Oracle® Health Quality Management

Reference Guide

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Oracle Health Quality Management Reference Guide,

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Preface

This preface contains the following sections:

- Documentation Accessibility

Documentation Accessibility

For information about Oracle's commitment to accessibility, visit the Oracle Accessibility Program website at http://www.oracle.com/pls/topic/lookup?ctx=acc&id=docacc.

1 Oracle Health Quality Management Introduction

Quality Management is a modern, AI-powered experience, built to help health systems manage value-based care. This centralized platform unifies previously disconnected core workflows, including tracking quality performance, managing risk contracts, surfacing high-impact patients for outreach, and delivering insights at the point of care.

Quality Management provides capabilities to users across the health system:

- Population health leaders gain a clear view of contract performance, with proactive insights that help them meet shared savings targets before deadlines.
- Quality Managers can see real-time performance on every measure program in one place and quickly identify patients and providers who need attention most.
- Care coordinators get AI-powered patient prioritization that surfaces the highest-impact opportunities first.

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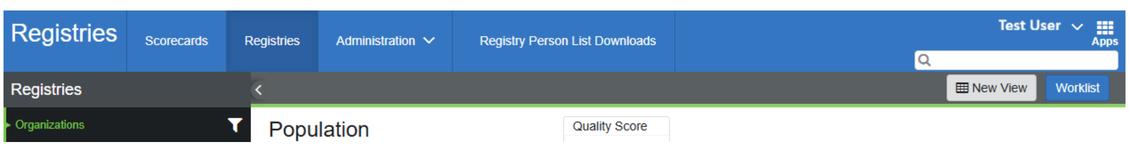
Application Access Requirements

You can access Oracle Health Quality Mangement using a direct link or through the existing Registries application.

The following options are available to access Quality Management:

- Use a direct link provided by the Oracle team. Any member of the customer team can use this direct link to access Quality Management.
- Select **New View** in HealtheRegistries. You can enable the New View button in the current Registries application which, when selected, takes users to the new Quality Management application. When enabled, the New View button is displayed in HealtheRegistries in the Registries tab and the Worklist.

  Contact the Oracle product team for instructions about enabling the updated Quality Management experience. See Accessing HealtheRegistries on the Oracle Health wiki for information on how to access the Registries application.



Audit Quality Management

Audit Quality Management to view which reports are being viewed most frequently.

You can audit Quality Management to determine which reports are being viewed most frequently. Contact your Oracle representative for a list of audit events.

To audit Quality Management:

1. Open P2Sentinel. See Accessing P2Sentinel for information on gaining access to P2Sentinel.
2. From the Patient Privacy menu, select **Cloud Interactions**, then select **Cloud Discrete Details**.
3. Enter the system name you want to view in the System Names field and select the appropriate system.
4. Select **Submit**. The discrete details for the selected system are displayed.
5. Select the **Selected Events** tab and enter a keyword in the Event Keys field.

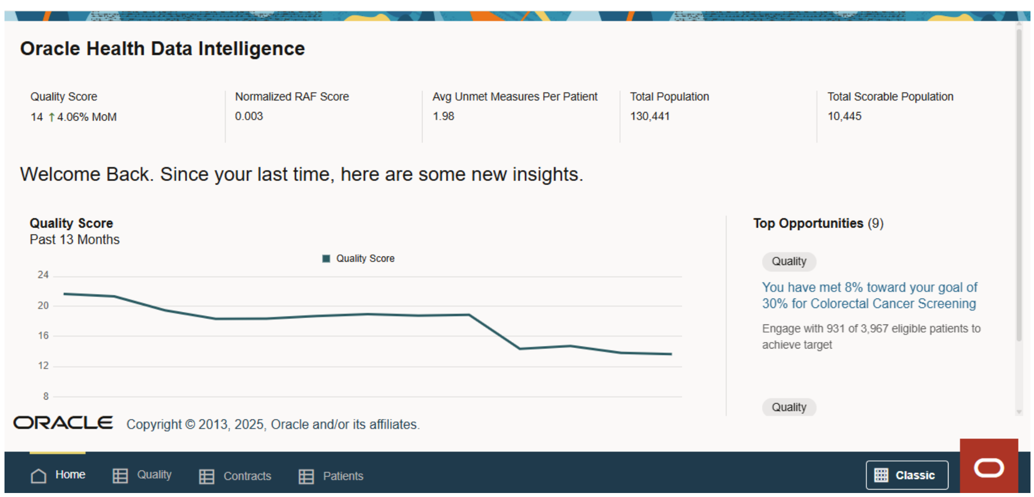
6. Select the event you want to view and select **Submit**. Details for that event are displayed.

Oracle Health Quality Management Home

Oracle Health Quality Management landing page.

The Oracle Health Quality Management home view serves as an entry point to Oracle Health Quality Management, presenting a personalized view of high-value data for quality managers and providers. The home page is designed to add insight to decision-making and facilitate action toward top targets. The following data is available from this page:

- **Key performance indicators (KPIs)**: The metrics most relevant to each individual user's scope and goals.
- **Top opportunities**: Opportunities are displayed in order of potential impact and urgency that allow you to engage with the data and determine next steps.
- **Central trend visualization**: Trends in quality scores for quality managers and composite scores for providers are displayed.
  - For users that have access to a single scorecard (for example, providers), a single composite score is displayed. This matches the scorecard displayed in HealtheRegistries.
  - For users that have access to more than one scorecard (for example, administrators), a combined quality score is displayed. This matches the quality scored displayed in the Registries tab in HealtheRegistries.



Oracle Health Quality Management Help and Support

Get help and support

To access help and support:

- Select **Ask Oracle** ( ) and select **Help** to access Oracle Health Quality Management assistance.
- Visit oracle.com/health/services/support/ to contact Oracle support.

2

Quality Performance

Quality Management hosts various workflows, starting with Quality Performance workflows from HealtheRegistries. Quality Performance workflows include Quality (Scorecards) and Patients (Patient Lists)

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  Quality Performance allows you to view quality initiatives for an organization.
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- Use Quality Smart Search
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- Use Pivot Views
  Pivot views provide further insight into measures, organizations, and providers.
- Measures View
  The Measures view displays a list of relevant quality measures and their current status.
- Measure Detail View
  The measure detail page displays details for a specific measure.
- Organizations View
  The Organizations view provides quality performance information from the perspective of different organizations.
- Providers View
  Administrators can view quality performance information from the perspective of different providers.

Quality Performance Introduction

Quality Performance allows you to view quality initiatives for an organization.

Quality Performance allows you to manage Healthcare Effectiveness Data and Information Set (HEDIS), Merit-based Incentive Payment System (MIPS), Clinical Standard, and Hierarchical Condition Categories (HCCs) in one place. Goals, trending performance, and patient-level opportunities are displayed in a single interface. The Quality Performance workflows allow population health and quality teams to view, manage, and act on population health opportunities using the platform's measure libraries to target care gap closure for actionable patients.

The following key features are included:

- Displaying which quality goals at the measure level are at risk so the team can effectively identify areas for improvement. Analyzing performance across organizations and providers to determine areas of focus.
- Identifying which patients across an entire organization have unmet measures that need to be addressed so that the team can work to create initiatives targeting these patients and impact the overall organizational goals.
- Displaying a provider’s overall performance scorecard and identifying trends for measure performance improvement.

Quality Performance Data Requirements

Quality Performance workflows are available through the Registries application.

Use HealtheRegistries to access the Quality Performance workflows in Quality Management. The Quality Performance workflows use existing HealtheRegistries services to determine all measure processing and patient information.

Quality Performance Personas

Personnel groups are used to grant access to the Quality Performance workflows.

Table 2-1 Quality Performance Personas

Personnel Group	Access and Considerations
Registries Whitelist	Grants access to the overall application. Required for roles that need to access registry, measure, and patient information.
Registries Administrators	Grants access to all application features and patients.
Registries Reviewers	Grants access to all patients in all organizations.

Different roles in the organization may require different levels of access. For example:

- A system administrator or director of population health who needs access to all patients and features in the tenant should be added to the following user groups:
  - **Registries_whitelist:** Access the application.
  - **Registries_administrators**: Access to all patients and features.
- A quality manager who needs access to three different organizations and the associated patients should be added to the following user groups:
  - **Registries_whitelist**: Access the application.
  - Administrator access for the three organizations for which they need access to the patients, to gain access to all patients in those three organizations.
- A provider who needs access to only patients to whom they are attributed should be added to the following user groups:
  - **Registries_whitelist**: Access the application.

- Applicable organization or organizations at which they practice to gain access to their own attributed patients in those organizations.

For a full list of all supported personnel groups in Health Data Intelligence see Configure Personnel Groups in the Oracle Health Data Intelligence Security Model.

Quality Performance Access Considerations

Access level determines what information you can view on the Quality Performance summary view.

For summary views on the Quality page:

- A member can only view information relevant to them. For example, a member in the Provider tab only sees their own name in the Provider list.
- An administrator can view information relevant to their organization. For example, an administrator in the Provider tab can see all providers in their organization. An administrator in the Organization tab only sees their own organization.
- A system administrator can view all information in their tenant. For example, a system administrator in the Provider and Organization tab sees all providers and organizations across their entire tenant.

Select a Reporting Project

Select the reporting project you want to view.

A reporting project consists of the following main properties

- Content (Registries and Measures)
- Measurement Period (Calendar year versus rolling 365 days)
- Population
  The following table contains examples of two different reporting projects:

Reporting Project	Content	Measurement Period	Population
Clinical Standard	Registries and measures from the clinical standard v4 content catalog are included.	Rolling 365 days, patient outcomes are calculated based on results from last 365 days.	Full HealtheRegistries population.
HEDIS MY2025	Measures from the HEDIS MY2025 content catalog are included.	Calendar year; patient outcomes are calculated based on results from current calendar year.	Full HealtheRegistries population.

The above two reporting projects apply to the same population. The Clinical Standard reporting project hosts information related to the clinical standard measures while the HEDIS MY2025 includes all HEDIS MY2025 measures. Access to multiple reporting projects allows you to view content from various catalogs in the same workflow and application.

You can select the reporting project for which you want to view details from the Reporting Project menu. You can access all reporting projects your organization is tracking against from Quality Management in the Quality view and the Patients view. The default reporting project is Quality Performance and includes the set of content your organization had enabled in HealtheRegistries.

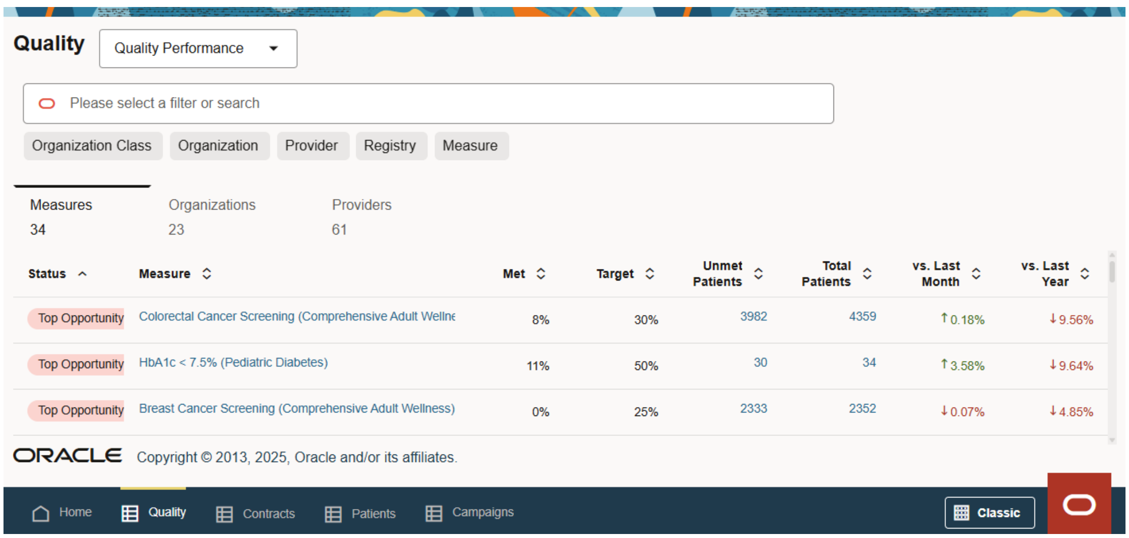
You can access the Reporting Project menu from both the Quality and Patients views. Reporting projects displayed on the menu are enabled in Console. When you access the Reporting Project menu from the Patients view, additional projects may be displayed related to Value Based Care contracts if your organization is using Contract Performance.

