



Applied Research Works, Inc.

COZEVA®

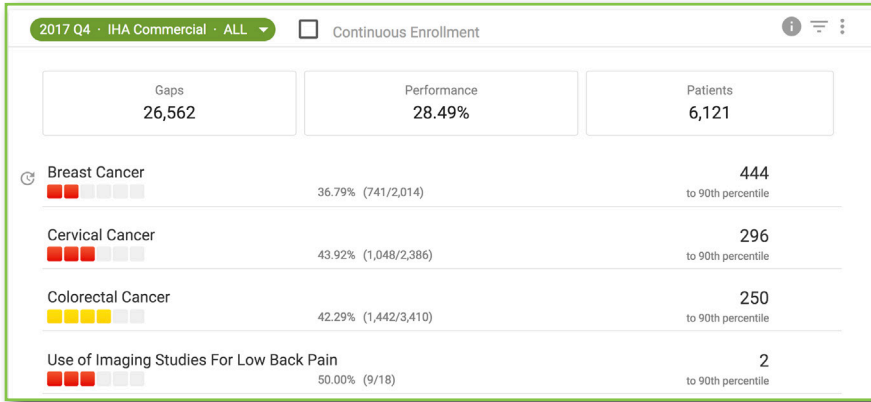
The Operating System for Value-Based Care

COZEVA PRACTICE - USER GUIDE

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WELCOME - 2 Step Authentication



WELCOME!

COZEVA is a cloud-based platform that reports performance in quality, risk and utilization dashboards and registries alongside rich interfaces of clinically integrated data.

The COZEVA solution aggregates data from multiple sources to present comprehensive, actionable views for provider networks, health systems, case managers and supporting clinicians.



RECOMMENDED WEB BROWSERS

The following web browsers are the minimum required version when accessing COZEVA:

- Google Chrome v.45+
- Mozilla Firefox v.50+
- Safari v.11+
- Microsoft Edge (any)
- Internet Explorer v.11+*

Users should maintain the latest developer suggested version of their browser with up to date vulnerability patches to ensure compatibility and securely protect patient medical records.

*Microsoft has removed support for older versions of Internet Explorer and recommend users switch to IE v11 or EDGE (recommended.)



ACCESS

Providers and their supporting team members access COZEVA by navigating to www.cozeva.com with an appropriate web browser (see requirements box at left.)

To request a COZEVA account, contact your organization's administrator.



SUPPORT

Existing users needing help with their user-name or resetting their password can contact the COZEVA Support team, Monday-Friday* at:

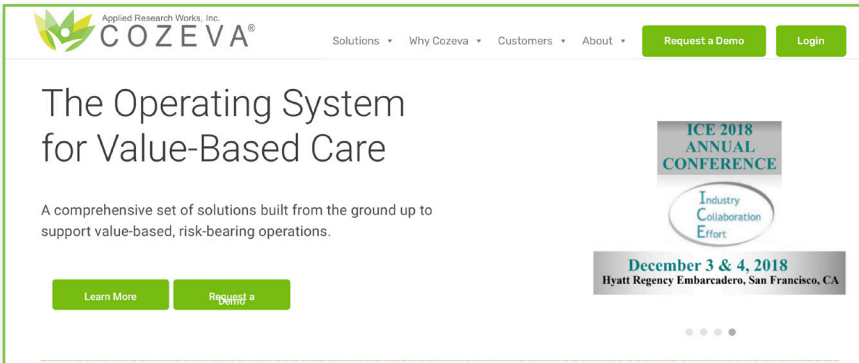
1 (877) 862-7048 8a-5p PST

*Except for the following observed holidays:
 New Year's Day, Dr. Martin Luther King Jr. Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, and Christmas Day.

CONNECT - 2 Step Authentication



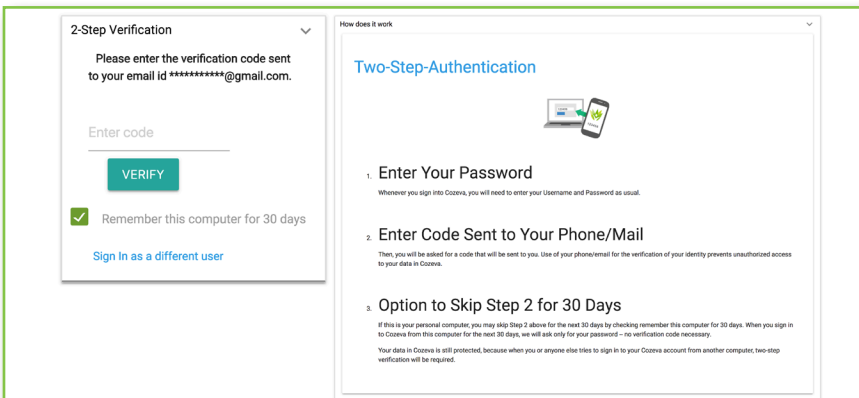
CONNECTING TO COZEVA FOR THE FIRST TIME USING 2-STEP VERIFICATION



2-STEP VERIFICATION

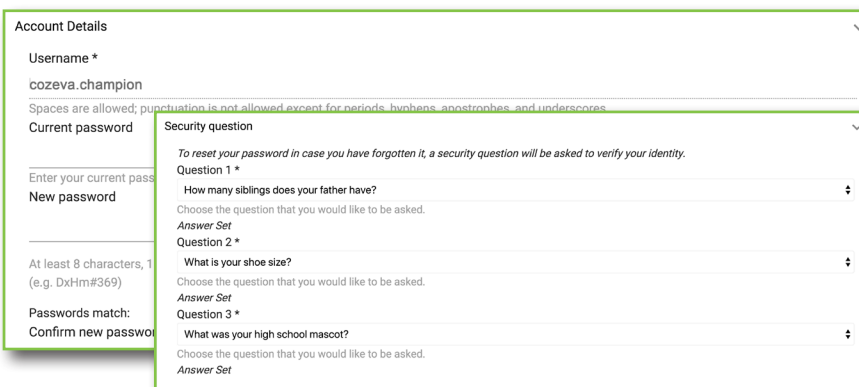
COZEVA® uses a two-step verification method of authentication to guard against unauthorized access to patient medical records.

Two-step verification connectivity technology is similar to what other institutions like banks, schools and hospitals use to safe guard important information.



CONNECTING

1. Go to www.cozeva.com
2. Select login, and enter your user-name and password
3. A code will be sent the email address on file with COZEVA
4. Login to your email and copy the code in the email by highlighting and right-clicking (secondary clicking) on it
5. Go to COZEVA and input your verification code to sign in



