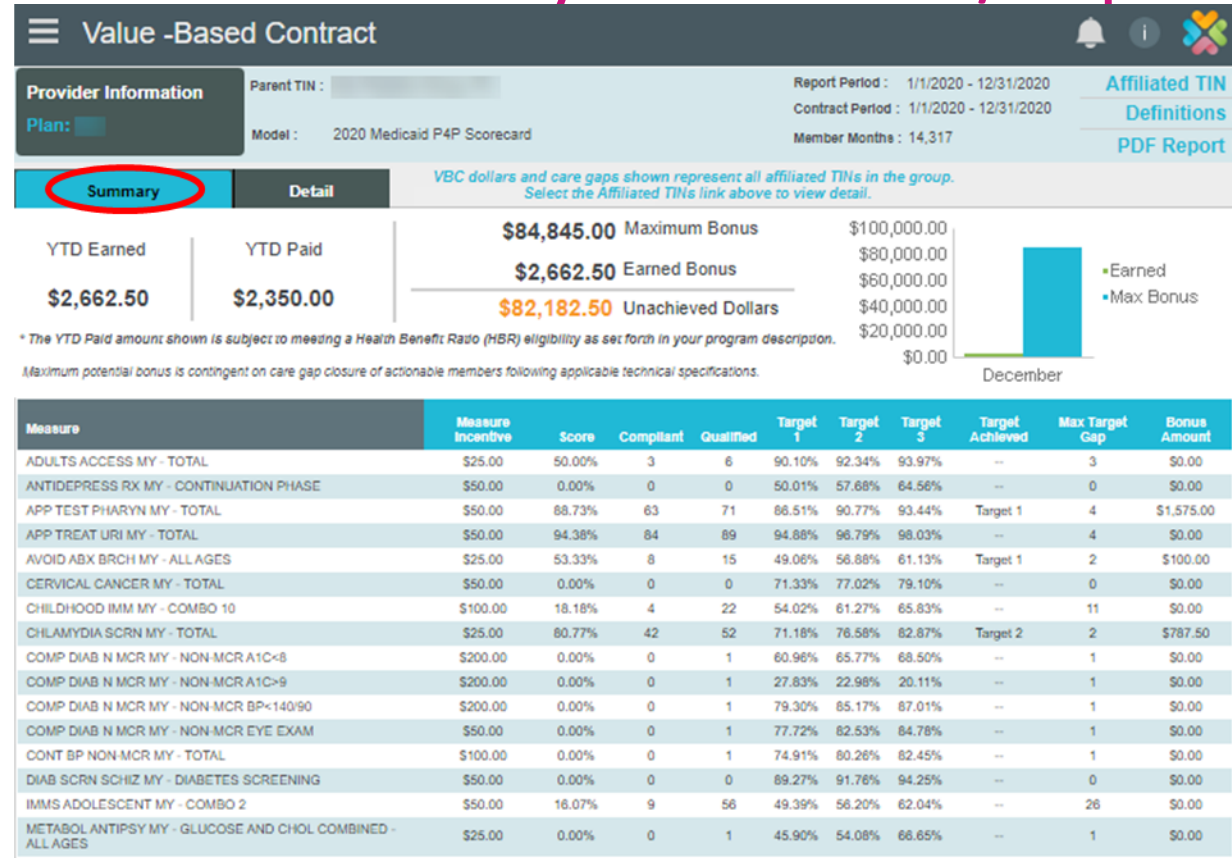
TIN	NPI	NPI Name	Measure	Sub Measure	Ambetter Id	Medicaid Id	Medicare Id	Line of Business
			CBPMBB CONTROLLING HIGH BLOOD PRESSURE NON-MEDICARE MY	TOTAL				MEDICAID
			DSFMYE DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS MY 2020 ECDS	DEPRESSION SCREENING TOTAL				MEDICAID
			W30MY WELL CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE	WELL CHILD VISITS FOR AGE 15-30 MONTHS				MEDICAID
			WCVMY CHILD AND ADOLESCENT WELL-CARE VISITS MY	TOTAL				MEDICAID
			CCSMY CERVICAL CANCER SCREENING MY	TOTAL				MEDICAID
			DSFMYE DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS MY 2020 ECDS	DEPRESSION SCREENING TOTAL				MEDICAID

Export to PDF
Export to Excel

Portal Functionality: Pay-for-Performance Scorecards

Value-Based Contract – Summary Scorecards/Reports

P4P and Quality Reporting
Quality
2021 NC Med (Adults)
2021 NC Medicaid (Peds)



- Sub Measure = HEDIS measures in P4P
- Maximum Incentive = Payout for each compliant event
- Score = Compliant/Qualified (also known as rate)
- Targets = set by plan to earn payout
- Target Achieved = current performance
- Max Target Gap = # of additional compliant events needed to get to the highest target (max payout)
- Bonus Amount = earned through report date

NOTE: This is a summary report you can scroll through the measures and sort the columns but there is no drill down capabilities. For a hard copy to go the "PDF Report". For drill down capabilities go to the "Detail" tab

P4P Scorecard

Value -Based Contract

Provider Selection
Plan: NO

Parent TIN :
Model : 2021 NC Med (Adults)

Report Period : 1/1/2021 - 10/31/2021
Contract Period : 1/1/2021 - 12/31/2021
Member Months :

[Affiliated TIN](#)
[Definitions](#)
[PDF Report](#)

Summary | **Detail**

VBC dollars and care gaps shown represent all affiliated TINs in the group. Select the Affiliated TINs link above to view detail.