From the Reporting Project menu, select the reporting project you want to view. Data for that reporting project is displayed.

> **Note**
>
> For information on enabling reporting projects in Quality Performance, see the Oracle Health Quality Management Administrator Guide.

View the Quality Performance Dashboard

The Quality Performance dashboard provides an overview of the measures for an organization.



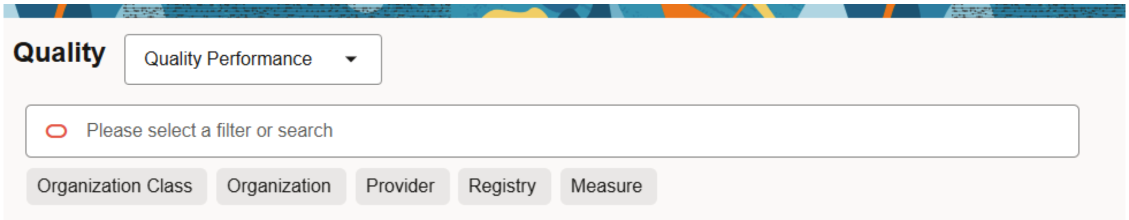
When you open the Quality Performance view, the Quality page is displayed. The Quality page provides a view of your quality measures and the current status of your measures compared to the goals set in the Score Plan tool. The Quality page is the updated view for the existing Scorecard tab in HealtheRegistries. The Quality page includes a list of all enabled measures for the organization and a summary view of the current state of the quality measure.

The Quality page consists of the following components:

- Smart search
- Pivot views

Use Quality Smart Search

Use Quality smart search to filter data displayed on the Quality Performance dashboard.

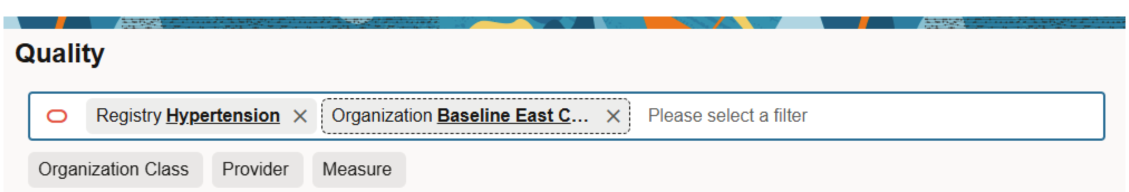


The smart search component allows you to filter data presented in the pivot view tables. To search for specific filter values, select one of the available filtering values and view the options. You can select multiple filters.

Table 2-2 Quality Performance filters

Filter	Definition
Measure	Name of the measure. Use this filter to search and filter for specific measures. For example, Blood Pressure Management.
Organization	Name of the organization. If a user is a member or administrator of multiple organizations, they can use this filter to select a specific organization.
Organization Class	Name of the organization class. If a user is a member or administrator of multiple organization classes, they can use this filter to select a specific organization class.
Provider	Name of the provider. Use this filter to search for and select specific providers in the organization. **Note** This filter is available only to administrators. If a user is only a member, they can only select their own name in the Provider filter.
Registry	Name of the registry. Use this filter to narrow down the listed quality measures and view measures from a specific registry.

For example, if you select the hypertension registry and Baseline East Clinic as the organization, the list of measures in the grid displays measures from the hypertension registry that have been enabled for Baseline East.



Use Pivot Views

Pivot views provide further insight into measures, organizations, and providers.

The following views provide additional detail on overall quality measure status across your healthcare organization:

- Measures
- Organizations
- Providers

Measures View

The Measures view displays a list of relevant quality measures and their current status.

The Measures view provides information required to understand the healthcare organization's quality performance and identify areas for improvement. If a provider filter is used, this displays the measures that the specific provider is scored against in the Score Plan tool. If an organization filter is used, measures that the organization is scored against in the Score Plan tool are displayed. If an organization class only has provider score cards set up and no organization score card set up in the Score Plan tool, no measures are displayed in the Measures tab. If a provider filter is added, only the measures the filtered provider is scored against are displayed in the Measure tab.

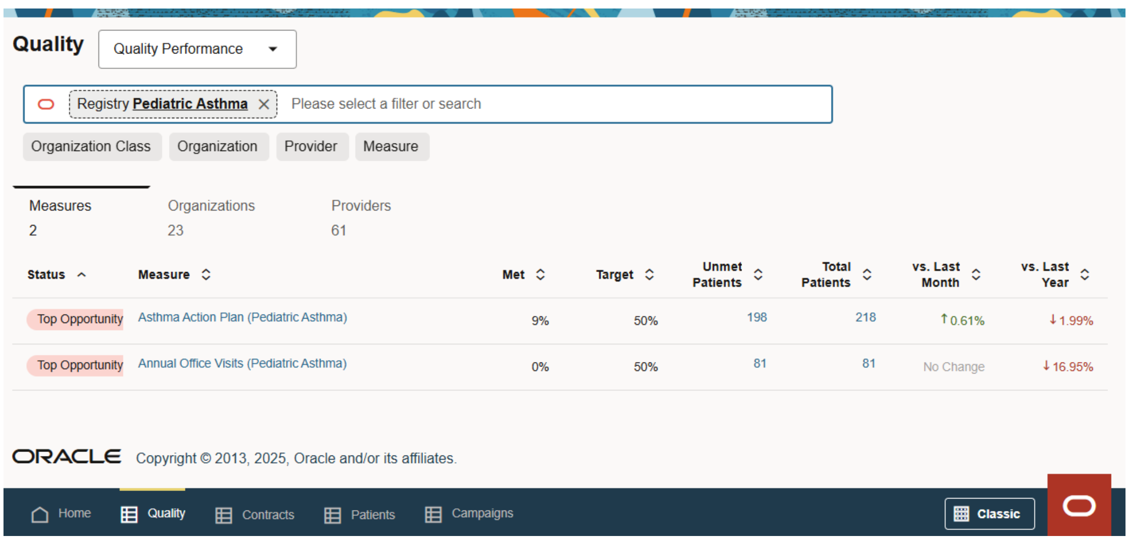


Table 2-3 Measures view columns

Column	Definition
Status	The status of the measure as defined by the Top Opportunity algorithm. See Overview of the Opportunity Index in HealtheRegistries on Oracle Health wiki for details. The status can have one of the following labels: • **Top Opportunity**: Displayed on all top opportunity measures using the Top Opportunity algorithm. • **Met**: Displayed for all measures where Met percentage is greater than Target. All other measures have no status label.
Measure	The name of the measure. The measure name is displayed with the associated registry in parentheses. For example: • Blood Pressure Measurement (Comprehensive Adult Wellness) • Blood Pressure Measurement (Hypertension)
Met	The met percentage of the specific measure. This percentage is calculated using the total number of scorable patients that have met the specific measure divided by the total number of scorable patients in the measure's denominator.
Target	The target the user has set for this measure in the Score Plan tool. If no target is set, **No Target Set** is displayed. The target value used in this column is identical to the value used on the scorecard in HealtheRegistries.
Not Achieved Patients	The number of patients that need to be added to the numerator to meet the target for the measure. • If no target has been set, **No Target Set** is displayed. • If target has been met, **Target Met** is displayed.
Total Patients	The total count of scorable patients included in this measure based on the measure's inclusion criteria. This includes patients that have both met and not met this measure. You can select the numerical value to access the Patients page to view the list of patients for this specific row.
vs. Last Month	The difference in met percentage between last month's met percentage and the current met percentage. For example, if today is July 5, compare the met percentage with June 1. Snapshots are taken at the beginning of every month, so data points are compared to the beginning of the previous month. If data is not available, the system displays **No Data**. This can happen if the measure was recently enabled.

Table 2-3 (Cont.) Measures view columns

Column	Definition
vs. Last Year	The difference in met percentage between last year's current percentage and the current met percentage. For example, if today is July 5, 2024, compare the met percentage with July 1, 2023. Snapshots are taken at the beginning of every month, so data points are compared to the beginning of the same month from the previous year. If data is not available, they system displays **No Data**.

Measure Detail View

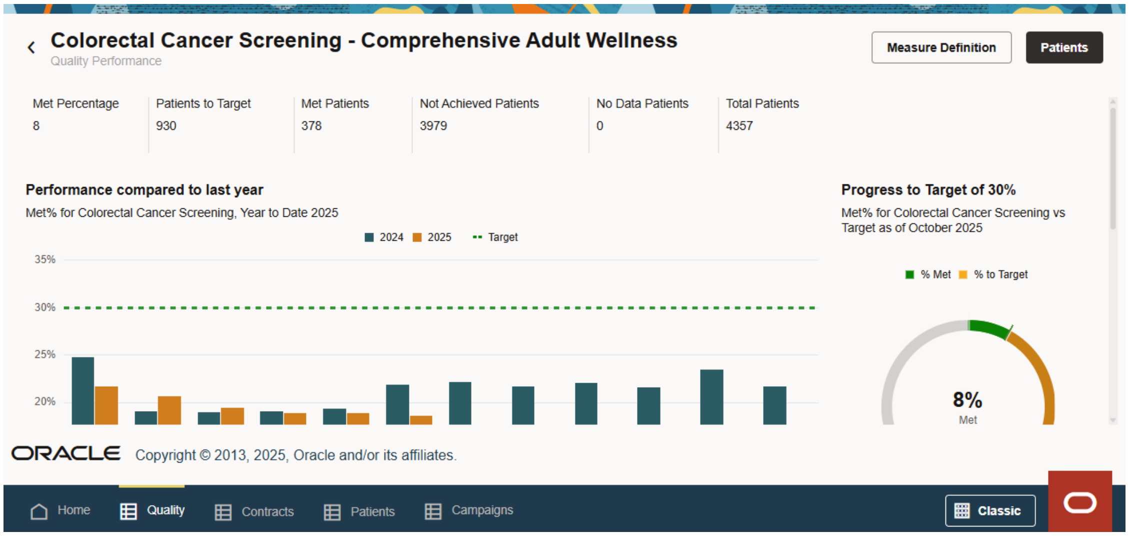
The measure detail page displays details for a specific measure.

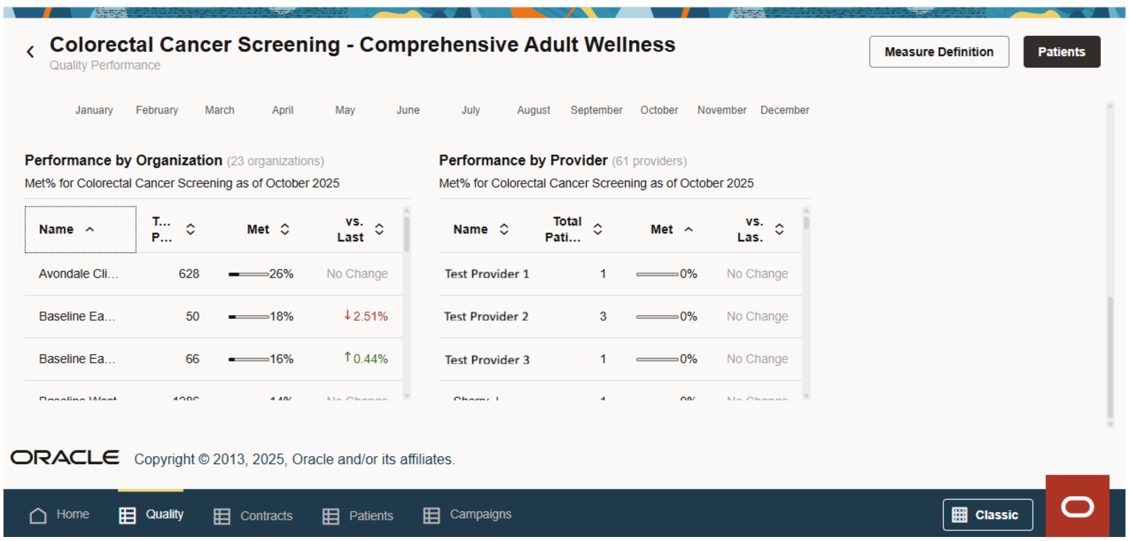
The measure detail page displays additional information about the selected measure. You can select any measure from the Measures view to open a measures detail page. The following information about the measure is included on the measures detail page:

- **Met Percentage**: The percentage of the target goal that has been met.
- **Patients to Target**: The number of patients to target to achieve the measure goal.
- **Met Patients**: The number of patients that have successfully met the measure.
- **Not Achieved Patients**: The number of patients that have not met the measure.
- **No Data Patients**: The number of patients for which there is no data.
- **Total Patients**: The total number of patients eligible for the measure.
- **Performance Compared to Last Year**: A comparison of the met percentage for the measure between the current year and the previous year.
- **Performance by Organization**: A list of organizations and their progress toward the measure goal. You can sort the list by each heading in the table:
  - Name (alphabetic)
  - Total Patients
  - Met (percentage met for the measure)
  - vs. Last (change versus last year)
- Performance by Provider: A list of providers and their progress toward the measure goal. You can sort the list by each heading in the table:
  - Name (alphabetic)
  - Total Patients
  - Met (percentage met for the measure)
  - vs. Last (change versus last year)

Select **Measure Definition** to view a definition of the measure and the registry it is associated with.