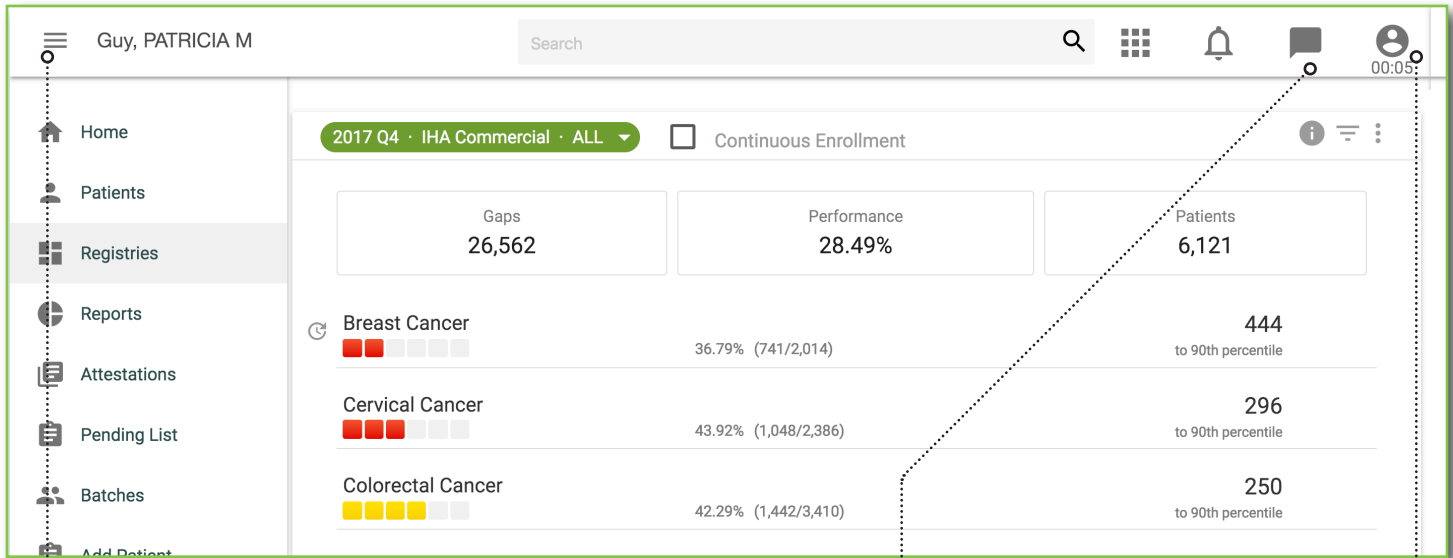
ONCE CONNECTED

Upon successful login and acceptance of the Terms of Service, you will have the opportunity to change your password, supply a date of birth and select from three security questions and answers.

Verify the email address on file to enable password reset via COZEVA's automated password recovery system.

Select Save when finished.

OVERVIEW



TOGGLE SIDEBAR

Hide or show the sidebar. The App tray, Notifications and Settings header items appear in the sidebar for smaller displays including mobile devices

APP TRAY

- Access:
- Registries (this view)
 - Secure Messaging
 - COZEVA EHR

NOTIFICATIONS

- View::
- Tasks
 - Attestation rejections
 - Other notifications

SUPPORT CHAT

Initiate a chat session with a COZEVA Support team member when available.

ACCOUNT

- Change Settings:
- Auto log out time
- Contact info
- Security Questions
- Contact COZEVA
- Support resources
- Video Tutorials
- Help Documents

FINDING YOUR WAY AROUND THE LANDING PAGE...

The landing page in COZEVA defaults to the *Registries* page. Performance in this view is displayed at the practice or provider level, based on your assigned access. Upon login, COZEVA will display your access level in the uppermost left corner. Certain users will have access to multiple practices or providers.

Access other applications and features including *Secure Messaging* or *COZEVA EHR* using the *App Tray*. Toggle the Sidebar by selecting the *menu* icon at the top left. View notifications and alerts and change your account settings by selecting the *Account* icon at the top right. View the *Current Session Timer* just below the *Account* icon. A session timer begins as soon as activity ceases and you are automatically logged out after a predetermined time period. Change the auto log out time to keep COZEVA signed in for a longer period. Follow all relevant internal and regulatory guidelines related to access to patient medical records.

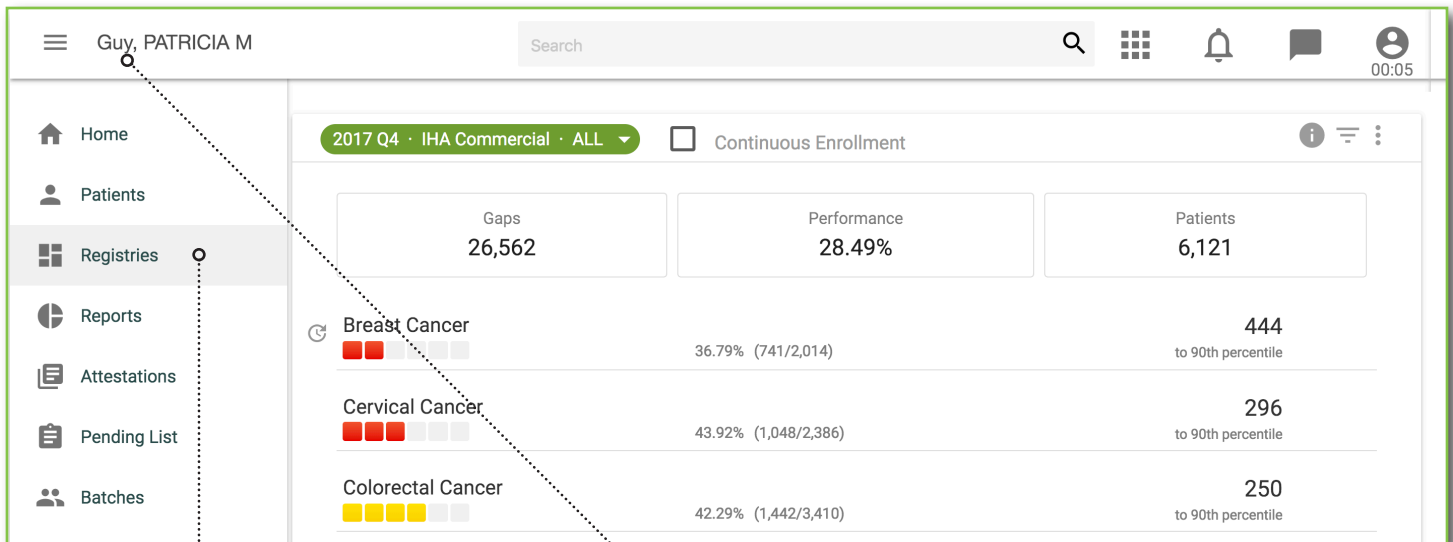
In the *Account* menu, contact the COZEVA Support team via the *Contact Us* option or view instructional resources including video tutorials and documents on the *Support* page.



KEY POINTS

- **OVERVIEW**
- **SIDEBAR**
- **APP TRAY**
- **NOTIFICATIONS**
- **SUPPORT CHAT**
- **USER SETTINGS**
- **SUPPORT & TRAINING RESOURCES**

NAVIGATION



SIDEBAR MENU

HOME Returns the user to the top-most level of the organization.

ATTESTATIONS Displays the Attestation management panel

BATCHES Displays list of user batched patients

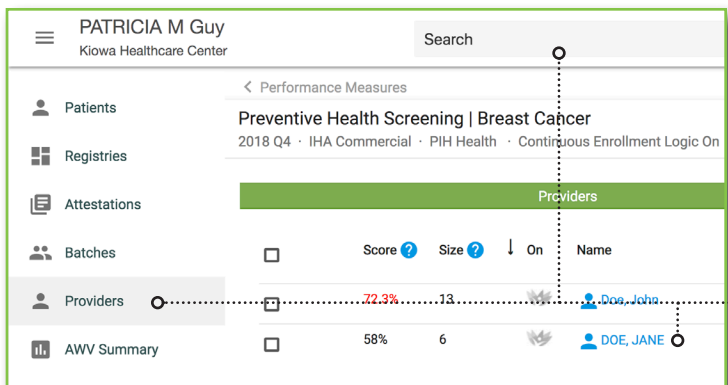
PROVIDERS View list of assigned providers

PERFORMANCE VIEW

COZEVA displays performance by practice or provider. By default the highest level of your access will be available upon login and displayed in the top left corner. Some users have the ability to switch provider views by selecting the header.

NAVIGATING AROUND...

