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LOGIN PAGE
On the initial login page, enter your credentials (Username and Password) and click “Log In” to log into your facility’s application account (see Screenshot 1).

Access this webpage at: https://healthportal.pcghealthservices.com/Default.aspx

Note: For first time users attempting to login, use the email and temporary password sent to you by Public Consulting Group (PCG), from COPayforPerformance@pcgus.com. In subsequent logins, your email will remain the same, but your password will change (refer to First Time Login section).
FIRST TIME LOGIN

CHANGE PASSWORD AND SECURITY QUESTIONS
Upon initial login, please change your password and answer the security questions for later password recovery (see Screenshot 2).

Screenshot 2

Enter the requested information on this page. Click "Update Security Info" (Screenshot 2, highlighted in red) when all information is entered. A popup window will then appear reading "Security questions and password saved successfully!" – select "Continue" to continue to the next page (see Screenshot 3) in the system.
PREREQUISITES
The prerequisites for participation in the Pay for Performance (P4P) Program is the next page in the system. This page will be completed only once but is necessary to advance to the application.

Your facility must meet all prerequisite requirements to participate in the P4P program. You must select “Yes” for all four items (Survey prerequisites and Acceptable Verification items) in order to continue to the application – click on the “Please Select” dropdown menu to the left of each item and select “Yes” (Screenshot 4, highlighted in red). For the Resident/Family Satisfaction Survey, please note that a copy of survey used must be uploaded. Detailed instructions on how to upload documents can be found on page 18.

For the final item (Acceptable Verification of the Resident/Family Satisfaction Survey), there are three required pieces of information to enter (Screenshot 4, highlighted in green):

- Average Daily Census for Calendar Year 2019
- Number of Residents/Families Contacted for the Resident/Family Satisfaction Survey
- Number of Residents/Families Responded to the Resident/Family Satisfaction Survey
After entering all of the information on the Prerequisites page, click “Submit Prerequisite Answers” at the bottom of the page to continue to the Home Page of the application (Screenshot 4, highlighted in blue).
HOME PAGE
After the initial login process, the Home Page will be the page users are directed to upon subsequent logins. There are initially two buttons on this page, Enter Participant Information and Participant Completion Summary (Screenshot 5, highlighted in red), and a Navigation Toolbar along the top of the page (Screenshot 5, highlighted in green). Your facility’s full application can be viewed and printed using the View Reports button (Screenshot 5, highlighted in blue).

Screenshot 5

Once all measures in the application have been completed, a third button will appear below the other two buttons (Screenshot 6). This button will be named “Confirmation/Submission” and will direct the user to a page to certify and submit the application.
NAVIGATION BAR
The navigation toolbar along the top of the page (Screenshots 5, highlighted in green) allows easy navigation to the Homepage, the File Upload page, Contacts and Information, or, once on specific measure page, the Participant Completion Summary page. The navigation toolbar will automatically update to reflect the current page as a user moves through the application.

ENTER PARTICIPANT INFORMATION
The Enter Participant Information page is where the user can enter Facility and Contact Information. Once the information is filled in, the user will not have to revisit this page unless there is a change in Facility or Contact information. It is suggested that users complete this page and fill in the applicable information before moving on to the rest of the application.

The following fields will already be filled in. If these fields need to be changed, please email PCG at COPayforPerformance@pcgus.com.

- Facility Name
- Provider Number (including PF and Medicaid IDs)
- Contact E-mail (i.e. Username to log-in)

The following fields will be filled in by the user, as applicable.

- Facility Address
- Facility Phone Number
• Facility Fax Number
• Contact Person
• Contact Position
• Contact Phone Number

Once all the information has been entered, click “Update Participant Information” to save your work (Screenshot 7, highlighted in red). A popup window will appear acknowledging that the information has been updated – click “Ok” to continue (Screenshot 8). The user can then navigate back to the Homepage by clicking the “Return to Homepage” button at the bottom of the page (Screenshot 7, highlighted in green) or by clicking “Homepage” on the navigation toolbar at the top of the page.