Select **Patients** to view the list of patients eligible for the measure.





Organizations View

The Organizations view provides quality performance information from the perspective of different organizations.

The Organizations view displays relevant organizations (as set up in Oracle Personnel tool) for the specific user. The Organizations view provides quality performance information from the perspective of different organizations. This view can be helpful when attempting to identify different organization areas and their respective quality measure performance in the same healthcare organization.

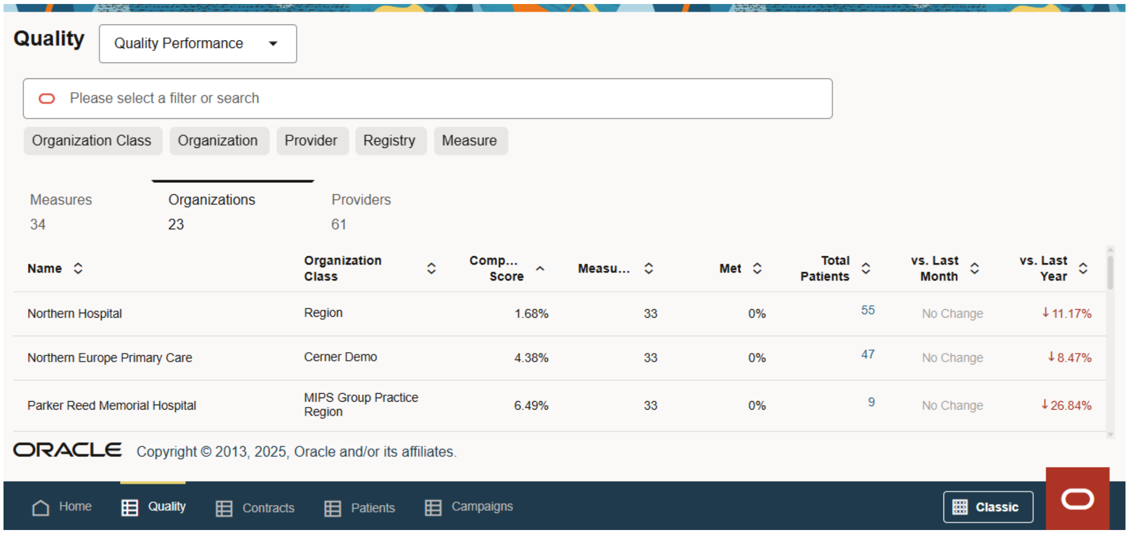


Table 2-4 Organization view columns

Column	Definition
Name	The name of the organization as configured in the Oracle Personnel tool.
Organization Class	The organization class for this specific organization. Organization classes are defined in the Personnel tool and allow users to group together similar organizations based on criteria such as geography, size, or specialty (for example, pediatric organizations).
Composite Score	The composite score for the organization. See Understanding Composite Scores in HealtheRegistries on Oracle Health wiki for details. If the organization has not set up a score plan, **No Target Set** is displayed.
Measures	The total number of measures being scored (set up in Score Plan tool) for the organization.
Met	The combined met percent for all measures that are scored for this organization. This percentage is calculated using the total number of patients that have met measures in this organization divided by the total number of scorable patients for this organization.
Total Patients	The number of patients in the denominator for all measures enabled for this organization. You can select the numerical value to access the Patients page to view the list of patients for this specific row.
vs. Last Month	The difference in composite score between last month's composite score and the current composite score. For example, if today is July 5, compare the composite score with June 1. Snapshots are taken at the beginning of every month, so data points are compared to the beginning of the previous month. If data is not available, **No Data** is displayed.

Table 2-4 (Cont.) Organization view columns

Column	Definition
vs. Last Year	The difference in composite score between last year's composite score and the current composite score. For example, if today is July 5, 2024, compare the composite score with July 1, 2023. Snapshots are taken at the beginning of every month, so data points are compared to the beginning of the same month from the previous year. If data is not available, **No Data** is displayed.

Providers View

Administrators can view quality performance information from the perspective of different providers.

The Providers view displays the list of all providers (as set up in Oracle Personnel tool) for this specific user. Only organization administrators can see multiple providers in this view. A member of an organization can only see themselves in this view. The Providers view provides the administrator with quality performance information from the perspective of different providers. This view can be helpful when attempting to identify different organization areas and their respective quality measure performance in the same healthcare organization. Only members who are part of a scorable personnel group are displayed in this list. If an organization filter is used, only users that are a member of that organization are displayed in this list. If a user is an administrator of the organization, they are not displayed in this list.

Table 2-5 Providers view columns

Column	Definition
Provider	The name of the provider as configured in the Oracle Personnel tool.
Composite Score	The composite score for this provider. See Understanding Composite Scores in HealtheRegistries. If the provider has not set up a score plan, **No Target Set** is displayed.
Measures	The total number of measures being scored (set up in Score Plan tool) for this provider.
Met	The combined met percent for all measures that are scored for this provider. This percentage is calculated using the total number of patients that have met measures for this provider divided by the total number of scorable patients for the provider.
Total Patients	The number of attributed patients in the denominator for all measures scored for this provider. You can select the numerical value to access the Patients page to view the list of patients for this specific row.

Table 2-5 (Cont.) Providers view columns

Column	Definition
vs. Last Month	The difference in composite score between last month's composite score and the current composite score. For example, if today is July 5, compare the composite score with June 1. Snapshots are taken at the beginning of every month, so data points are compared to the beginning of the previous month. If data is not available, the system displays **No Data**.
vs. Last Year	The difference in composite score between last year's composite score and the current composite score. For example, if today is July 5, 2024, compare the composite score with July 1, 2023. Snapshots are taken at the beginning of every month, so data points are compared to the beginning of the same month from the previous year. If data is not available, they system displays **No Data**.

3

Patient List

Quality Management hosts various workflows, starting with Quality Performance workflows from HealtheRegistries. Quality Performance workflows include Quality (Scorecards) and Patients (Patient Lists)

Patient List Introduction

The Patient List includes a list of all patients in the population and key data regarding their clinical status.

The Patients list includes a list of all patients in the population and key data required to evaluate the patient’s current clinical status and any next steps needed to help close the patient’s open care gaps. You can use the Patient smart search to search for specific patients or filter the list of patients. You can also create, save, export, and share customized views of the Patients list.

Patient List Data Requirements

Access the Patient List through the HealtheRegistries application.

Organizations must use the existing Registries application to use the Patients list workflows in Quality Management. The Patients list workflows use existing Registries services to determine all measure processing and patient information.

Patient List Personas

Access to the Patients list is managed through personnel groups in the Personnel tool.

The personas and associated security below are available. Roles are managed through the Personnel tool.

Table 3-1 Patient List Personas

Personnel Group	Access and Considerations
Registries Whitelist	Grants access to the overall application. Required for roles that need to access registry, measure, and patient information.
Registries Administrators	Grants access to all application features and patients.
Registries Reviewers	Grants access to all patients in all organizations.

Different roles in the organization may require different levels of access. For example:

- A system administrator or director of population health that requires access to all patients and features in the tenant should be:
  - Added to the registries_whitelist personnel group to gain access the application.
  - Added to the registries_administrators personnel group to gain access to all patients and features.
- A quality manager that requires access to three different organizations and the associated patients should be:
  - Added to the registries_whitelist personnel group to gain access the application.
  - Made an administrator for the three organizations for which they need access to the patients, to gain access to all patients in those three organizations.
- A provider that requires access to only patients to whom they are attributed should be:
  - Added to the registries_whitelist personnel group to gain access the application.
  - Made a member of one or more organizations at which they practice to gain access to their own attributed patients in those organizations.

For a full list of all supported personnel groups see Configure Personnel Groups in the Oracle Health Data Intelligence Security Model.

Patients List Data Access Considerations

The data access parameters that are set determine what you can view on the Patient List.

The Patients list page includes the following data access considerations:

- **Customers using only Attribution**
  - Organization administrators can see all patients attributed to any member in that organization.
  - Organization members can see only patients who are directly attributed to them.
- **Customers using Attribution and Affiliation**
  - Organization administrators can see the following information:
    - All patients attributed to any member in that organization.
    - All patients affiliated with that organization.
  - Organization members can see the following information:
    - All patients that are directly attributed to them.
    - Patients affiliated with their organization but without any attributed providers.

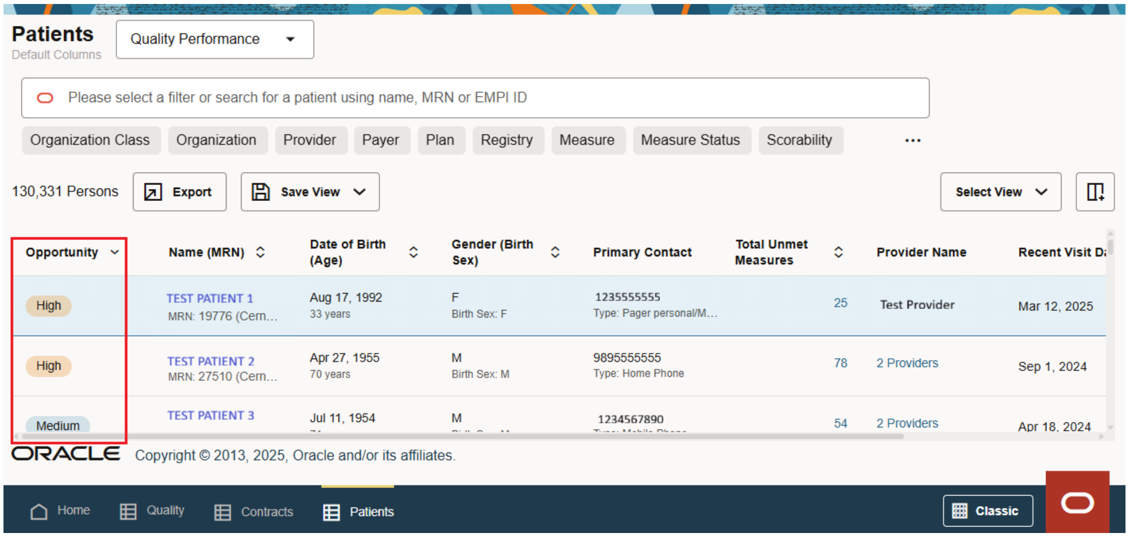
AI Patient Prioritization

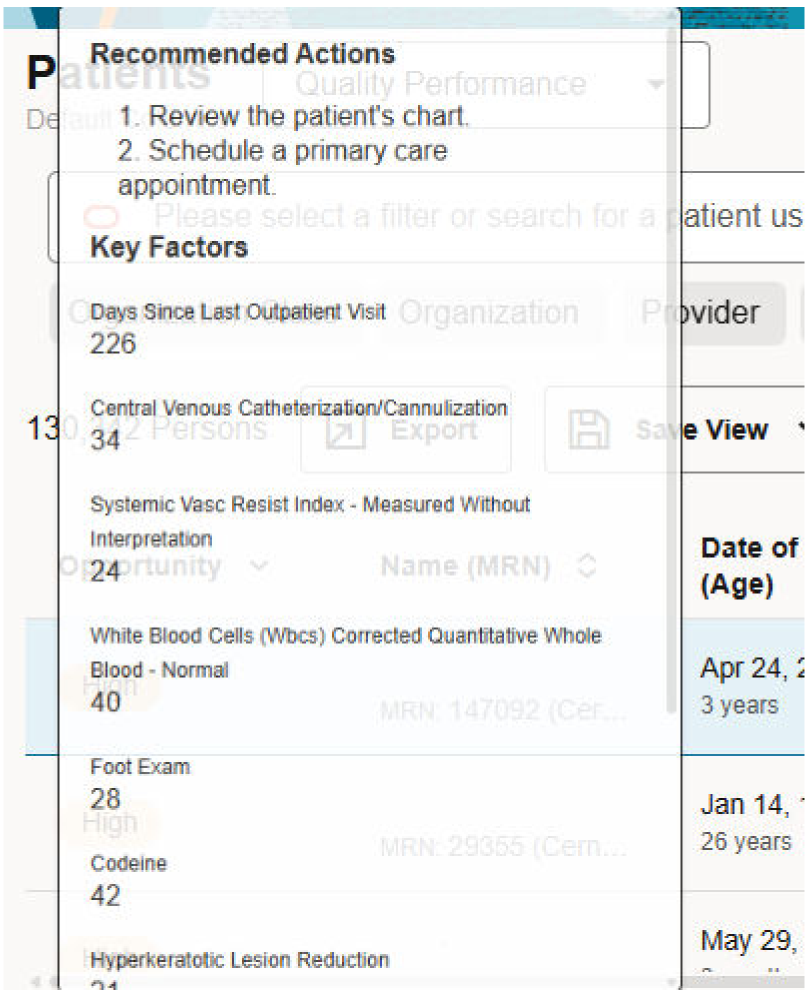
AI Patient Prioritization helps identify patients that may benefit from short-term follow up and intervention.