Performance in the Registries view will be at the aggregate, or top level. Users set up at the *Provider* level with access to multiple providers can select the header to swap views. Some users are setup as *Practice* users with access to a rolled up view of performance as well as individual provider performance views. Practice users can return to the *Practice* view by using the *Home* sidebar menu item.



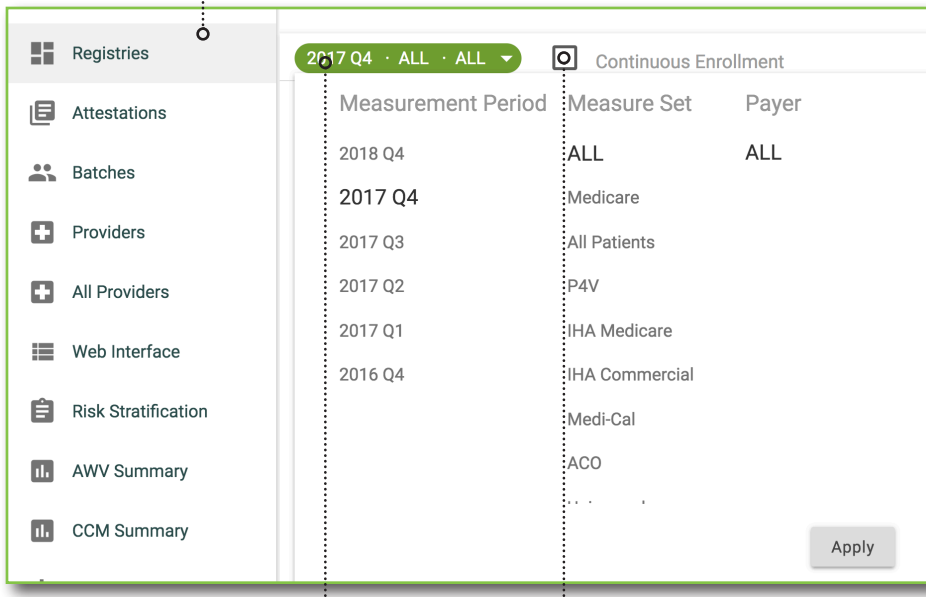
PRACTICE DISPLAY

Some users are setup as 'Practice' users with access to aggregate performance and individual provider performance views. Change views by searching for providers in the search bar, selecting the 'Providers' sidebar menu item or by selecting a provider name from any view.

KEY POINTS

- **MENUS**
- **NAVIGATING**
- **RETURNING HOME**

REGISTRIES



REGISTRIES FILTER

- Measurement period: Calendar year
- Measure set: HEDIS, CMS STARS etc.

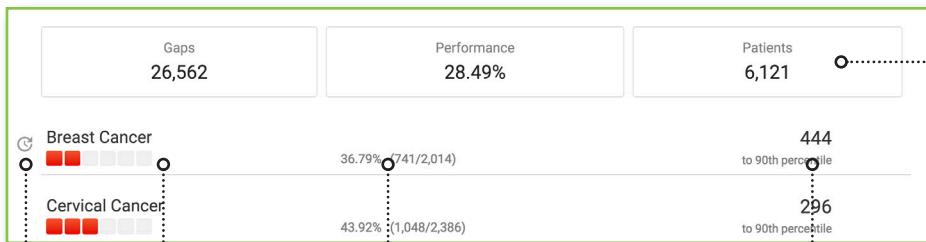
CONTINUOUS ENROLLMENT

View performance with Continuous enrollment logic applied to each population based on measure logic

PERFORMANCE...

The *Registries* view in COZEVA is your one-stop-shop for viewing performance by patient population. Patients are grouped by *measure set*- Medicare, Commercial, etc.

Select a measure to view a list of all patients due. Measures are displayed alongside corresponding performance threshold rank, a measurement system that places practice/provider performance against previous year performance for all providers in the region, state or country, depending on the measure-set. The numerator (compliant patients,) denominator (eligible patients,) and number of patients into compliance needed to reach goal are also displayed for each measure. Return to the *Registries* page from most views in COZEVA via the sidebar.



SUMMARY BAR

Gaps: Total number of actionable items
 Performance: numerator/denominator
 Patients: total in measure set

STALE MEASURE

THRESHOLD PERFORMANCE

NUMERATOR - Compliant
 DENOMINATOR - Eligible

NUMBER TO GOAL

MEASURE PERFORMANCE

Performance in measures is expressed as color coded chiclets or STARS that correspond to percentile ranking values as defined by the selected measure set (i.e. HEDIS, CMS etc.) Thresholds cut-offs differ wildly by measure set and measure. Stale measures are those currently being computed by COZEVA on the back end.

What are the color-codes for the ladders in the report cards?

The color-coded ladder in the report card depicts your performance relative to National or State Percentile Ranges *:

Percentile Rank	Color Code
>75th	Green (5 icons)
50th-75th	Blue (5 icons)
25th-50th	Yellow (5 icons)
10th-25th	Orange (5 icons)
<10th	Red (5 icons)



KEY POINTS

- FILTER PERFORMANCE
- SUMMARY BAR
- MEASURE PERFORMANCE
- THRESHOLDS
- STALE MEASURES

PATIENT DUE LISTS

CURRENT PERFORMANCE DISPLAY

VIEW DETAILS FOR EACH LISTING

SORT MOST COLUMNS

FILTER

PRINT

- Patient Quality Ops
- Non Compliant Quality Ops
- Selected patients to single Quality Ops sheets

EXPORT

- Selected patients to Excel or PDF
- All patients to CSV to open in most spreadsheet applications
- See the 'Export's section of this guide for details

VIEWING PATIENTS DUE BY MEASURE

Select a measure from the *Registries* view to populate a list of patients due. By default, patient due lists are force ranked so that those that have the most amount of outstanding care gaps appear at the top of this list.

Active Conditions measures- those related to HCC's- sort patients with the largest HCC gap first (uncoded Chronic Condition value.)

Use the *Filter* option to create custom lists based on multiple competing incentives, focuses or priorities. Print or export this list in a variety of ways to share with other team members.

KEY POINTS

- VIEW PATIENT DUE LISTS
- SORT & FILTER
- PRINT
- EXPORT

NETWORK COMPARISON

Preventive Health Screening | Breast Cancer ?
 2017 Q4 · ALL · EverGreen · Continuous Enrollment Logic Off

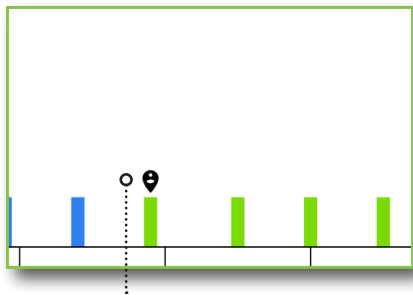
Patients 1,814 non compliant	Performance Statistics 44.06% current score	Network Comparison 79th percentile
--	---	--

Last Updated: 04/09/2018 02:04:09
 Network: EverGreen

Rank	NPI	Provider Name	Patient Count	Percentile	Performance
5	1811965791	You	13332	79th	45.31%

Showing 1 to 1 of 1 entries

PREVIOUS 1 NEXT



CURRENT PROVIDER PERFORMANCE

VIEWING PERFORMANCE RELATIVE TO NETWORK

From within most patient due lists, view performance as compared to other providers in the network via the *Network Comparison* tab. The percentile displayed in the ribbon pertains to threshold performance based on the measure. Depending on your organization's COZEVA build, provider performance comparison in this view may be at the regional or aggregate level.

Select a colored bar to view a list of providers and their corresponding performance. Some COZEVA builds *blind* provider names in this view. Contact your organization's help-desk for details.