Qualifying Measures :
Measures Receiving Payment :
Minimum Qualified Measure :

PMPM Rate :
Member Months :
Paid Amount :

Earned Amount : \$0.00
Unearned Amount : \$
Maximum Bonus : \$

Maximum potential bonus is contingent on care gap closure of actionable members following applicable technical specifications.

Measure	Measure Incentive	Score	Compliant	Qualified	Min Member Threshold	Target 1	Target 2	Target Achieved
CERVICAL CANCER MY - TOTAL	\$0.40							
CHILDHOOD IMM MY - COMBO 10	\$0.40							
CHLAMYDIA SCR N MY - TOTAL	\$0.40							
COMP DIAB N MCR MY - NON-MCR A1C>9	\$0.40							
CONT BP NON-MCR MY - TOTAL	\$0.60							
IMMS ADOLESCENT MY - COMBO 2	\$0.40							
WELL CARE VST MY - TOTAL	\$0.60							
WELL CHILD 30 MY - WELL CHILD VISITS FOR AGE15-30 MONTHS	\$0.40							
WELL CHILD 30 MY - WELL CHILD VISITS IN THE FIRST 15 MONTHS	\$0.40							

PDF Report Export

Parent TIN :

Model : 2021 NC Med (Adults)

Report Year : 2021

Report Period Date Range
2021-01-01 - 2021-10-31
2021-01-01 - 2021-09-30

Member Detail Export

Report Period : 1/1/2021 - 10/31/2021
Contract Period : 1/1/2021 - 10/31/2021

[Affiliated TIN](#)
[Definitions](#)
[PDF Report](#)

October
Max Bonus

Max Target Gap	Bonus Amount
4	\$0.00
124	\$0.00
42	\$0.00

P4P Gaps- Member Detail

Report Period : 1/1/2021 - 10/31/2021

Affiliated TIN ▶
Definitions ▶
PDF Report ▶

PDF Report Export

Parent TIN :

Model : 2021 NC Med (Adults)

Report Year : 2021
Report Period Date Range : 2021-01-01 - 2021-10-31
2021-01-01 - 2021-09-30

Member Detail Export

Max Target Gap	Bonus Amount
4	\$0.00
124	\$0.00
42	\$0.00

VBC Member Detail

LOB	NPI	Measure	Sub Measure	Compliant (Y/N)	Loyalty Category
All MEDICAID		All CERVICAL CANCER MY CHILDHOOD IMM MY CHLAMYDIA SCRNM MY COMP DIAB N MCR MY CONT BP NON-MCR MY IMMS ADOLESCENT MY WELL CARE VST MY WELL CHILD 30 MY	CHILDHOOD IMM MY - COMBO 10 CHLAMYDIA SCRNM MY - TOTAL COMP DIAB N MCR MY - NON-MCR A1C>9 CONT BP NON-MCR MY - TOTAL IMMS ADOLESCENT MY - COMBO 2 WELL CARE VST MY - TOTAL WELL CHILD 30 MY - WELL CHILD VISITS FOR AGE 15- WELL CHILD 30 MY - WELL CHILD VISITS IN THE FIRS	All N Y	All ASSIGNED PCP EXCLUSIVE MULTIPLE PCP WITH ASSIG MULTIPLE PCP WITH NO AS NO CLAIMS NO PCP CLAIMS NOT QUALIFIED OTHER EXCLUSIVE

Member Detail

Click drop down menu to export

Parent TIN	TIN	NPI	NPI Name	Measure	Sub Measure	Ambetter Id	Medicaid Id
				W30MY WELL CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE	WELL CHILD VISITS IN THE FIRST 15 MONTHS		
				W30MY WELL CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE	WELL CHILD VISITS IN THE FIRST 15 MONTHS		
				W30MY WELL CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE	WELL CHILD VISITS IN THE FIRST 15 MONTHS		

Export to PDF
Export to Excel

Provider Analytics: Understanding the Data

AMH Quality Measures Training

- Recording
- Slides (PDF)

Covering clinical specifications and best practices for:

- AMH Quality Measures
- P4P Measures
- Performance Improvement Measures (PIPs)

HEDIS® MEASUREMENT YEAR 2022 Quick Reference Guide

Carolina Complete Health created the [HEDIS® MY 2022 Quick Reference Guide](#) to help you increase your practice's HEDIS® rates and to use to address care opportunities for your patients.

Additional resources available at:

[Quality Improvement and HEDIS](#)
[\(carolinacompletehealth.com\)](http://carolinacompletehealth.com)



Quick Reference Guide HEDIS® MY 2022

FOR MORE INFORMATION, VISIT WWW.NCQA.ORG



Thank you!