Artificial Intelligence (AI) powered Patient Prioritization is an advanced feature that assists care teams in identifying adult (>= 18 years of age) patients that could benefit most from immediate intervention, potentially improving outcomes and preventing unplanned emergency department visits.

The feature is powered by a predictive model that analyzes demographics, medical conditions, symptoms, lab results, vital signs, procedures, and medications to determine whether a patient would benefit from immediate intervention. Patients are ranked as High, Medium, Low, or No Data, and rankings are displayed in the Opportunity column on the Patients list. The top 10 percent of patients are labeled as High; the central 80 percent as Medium; the bottom 10 percent as Low. Patients ranked as No Data do not have a score available in the system.

Position your mouse over the ranking to view recommended actions for the patient and key factors that contributed to the ranking.





The AI Patient Prioritization rankings are intended for teams who are focused on reducing acute care utilization. Quality managers can use these rankings to make decisions about scheduling outpatient visits to reduce the risk and associated cost of acute care utilization.

If these rankings do not apply to your role, you can hide the Opportunity column from view. See View the Patient List View the Patients List for information on customizing the Patient List view.

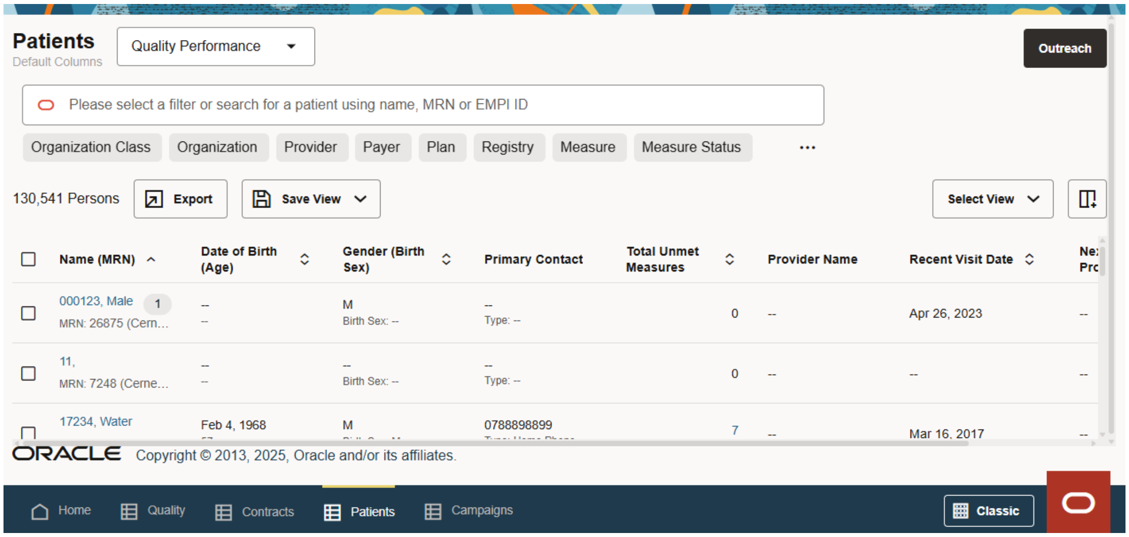
The AI Patient Prioritization model is powered by a predictive algorithm that uses the data elements below. Data is refreshed and prioritized is updated every 24 hours.

Data Element	Description
Condition	Presence of clinical condition, problem, diagnosis that is discretely captured documented within the last 180 days.
Medications	Identification and definition of a medication, including its ingredients, that was prescribed, dispensed, or administered (individually or in combination) to the patient within the past 100 days.
Patient Demographics	Gender, race, ethnicity.
Procedures	Discrete procedure documented within last 60 days.
Results	Discrete lab results recorded within last 14 days.
Vital Signs	Discrete vital signs within last 14 days.
Patient Population	Patient age is greater than or equal to 18 years of age as of today's date. Patients must meet one of the following criteria: • Fewer than three outpatient, extended care, or telehealth evaluation and management visits within the past 24 months. • Two or more ED, inpatient, or urgent care visits within the past 24 months.
Patient Exclusion	• Patients who are deceased any time before the end of the current measurement period. • Patients in hospice care within last 30 days. • Patient with problem = Pregnancy without Pregnancy Completion. • Patients who have not had an encounter in 365 days.

View the Patient List Dashboard

Use the dashboard to filter and sort the Patient list.

The Patients page is the updated view for the current Registries worklist. This page is the primary source for users to identify actionable patients in their healthcare organization, and is the starting point for future patient outreach. The Patients page includes a list of all patients in the population and key data required to evaluate the patient's current clinical status and any next steps needed to help close the patient's open care gaps.



The Patients page contains two main components:

- Smart search
- Patients list

Select a Reporting Project

Select the reporting project you want to view.

A reporting project consists of the following main properties

- Content (Registries and Measures)
- Measurement Period (Calendar year versus rolling 365 days)
- Population
  The following table contains examples of two different reporting projects:

Reporting Project	Content	Measurement Period	Population
Clinical Standard	Registries and measures from the clinical standard v4 content catalog are included.	Rolling 365 days, patient outcomes are calculated based on results from last 365 days.	Full HealtheRegistries population.
HEDIS MY2025	Measures from the HEDIS MY2025 content catalog are included.	Calendar year; patient outcomes are calculated based on results from current calendar year.	Full HealtheRegistries population.

The above two reporting projects apply to the same population. The Clinical Standard reporting project hosts information related to the clinical standard measures while the HEDIS MY2025 includes all HEDIS MY2025 measures. Access to multiple reporting projects allows you to view content from various catalogs in the same workflow and application.

You can select the reporting project for which you want to view details from the Reporting Project menu. You can access all reporting projects your organization is tracking against from Quality Management in the Quality view and the Patients view. The default reporting project is

Quality Performance and includes the set of content your organization had enabled in HealtheRegistries.

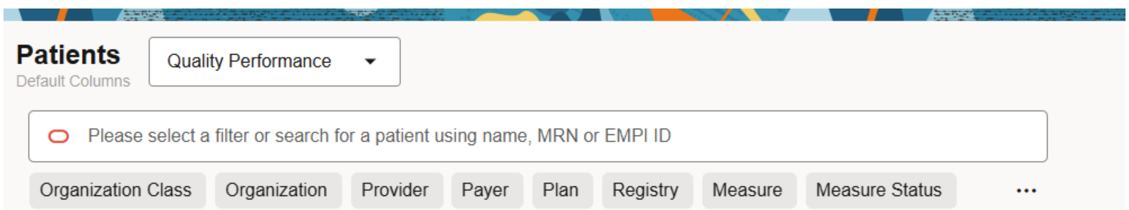
You can access the Reporting Project menu from both the Quality and Patients views. Reporting projects displayed on the menu are enabled in Console. When you access the Reporting Project menu from the Patients view, additional projects may be displayed related to Value Based Care contracts if your organization is using Contract Performance.

From the Reporting Project menu, select the reporting project you want to view. Data for that reporting project is displayed.

> **Note**
>
> For information on enabling reporting projects in Quality Performance, see the Oracle Health Quality Management Administrator Guide.

Use Patient Smart Search

Use Patients smart search to filter and search the list of patients.



The smart search component enables you to filter the list of patients and search for a patient in the Patients list. To search for a patient, type the patient's name, medical record number (MRN), or enterprise master patient index ID (EMPI ID) in the search box and press **Enter**. The Patients list is filtered to match only those patients for whom the keyword is relevant. For example, searching for 123 returns all patients who have 123 in their MRN.

To search for specific filter values, select a filter value or multiple values. To access the full list of filters, select Ask Oracle ( ) in the search field or select the ellipsis ( ) .

The Patients page supports the following filters:

Table 3-2 Patient list filters

Filter	Definition
Age	The age of the patient.
Attribution Status	Identifies if patient is attributed to a provider or organization.
Contract	The list of the patient's payer-related contracts.
Country	The patient's country of residence.
Date of Birth	The patient's date of birth.
Gender	The patient’s gender.
Measure	The name of the measure. Use this filter to search and filter for specific measures. For example, **Blood Pressure Management**.

Table 3-2 (Cont.) Patient list filters

Filter	Definition
Measure Status	The status of the selected measure. Filter options include excluded, met, no data, and not achieved. When you select the excluded option, patients are displayed that have been excluded based on the measure exclusion criteria and patients that have been manually excluded from this measure.
Next Attributed Provider Visit Date	The date of the patient's next scheduled attributed provider visit.
Next Other Visit Date	The patient's next visit date if the visit is not with their attributed provider.
Opportunity	The Opportunity index for the patient. Opportunity automatically identifies, categorizes, analyzes risk, and identifies the highest impacts on patient health. The insights build on Oracle Health's decade-long investment into an extensive knowledge base of care gaps, chronic diseases, and patient care journeys. Currently, Oracle supports High, Medium, and Low and No Data.
Organization	The name of the organization. If a user is a member or administrator of multiple organizations, they can use this filter to select a specific organization.
Organization Class	The name of the organization class. If a user is a member or administrator of multiple organization classes, they can use this filter to select a specific organization class.
Payer	The payer associated with the patient based on the healthcare organization's enrollment file data in HDI.
Plan	The plan associated with the patient based on the healthcare organization's enrollment file data in HDI.
Postal Code	The patient's postal code.
Preferred Contact Type	The patient's preferred contact method.
Provider	The patient's attributed provider. Use this filter to search for and select specific providers in the organization. **Note** This filter applies only to administrators. If a user is a member, they can only select their own name in the Provider filter.
Race	The patient's race.
Recent Visit Date	The patient's most recent visit date.

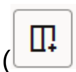
Table 3-2 (Cont.) Patient list filters

Filter	Definition
Registry	Name of the registry. Use this filter to narrow the list of patients and to view only patients who are part of a specific registry.
Registry Count >=	The total number of registries the patient is included in.
Risk Score	The MARA Risk Score value for the patient.
Scorability	The patient's scorability, determined by each organization's scorability algorithm.
State/Province	The state or province in which the patient resides.
Total Measures >=	The total number of measures for the patient.
Total Unmet Measures >=	The total number of measures in an unmet status for the patient.

For example, if you select the Asthma Registry and Medicaid as the payer, the list of patients displayed in the grid includes only Medicaid patients in the Asthma Registry.

View the Patients List

The Patients list includes columns that display relevant patient information.

The Patients list is a table with the list of patients based on the selected filters from the search. The list is displayed in the default columns view. To add additional columns, select **Column Configuration** () then select the columns you want to add to the view. Patient information displayed on the Patients list is sourced from preferred demographics.