Rank	NPI	Provider Name	Patient Count	Percentile	Performance
16	1477510097	Gayle, Laurie	109	22nd	0.00%
16	1558913312	DAVID, MARVIN	140	22nd	0.00%
16	1912973520	LICAGES, RAVI	112	22nd	0.00%
16	6666666667	SABHA, ELENA	132	22nd	0.00%

Showing 1 to 4 of 4 entries

PREVIOUS 1 NEXT

VIEW OTHER PROVIDERS

Select a bar to view providers in that level of performance.

Some organizations 'blind' this information for Practice users. These users will see their performance against de-identified provider listings.

KEY POINTS

- **RELATIVE PERFORMANCE**
- **NETWORK COMPARISON**

PATIENT DETAIL VIEW - OVERVIEW

Patients: 1,273 non compliant

Performance Statistics: 26.70%

Network Comp: 6th

Cozeva ID: 1M-ZS-CCH · High Utilization · Low Quality

Name: **QGBMDFRDNMJ, CHERI** (Female · 62 y (04/09/1956) · No race available · Hospice (2017 +1 other))

PCP: Guy, PATRICIA | Care Ops: 12 (0 HCCs) | At-Risk Score: 9 | Risk Pools: 4 (+2 others) | Avoidable ED Visits: 5/6 (03/23/2017) | Avoidable Admits: 2/2 (07/04/2017)

Quality Measures	Due PDC Result	Service Code	Provider	Service Date
Preventive Health Screening Breast Cancer		G0206	Unknown	05/28/2015 [+]
Preventive Health Screening Cervical Cancer		88141	Unknown	06/15/2012 [+]
Preventive Health Screening Colorectal Cancer		82274	Unknown	08/26/2014 [+]

Timeline: 2016 Events

- NOVEMBER 24: Emergency dept visit by - Ochaits, Ygu (General Practice)
- SEPTEMBER 20: Biopsy of liver, needle; percutaneous Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)

SELECT A PATIENT TO VIEW CLINICAL OPPORTUNITIES

PATIENT DEMOGRAPHICS

CLINICAL INSIGHTS

ENCOUNTERS TIME-LINE

PRINT PATIENT DUE REPORT

Care Ops: All | EverGreen | 2017 Q4

Quality Measures	Due PDC Result	Service Code	Provider	Service Date
Preventive Health Screening Breast Cancer		G0206	Unknown	05/28/2015 [+]
Preventive Health Screening Cervical Cancer		88141	Unknown	06/15/2012 [+]

FILTER GAPS BY COMPLIANCE OR MEASUREMENT PERIOD

VIEW MEASURE RELATED:

- DUE DATES
- PERCENTAGE DAYS COVERED (PDC)
- LAB RESULT
- SERVICE CODE
- RENDERING/ATTESTING PROVIDER
- DATE OF SERVICE
- HISTORY [+]

Records displayed in this view are selected based on their applicability to denominator eligibility, numerator compliance or other important events.

For Risk related measures, important historical clinical events are displayed to aid in HCC evaluation.

VIEWING PATIENT OPPORTUNITIES

Select or search for a patient in the global search bar to view the patient detail view which includes a wealth of demographic information, clinical insights and measure compliance status. Print individual quality gap reports for patients to integrate COZEVA into any clinical work-flow. The *Encounters Time-line* displays recent utilization across the network for an individual patient. Select an encounter in this view for details.

KEY POINTS

- NAVIGATE PATIENT DISPLAY
- CLINICAL INSIGHTS
- ENCOUNTERS TIME-LINE

PATIENT DETAIL VIEW - CLOSING CARE GAPS

ADDRESS OPPORTUNITIES

The patient detail view displays all eligible measures for a patient. Actionable care gaps are presented with a solid red dot. Closed gaps appear with no dot.

Measures for patients which will become compliant for services via an in-network claim can be temporarily marked as compliant via the *Mark as Pending* functionality via the pencil tool. Gaps marked as pending closure increase the numerator for the measure and adjust rank performance in real time. After five weeks, if no qualifying claim arrives to support compliance, the solid red dot returns at the measure level and numerator and rank performance are readjusted. Gaps marked as pending are aggregated in the *Pending* sidebar menu item for follow up with patients. The *Mark as Pending* functionality is an optional but powerful tool.

ACTIONABLE CARE GAPS ●

Care gaps close via the normal claims process. Red dots signify action. No dot signifies compliance.

LEGEND

- Open Care gap
- Pending Care gap
- Satisfied Care gap

MARK AS PENDING ○

Care gaps expected to close through the normal claims process can be marked as pending closure for five weeks with a hollow red dot. If no claim arrives, the solid dot returns and scores readjusted to reflect non-compliance.

REMAINS HOLLOW FOR SIX WEEKS WAITING FOR A CLAIM

Pending List				
Created at	Pending Expiration Date	Status	Quarter	Submitted by
09/06/2018 09:02 am	10/11/2018	Pending	2017-12-31	Cozeva Support
08/20/2018 11:42 pm	08/23/2018	Non-Compliant	2017-12-31	Paul, Arup
08/20/2018 11:42 pm	08/23/2018	Non-Compliant	2017-12-31	Paul, Arup
08/20/2018 11:42 pm	08/23/2018	Non-Compliant	2017-12-31	Paul, Arup

PENDING LIST

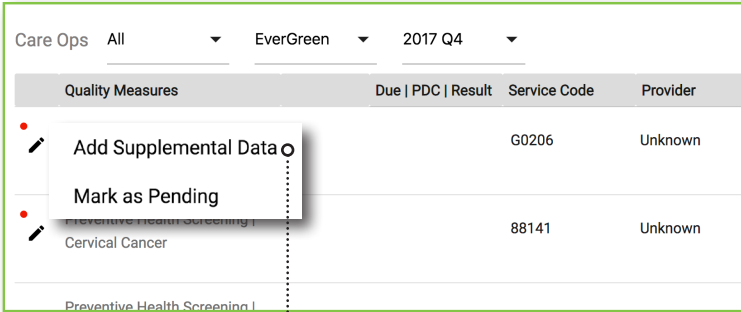
Use the 'Pending List' to track measures that were 'Marked as Pending' for follow up with patients.

All team members with access to the patient can view measures marked as pending.

KEY POINTS

- IDENTIFYING OPPORTUNITIES
- IDENTIFYING CLOSED GAPS
- MARK AS PENDING

PATIENT DETAIL VIEW - ATTEST WITH SUPPLEMENTAL DATA

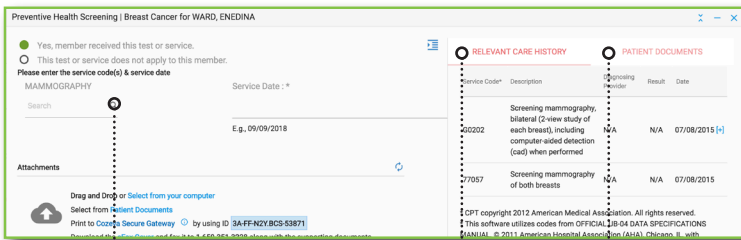


ATTEST TO COMPLIANCE OR EXCLUSION

Incoming claims place or remove patients from measure numerators and denominators based on eligible codes as defined by the measure-set. Users should allow the claims process to automatically move members into compliance or exclusion.

The *pencil* tool allows users to manually exclude patients from a measure, or attest to compliance for events not captured in network, such as out of network encounters or those paid out of pocket by patients. This *Supplemental Data* attestation adheres to compliance and exclusion logic as defined by the measure set (i.e. CMS STARS, HEDIS, PQA etc.)

