

Bridges to Excellence®

BTE Web Portal Submission Guide

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Rev: 02/15/2019
Effective: 02/1/2019

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Step One:

Decide which program(s) to participate in by visiting the Bridges to Excellence website, <http://www.bridgestoexcellence.org/recognition-programs>.

BRIDGES TO EXCELLENCE (BTE) RECOGNITION PROGRAMS



Asthma Care



Cardiac Care



COPD Care



Depression Care



Diabetes Care



Heart Failure Care



Hypertension Care



IBD Care



Maternity Care

Step Two:

Once you have selected the program(s) you would like to participate in, become familiar with the program structure, chronic care recognition program clinical measures and the associated requirements, the recognition process and patient eligibility criteria.

Step Three:

Determine which performance assessment pathway suites best. There are **two pathway options** for submitting the data to be scored.

Option One: Have your **EMR vendor** pull the data and submit it for scoring. You have this option if you use one of the following EMR providers that partners with BTE: Athena Health, eClinicalWorks, MediTab, or Meridios. The EMR will submit data for all of your patients who meet the program parameters. EMR contact information is listed below.

Vendor	Contact Information
Athena Health	bte@athenahealth.com
eClinicalWorks	incentiveprograms@eclinicalworks.com
Meridios	info@meridios.com
MediTab	info@meditab.com

Option Two: Submit data directly via Altarum's BTE Web Portal, <https://portal.bridgestoexcellence.org/login>. For this option, clinicians must have a minimum of 25 patients for the denominator for individual clinician applicants, and a minimum of 10 patients for the denominator for each individual clinician in a practice level applicant, with a minimum practice average of 25 patients per clinician. There are no fees associated with this option.

Before You Begin:

Application requirements:

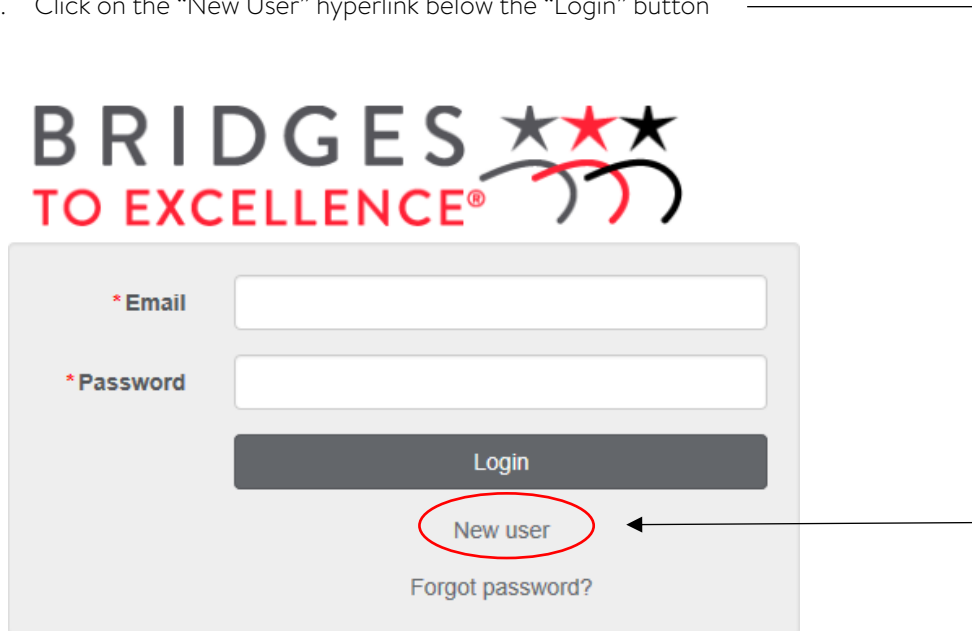
- Microsoft Excel version 2013 or higher
- The web portal is supported by the most current web browsers versions of Safari, Firefox or Chrome.
- Google Authenticator web application must be installed on an android, smartphone or tablet.