**Screenshot 7**

**Screenshot 8**
PARTICIPANT COMPLETION SUMMARY

The Participant Completion Summary page is a summary of all the measures in the P4P Application (Screenshot 9). This page serves as a “Table of Contents” for the application and is where users will navigate to access each Measure page. This page contains the following information:

- **Domain**: There are two tables on this page, one for each Domain (Quality of Life and Quality of Care) consisting of associated measures.

- **Subcategory Name**: Each measure is grouped into a Subcategory within each Domain.

- **Measure ID**: Each measure has a numeric ID value – this numbering is based on the order the measures are listed in the Microsoft Excel version of the P4P Application.

- **Performance Measure Title**: Each measure has a Title. Click on a Title to access each Measure page.

- **Related Appendices**: This column serves as a reference to identify where associated appendices (from the Microsoft Excel version of the P4P Application) are located for the measures. The appendices can be accessed on the associated Measure page.

- **Points Available**: This column displays the total points available for each Measure.

- **Self-Score**: This column will populate as the user works through the application and completes each Measure page. This is the score the user selects for each measure.

- **Total**: This row shows the total score for each Domain. The total domain score will update as the application and each measure is completed.

- **Grand Total**: This row combines the total score for each Domain. This grand total score will update as the application and each measure is completed.
## Screenshot 9

### Test Facility JL

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Performance Measure Title</th>
<th>Tools and Appendices</th>
<th>Points Available</th>
<th>Self Score</th>
<th>Documentation Uploaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Resident Directed Care 1</td>
<td>Enhanced Dining</td>
<td>☐</td>
<td>2</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A. Resident Directed Care 2</td>
<td>Enhanced Personal Care</td>
<td>☐</td>
<td>3</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A. Resident Directed Care 3</td>
<td>End Of Life Program</td>
<td>☐</td>
<td>2</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A. Resident Directed Care 4</td>
<td>Connection and Meaning</td>
<td>☐</td>
<td>6</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A. Resident Directed Care 5</td>
<td>Restorative Care Facility (CMS, HCUP)</td>
<td>☐</td>
<td>4</td>
<td>☐</td>
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</tr>
<tr>
<td>A. Resident Directed Care 6</td>
<td>Non-Medical - Resident Care (CMS, HCUP)</td>
<td>☐</td>
<td>4</td>
<td>☐</td>
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</tr>
<tr>
<td>A. Resident Directed Care 7</td>
<td>Daily Schedule and Care Planning (CMS, HCUP)</td>
<td>☐</td>
<td>3</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A. Community Centered Living 8.1</td>
<td>Physical Environment - Appearance</td>
<td>☐</td>
<td>2</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A. Community Centered Living 8.2</td>
<td>Physical Environment - Noise Management</td>
<td>☐</td>
<td>3</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A. Community Centered Living 8.3</td>
<td>OARFU (CMS) - Based on a Quality Measure</td>
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<td>5</td>
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</tr>
<tr>
<td>C. Relationships with Staff, Family, Resident and Home 10</td>
<td>Consistent Assignments</td>
<td>☐</td>
<td>5</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>D. Staff Empowerment 12</td>
<td>Staff Engagement</td>
<td>☐</td>
<td>3</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>E. Quality of Care 13</td>
<td>Transitions of Care - Admissions, Transfer and Discharge Rights (CMS, HCUP)</td>
<td>☐</td>
<td>3</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Domain: Quality of Life**