ATTEST TO COMPLIANCE OR EXCLUSION VIA THE PENCIL TOOL



SUPPLY CODES AND SERVICE DATE

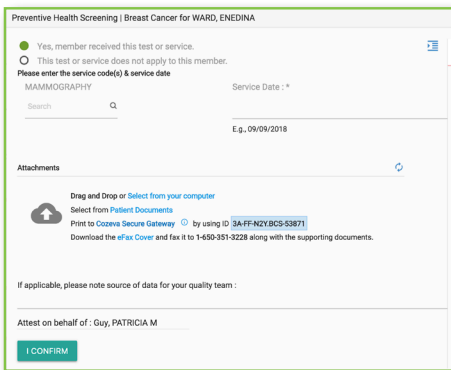
VIEW RELEVANT CLINICAL HISTORY

ACCESS PATIENT DOCUMENTS

Supplemental data forms observe measure set logic- users can only exclude or attest to compliance with codes in the value set.

Like the *Mark as Pending* feature, an attestation is honored in real-time- scores are adjusted immediately. The *Attestations* menu sidebar item at the each practice/provider level aggregate all supplemental data entries for approval or rejection by an administrative user in your organization.

Rejected entries immediately return non-compliance at the measure level and adjust the numerator or denominator as applicable. Your organization may elect to notify you of the decision via a *Secure Message* or *Notification*.



PROOF OF SERVICE DOCUMENTATION

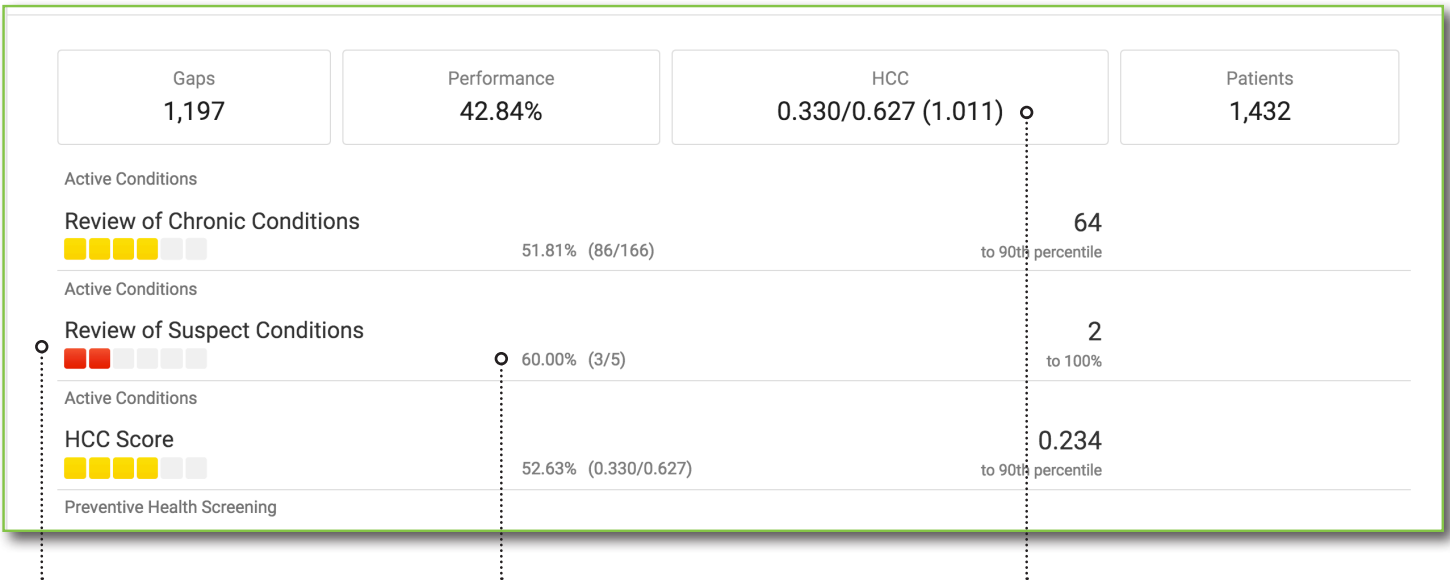
Most organizations have requirements around submitting *Proof of Service* documentation when submitting an attestation. Users can upload documents from their local computer, associate previously uploaded documents, fax documents or install a virtual printer driver called *COZEVA Secure Gateway (CSG)* to upload documents by 'printing' them from their EHR or medical records system. Install the Windows printer driver from any attestation form, print to the *CSG* and copy the code as instructed on the attestation form.

Choose from a variety of technologies to provide proof of service documentation

 **KEY POINTS**

- **ATTESTING COMPLIANCE**
- **ATTESTING EXCLUSION**
- **PROOF OF SERVICE DOCUMENT**

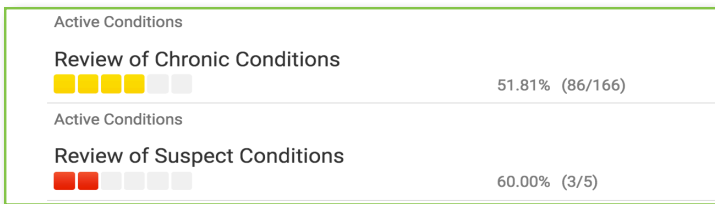
ACTIVE CONDITIONS - OVERVIEW



RISK RELATED MEASURES

HCC PERFORMANCE

[Avg. realized HCC]/[Avg. coded HCC], (Avg. realized RAF)



RCC & RSC numerator and denominator HCC's performance

- | | |
|--|--|
| <p>Review of Chronic Conditions (RCC)</p> | <ul style="list-style-type: none"> • Denominator: Number of chronic HCC's coded at least once in the last 2 Service Years (SY) • Numerator: Number of coded conditions |
| <p>Review of Suspect Conditions (RSC)</p> | <ul style="list-style-type: none"> • Denominator: Number of suspected HCC's • Numerator: Number of coded suspect conditions |

RISK RELATED MEASURES

COZEVA displays HCC coding performance in three registries: *Review of Chronic Conditions (RCC)*, *Review of Suspect Conditions (RSC)* and *Risk Score*. Each registry is populated with performance values expressed as numerator, denominator, raw percentage compliance and the number of numerator hits to get to five star or 90th percentile performance (100% performance if already at the top level.) The RCC and RSC measures display performance in the recapture of expired HCC's and diagnosis of new suspect HCC's. The Risk Score measure displays the average realized HCC score against the average potential HCC score.

These measures are unique from quality measures in that the denominator and numerator are expressed as a count of HCC conditions- most other registries in COZEVA are expressed as a count of patients (i.e. 56 HCC's to address vs. 56 patients due for Colo-rectal cancer screening.) Because most patients on average have more than one HCC each, both values are normally higher than the total number of patients for a given measure set.



KEY POINTS

- **RISK REGISTRIES**
- **SUMMARY BAR**
- **RCC/RSC DENOMINATOR LOGIC**
- **RCC/RSC NUMERATOR LOGIC**

ACTIVE CONDITIONS - HCC PATIENT LISTS

Patients 7,347 non compliant		Performance Statistics 31.97% current score					Network Comparison 58th percentile					
Name	DOB	Gender	RCC Gaps	Conds.	Confirm	Disconf.	Last Visit	Weighted Gap	Care Gap	HCC Gap	Events	Prod
<input type="checkbox"/> Turtle, Tomas	06/30/1975	M	9	9	0	0	08/28/2018	1	14	5.921		Medicare Advant
<input type="checkbox"/> BCCNSS, LEOPOLDO	07/08/1945	M	8	12	4	0	04/13/2017	1	13	5.871		Medicare Advant
<input type="checkbox"/> RDIJFE, ANDRE	12/31/1969	F	6	10	4	0	09/25/2018	1	12	5.517		Medicare Advant
<input type="checkbox"/> NDLFMYJF, JAMISON	09/15/1969	M	4	9	5	0		2	13	5.463		Medicare Advant

PATIENT LISTINGS

REMAINING HCC'S

TOTAL HCC'S

CONFIRMED/CODED

HCC SCORE GAP

ACTIONABLE HCC'S

- Red dot
 - Not coded in current SY
 - Actionable
- Hollow dot
 - Attested HCC
 - Pending review
- No dot
 - Coded
 - Dis-confirmed
 - Trumped by higher HCC

Actionable HCC's are identified with the same red dot system that quality and utilization measures use. Hollow dots identify attested HCC's that have not been reviewed by an administrative user.