Register for an account/Set up your Web Portal

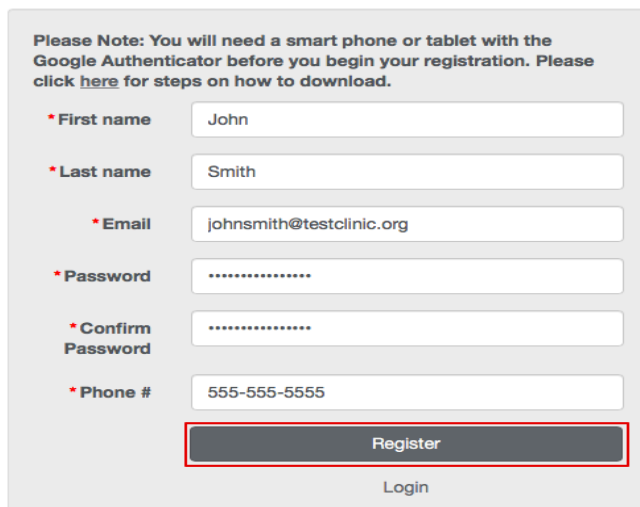
If you have already completed this step proceed to step 6 below.

Instructions to register as a New User:

1. Go to <https://portal.bridgestoexcellence.org/>
2. Click on the “New User” hyperlink below the “Login” button



3. Enter your First Name, Last Name, Email address, Password (at minimum, 15 characters long) and phone number.




4. Go to your email to complete your registration.
 - a. The email will come from BTE@Altarum.org
 - b. The email will contain 2 steps
 1. Instructions on how to download a 2-step authenticator tool
 2. Instructions on how to activate your account.
5. Once you have completed this step it will take you back to the web portal.
 - a. You will be presented with a QR Code and your security token
 - b. Open your Google Authenticator app on your phone and select Set Up Account.
 - c. Enter the email that you used to register and click on either the QR or manual entry.
 - d. Scan the QR code on the screen or enter the alphanumeric key on your phone. Make sure the "Time Based" option is toggled to ON, to ensure the code you're entering is aligned with the Authenticator's most recent passcode generation.

Email confirmation.

To confirm your email you need to use Google Authenticator.

Google Authenticator Instructions.



If you can't use the QR-code use this key: [Key]


Enter access code from Google authenticator application

Confirm

Email confirmation.

To confirm your email you need to use Google Authenticator.

Google Authenticator Instructions.



If you can't use the QR-code use this key: [Key]

Enter access code from Google authenticator application

Confirm

- e. Enter the six-digit verification code displayed on the Google Authenticator app (keep in mind that app will generate the new, randomized code every 30 seconds.)
 - f. You will be automatically redirected to the BTE Web Portal log in page.
6. Enter your email, associated password and then the six-digit verification code (Google Authenticator) to proceed.

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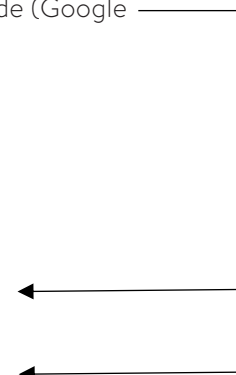
***Email**

***Password**

Login

[New user](#)

[Forgot password?](#)



7. As a new user, the Web Portal will prompt you to set up your account by entering the following:
 - a. Practice/Organization Information
 1. **Check off “Practice/Organization”.** The “Data Aggregator” is an option for only EHRs and Large organizations with over 30 providers.
 2. Practice/Organization Name
 3. Address
 4. City
 5. State
 6. Zip Code
 7. Phone Number
 8. Clinic NPI
 9. Primary Contact Name
 10. Primary Contact E-Mail

- b. Provider
 1. Responsible Clinician ID (This can be either the provider NPI or unique internal ID)
 2. Clinician NPI
 3. Clinician DEA
 4. Clinician Medical License
 5. Clinician Last Name
 6. Clinician Middle Name

7. Clinician First Name
8. Clinician Date of Birth
9. Clinician Gender
10. Clinician Degree
11. Clinician Specialty

Almost done! Now let's enter your provider(s) information.

Participating Provider Information

* Responsible Clinician ID: 1234567890

* Clinician NPI: 1234567890 NPI Search

Clinician DEA: TN123456

* Clinician Medical License: 123456TN

* Clinician Last Name: Smith

Clinician Middle Name: Thomas

* Clinician First Name: John

* Clinician Date of Birth: 01/01/1965

* Clinician Gender: Male

* Clinician Degree: M.D.

* Clinician Specialty: Cardiology

Cancel Save

- c. BTE Data Submitter Agreement **must be submitted** for processing before beginning a submission for recognition.
 1. Click on the DocuSign icon to begin filling out BTE Data Submitter Agreement. Once you click on the icon you will be redirected to the DocuSign website, where you will be prompted to enter the name and email address of the individual who is legally authorized to sign the agreement on behalf of the practice/organization. You will also need read and agree to the "Electronic Record and Signature Disclosure".

housekeeping step.