Total - Quality of Life: 48 0
Grand Total: 100 0

### Domain: Quality of Care

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Performance Measure Title</th>
<th>Tools and Appendices</th>
<th>Points Available</th>
<th>Self Score</th>
<th>Documentation Uploaded</th>
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</thead>
<tbody>
<tr>
<td>E. Quality of Care 14</td>
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<td>E. Quality of Care 15</td>
<td>Reducing Avoidable Hospitalizations (CMS, HCUP)</td>
<td>☐</td>
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<td>☐</td>
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</tr>
<tr>
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<td>Nationally Reported Quality Measures Scores (CMS) - Narrative</td>
<td>☐</td>
<td>1</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>E. Quality Measures 16.2</td>
<td>Nationally Reported Quality Measures Scores (CMS)</td>
<td>☐</td>
<td>5</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>E. Quality Measures 16.3</td>
<td>Nationally Reported Quality Measures Scores (CMS)</td>
<td>☐</td>
<td>5</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>E. Quality Measures 16.4</td>
<td>Nationally Reported Quality Measures Scores (CMS)</td>
<td>☐</td>
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<td>☐</td>
<td></td>
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<tr>
<td>E. Quality Measures 16.5</td>
<td>Nationally Reported Quality Measures Scores (CMS)</td>
<td>☐</td>
<td>5</td>
<td>☐</td>
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</tr>
<tr>
<td>E. Quality Measures 16.6</td>
<td>Nationally Reported Quality Measures Scores (CMS)</td>
<td>☐</td>
<td>5</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>E. Quality Measures 16.7</td>
<td>Nationally Reported Quality Measures Scores (CMS)</td>
<td>☐</td>
<td>5</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>E. Quality Measures 16.8</td>
<td>Nationally Reported Quality Measures Scores (CMS)</td>
<td>☐</td>
<td>5</td>
<td>☐</td>
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</tr>
<tr>
<td>E. Quality Measures 16.9</td>
<td>Nationally Reported Quality Measures Scores (CMS)</td>
<td>☐</td>
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<td>E. Quality of Care 17.1</td>
<td>Antibiotics Stewardship/Infection Prevention &amp; Control (CMS) - Documentation</td>
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<td>3</td>
<td>☐</td>
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<td>Antibiotics Stewardship/Infection Prevention &amp; Control (CMS) - Quality Measures</td>
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<td>F. House Management 18</td>
<td>Medicaid Occupancy Average</td>
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<td>☐</td>
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<td>G. Staff Stability 19</td>
<td>Staff Retention Rate / Improvement</td>
<td>☐</td>
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<tr>
<td>G. Staff Stability 20</td>
<td>DON and NNA Retention</td>
<td>☐</td>
<td>2</td>
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<tr>
<td>G. Staff Stability 21</td>
<td>Nursing Staff Turnover Rate (CMS)</td>
<td>☐</td>
<td>3</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Domain: Quality of Care**

Total - Quality of Care: 32 0
Grand Total: 100 0
PERFORMANCE MEASURE PAGES

On the Participant Completion Summary page, click on the Performance Measure Titles to access each specific Measure page. Each measure has its own page in the system where a user will score their facility based on the Measure Description and Minimum Requirements.

Please Note: to receive points for a measure, a user must select “Yes” for each minimum requirement in the “Please Select” dropdown (Screenshot 10). This does not always mean you are responding “Yes” to the specific text of the minimum requirement. It serves as an acknowledgement that all minimum requirements have been reviewed and adhered to in order to receive points for a measure.

If a user meets all minimum requirements for a specific measure and “Yes” is selected from the dropdown for all minimum requirements, Self-Score will automatically populate on the right of the page (Screenshot 11).

Screenshot 10

Screenshot 11
Note: a measure is not complete until “Yes”, “No”, or “Not Applying” is selected for each minimum requirement.

Clicking “Previous,” “Summary,” “Save,” or “Next” at the bottom of each Measure page will save progress on the page. Click “Previous” to go back to the previous measure and click “Next” to advance to the next measure in the application (Screenshot 12).

**Screenshot 12**
Note: Click on Summary at the bottom of the page or in the Navigation Toolbar to navigate back to the Participant Completion Summary page.

As a user works through the application and completes the measure pages, the Participant Completion Summary page will update, displaying the status and self-score for each measure.