Risk Score :		2.305 / 5.641 (5.918)				
Active Conditions	HCC	Reason	Service Code	Provider	Service Date	
Atherosclerosis of the Extremities with Ulceration or Gangrene	1.381	CODED/SUBMITTED	196	GUY, PATRICIA	06/22/2018	
		Debridement of wound, infection or burn	11043	DOE, RICK	07/12/2018	
		Chronic ulcer of leg or foot	L97.523	DOE, RICK	07/12/2018 [†]	
● End-Stage Liver Disease	1.008	○ Past Coded/Submitted	K72.91	PARKER, PETER	10/26/2017	
		Acute renal failure	N17.9	PARKER, PETER	10/29/2017	
		Hepatologist/Gastroenterologist Visit	GASTROENTEROLOGY	GOOSE, PLUMA	11/15/2017 [†]	
○ Amputation Status, Lower Limb/Amputation Complications	0.419	CONFIRMED	S98.132D	BAILANDO, FELIZ	06/01/2018	
		Past Coded/Submitted	Z89.429	SALUD, SHERRY	10/24/2017	

ACTIONABLE STATUS

SUSPECT INDICATOR

RENDERING PROVIDER

HCC DUE LIST BY PATIENTS

The RCC and RSC measures display performance in the recapture and/or addressing of expired HCC's and suspect HCC's. An HCC is considered as addressed when it is documented in the patient medical record, coded and received by COZEVA on a claim. Only qualifying chronic HCC's from qualifying provider types, as defined by CMS, populate the denominator of these registries.

HCC's at the patient level are force ranked with highly weighted diagnoses at the top. Numerator credit is granted when a qualifying claim arrives with DOS in the current service year. Credit is also possible via HCC attestation or by dis-confirmation (see following pages.) Claims or attestations for a code that trumps a lower one are considered and applied as defined by CMS (i.e. numerator credit is granted for all lower HCC's addressed by a higher level diagnosis as defined by CMS.)

Previous coding events, along with other clinical events common amongst patients already diagnosed with an HCC are presented to aid the user in determining an HCC's continuity. Provider teams are encouraged to thoroughly document in patient medical records and accurately code all new and continuing HCC's in their normal billing process to have COZEVA close HCC opportunities through the normal claims feed process.

KEY POINTS

- PATIENT DUE LISTS
- ACTIONABLE HCC'S
- ADDRESSED HCC'S
- SUSPECT INDICATORS

ACTIVE CONDITIONS - CONFIRMING VIA ATTESTATION

		or foot		
End-Stage Liver Disease <input type="button" value="Attest/Disconfirm"/>	1.008	Past	K72.91	Lantz, Ayanna
		Coded/Submitted		
		Acute renal failure	N17.9	Lantz, Ayanna
		Hepatologist/Gastroenterologist Visit	GASTROENTEROLOG Y	Berrios, Salvato
Amputation Status, Lower	0.419	CODED/SUBMITTED	S98.132D	Liles, Antoinette

Users in COZEVA can attest to an HCC using the pencil tool. Use this functionality only for HCC's that are not submitted in the normal billing process. All attestations in COZEVA are subject to review by an administrative user.

Digestive		Suspect		
- End-Stage Liver Disease		Attest - I85.00 Esophageal varices without bleeding		
- Cirrhosis of Liver		Attest - I85.01 Esophageal varices with bleeding		
- Chronic Hepatitis		Attest - I85.10 Secondary esophageal varices without bleeding		
- Intestinal Obstruction/Perforation		Attest - I85.11 Secondary esophageal varices with bleeding		
- Chronic Pancreatitis		Attest - K70.41 Alcoholic hepatic failure with coma		
- Inflammatory Bowel Disease		Attest - K71.11 Toxic liver disease with hepatic necrosis, with coma		
		Attest - K72.01 Acute and subacute hepatic failure with coma		
		Attest - K72.10 Chronic hepatic failure without coma		
		Attest - K72.11 Chronic hepatic failure with coma		

The COZEVA attestation form expands all HCC's in all categories and provides a comprehensive archive of attestable codes. Users are free to attest to multiple HCC's in any category with any qualifying code. Users can also search for and add HCC's from this form.

2.305 / 5.641 (5.918)	
Conditions ?	HCC Reason
Prognosis of the with Ulceration or	1.381 CODED/SUBMITTED

Add an HCC not currently listed at the patient level with the + button

Attachments

Drag and Drop or [Select from your computer](#)

Select from [Patient Documents](#)

Print to [Cozeva Secure Gateway](#) by using ID 12-1

If desired, please enter any comments about this entry below:
 Please enter the explanation

Associate proof of service documentation for attested HCC's by uploading, associating already uploaded documents or by using COZEVA Secure Gateway (CSG) printer to automatically attach documents.

HCC CONFIRMATION VIA ATTESTATION

Provider teams are encouraged to use the normal claims process to close HCC care gaps identified in the RCC or RSC or measure in COZEVA for patients. After addressing the HCC with the patient and documenting in the patient's medical record, be sure the diagnosis is billed and submitted- COZEVA will remove the red dot and grant numerator compliance automatically.

HCC's that are documented in the patient medical record in the current service year but not submitted in the normal billing process can be added for credit in the RCC or RSC registries through the *attest/dis-confirm* option via the pencil tool. It is also possible to add an HCC not identified in either registry via the patient detail view using the plus (+) button (see above image.)

HCC attestations are subject to review by an administrative user and may be rejected if presented without adequate proof of service documentation or for other reasons. Notification of a rejected attested HCC may be sent along with an explanation for the rejection and/or an invitation to re-submit with any needed corrections for review.

KEY POINTS

- ATTEST TO AN HCC
- PENDING CONFIRMATION
- ATTESTATION REVIEW
- ADD AN HCC

ACTIVE CONDITIONS - DIS-CONFIRMING VIA ATTESTATION

		or foot		
End-Stage Liver Disease 1.008 Attest/Disconfirm	Past	K72.91	Lantz, Ayanna	
	Coded/Submitted			
	Acute renal failure	N17.9	Lantz, Ayanna	
	Hepatologist/Gastroenterologist Visit	GASTROENTEROLOG Y	Berrios, Salvato	
Amputation Status, Lower 0.419	CODED/SUBMITTED	S98.132D	Liles, Antoinette	

Users in COZEVA can dis-confirm an HCC using the pencil tool. Use this functionality only for HCC's that are non-continuing. All attestations in COZEVA are subject to review by an administrative user.