You can export the patient list to a CSV or Microsoft Excel file by selecting the Export button. The maximum number of patients that you can export is 10,000.

The following columns are supported in the Patient list:

Table 3-3 Patient List columns

Column Name	Included in Default View	Definition
Address	No	The patient's full address.
Contracts	No	List of the patient's related payer contracts.
Country	No	The country in which the patient resides.
Date of Birth (Age)	Yes	The patient's date of birth and age.
Deceased	No	Indicates if the patient is deceased.
Email Address	No	The patient's email address.
Gender (Birth Sex)	Yes	The patient's gender and birth sex.
Language	No	The patient's preferred language in the HDI platform.

Table 3-3 (Cont.) Patient List columns

Column Name	Included in Default View	Definition
List of Registries	No	The patient's list of all registries.
List of Unmet Measures	No	The patient's list of all measures in an unmet status (No Data, or Not Achieved).
MARA Risk Score	No	The Milliman Advanced Risk Adjusters (MARA) risk score for the patient.
Name (MRN)	Yes	The patient’s name and MRN.
Next Attributed Provider Visit Date	Yes	The date of the patient’s next visit with their attributed provider.
Next Attributed Provider Visit Provider	No	The name of the provider with which the patient’s next visit is scheduled (if the provider is their attributed provider).
Next Attributed Provider Visit Reason	No	The reason of the visit for the patient’s next visit with their attributed provider.
Next Other Visit Date	No	The patient's next visit date if the visit is not with their attributed provider.
Next Other Visit Provider	No	The patient's next visit provider if the visit is not with one of their attributed providers.
Next Other Visit Reason	No	The patient's next visit reason if the visit is not with one of their attributed providers.
Opportunity	Yes	The Opportunity index for the patient. Opportunity automatically identifies, categorizes, analyzes risk, and identifies the highest impacts on patient health. The insights build on Oracle Health’s decade-long investment into an extensive knowledge base of care gaps, chronic diseases, and patient care journeys. Currently, Oracle supports High, Medium, and Low.
Payers	No	The payers associated with the patient based on the healthcare organization’s enrollment file data in HDI.
Phone Number	No	The patient's phone number.
Plans	No	The plan associated with the patient based on the healthcare organization’s enrollment file data in HDI.
Postal Code	No	The postal code for the patient's residence.
Primary Contact	Yes	The patient’s primary contact information.

Table 3-3 (Cont.) Patient List columns

Column Name	Included in Default View	Definition
Provider Name	Yes	The patient’s attributed providers.
Race	No	The patient’s race.
Recent Visit Date	Yes	The patient’s most recent visit date.
Recent Visit Provider	No	The provider responsible for the patient's most recent visit.
Recent Visit Reason	No	The appointment reason for the patient's most recent visit.
State/Province	No	The state or province in which the patient resides.
Total Measures	No	The total number of all measures applicable for this patient. Select the number to view the total list of measures for this patient.
Total Registries	No	The total number of all registries the patient is a part of. Select the number to view the total list of registries for this patient.
Total Unmet Measures	Yes	The total number of all unmet measures for this patient. Select the number to view the total list of all unmet measures for this patient.

For customers using Diagnosis Insights, the following hierarchical condition category (HCC)-related columns are supported in the Patient List:

Table 3-4 Diagnosis insights columns

Column Name	Definition
RAF Score	A risk adjustment factor (RAF) score is a medical risk adjustment model used by the Centers for Medicare and Medicaid Services (CMS) and insurance companies to represent a patient's health status. The CMS-HCC risk score for a beneficiary is the sum of the score or weight attributed to each of the demographic factors and HCCs in the model.
Total Unaddressed Highly Suspected Conditions	The patient's total number of coding gaps that are highly suspected.
List of Unaddressed Highly Suspected Conditions	The patient's list of coding gaps that are highly suspected.
Total Unaddressed Moderately Suspected Conditions	The patient's total number of coding gaps that are moderately suspected.
List of Unaddressed Moderately Suspected Conditions	The patient's list of coding gaps that are moderately suspected.
Total Unaddressed Persistent Conditions	The patient's total number of coding gaps that are persistent conditions.
List of Unaddressed Persistent Conditions	The patient's list of coding gaps that that are persistent conditions.

Table 3-4 (Cont.) Diagnosis insights columns

Column Name	Definition
Total Unaddressed Suspected and Persistent Conditions	The patient's list of coding gaps that are moderately, highly suspected or persistent.

Create a Customized View

Create a customized view of the Patients list that you can save, share, and export.

You can create and save a customized view of the Patients list. You can then share and export your customized view.

To create a customized Patients list view:

1. Add any additional columns by selecting the column configuration button and selecting the columns that you want to add.
2. Select and customize any filters you want to include on the list. For example, you can select the Age filter and customize it to only show patients over the age of 65.
3. Select **Save View** and then **Save New**.
4. Enter a name for the view and select **Save**.
5. Select **Select View** and verify that your custom view is in the list.
6. To return to the default patient list view, select **Select View** and then **Default Columns**.

Select **Share** to generate a link that you can use to share your view. You can share your view with any other user, but they can only view patients based on their own level of access.

Select **Delete** to delete your view. Once you delete a view, it cannot be recovered.

Export the Patients List

Export up to 10,000 patients from the Patients list.

Select **Export** to export a customized or default view of the patient list to a CSV or Microsoft Excel file. If the restrict_patient_export setting is set to **Yes**, export capabilities are disabled for all users except system_administrators and registry_administrators. The maximum population count that you can export is 10,000.

You can select specific patients to export by selecting the checkbox next to the patient's name. You can select as many patients as you want.

Single Measure View

Selecting a single measure introduces four new columns to the Patients list.

From the Patients list, if a single measure is selected as a filter, it introduces the following four contextual columns at the beginning of the list:

Table 3-5 Single measure columns

Column Name	Definition
Selected Measure Name (for example, Annual Lipid Panel)	The measure status for the measure you selected. Currently supports the following measure statuses: • **Met** - The patient has a supporting fact in the measurement period that meets the Met Criteria of the measure. • **Not Achieved** - The patient has a supporting fact in the measurement period but it does not meet the Met criteria of the measure. • **No Data** - The patient does not have a supporting fact in the measurement period. • **Excluded** - The patient has been excluded from the measure either manually or based on the exclusion parameters for the measure. Additionally the Measure Status filter allows you to filter using any one of the above statuses. This filter is always available, even when the user is not in the single measure view. For cases when no measures are filtered, the system behaves as if all measures are selected. For example: • Measure Status = Met, no measure selected. All patients are displayed that are in the Met status for all of their measures. • Measure Status = Not Achieved, no measure selected. All patients are displayed that are in the Not Achieved status for all of their measures. When no measures are selected and you filter for a single measure status, only patients who have all their measures in the selected status are displayed.
Latest Supporting Fact	The patient's latest supporting fact for this measure.
Fact Date	The date of the latest supporting fact for this measure.

Table 3-5 (Cont.) Single measure columns

Column Name	Definition
Scorability	The patient's scorability status for this measure. A patient can either be scorable or not scorable for a specific measure based on scorability algorithms that are used. Additionally the Scorable filter allows you to filter for patients that are Scorable/Not Scorable. This filter is always available, even when the user is not in the single measure view. For cases when no measures are filtered, the system behaves as if all measures are selected. For example: • Scorable = Yes, no measure selected. This should display all patients that are Scorable for all of their measures. • Scorable = No, no measure selected. This should display all patients that are in the Not Scorable for all of their measures. When no measures are selected and you filter for a single measure status, only patients who have all their measures in the selected status are displayed.

View Patient Information

View complete patient information in the patient dialog box.

You can view all patient-relevant information by selecting the patient name in the Patients list to open the patient dialog box. The patient dialog box includes all relevant patient information in full form that is displayed in the Patients list columns. You can select the patient name in the patient dialog box to open the current HealtheRegistries patient profile page.

The patient header stays in view as you scroll through the dialog box and displays the following information:

- Patient name
- MRN - if the patient has multiple MRNs in the system, the system displays the MRN from the first alphabetical organization.
- Date of birth (DOB)
- Age
- Oracle ID

The following sections are included in the patient information dialog box:

Table 3-6 Patient Information dialog box

Section	Details
Scores	Displays the following scores: • MARA risk score • RAF score • Opportunity

Table 3-6 (Cont.) Patient Information dialog box

Section	Details
Patient Details	Displays the following details: • Birth Sex • Gender • MRN • Race
Contact	Displays the following contact information: • Address • Country • Email • Language • Phone Number • Postal Code • State/Province
Payer	Displays the following payer information: • Payer • Plan • Member ID
Providers	Displays the following provider information: • Provider • Attribution Status
Recent Visits	Displays the following recent visit information: • Visit Date • Provider • Reason • Type
Contracts	Displays the following contract information: • Name • Type • Payer • Plan
Recent Visits	Displays the following recent visit information: • Visit Date • Provider • Reason
Next PCP Visits	Displays the following primary care provider (PCP) next visit information: • Visit Date • Provider • Reason
Next Other Visits	Displays the following next other visit information: • Visit Date • Provider • Reason
Registries	Displays the following registry information: • Registry • Unmet Measures • Total Measures

Table 3-6 (Cont.) Patient Information dialog box

Section	Details
Measures	Displays the following measure information: • Measure • Status: you can view supporting facts for that measure by positioning your mouse over the status. • Due Date

The Notes tab contains any notes that have been added to the patient's profile. See patients---view-add-patient-notes.xml#GUID-8EA570AF-D3CB-4F8E-A99A-C6CE85B94E37View and Add Patient Notes for more information.

Select the up or down arrows to advance to the next or previous patient in the patient list.

Select **Close** (×) to close the patient dialog box.

4

Contract Performance

Oracle Health Contract Performance is designed to provide tracking for value-based contract KPIs, and centralize and automate a value-based contract portfolio for healthcare organizations.

- Contract Performance Introduction
  Oracle Health Contract Performance provides tracking for value-based contract KPIs.
- Data Requirements
  You must meet certain data requirements in order to use the Contracts dashboard.
- Contract Performance Personas
  You must be added to the appropriate Personnel group to access Contract Performance.
- Contract Performance Access Considerations
  Certain roles can view all relevant information on contract organization and provider summary pages.
- Console and HDI Application Access
  Access Contract Performance and Console using direct links.
- Contract Performance Application Workflows
  Contract Performance includes Console and Quality Management workflows.
- Configure Contract Performance
  You can create, modify, and delete value-based contracts.
- Contract Performance Tracking
  View contracts that are configured in Console in Contract Performance.
- Contracts Page
  View the list of contracts.
- Set Cost and Utilization Targets
  Set cost and utilization targets for a contract.
- Link Measures to a Contract
  Set targets to link measures to a contract.
- Single Contract
  View details for a specific contract.
- Contract Overview
  Cost and performance details for a selected contract.
- Cost and Utilization
  Cost and utilization details for a selected contract.
- Quality Performance
  Quality performance details for a selected contract.
- Organizations
  Organization details for a selected contract.
- Providers
  Provider details for a selected contract.

- Contract Information
  Contract details for a selected contract.

Contract Performance Introduction

Oracle Health Contract Performance provides tracking for value-based contract KPIs.

Oracle Health Contract Performance provides a continuous, forward-looking view of performance across value-based contract key performance indicators (KPIs). The application brings together clinical and claims data to identify where shared savings are at risk, where utilization can be reduced, and where provider or measure performance needs attention. Core functionality includes:

- Providing visibility into all executed contracts across the performance year and tracking KPIs in cost of care, utilization, quality, and risk adjustment.
- Creating a value-based contract (VBC) portfolio that defines the parameters of the contract, key goals, and the patient population. Help to reduce time spent and replace manual VBC portfolios and Excel spreadsheets with an automated solution that drives contract goals and improves financial and quality performance..
- Proactively track current performance against contract KPIs and identify low-performing areas and near meeting opportunities.
- Use AI Patient Prioritization to identify the patients who may benefit most from timely intervention for your contracted population. Help organizations prioritize their resources on patients to improve health outcomes and reduce acute venue of care use.

Data Requirements

You must meet certain data requirements in order to use the Contracts dashboard.

Customers must use the existing HealtheRegistries application, Diagnosis Insights, or HCC Analytics in HDI to qualify to use the Contract dashboard. The current offering includes Medicare Shared Savings Program (MSSP) Measurement Year 2024 and 2025 performance tracking.