The status is indicated by each measure’s row changing colors, in accordance with the Row Color Key at the top of the Participant Completion Summary page (Screenshot 13).

The Row Color Key has three statuses:

- **Blue = Needs Self Score**: the measure has not been completed by the user.
- **Green = Needs Reviewer Score**: the measure has been completed by the user and is ready for review. Measure will not be reviewed until all measures are completed and the application is submitted by the user.
- **Orange = Reviewed**: a PCG reviewer has reviewed the measure.
### Domain: Quality of Life

<table>
<thead>
<tr>
<th>Subcategory Name</th>
<th>Measure ID</th>
<th>Performance Measure Title</th>
<th>Tools and Appendices</th>
<th>Points Available</th>
<th>Self Score</th>
<th>Documentation Uploaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Resident Directed Care</td>
<td>1</td>
<td>Enhanced Dining</td>
<td>-</td>
<td>2</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>A. Resident Directed Care</td>
<td>2</td>
<td>Enhanced Personal Care</td>
<td>-</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Resident Directed Care</td>
<td>3</td>
<td>End Of Life Program</td>
<td>-</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Resident Directed Care</td>
<td>4</td>
<td>Connection and Meaning</td>
<td>-</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Resident Directed Care</td>
<td>5</td>
<td>Private-Directed Care Training (CMS, HCIP)</td>
<td>-</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Resident Directed Care</td>
<td>6</td>
<td>Trauma - Informed Care (CMS, HCIP)</td>
<td>-</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Resident Directed Care</td>
<td>7</td>
<td>Daily Schedules and Care Planning (CMS, HCIP)</td>
<td>-</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Community Centered Living</td>
<td>8.1</td>
<td>Physical Environment - Appearance</td>
<td>-</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Community Centered Living</td>
<td>8.2</td>
<td>Physical Environment - Noise Management</td>
<td>-</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Community Centered Living</td>
<td>9</td>
<td>DNR/CMD - Based on a Quality Measure</td>
<td>-</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Relationships with Staff, Family, Resident and Home</td>
<td>10</td>
<td>Consistent Assignments</td>
<td>-</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDICES AND TOOLS
Some measures reference appendices or tools that contain information or are required to be completed in order to receive points. These appendices and tools can be found on the associated measure pages that reference them. As shown earlier in this manual, the Participant Completion Summary page has a Tools and Appendices column (Screenshot 14). A checked box indicates there is a tool or appendix related to the measure (Screenshot 14).

All appendices and tools can be found on the right of the page on each associated measure page, under Appendix Forms and Tools (Screenshot 15).

Information and instructions for completing the various appendices can be found by selecting and opening each specific appendix. The appendices in the application include:

- Appendix 5 – Calculating the National Nursing Home Quality Care Collaborative Quality Composite Measure Score: See instructions within the appendix.
Appendix 6 – Accessing the Casper Quality Measures Reports: See instructions within the appendix.

Appendix 7 – How QAPI Principles Are Practiced Within Your Home: See instructions within the appendix.

Appendix 8 – QAPI: See instructions within the appendix.

There are also fourteen tools that are associated to different measures in the application and must be completed:

- **Continuing Education Instructions**: Calculates 20% of staff by job category. See instructions within the tool.

- **Continuing Education Form**: Enter the number of staff equal to the “20% of Staff” values that were calculated in the Continuing Education Instructions for each Job Category. For example, if 20% of Social Services staff is equal to five (5), enter five (5) Social Services staff members’ information in the Continuing Education Form.

- **Reducing Avoidable Hospitalizations Tool**: Enter the community’s reason for hospitalization, and then select “Yes” or “No” from the dropdown, based on whether or not the individual was discharged back to your facility. If “Yes” is selected, enter the hospital’s discharge diagnosis. Then, click “Add Record” to save the reported information. Do this for each resident.