- Chronic Pancreatitis	Attest - K72.01 Acute and subacute hepatic failure with coma
- Inflammatory Bowel Disease	Attest - K72.10 Chronic hepatic failure without coma
Musculoskeletal & Con Tissue	Attest - K72.11 Chronic hepatic failure with coma
Hematologic	Attest - K72.90 Hepatic failure, unspecified without coma
Behavioral Health	Attest - K72.91 Hepatic failure, unspecified with coma
Nervous & Sensory	Attest - K76.6 Portal hypertension
Injury & Others	Attest - K76.7 Hepatorenal syndrome
Respiratory	Attest - K76.81 Hepatopulmonary syndrome
Circulatory	Attest - D1 Disconfirm - Resolved
Renal	Attest - D2 Disconfirm - Insufficient evidence of the condition
	Attest - D4 Disconfirm - Condition has improved

Users can disconfirm an HCC for three pre-defined reasons:

- Condition has resolved
- Insufficient evidence of
- Condition has improved

Disconfirmations, like coded or attested HCC's, are considered as addressed.

	Other therapeutic procedures	36415	QUEST
Major Depressive, Bipolar, and Paranoid Disorders 0.153	DISCONFIRM	D1	GUY, P
	Past Coded/Submitted	F32.5	GUY, P
Quality Measures	Due PDC Result	Service Code	Provid
Preventive Health Screening 1 Body	07.100	760.50	GUY, P

Dis-confirmed HCC's are identified as such at the patient level and grant numerator credit in the RCC or RSC registry.

The red dot is removed as soon as the dis-confirmation is completed.

HCC DIS-CONFIRMATION VIA ATTESTATION

HCC's that are non-continuing can be dis-confirmed in COZEVA by an administrative or Practice user. Users can choose from three dis-confirmation selections: condition has resolved, insufficient evidence of the condition or the condition has improved.

Dis-confirming an HCC will grant numerator credit in the RCC or RSC registry and mark it as addressed at the patient level (remove the red dot.) Dis-confirmed HCC's may still be presented the following service year if there is supporting clinical evidence or additional diagnoses by other providers in the network.

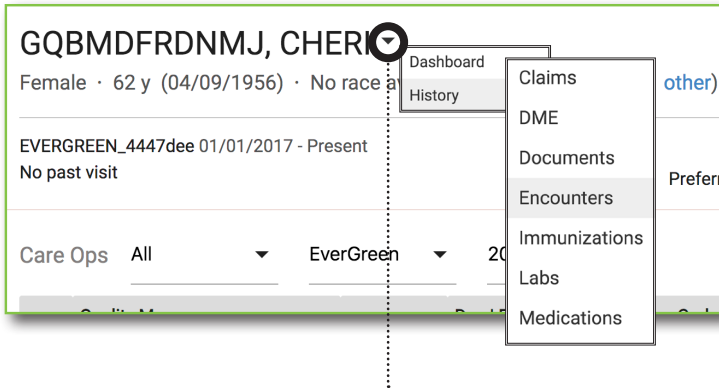
Like all attestations, HCC dis-confirmations are subject to review by an administrative user and may be rejected if presented without adequate proof of service documentation or for other reasons (i.e. proof of the diagnoses not visible to a provider team, etc.) Notification of a rejected attested HCC may be sent along with an explanation for the rejection and/or an invitation to re-submit with any needed corrections for review. Contact your organization's administrator for details.



KEY POINTS

- **DIS-CONFIRM AN HCC**
- **PENDING CONFIRMATION**
- **HCC REVIEW**
- **DIS-CONFIRM LOGIC**

PATIENT DETAIL VIEW - VIEWING CLINICAL HISTORY



ACCESSING ALL OTHER PATIENT MEDICAL RECORDS

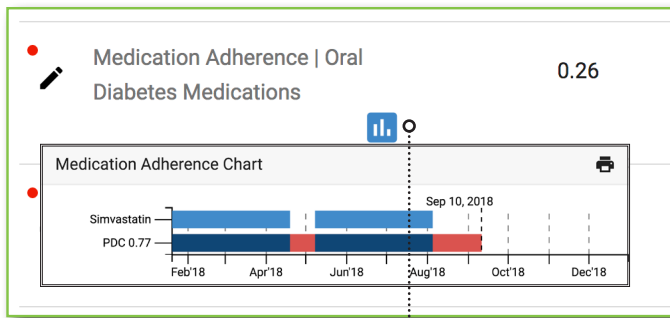
Patient medical records are accessible at the patient detail view and include all clinical events regardless of their impact on quality compliance or other performance in other health dimensions.

View medication adherence behavior, lab results and frequency, ER visits and encounters with specialists and other important items.

COZEVA Case Management and EHR users also access patient documents, forms and other specific functionalities and actions in this menu.

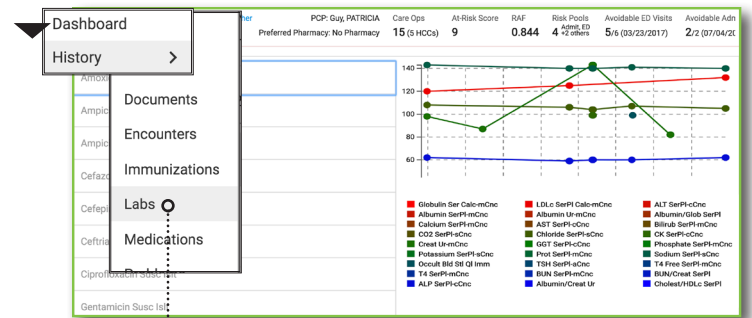
ACCESS CLINICAL PATIENT HISTORY

Access all patient medical records including claims history, encounters, medications, labs and other clinical events.



MEDICATION ADHERENCE

Access medication adherence charts from within select measures via the patient detail view



LABS

View lab frequency and results in list or graph form

Carriers	Date	Type	Source	Code(s)*	Line No	Provider	SourceID
EverGreen	04/26/2017	PR	Claim	25, 99215, E03.9, G47.33, I48.2, R06.02	1	Vijay, Jerrold MD (PULMONARY DISEASE)	EVG_620379558
EverGreen	04/26/2017	PR	Claim	94010, E03.9, G47.33, I48.2, R06.02	2	Vijay, Jerrold MD (PULMONARY DISEASE)	EVG_620379558
EverGreen	03/09/2017	PH	Claim	00603576321	0	Rajiv, George MD (NEPHROLOGY)	EVG_620144494
EverGreen	03/06/2017	PR	Claim	25, 99214, I10, I48.1, I48.4, Z68.30	1	ChenI, Wratel MD (GENERAL PRACTICE)	EVG_619302766
EverGreen	03/06/2017	PR	Claim	93000, I10, I48.1, I48.4, Z68.30	2	ChenI, Wratel MD (GENERAL PRACTICE)	EVG_619302766
EverGreen	03/01/2017	PR	Claim	99214, D35.00, E04.2, E11.9, I48.91	1	Ronald, Michael MD (ENDOCRINOLOGY)	EVG_619302765
EverGreen	03/01/2017	PR	Claim	82948, D35.00, E04.2, E11.9, I48.91	2	Ronald, Michael MD (ENDOCRINOLOGY)	EVG_619302765

