1. **Can the custom registries be created by the health center or does it have to be requested to Azara?**

   Administrators at your center can be given the appropriate permissions to create custom registries after they have been provided guidance/training. If your center is interested in this functionality, please create a support ticket with Azara.

2. **If you create a custom registry, does it show up on all users CPCI account, or just on your own?**

   Custom registries are only available to the center who created them, not all the centers in CPCI. Your center administrator has rights to control who is able to see the registry within the center. While in development, it is possible to make it so only the local center administrator can see the registry.

3. **Is the CPCI depression registry able to track when clients have received psychiatric consultations; the number of contacts given client has received in current month; as well as the treatment recommendations and/or treatment changes for clients whose PHQ-9 scores are not improving?**

   We do not currently aggregate the number of contact or whether PHQ-9 scores have improved. These are great ideas and we can put them into queue for enhancement ideas. With regards to the treatment changes, they may be more difficult as much of this might be captured in free text notes which do not lend themselves to anlaytic reporting.

4. **If I run off a patient visit summary in the morning at 8 it should have all patients with scheduled appointments on that day?**

   The PVP will include any appointments that were made prior to the nightly load when the data was extracted from the EHR and loaded into CPCI. Appointments made or cancelled after the data extraction will not be available.

5. **In regards to HIVQUAL, what options does Azara offer in regards to reporting to the AIDS insitute?**

   Azara has an optional, extended HIV program available to centers whereby additional data elements required by the AIDS Institute (AI)are mapped and data extracts are sent to the AI from CPCI on behalf of the centers.

   For those participating in the program this year, the data was submitted to the AI last Friday evening (4/28/17). It is our understanding in inquiring that the data will be loaded into the HIVQual tool sometime before May 19th.

6. **Does Azara offer any reporting options for DSRIP?**

   Azara is working directly with several of the PPS leads to support their DSRIP programs. The PPS leads act under the same guidelines from the state but are facilitating the reporting and analytics components of the program in a unique manner. To better understand if Azara is working with a specific PPS and/or can support your center in the DSRIP program, please submit a support ticket to Azara being sure to indicate your PPS lead.

7. **Can data be disaggregated to the claim level? It appears that all data are aggregated to patient level. Can we show the individual claims?**

    In part this is dependent upon whether or not the health plan / payer provides us disaggregated data. Some payers are only willing to share data aggregated into cost categories at the patient level. Additionally, our work to date has focused on presenting aggregated data for the patients, with detail on key events (hospital IP and ED discharges).

8. **PHQ 9 is very valuable. Any thoughts to also showing prior score to be comparative?**

    We do not currently show whether there was a change in PHQ or what the prior score was and/or when the prior PHQ was administered. This is a great idea, however, and we will add it to our queue for enhancement ideas.

9. **Is there a place we can go to see how the data is being mapped e.g., that is whether or not you are looking at LOINC codes for any of the tests and what LOINC codes you are using?**

    There is new functionality in CPCI that allows users to access the 'value sets' behind the measure from the Measure Analyzer. Value sets contain the various CPT, ICD, LOINC, etc. codes that are considered as the measures are calculated. We expect to roll this out CPCI-wide shortly but if you would like access ahead of that rollout, please submit a ticket to Azara requesting the access.

10. **Is it possible to customize the planning report to meet NYS 2017 Value Based Payment Quality Set Measures?**

    The alerts on the visit planning report are configurable. The initial configurations are designed to assist with compliance measures (e.g., UDS) – best first step would be to evaluate current measures and investigate if there are configuration changes that can be made to align with the VBP measures required. Any gaps or questions can then be forwarded on to Azara Support for clarification or an enhancement request.

11. **If the patient has a different PCP than the provider they actually see where is the data being pulled from? a different PCP on their insurance.**

    Within CPCI we currently have two options for provider: Rendering and Usual. Running reports by "Rendering" shows results for all patients the provider in question has seen at a visit in the measurement time period. Running reports by "Usual" shows results for all patients assigned to the provider in the health center's EHR. The data for the "Usual" provider assignment for a patient is determined by the patient and the exact mapping should be documented in the center's mapping document.

    We do not currently incorporate PCP data from payers.

12. **Are there cheat sheets that available for use?**

    There is an extensive help section within the CPCI tool that has:
    - A User Guide
    - "How To" Videos
    - Webinar recording and slides
    - Tips and Tricks documentation

To find this documentation, click the Help link in the upper right hand corner next to your login.

In addition, the Azara Support Portal, contains easy access to commonly asked questions, https://jira.azarahealthcare.com/servicedesk/customer/portal/2.