- **QM Calculation Tool**: Calculates a 2-quarter average score, based on CASPER Scores entered in the tool and identifies the points earned for Measure ID’s 16.2 – 16.9. To use this tool, enter your facility’s CASPER scores for 2019 Q3 and Q4 in the appropriate fields and then click “Save and Calculate Points”. A 2-quarter average will calculate and appear below where the CASPER scores were entered. Also, the table below will automatically highlight the percentile and range your facility’s 2-quarter average score falls in, as well as the associated points earned.

- **Staff Retention Rate/Improvement Calculator**: See instructions within the tool.

- **DON or NHA Retention Calculator**: Calculates the length of time your facility’s DON or NHA have been employed in their respective position. Points are earned based on the calculated retention rate, as described in Measure IDs 20-1 and 20-2. Enter the appropriate information in each tool and click the “Calculate and Save Retention Time” button to view the number of years calculated for DON or NHA Retention.

- **Staff Turnover Calculation Tool**: Calculates nursing staff turnover rates for 2018 and 2019 based on information entered in the tool. Points are earned based on the calculated staff turnover rates, as described in Measure ID 21. Enter the appropriate information in the tool and click the “Save Changes” button to view the nursing staff turnover rates and improvement from 2018 to 2019.
FILE UPLOAD
Many of the measures require supporting documentation to receive points. This system application has a File Upload feature that allows users to upload supporting documentation. The File Upload feature can be accessed from any page in the system.

Click “File Upload” in the navigation toolbar at the top of the page (Screenshot 16, highlighted in red). This will open a new window, allowing the user to simultaneous view a specific Measure page and the File Upload page.

Screenshot 16

To upload supporting documentation, first click on the “Performance Measure” dropdown and select the measure that corresponds with the documentation being uploaded (Screenshot 16, highlighted in blue). Then, click the “Choose Files” button (Screenshot 16, highlighted in green).

Select the file you wish to upload and then the file name will appear next to the “Choose Files” button (Screenshot 17, highlighted in red). Fill in the “Associated Notes” section with any detail necessary related to the file or measure (Screenshot 17, highlighted in green). At a minimum, please include the specific required documentation that the file is for, in the notes. Also, include identifying information in the naming of the actual file. It is important to include enough information so that it is clear to the reviewer what measure and minimum requirement the documentation is for.

On the File Upload screen, you may upload multiple files for a single performance measure at once. Click the “Choose Files” button and select multiple files. If you choose to upload multiple files at the same time, please ensure that the documents are clearly labeled and again include the specific required documentation associated to each file.
Next, click “Upload Document” to upload and save the supporting documentation file. A confirmation message will appear next to the “Upload Document” button (Screenshot 18, highlighted in red), and the document and associated notes will appear under Documents at the bottom of the window (Screenshot 18, highlighted in green).

Click on the Document Name to open and view the uploaded file.

Click “Edit” to edit the Notes of an uploaded document. Click “Delete” to delete an uploaded document. Both “Edit” and “Delete” are to the right of the uploaded document (Screenshot 18, highlighted in blue).
Clicking “Edit” will allow the user to change the associated Performance Measure, as well as edit the “Associated Notes” field without having to re-upload a file (Screenshot 19, highlighted in red). Once editing is complete, click “Update” to save changes. Click “Cancel” to revert to the previously saved text (Screenshot 19, highlighted in green).

**Screenshot 19**

**IMPORTANT:** Please note that CASPER Quality Measure Reports only need to be uploaded one time and tagged to measures 16.2 – 16.9.

**DOCUMENT NAMING REQUIREMENTS**

When uploading supporting documentation, be sure to label and notate the file name appropriately. Use the Associated Notes field to include as much detail as possible so the reviewer can easily distinguish which uploaded files correspond to which measures.

It is a requirement that all supporting documentation is well organized, clearly labeled, and easy to navigate through.