DocuSign

PowerForm Signer Information

Using your BTE User ID, fill in the name and email for the signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Your Role:
Practice/Organization *

Your Name:
John Smith

Your Email:
johnsmith@testclinic.org

Begin Signing

Please Review & Act on These Documents

Altarum Institute

PRIVATE MESSAGE: Please complete and sign the attached Data Submitter Agreement. As you read the agreement, if you hover over each box, instructions will be provided as to the type of information that should be entered into that box. Note that

[View More](#)

Please read the [Electronic Record and Signature Disclosure](#).

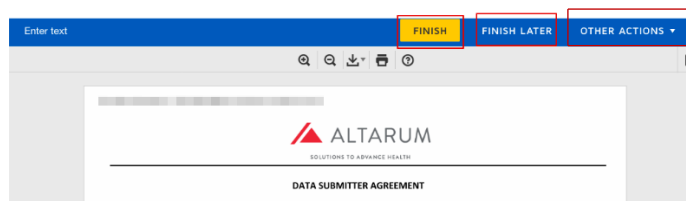
☒ I agree to use electronic records and signatures.

CONTINUE

- Click on the “Start” tab and begin entering all required fields of the BTE Data Submitter Agreement.



- If you are not ready are not ready to submit you may select “Finish Later”. If you are ready to submit you will need to select “Finish” to submit electronically or select “Other Actions” for other options on how to submit. Once submitted, this step may take up to 3 to 5 business days to process.



Step Four:

Data Entry Templates

1. Step 1: Go to <https://portal.bridgestoexcellence.org/>
2. Enter your email, associated password and the six-digit verification code (Google Authenticator) to proceed.
3. Click the “How-To’s” tab > “How do I prepare for my submission?”



4. Go to Step 3 to locate the program name and download its correlating data template.

Step 3: Review the chosen program definition file and data templates.

Program Name	Data Template
BTE Asthma Care Recognition	
BTE CAD Care Recognition	
BTE COPD Care Recognition	
BTE Depression Care Recognition	
BTE Diabetes Care Recognition	
BTE Heart Failure Care Recognition	
BTE Hypertension Care Recognition	
BTE IBD Care Recognition	
BTE Maternity Care Recognition	

5. Collect all pertinent data as instructed and required in the BTE program guide
 - i. Review Table 1 within the guide to become familiar with all measures within the program.

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Table 1: Asthma Care Measures, Performance Criteria and Scoring

Measure	Total Possible Points	Level of Evidence	Source
Documentation of Disease Severity (including spirometry)	10	LOE-B	EPR3, Choosing Wisely, GINA
Short Acting Beta Agonist Prescribed to All Patients with	10	LOE-C	EPR3, Choosing Wisely, GINA

- ii. Review the Program Measurement Set to understand the program requirements for each measure.


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Asthma Care Recognition Program Measurement Set

Documentation of Disease Severity (including spirometry)

Description: Percentage of patients 5 years of age and older with a diagnosis of Asthma who have documentation of disease severity, including spirometry measurements, such as peak expiratory flow.

- iii. Check the Patient Eligibility Criteria for the program that you will be collecting and submitting data for.




Patient Eligibility Criteria

An eligible Asthma patient is one who meets all three criteria:

1. Is between 5 and 80 years of age.
2. Has had a documented diagnosis of asthma (as defined in Table 3 below) for at least 12 months, from the last day of the reporting period.
3. Has been under the care of the applicant for at least 12 months. This is defined by documentation of one or more face-to-face visits for Asthma care between the clinician and the patient: one (1) face-to-face visit within 12 months of the last day of the reporting period. (as defined in Table 2 below)

- iv. Review all program related procedural and diagnosis codes.




Relevant Procedural and Diagnosis Codes for Asthma Care Measurement Set

Table 2: Face-to-Face Visits

Procedural Codes
CPT: 99201-99215 <small>Value Set Authority-Value Set Name - Office Visit - 2 16 840 113883.3.464.10.03.1012.10.01</small>
CPT: 99341, 99342, 99343, 99345, 99347, 99348, 99349, 99350 <small>Value Set Authority-Value Set Name - Home Healthcare Services - 2 16 840 113883.3.464.100.3.1012.1016</small>
HCPCS: G0438, G0439 <small>Value Set Authority-Value Set Name - Annual Wellness Visit - 2 16 840 113883.3.526.3.12.40</small>
CPT: 99385, 99386, 99387 <small>Value Set Authority-Value Set Name - Preventive Care Services-Initial Office Visit, 18 and Up - 2 16 840 113883.3.464.1003.1012.1023</small>

- v. Review all program related medication lists.



