

HPHC LCU Reporting User Guide



Authorization and Notification Reporting (ANR)

This overview describes the reporting available to show notifications (e.g., hospital admissions) and authorizations (UM decisions) during the user specified time window (retrospective or prospective).

For questions regarding access and/or report content, please email HPHC_NMM@point32health.org

This User Guide is posted at www.harvardpilgrim.org/LCUREporting

1.0 Introduction

This user guide introduces clinical staff within our provider groups to the HPHC tools to identify inpatient authorization and notification activity and to support concurrent and prospective care management. Note that not all authorizations may ultimately result in an admission, as sometimes patient conditions or preferences change the need for an admission.

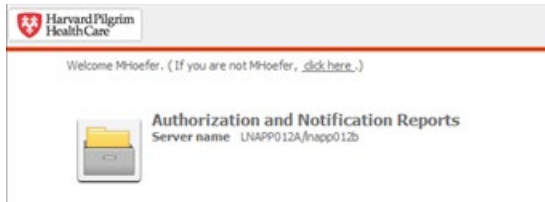
These reports offer an interactive, parameter-driven application which allow the user to select the desired date span specifications (the underlying data updates each business day). In addition, there is “drillability” built into the report suite. Each report can be run separately, or the user can drill down from level 1 (by select an admit type), to level 2 (by selecting a hospital), to the patient roster. Clicking on underlined text enables drill down to a lower level.

2.0 ANR Reports Overview

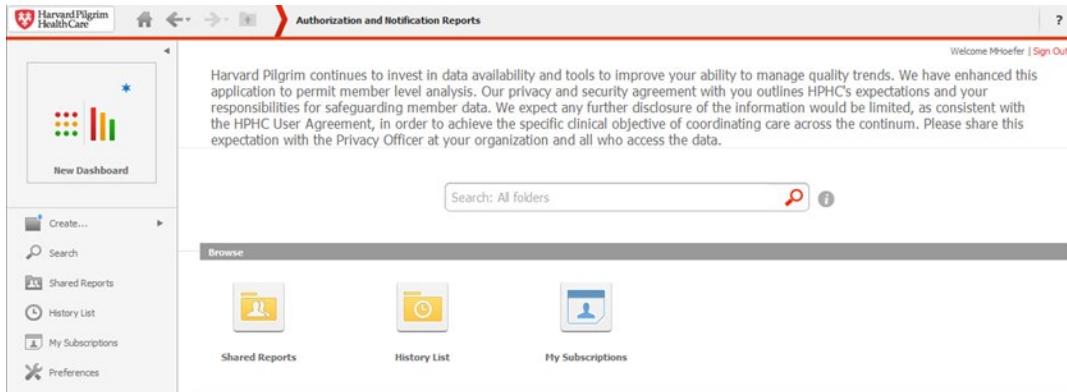
Report	Description
ANR1	Provides key metrics at the Admission Type level for both current and prior periods, showing % change: <ul style="list-style-type: none">▪ Member Months in current month, current YTD and prior YTD▪ Raw counts of days and cases▪ Days/1000 in current month, Current YTD, Prior YTD, and % change▪ Cases/1000 in current month, Current YTD, Prior YTD, and % change▪ ALOS/1000 in current month, Current YTD, Prior YTD, and % change
ANR2	Provides key metrics at the Admission Type and Hospital level for both current and prior periods, showing % change: <ul style="list-style-type: none">▪ Member Months in current month, current YTD and prior YTD▪ Raw counts of days and cases▪ ALOS for these cases
ANR3	Patient Detail Roster containing <ul style="list-style-type: none">▪ Member demographics▪ Attending physician▪ Authorization type and number▪ Procedures approved under the authorization▪ Facility▪ Diagnosis▪ Dates of Authorization span and number of days authorized▪ Flag indicating admission under this authorization has occurred and the patient has been discharged.

3.0 Navigating to the Authorization and Notification Reports folder

Once you are logged in to the web application, you will see the following screen:



Click on the icon and you will see the following screen. Select Shared Reports icon.



Please note the PII/PHI Privacy Notice displayed.

Click on the desired report name. Please allow a few moments for the next page to load.



Medicare STRIDE: Note the option for the Medicare drill path for users with Medicare reporting access. Upon selecting Medicare, you will be presented with the same folder options for IP reporting.

This user guide addresses the Authorization and Notification Reports. Other reports in this folder, Inpatient Census Report and Inpatient Discharge Report, have separate user guides.

The next screen will indicate that the system is processing your request (and validating your security access to this data).

4.0 Authorization and Notifications 1 – Inpatient Service – User Selections

Selecting your user defined parameters. There are **10 selections** the user can make.

Summary of your selections	
1 Start Date	▼
2 End Date	▼
3 Current YTD Start Date	▼
4 Prior YTD Start Date	▼
5 Prior YTD End Date	▼
6 Local Care Unit	
7 Care Sub Unit	
8 Funding Arrangement	
9 Business Line	▼
10 Product Line	

Selecting **Date Spans**

The user must select date spans for this report.

The Current Period Date Span will identify the date ranges of interest to the user. This need not be a full month period. The date range can also be a future period to review upcoming authorizations.