MSSP MY 2024 and 2025 Contract Performance Tracking includes the following information:

- An up-to-date payer benefit plan reference data table. See Reference Payer Benefit Plan Data Set - Spec Version 3 (https://wiki.cerner.com/x/OmJ1jw) for more information.
- MSSP enrollment.
- MSSP claims
- CMS HCC risk model
- eCQM 2024 measures
- eCQM 2025 measures
- MIPS CQM 2024 measures
- MIPS CQM 2025 measures

> **Note**
>
> Customer validation activities for the Contract Performance application workflows do not include validation of the quality measure or hierarchical condition categories (HCC) content. If the quality measure or HCC content has not been previously validated in your organization, Oracle recommends engaging consulting services for content level validation support before using in application workflows.

Contract Performance Personas

You must be added to the appropriate Personnel group to access Contract Performance.

The following personas and associated security are available. Roles are managed in the Personnel tool.

Table 4-1 Contract Performance Personas

Role	Access and Considerations	Can View Patient List	Applies To
Contract Performance Console Administrator	Required to configure contracts in Console. Users in the Console Administrator role can access the Contract Performance Configuration console. Administrators can add, update, delete, and download contracts and templates. Assign contract_performance_console_administrator to these users.	Not applicable	Console
Contract Performance Operator	Required for access to Contract Performance workflows in the application. Users in the Performance Operator role can access contract workflows in Quality Management Operators can view financial metrics across contracts, organizations, and providers. Operators also can open an actionable patient list. Assign contract_performance_operator to these users.	Yes	Oracle Health Quality Management

Table 4-1 (Cont.) Contract Performance Personas

Role	Access and Considerations	Can View Patient List	Applies To
Contract Performance Allow List	Required for access to Contract Performance workflows in the application. Users on the allow list can access all contract workflows in Quality Management and can view financial metrics across contracts, organizations, and providers. Users on the allow list cannot access patient-level details or lists. Assign contract_performance_allowlist to these users.	No	Oracle Health Quality Management

Contract Performance Access Considerations

Certain roles can view all relevant information on contract organization and provider summary pages.

For contract organization and provider summary pages, a member, administrator, or system administrator can view information relevant to all organizations and providers across their entire tenant for the contract selected.

Console and HDI Application Access

Access Contract Performance and Console using direct links.

Use a direct link provided by the Oracle team to access the applications needed for Contract Performance. See Accessing and Granting Access to Console for more information on accessing Console.

Contract Performance Application Workflows

Contract Performance includes Console and Quality Management workflows.

The following three core application workflows are available for Contract Performance and security considerations for both the Console and Oracle Health Quality Management applications:

- Contract Performance Configuration (Console)
- Contract Performance Tracking (Quality Management)
- Patients (Quality Management)

Configure Contract Performance

You can create, modify, and delete value-based contracts.

Contract build and maintenance workflows contain the building blocks for creating a value-based contract portfolio in Oracle Health Quality Management. You can create, modify, and delete value-based contracts in Console.

Contract Performance Tracking

View contracts that are configured in Console in Contract Performance.

Contract Performance is used to view contract performance for the contracts that have been configured in Console. The Contract Performance workflows allow you to view an expanded list of performance metrics across the value-based contract portfolio.

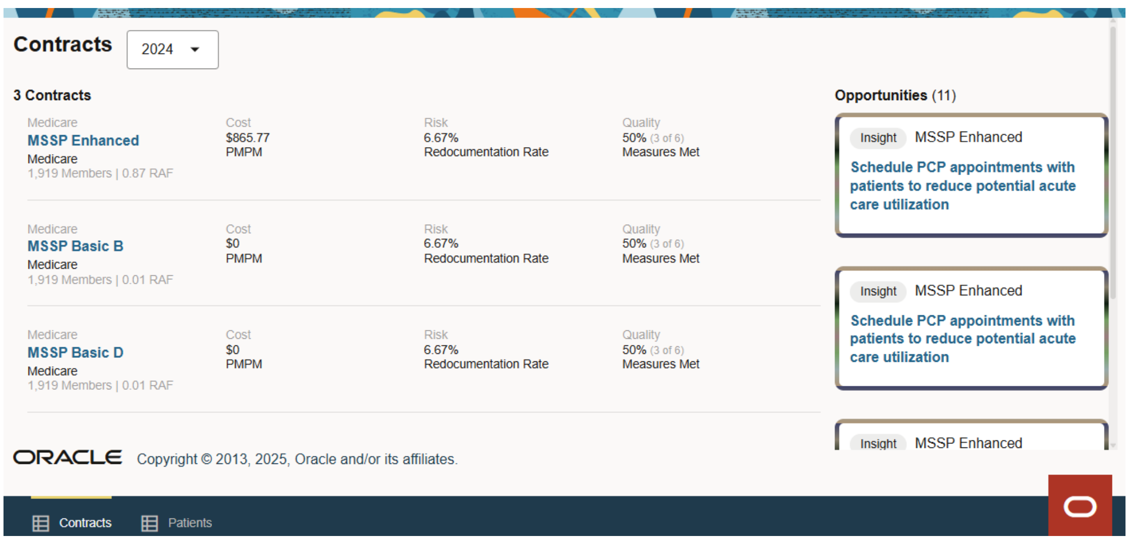
Contracts Page

View the list of contracts.

All contracts for the selected year, and top opportunities across all contracts closing care gaps are displayed on the Contracts page. At a glance, the Contracts page identifies which contracts have downside risk and the delta between the actual and the organizational goal.

> **Note**
>
> For users who have access to both Quality and Contracts, the Quality page is displayed by default when you sign in. To access the Contracts page, select the Contracts tab at the bottom of the page.

Figure 4-1 Contract Page



The following information is available on the Contracts page:

- **Filter:** Filter by year to view contracts for a specific year.
- **Contracts:** A list of contracts that have been uploaded in Console for performance monitoring. Contract-specific attributes and metrics are displayed per contract.
  - **Line of Business:** The line of business selected (if available) during the contract configuration.
  - **Cost:** Actual expenditure cost per member per month (PMPM).
  - **Risk:** HCC Redocumentation Risk. The HCC Redocumentation rate is the percentage of previously documented Hierarchical Condition Category (HCC) conditions that are accurately documented again in the current year.
  - **Quality:** Measure Quality displays the percentage of overall measures that are currently meeting their target.
  - **Opportunities:** Action items identified by both artificial intelligence (AI) and by contract parameters that can be used to help meet contract goals. Opportunities are ranked in order of highest patient opportunity and are categorized as follows:
    * AI Patient Prioritization Insight: AI-based member monitoring aims to help identify which patients are at highest risk for acute utilization and suggest the next best action to reduce the likelihood of acute care utilization. The recommended action is to schedule a primary care provider (PCP) visit.
    * Condition Documentation: Alerts to ensure that previously documented conditions are accurately and consistently documented in a patient's record each year. Displays a list of persons with four or more undocumented conditions during the performance period and persons who have the top two highest suspected conditions that are undocumented.
    * Quality: Insights related to care gap measures associated with the contract. Displays the top three underperforming contract measures that are closest to the target.

If a contract name is selected, you are directed to a detailed view of the selected contract where additional KPIs, estimated financial performance, and opportunities for improvement are available.

Set Cost and Utilization Targets

Set cost and utilization targets for a contract.

You can set cost and utilization targets for your contract in the Contracts section of Oracle Health Quality Management. Targets are established in the hard copy of the contract, but entering them into Oracle Health Quality Management allows you to track your targets against real-time data, and identify progress toward your goals.

To set cost and utilization targets:

1. From the Contracts tab, select **Edit Target Plan** next to the contract you want to edit. The target tool is displayed, and the cost and utilization targets page is displayed.
2. Select **Edit Target** for the contract metric for which you want to set a target, incentive, or contract gate. The contract metric page is displayed.
3. Select one of the following options from the Target Type menu:
   - Simple Completion Percentage
   - Simple Completion Number
   - Tiered Completion Percentage

    - Tiered Completion Number
4. From the Target Value field, enter a target value.
5. If available, select an option from the Desired Trend menu. Some metric's trends are predefined and cannot be changed.
6. From the Payout Type menu, select one of the following options:
    - Per member per month (PMPM)
    - Per member per year (PMPY)
    - Lump sum
    - Per Care Gap Measure Closure
7. In the Payout Values field, enter a payout value.
8. Enter an organizational goal, if applicable.
9. Set the Contract Gate field to Yes or No, depending on whether the metric acts as a contract gate.
10. Select **Save** to save your changes.
11. If you want to remove targets from the metric, select **Clear Target**.

Link Measures to a Contract

Set targets to link measures to a contract.

You can link measures to a contract by setting target information for the measure. Once targets are set, the target is added to the count of measures assigned to the contract at the top of the page.

To link measures to a contract and define their target attributes:

1. From the Contracts tab, select **Edit Target Plan** next to the contract you want to edit. The target tool is displayed.
2. Select **Measures** from the right side of the page. The Measures page is displayed.
3. Select **Edit Target** for the measure for which you want to set a target, incentive, or contract gate. The measure page is displayed.
4. From the Target Type menu, select one of the following options:
    - Simple Completion Percentage
    - Simple Completion Number
    - Tiered Completion Percentage
    - Tiered Completion Number
5. From the Target Value field, enter a target value.
6. If available, select an option from the Desired Trend menu. Some measure's trends are predefined and cannot be changed.
7. From the Payout Type menu, select one of the following options:
    - Per member per month (PMPM)
    - Per member per year (PMPY)
    - Lump sum
    - Per Care Gap Measure Closure

8. From the Payout Values field, enter a payout value.
9. Enter an organizational goal, if applicable.
10. Set the Contract Gate field to Yes or No, depending on whether the metric acts as a contract gate.
11. Select **Save** to save your changes. The Targets Set field is set to Yes and the measure is added to the Measures Assigned count.
12. If you want to remove the link to the measure, select **Clear Target** to remove targets.

Single Contract

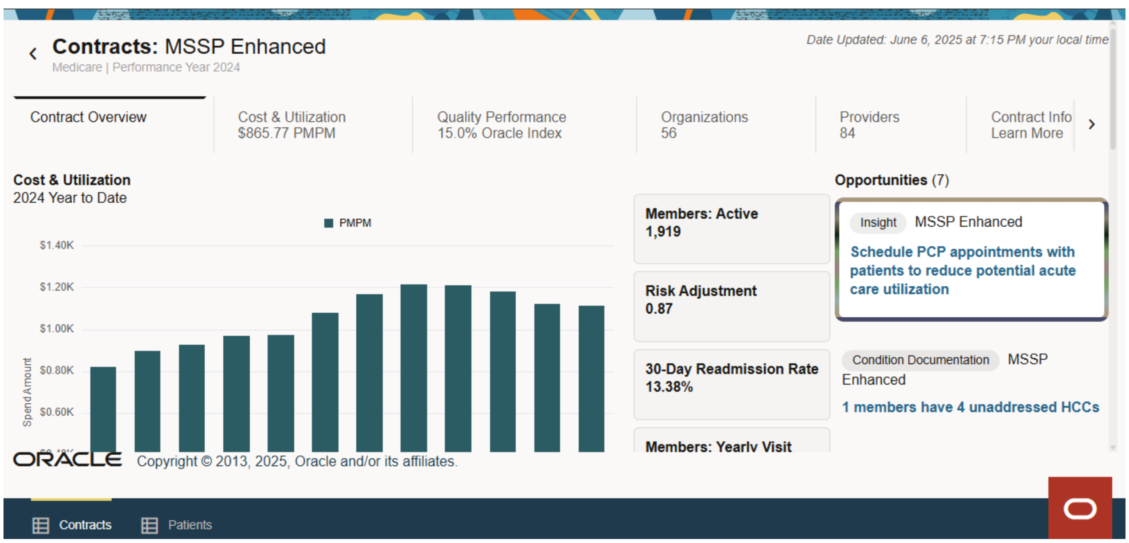
View details for a specific contract.

The single contract view provides an overview of a selected contract. To access the single contract view, select the contract name from the contract list on the Contracts page. If multiple contracts are available in the contract list, you can use the search and filter functionality to locate a specific contract.

Contract Overview

Cost and performance details for a selected contract.