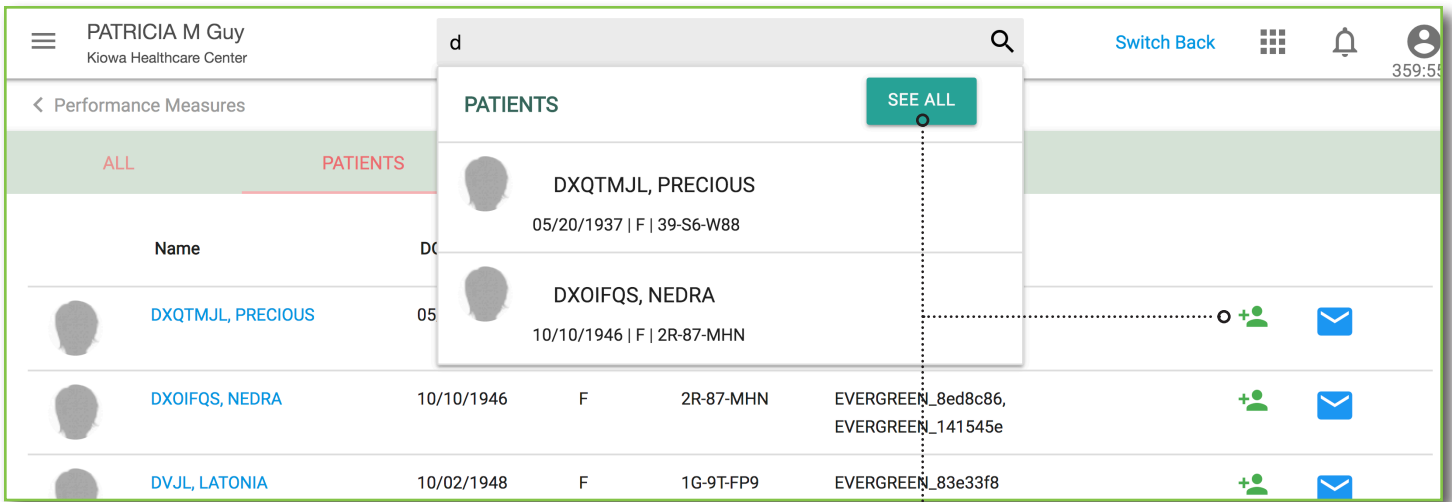
Code System	Code	Service Date	Description
POS	11	2017-04-26 08:00:00	Office
ICD10CM	R06.02	2017-04-26 08:00:00	Shortness of breath

Reference comprehensive in-network claims and encounter displays for patients. Select a claim number to drill down into codes submitted. Use the 'Filter' option for complex searches.

KEY POINTS

- VIEW CLINICAL HISTORY
- VIEW MEDICATIONS
- VIEW LABS
- VIEW CLAIMS


PRACTICE & PROVIDER WORKFLOW - PRE-VISIT PLANNING

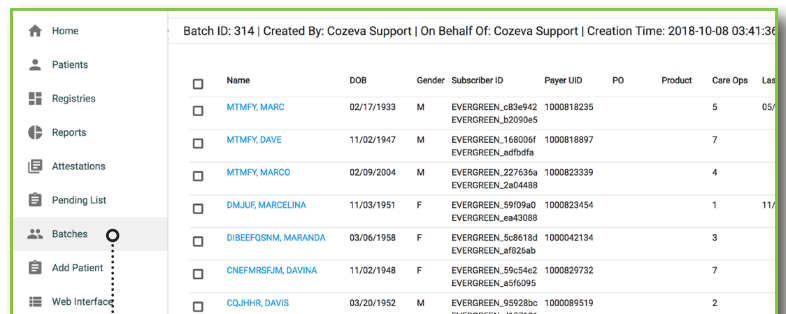


PROVIDER & PRACTICE WORKFLOW

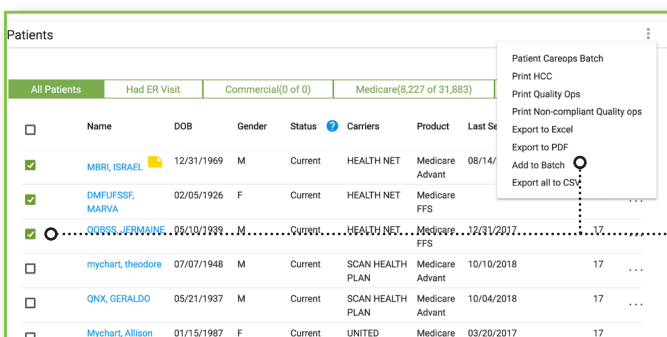
Provider teams are encouraged to use COZEVA to address care gaps for patients in a variety of ways. The most effective workflow for addressing opportunities and improving scores in *Registries* is called *Pre-Visit Planning*.

COZEVA Practice users can utilize a powerful feature called *Batching* to group patients that will be coming in to the office so that care gaps can be addressed in person. The functionality supports a wide variety of print and export options. Batches created by a provider/practice delegate are automatically shared amongst that corresponding provider and other team members. Batches are provider centric- each provider can own one batch that is shared amongst all users.

Easily add patients to a batch by searching for them in the global search bar, selecting the 'SEE ALL' button and then adding them on the fly using the quick add icon. 



Access batched patients in the sidebar. Batches are provider centric and automatically shared with all other team members. This specific Batching functionality is available to COZEVA Practice users only.



CREATE BATCHES

From any patient listing, select a patient and easily add them to a batch via the print/export menu. Only one batch is possible at a time. Each provider can have a batch for multiple provider practices. Enterprise users can create their own batches.

KEY POINTS

- **CREATE BATCHES**
- **SHARED BATCHES**

APPENDIX - EXPORTS

EXPORTING DATA OUT OF COZEVA

Cloud based applications encourage users to reference the system instead of exporting data. For analysis or integration into external systems, a variety of export options exists at many levels. COZEVA also publishes a variety of outbound reports on a weekly basis that is sent to your organization secure outbound folder repository. Visit projects.cozeva.com for outbound formats and availability or contact the *Customer Success Manager* of your organization for questions.

	EXTRACT	DETAILS
REGISTRIES VIEW		
Export Registries	View a report that displays performance values for measures.	Produces a CSV file detailing performance by measure including numerator, denominator and rate for the selected provider/practice. Use to archive performance in registries at the provider level.
Export all to CSV	Extract all measures and their patient due lists	Produces a measure centric CSV file detailing patients due by measure for the selected measure set. Includes basic patient demographic information, phone number last visit with the PCP and last test date (when applicable & if available.) Use as a comprehensive patient due report by provider for all members within a measure set.
MEASURE LISTINGS		
Patient Careops Batch	Print patient due report(s) for one or more patients.	Prints a separate report, similar to the patient detail view, for all selected patients detailing all eligible care gaps, their compliance status and select demographic information. Use to create comprehensive, individual patient reports.
Print HCC	Print HCC report(s) for one or more patients.	Prints a separate report, similar to the 'Patient Careops Batch, for all selected patients. Displays HCC's only. Use to create HCC focused individual patient reports.
Print Quality Ops	Print patient due quality report(s) for one or more patients.	Prints a separate report, similar to the 'Patient Careops Batch, for all selected patients. Displays Quality gaps only. Use to create Quality focused individual patient reports.
Print Non-compliant Quality ops	Print patient due quality report(s) for one or more patients.	Prints a separate report, similar to the 'Patient Careops Batch, for all selected patients. Displays Non-compliant Quality gaps only. Use to create Non-compliant Quality focused individual patient reports.
Export to excel	Extract patient due list(s.)	Produces a CSV file for all selected patients that includes basic patient demographic information, last visit with the PCP and last test date (when applicable & if available.) Use as a condensed alternative to individual patient due reports.
Export to PDF	Extract patient due list(s) to PDF.	Produces a PDF file for all selected patients that includes basic patient demographic information, last visit with the PCP and last test date (when applicable & if available.) Use as a condensed alternative to individual patient due reports.
Export all to CSV	Extract all patients with care gaps by measure set.	Produces a patient centric CSV file detailing patients due for the selected view. Includes basic patient demographic information, phone number, email, last visit with the PCP and last test date (when applicable & if available.) Use as a measure specific patient due report for all members within a measure set.
Add to Batch	Temporarily group patients together for extract/printing.	Adds patients to the 'Batches' sidebar menu item for report printing or other options.