Relevant Medication Lists for Asthma Care Measurement Set

Table 5: Beta-2 Agonists 1: Short-acting Inhaled (SABAs)

Drug Names	Generic Names
AccuNeb	Albuterol Inhaled
Albuterol Inhaled	Generic
Combivent	Levosalbutamol Bromide/Albuterol Inhaled

- vi. It is important to become familiar with the Clinical Measures Data table since this table lists the required information that must be used in the Data Template to ensure proper scoring of the data.

Clinical Measures Data		
Data field	Data field specifications	Data Values
ResponsibleProviderID	Internal provider ID that matches with the ID in the physician file	Any unique combination of characters and numbers
NPI	Responsible Provider NPI	Alphanumeric value 10 characters in length
groupID	The unique identifier that will identify the providers within a group applying for recognition	Alphanumeric value up to 50 characters in length

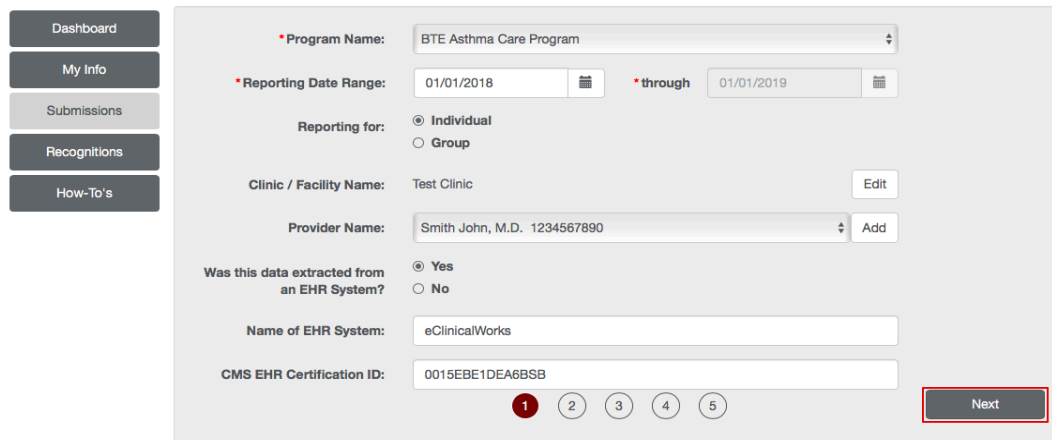
- Once you have compiled your data you may begin entering into the data template. All data entered must be as indicated in the Clinical Measures Data table.

A	B	C	D	E	F	G	H
ResponsibleProviderID	NPI	groupID	individualGroup	ChartID	lastVisitDate	PatientDOB	patientGender

- Save the data file and save as a CSV. (comma delimited) file.

Submit Data Template for Assessment

- Go to <https://portal.bridgestoexcellence.org/>.
- Enter your email, associated password and the six-digit verification code (Google Authenticator) to proceed.
- Click the “Submissions” tab.
- Click the “Click here!” button to begin your submission.



The screenshot shows a web form for submitting data. On the left is a sidebar with buttons: Dashboard, My Info, Submissions (highlighted), Recognitions, and How-To's. The main form area contains the following fields and options:

- Program Name:** A dropdown menu with "BTE Asthma Care Program" selected.
- Reporting Date Range:** Two date pickers showing "01/01/2018" and "01/01/2019" with a "through" label between them.
- Reporting for:** Radio buttons for "Individual" (selected) and "Group".
- Clinic / Facility Name:** A text field with "Test Clinic" and an "Edit" button.
- Provider Name:** A text field with "Smith John, M.D. 1234567890" and an "Add" button.
- Was this data extracted from an EHR System?:** Radio buttons for "Yes" (selected) and "No".
- Name of EHR System:** A text field with "eClinicalWorks".
- CMS EHR Certification ID:** A text field with "0015EBE1DEA6BSB".

At the bottom, there are five numbered steps in circles (1-5), with step 1 highlighted in red. A "Next" button is located in the bottom right corner.