Figure 4-2 Contract Overview



The Contract Overview tab contains a snapshot of contract performance. Included in this view is the estimated achieved value of the contract and any contract gates that may be impacting the contract's total value. By displaying the contract gates in the contract overview, you can focus on measures and targets that most affect the contract's overall performance.

The following key performance indicators (KPIs) are included:

- The average cost per member per month (PMPM), displayed as a graph.
- HCC redocumentation percentage, displayed as a graph.

- Inpatient and emergency department admissions per 1,000, displayed as a graph.
- **All Members**: A count of all members
- The risk adjustment score.
- The readmission rate (30-day)
- **Members (yearly visit)**: The percentage of members who have any outpatient visit during the performance year.
- **Members (CPE/AWV)**: The percentage of members who have received a comprehensive physical exam (CPE) or adult wellness visit (AWV) during the performance year.
- **Opportunities**: A list of actionable opportunities that support access to a patient worklist. In a filtered state, opportunities are specific to the contract selected.
  - **AI Patient Prioritization Insight**: Artificial intelligence (AI)-based member monitoring aims to help identify which patients are at highest risk for acute utilization and suggest the next best action to reduce the likelihood of acute care utilization. The recommended action is to schedule a primary care provider (PCP) visit.
  - **Condition Documentation**: A list of persons with four or more undocumented conditions during the performance period and persons who have the top two highest suspected conditions that are undocumented.
  - **Quality**: The top three underperforming contract measures that are closest to the target.

Cost and Utilization

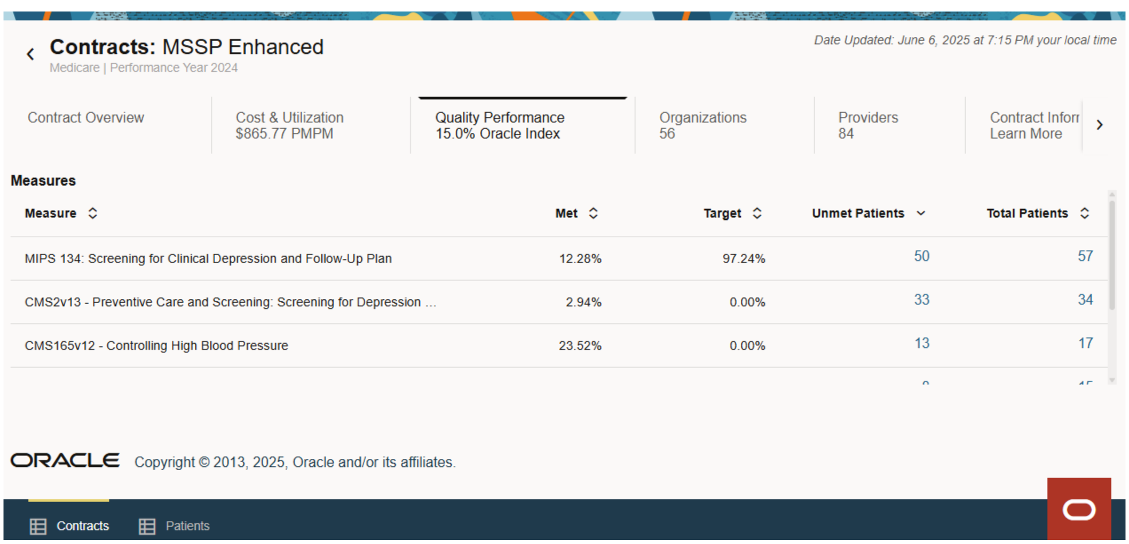
Cost and utilization details for a selected contract.

When you select the Cost and Utilization tab, the Analytics Dashboard is displayed in a new window and additional details about cost and utilization are displayed.

Quality Performance

Quality performance details for a selected contract.

Figure 4-3 Quality Performance tab



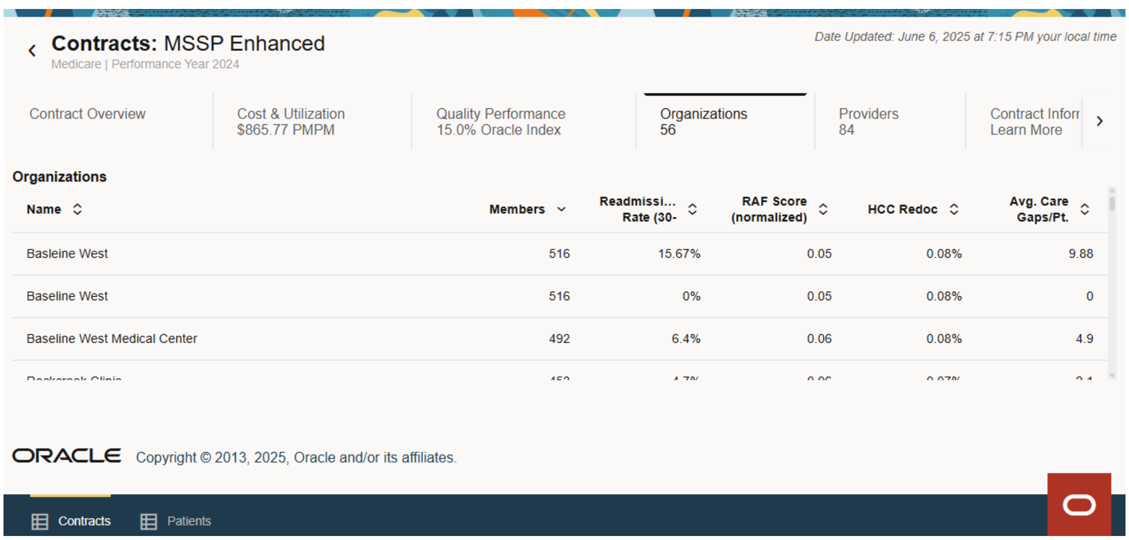
A list of contract measures defined using the Console contract upload process and a list of key insights to improve performance is displayed in the Quality Performance tab. The following columns are supported:

- **Status**: The organization goal set for that contract's population.
- **Measure**: the name of the measure.
- **Met**: the percentage of patients included in the measure that currently have a measure status of Met.
- **Target**: The target set for this measure in the Score Plan tool.
- **Unmet patients**: The total count of patients included in this measure that have a measure status of Not Achieved or No Data.
- **Total patients**: The total count of patients included in this measure based on the measure's inclusion criteria. This includes patients that have both met and not met this measure.
- **Maximum potential**: The maximum incentive value available for this measure based on full achievement of performance targets.
- **Year to date (YTD) potential earnings**: The incentive amount achieved based on current performance. This number is expected to change based on your organization's performance level. Contract performance numbers are processed weekly.

Organizations

Organization details for a selected contract.

Figure 4-4 Organization tab



The Organizations tab contains the list of organizations defined in the Oracle Personnel tool and a list of standard metrics are displayed per organization for a selected contract. You can filter to a specific contract to view organizational performance metrics. The following columns are supported:

- **Organization**: The name of the organization.

- **Members**: The count of active members associated with the organization.
- **Readmission Rate (30-day)**: The percentage of patients who are readmitted within 30 days of their initial discharge.
- **RAF Score (normalized)**: A normalized risk adjustment factor (RAF) score is a risk score adjusted to a baseline value of 1.0 representing the average expected cost of care.
- **HCC Redoc**: Percentage of persistent conditions that are redocumented during the contract period.
- **Avg. Care Gaps/Pt**: The average count of open care gaps per patient.

Providers

Provider details for a selected contract.

The Providers tab contains the list of providers defined in the Oracle Personnel tool and a list of standard metrics are displayed per provider. You can filter a specified contract to view provider performance metrics. The following columns are supported:

- **Name**: Provider name
- **Members**: The count of active members associated with the provider.
- **Readmission Rate: (30-day)**: The percentage of patients who are readmitted within 30 days of their initial discharge.
- **RAF Score (normalized)**: A normalized RAF score is a risk score adjusted to a baseline value of 1.0 representing the average expected cost of care.
- **HCC Redoc**: Percentage of persistent conditions that are redocumented during the contract period.
- **Avg. Care Gaps/Pt**: The average count of open care gaps per patient.

Contract Information

Contract details for a selected contract.

The Contract Information tab contains all relevant information about the contract, including:

- General Information
  - Contract name
  - Payer
  - Line of business
  - Contracting entity/ACO
  - Member attribution methodology
  - Plans
  - Benefit class types
  - Contract categories
  - Performance period start date
  - Performance period end date
  - Initial term start date

  - Initial term end date
  - Lives
  - Tags
  - MSSP track
  - MSSP level
- Cost and Utilization
  - Benchmark expenditure
  - Premium
  - Rate selection
  - Minimum savings rate (MSR)
  - Minimal loss rate (MLR)
  - Percent share of loss
  - Percent share of surplus
- Quality and Condition Documentation
  - Shared savings weighted by quality
  - Shared risk weighted by quality
  - Quality gate
  - Contract measures
  - Risk model
- Financial
  - Budget
  - Target
  - Projected earnings
  - Shared savings (payer reported)
  - Downside risk (payer reported)
  - Pay-for-performance (payer reported)
  - Care coordination (payer reported)
  - Maximum downside risk (contractual)
  - Maximum shared savings (contractual)
  - Maximum pay-for-performance risk (contractual)
  - Maximum care coordination fee (contractual)
- Build
  - Reporting project
  - Claims source
  - Enrollment source
  - Population name

5

Population AI Assistant

The Population AI Assistant displays patient information in a sidebar format for customers who are working in non-Millennium platform electronic health records (EHRs).

- Introduction
  The Oracle Health Population AI Assistant application provides quick access to patient information.
- Use Cases
  Use cases for the Oracle Health Population AI Assistant.
- Sign In
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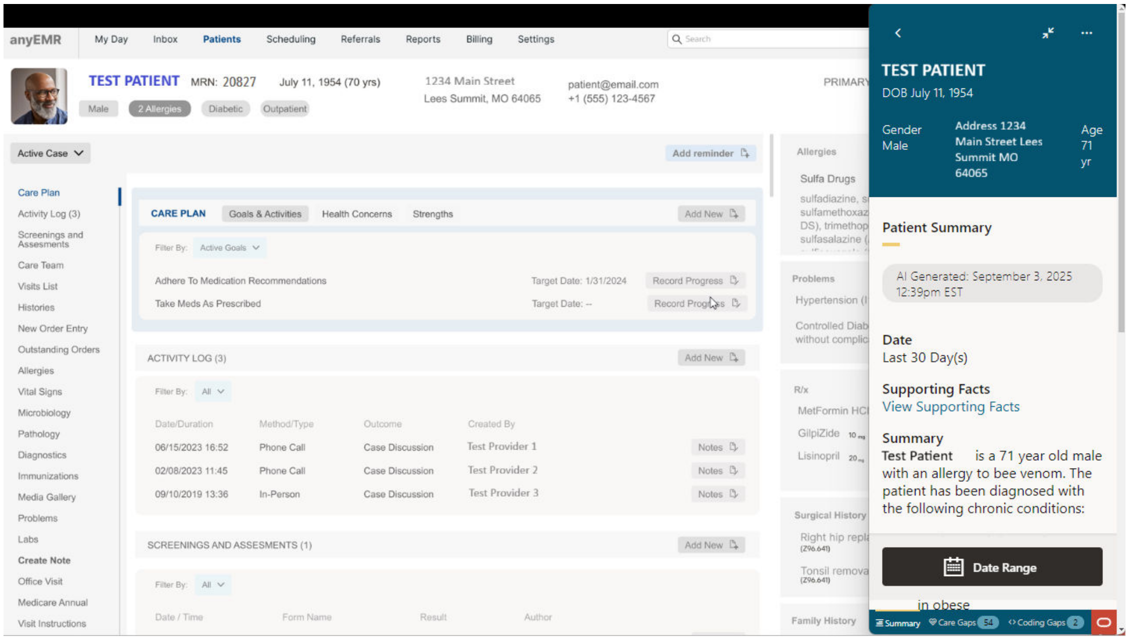
- View Coding Gaps
  View coding gaps for a patient.
- View Patient Summary
  View the patient summary for a patient.
- Adjust the Date Range
  Adjust the date range for Oracle Health Population AI Assistant.
- Minimize, Expand, and Close the Application
  Minimize and expand the application.

Introduction

The Oracle Health Population AI Assistant application provides quick access to patient information.