A recommendation for a best practice in uploading files is to use the following naming format:

MeasureID_MeasureName_DocumentDescription
**Measure ID:** Each measure has a corresponding Measure ID in the system. This ID can be found on the Participant Completion Summary page and on each individual Measure page. Please include a leading zero for measures 1-9.

**Document Description:** A brief description of the documentation being uploaded. This description should tie to a minimum requirement. Additional details can be included in the “Associated Notes” field to provide more clarity on each document.

- Examples of this file naming format include:
  - 01_EnhancedDining_MenuCycle
  - 11_VolunteerProgram_Testimonials

If one document meets multiple minimum requirements within different measures, the file should be uploaded and tagged for each measure it is applicable. The system will not allow multiple files with the same name; therefore, the file should be renamed to clearly identify the measure it is applying to.

In addition, it is recommended that within the actual uploaded file, the user clearly highlight which pages of the document correspond to which measure IDs and minimum requirements. Adding and uploading a table of contents/page reference guide within the actual document or as a separate document is a suggestion for facilities in this scenario.

Note: it is always better to over-label and over-organize in order to help the Reviewer easily locate and evaluate documentation and in turn score each measure of your facility’s application.
CONFIRMATION/SUBMISSION

The Confirmation/Submission page will appear on the Home Page once all measures have been completed in the application. This page is where a user will confirm and submit the completed P4P application.

Click on the Confirmation/Submission button on the Home Page (Screenshot 20) to access the Confirmation/Submission page.

**Screenshot 20**

On the Confirmation/Submission page (Screenshot 21), ensure you read all text under Provider Signature and Submission.

Enter both your Name and Title in the attestation boxes, and then check the “Confirmation” box below to confirm that all the information in the application is complete and accurate.

Click the “Submit” button, to the right of the Date Completed to submit the P4P application.

As this page states, once the “Submit” button has been clicked, you will be unable to make further changes until the date when the Appeals Process begins.

The date you confirm and submit the application will be recorded on this page, per the Date Completed time stamp.
Once submitted, PCG will review and score your application and self-score. **The deadline to complete and submit the 2020 Application is February 28, 2020.**
MISCELLANEOUS

PCG CONTACT INFORMATION
Please contact PCG with any questions or problems regarding the Colorado P4P System Application. Please detail your question or issue via email to COPayforPerformance@pcgus.com or phone at (877) 775-3853.

CHANGING A LOGIN USERNAME
The Username to login to your facility’s system application will be the contact email that is provided to PCG by the Department of Health Care Policy and Financing. If you wish to change the individual completing the P4P application or your facility’s login username, please email PCG (COPayforPerformance@pcgus.com).

POP-UP BLOCKER INSTRUCTIONS (APPENDICES)
There are a number of links within the claiming system (File Upload, Appendices, and Tools) that will open in a new window when clicked. This is by design, so a user can complete or upload information simultaneously with the measure pages open and viewable too.

Depending on your computer settings, your web browser may recognize these new windows as popups and may prevent them from opening unless you enable popups for the system.

Below are instructions to enable pop-ups in both Google Chrome and Internet Explorer. If you still have difficulty opening any windows in the system, please contact PCG.

**Google Chrome:**
1. In the top-right corner of Chrome, select the Menu > Settings.
2. At the bottom of the Settings page, click “Show advanced settings”
3. In the “Privacy” section, click the “Content settings...” button
4. Under the “Pop-ups” section, select:
   - Allow all sites to show pop-ups,
   - Do not allow any site to show pop-ups, or
   - The “Manage expectations” button to customize permissions for specific websites
     - Add the link to the System Application under Hostname pattern and select Allow

**Internet Explorer:**
1. Open Internet Explorer, select the Tools button, and then select Internet options.
2. Go to the Privacy tab
3. Under Pop-up Blocker:
   - Select or clear the Turn on Pop-up Blocker check box, and then click OK, or
   - Click “Settings” to customize permissions for specific websites
     - Add the link to the System Application under Address of website to allow: and click “Add”