- In the Program Name dropdown, select the program name you are submitting for.
- Enter the reporting date range for the data you are submitting for.
- Indicate whether the data is for an individual provider or a group of providers.
- If selecting an individual click the drop-down menu to select the name of the provider, if reporting for a group of providers, multi-select the providers by clicking each provider name.
- Indicate whether your data was extracted from an Electronic Health Record system.
 - If no, you may move on to the next step.
 - If yes, enter the name of the EHR and the corresponding CMS EHR Certification ID. If you do not have your EHR you may find it via the following link: <https://chpl.healthit.gov/#/search>.
- Click the “Next” button on the lower right-hand corner.
- You may now upload or drag and drop the csv. file that contains the data you wish to have assessed.

Drag and Drop:

- Select the file
- Drag the file to the up arrow ↑

Upload:

- Click on the up arrow ↑
- Select the file
- Click enter or Click the “Upload” button

Dashboard
My Info
Submissions
Recognitions
How-To's

BTE Asthma Care Program

Upload File (.csv Format)

Drop file here or click here to upload.

File Attached: BTE_Asthma Data Submission Test2.csv

1 2 3 4 5

Submit Data

12. Once you completed these steps you should now be able to see the file name in the lower part of your window. If this not the correct file you may click on the trashcan icon to the right of the file name and delete that file. If the file name is correct and this the file you would like to submit for processing, click the “Submit Data” on the lower right-hand corner.
13. Data Review – You will be presented with the details on the file you just uploaded and submitted. It is important that you review the details such as:
 - i. Program Name – This field will display the name of the recognition program you have selected to submit data for.
 - ii. Data/File Submission – This field will display the name of the file that you selected to submit for recognition. It is important to verify the file and data you are about to upload.
 - iii. Submission Status -
 - iv. Submission Results – This field will display the total number of patients contained in your submission data file.
 - v. Errors/Warnings – This field will display the count of Errors and Warnings within the file that was uploaded. Please note that Errors will not allow you to move forward, whereas, warnings will.
 - vi. Preview – By clicking on the “View file” hyperlink, you will be able to see all errors and warnings shown in the “Errors/Warnings” field. Errors will appear in red, while Warnings will appear in yellow. It is important to review all errors and warnings before moving forward.
 - vii. Delete – The trash can icon will allow you to delete your file before “formally” submitting.

Dashboard
My Info
Submissions
Recognitions
How-To's

BTE Asthma Care Program

Data Review

Program Name	Data/File Submission	Submission Status	Submission Results	Errors/Warnings	Preview	Delete
BTE Asthma Care Program	BTE_Asthma Data Submission Test2.csv	Complete	32 Patient Records	0 errors / 161 warnings	View file	

1 2 3 4 5

Cancel
Next

14. Click the “Next” Button on the lower right-hand corner.
15. Attestation – Read the attestation verbiage carefully and if you agree, then check the box on the upper left-hand corner then click the “Submit” button on the lower right-hand corner to formally submit your file. Please note, once you click the “Submit” button you will not be able to cancel your or resubmit for an additional 90 days.

Dashboard

My Info

Submissions

Recognitions

How-To's

BTE Asthma Care Program

☒ I attest that:

1

2

3

4

5

Submit

16. Once your data has been processed and assessed you will see the following message:

Dashboard

My Info

Submissions

Recognitions

How-To's

BTE Asthma Care Program

Thank you for your submission!

1

2

3

4

5

Close

17. Click the “Close” button to see your results.

Step Five:


Review your **Submission and Recognition Status** tabs located to the left of the web portal to view the final score and report of your submission by clicking on the drop-down arrow or by downloading the PDF “General Report”. Please note that if the score found in the Submission’s tab is within the recognitions scoring requirements then there will be recognition information in the Recognitions tab.

Dashboard
My Info
Submissions
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How-To's

Ready to submit your data?


[Click here!](#)

Submissions

	Submission Date	Group / Individual	NPI	Program Name	Reporting Dates	Score	Download
▼	01/11/19	Individual	1234567890	BTE Asthma Care Program	01/01/18 - 01/01/19	82.69	 General report

Dashboard
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Recognitions

	Provider/Clinic/Facility	Program Name	Star Rating	Recognition Date	Recognition Expiration	Download
▼	Smith John, M.D.	BTE Asthma Care Program	4 Stars ★★★★	01/11/19	01/11/21	 General report

Step Six:

Recognition Maintenance and Certificate Download

All BTE recognitions are valid for 2 years. However, you if you would like to resubmit to obtain a higher score you must wait 90 days before resubmitting.

Your newly awarded certificate will be available via the following link <http://www.bridgestoexcellence.org/bte-certificate> , as of the 11th of the upcoming month.