Oracle Health Population AI Assistant is an agentic companion experience that delivers AI-powered summaries alongside any EHR. Population AI Assistant is designed for physicians, care teams, outreach staff, and anyone working to close patient care gaps.

Population AI Assistant displays the following information:

- A patient's open care gaps (for example, an overdue annual wellness visit, or an overdue eye exam for a patient with diabetes).
- A patient's hierarchical condition codes (HCCs).
- An existing check-in prep summary based on a patient's longitudinal record. See Overview of Check-In Prep for more information.
- Suspected risk coding opportunities.

Use Cases

Use cases for the Oracle Health Population AI Assistant.

The following are use cases for the Population AI Assistant:

- Care managers and primary care providers can view clinical encounters that the patient has had since the last check-in with the team.
- Care managers and primary care providers can view when and where clinical information was originally gathered.
- Care managers and primary care providers can view any new labs, vital signs, or procedures that the patient completed since the last check-in.
- Care managers and primary care providers can view if the patient has had any new medications prescribed to discuss medication adherence.
- Care managers and primary care providers can view care gaps, such as screenings and labs, so that they can be addressed during check-in.

- Primary care providers can identify the most accurate diagnosis code for the patient during clinical encounters so that they can document an up-to-date health status for the patient so that the health system is reimbursed properly.

Sign In

Sign in to the Oracle Health Population AI Assistant application.

> **Note**
>
> Users in your organization who want to access the application must be part of the extensibility_allowlist personnel group.

To access Population AI Assistant:

1. As an administrator, log in to Personnel Tool .
2. From the search box, type "extensibility_allowlist".
3. Add members to the personnel group.

> **Note**
>
> Changes can take up to 24 hours. Users added to this group can view the HDI-based information for all patients in a given population.

Requirements

Requirements for using the Oracle Health Population AI Assistant application.

To use Oracle Health Population AI Assistant, ensure that the following requirements are met:

- Your device must be a Windows 10/11 64-bit environment.
- You must be a member of the extensibility_allowlist personnel group.

Access Oracle Health Population AI Assistant

Gain access to the Oracle Health Population AI Assistant.

To access Oracle Health Population AI Assistant:

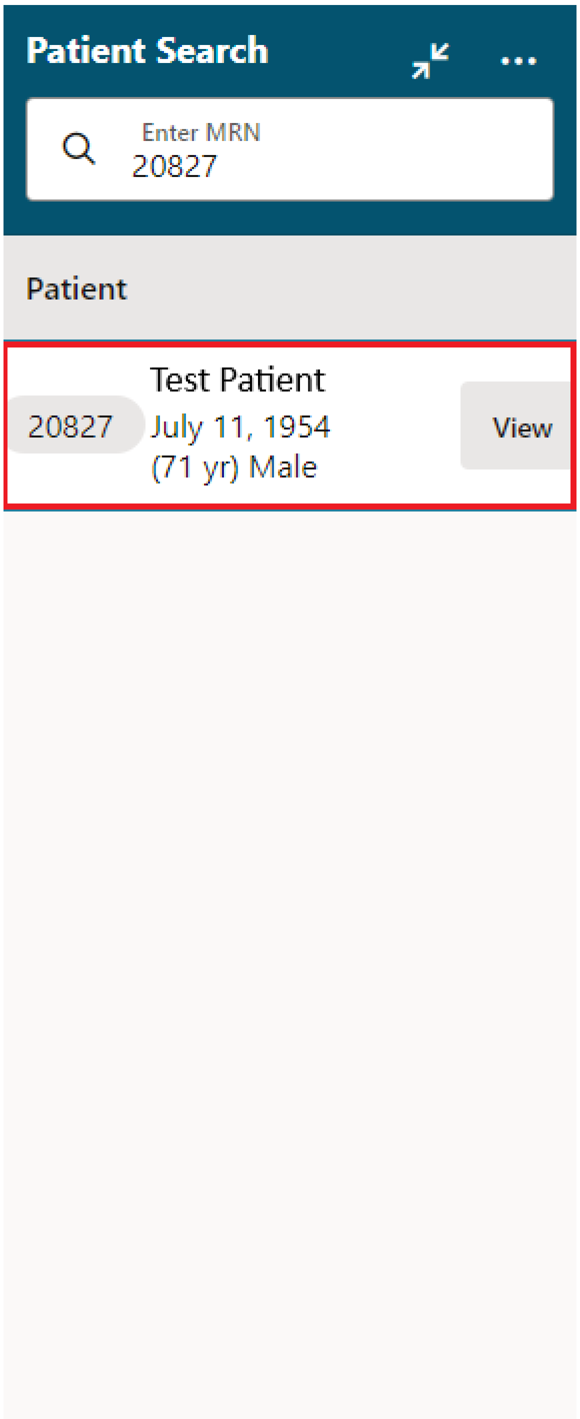
- Extract the files from the ZIP file from the Oracle Health product team to download and open the application.
- Open the application and enter the tenant mnemonic when prompted. This is a one-time requirement when you first open the application.
- Use your HDI credentials when prompted to enter a username and password.
- Select your EHR from the list of available EHR sources for your tenant.

Search for a Patient

Search for a patient using the Oracle Health Population AI Assistant application.

To search for a patient:

1. Enter a patient ID (for example, an MRN) into the search box and select **Enter**.
2. Select **View** next to the patient to access additional content.



View Care Gaps

View care gaps for a patient.

To view care gaps:

1. Select the **Care Gaps** tab at the bottom of the application.
2. Select the **arrow** icon for the care gap that you want to view. Supporting facts, including name, source, and date for the corresponding care gap, are displayed.

View Coding Gaps

View coding gaps for a patient.

To view coding gaps:

1. Select the **Coding Gaps** tab at the bottom of the application.
2. Select the **arrow** icon for the coding gap that you want to view. Supporting facts, including name, value, source, and date for the corresponding coding gap, are displayed.

View Patient Summary

View the patient summary for a patient.

To view patient summary information:

1. Select the **Summary** tab at the bottom of the application. By default, the past 30 to 31 days are displayed.
2. Select the supporting facts link to view any supporting facts. Supporting facts may include the description, source, and date for the following data elements in the summary:
   - Allergies
   - Conditions
   - Encounters (visits)
   - Medications
   - Procedures
   - Lab/vitals (observations)
   - Immunizations

> **Note**
>
> Supporting facts source displays a unique identifier, but enhancements match to the matching source name.

Adjust the Date Range

Adjust the date range for Oracle Health Population AI Assistant.

To adjust the date range:

1. Select **Change Date Range**. The current maximum look back range is 45 days.
2. Select the month and date of the look back range.
3. Select **Generate Summary**. A new summary is generated.

Minimize, Expand, and Close the Application

Minimize and expand the application.

To adjust your view of the application:

1. Select the **minimize** icon  to minimize the application.
2. Select the Oracle icon  to expand the application again.
3. Select the **ellipsis** icon  to close or log out of the application

6
Patient Outreach

Create clinically informed outreach campaigns.

Oracle Health Quality Management allows you to connect with patients by creating clinically-informed outreach campaigns. You can use CRM Connector to create a campaign that targets patients based your outreach objective, for example patients that have open care gaps. You view a list of your current and past campaigns on the Campaigns tab.

Introduction

Create patient outreach campaigns with CRM Connector.

CRM Connector integrates Oracle Health Quality Management with a CRM or marketing automation platform, enabling workflows for clinically-informed outreach campaigns. CRM Connector currently supports integration with Oracle Eloqua.

CRM Connector works with the following components:

- **Oracle Health Quality Management:** Oracle Health Quality Management is a central hub for population health workflows such as AI Patient Prioritization on the Patients list, Contract Performance, and Contract Performance. See .
- **Oracle Eloqua:** Oracle Eloqua is a marketing automation platform that helps you design, execute, and track personalized, multichannel marketing campaigns. See Oracle Eloqua to access the application. If you do not have access, contact your Oracle Eloqua administrator.

Requirements

Requirements to use CRM Connector.

Access to Oracle Health Quality Management and Oracle Eloqua is required to use CRM Connector. Your Oracle team member can assist with the initial connection to Oracle Eloqua.

Access to CRM Connector is available to system administrator roles and those included on the outreach allow list in your organization.

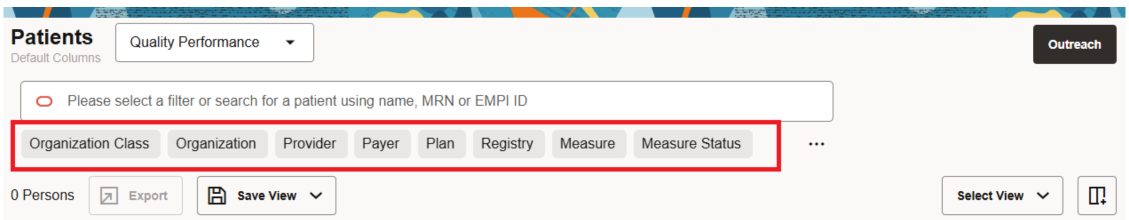
Create a Campaign Segment in Quality Management

Campaign segments are used for targeted patient outreach.

A campaign segment is the targeted patient list created in Oracle Health Quality Management and sent to Oracle Eloqua for outreach. To build segments, you can apply insight filters that correspond to specific patient data including:

- Demographics
- Open care gaps
- Conditions
- Visit history

You can refine your audience based on your campaign's outreach objective.



To create a campaign segment:

1. In Oracle Health Quality Management, select the **Patients** tab.
2. Apply criteria for your campaign using the insight filters below the search field. By selecting insight filters, you are defining the audience for your outreach campaign. To view additional insight filter options, select the **ellipsis** (…).
3. When you have selected all applicable insights, select **Outreach** from the upper-right corner.
4. Complete the Campaign Information page, then select **Continue**.
5. Review the information on the Patient List page, then select **Continue**.
6. Review the information on the Summary page, then select **Save**.

Create a Campaign in Oracle Eloqua

Create a campaign in Oracle Eloqua.

Once you have created and saved a campaign segment in Oracle Health Quality Management, the campaign segment is available in Oracle Eloqua. The segment represents the clinically informed audience that you defined based on patient data. You can use the campaign feature in Oracle Eloqua to build and execute the outreach campaign.

> **Note**
>
> Oracle Eloqua does not allow multiple contacts with the same email address by default. Oracle Eloqua uses the email address as the unique key for each contact record. It is not recommended to use personalization in emails as it could potentially identify another contact with the same email address.

See [Creating simple email campaigns]() on the Oracle Eloqua Help Center.

View Campaigns

View previously created campaigns.

To view previously created campaigns, select the **Campaigns** tab in Quality Management. You can select the appropriate CRM provider from the CRM Provider menu. Campaign information on the page includes the following information:

- Campaign name
- Campaign ID
- Status
- Campaign description
- Created date
- Start date
- End date

Select **Edit** to update a campaign.

Patient Outreach FAQs

Frequently asked questions about patient outreach.

This topic provides information about frequently asked questions (FAQs) for CRM Connector and other topics related to patient outreach. If you do not find an answer to your question, you can log a product-specific service record (SR) in eService.

How do I connect to Oracle Eloqua?

Your Oracle team members can assist in the initial connection to Oracle Eloqua.

What types of patient data can be used as filters?

The filters depend on your available data in the platform. The following filters can be included:

- Organization class
- Organization
- Provider
- Payer
- Plan
- Scorability
- Attribution status

- Gender
- Race
- State
- Country
- Risk score
- RAF score
- Total measures
- Registry count
- Age
- Date of birth
- Total unmet measures
- Contract
- Visit data
- Postal code
- Condition data

What is an example of filters for a breast cancer screening campaign?

For a breast cancer screening campaign, the following data filters in Oracle Health Quality Management can be used:

- Attribution status - Attributed
- Registry - Comprehensive Adult Wellness
- Measure - Breast Cancer Screening
- Measure status - No Data, Not Met

This campaign targets patients in the Comprehensive Adult Wellness registry who have a primary care provider and have not met the breast cancer screening measures. The campaign encourages these patients to complete their screening.

How do I change a campaign segment after I save it?

To change a saved campaign:

1. Select the **Campaigns** tab in Quality Management.
2. Select **Edit** next to the campaign you want to edit.
3. Edit the campaign information and patient filters.
4. Select **Save** on the summary page when you are done editing.

> **Note**
>
> Campaign segments may take up to 24 hours to refresh after editing.

Glossary

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