Authorization and Notification Reports > Shared Reports > **Authorizations & Notifications 3 - Patient Detail**

1. Start Date
Enter Start Date.
 Your selection: 5/1/2019
 The default selection is: Day 1 of the month of (Today minus 0 day(s) minus 1 month(s))(5/1/2019)

2. End Date
Enter End Date.
 Your selection: 5/31/2019
 The default selection is: last of the month of (Today minus 0 day(s) minus 1 month(s))(5/31/2019)

The Year to Date Period is used for metrics reporting in ANR1 and ANR2 High Level reporting. Specify the desired YTD Start 1/1/YY and End period (most recent month).

3. Current YTD Start Date
Enter Current YTD Start Date.
 Your selection: 1/1/2019
 The default selection is: January 1 of the year of (Today minus 0 day(s) minus 1 month(s))(1/1/2019)

4. Prior YTD Start Date
Enter Prior YTD Start Date.
 Your selection: 1/1/2018
 The default selection is: January 1 of the year of (Today minus 0 day(s) minus 13 month(s))(1/1/2018)

5. Prior YTD End Date
Enter Prior YTD End Date.
 Your selection: 5/31/2018
 The default selection is: last of the month of (Today minus 0 day(s) minus 13 month(s))(5/31/2018)

Select the desired **LCUs or CSUs.**

6. Local Care Unit
Enter Local Care Unit.
Search for: Match case
Available: AA: Bayside Internal Medicine, BB: Seaside Pediatrics, CC: Coastal Family Practice
Selected: (none)
1 - 5 of 5

7. Care Sub Unit
Enter Care Sub Unit.
Search for: Match case
Available: 11: Bayside Internal Medicine - Northside, 22: Bayside Internal Medicine - Coveside, 33: Seaside Pediatrics, 44: Coastal Family Practice
Selected: (none)

Only the LCUs and CSUs established for the user via the data access management process will be displayed. The user can select a single LCU or CSU, all LCUs/CSUs, or a subset per their business needs (e.g., the Northern Region).

Selecting **insurance** populations

8. Funding Arrangement
Enter Funding Arrangement.
 Fully Insured Self Insured Undefined
1 - 3 of 3

The user may select the funding arrangement; if unchecked all options apply.

9. Business Line
Enter Business Line.
 COM:Comprehensive Medical FEHBP:Federal Employees Health Benefit Plan MEDSU:Medicare Enhance SUPP:Medicare Supplement UNDEFINED:UNKNOWN
1 - 10 of 10

The tool enables the user to select various insured populations. Comprehensive medical (i.e., Commercial) is the largest. Very few members exist in these Medicare supplemental products (the HPHC Medicare Advantage product is not reported in this tool but in a separate drill path). If nothing is checked, all options are included in the report.

10. Product Line
Enter Product Line.
 EPO:Exclusive Provider Organization HMO:Health Maintenance Organization IND:Indemnity NNP:National Network Plan NRH:No-Referral HMO
 NRP:No-Referral POS OAH:Open Access HMO POS:Point of Service PPO:Preferred Provider Organization UNDEFINED:UNKNOWN
1 - 10 of 10

The user can select various product offerings:

- HMO/POS products where the member must select a PCP
- EPO/PPO products do not require a PCP, but attribution logic enables HPHC to match an EPO/PPO member to a PCP based on claims history.
- Open Access HMO (OAH) is a product offering only in the Connecticut market
- National Network Plan (NNP) is a PPO product offered jointly by HPHC and our partner United Health Care.

Run Report

Run Document Cancel

Report **output**

The report output is produced within the Microstrategy system. You may export this output to an Excel file for further analysis.



Authorizations & Notifications 1 - Inpatient Service Report

Above the HPHC logo is an icon of a spreadsheet over a piece of paper. Press the down arrow to select Excel. You will be prompted to Open or Save the file.

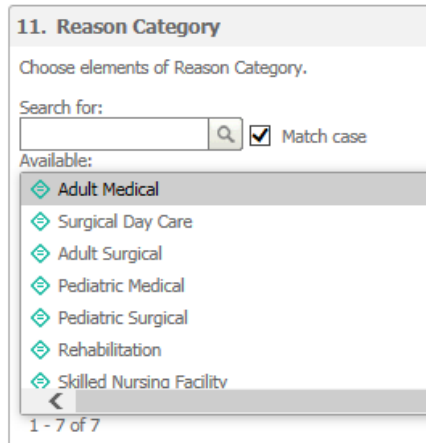


See Sample outputs in section 4.1

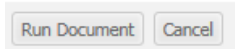
5.0 Authorization and Notifications 2 – Inpatient Service – User Selections

Selections 1-10 These selections are as described above for Authorization and Notifications 1 – Inpatient Service.

Reason Category The user may select specific service categories or leave blank and all categories will be produced in the output.



Run Report



See sample output in section 5.1

Export Report

See description in previous section

6.0 Authorization and Notifications 3 – Patient Detail – User Selections

User Selections (N=9)

Summary of your selections	
1 Start Date	✓
2 End Date	✓
3 Local Care Unit	
4 Care Sub Unit	
5 Funding Arrangement	
6 Business Line	✓
7 Product Line	
8 Reason Category	
9 Facility Name	

This view does not ask for YTD date parameters (selections 3-5 in the prior reports). There is one additional parameter.

Selecting specific facilities

The user may select specific facilities. Because of the processing time to compare serving providers to the selected parameter, it is recommended that the user **not make a selection** in this parameter and to filter the output report for the desired facility.

9. Facility Name

Choose elements of Facility Name.

Search for:

 Match case

- Available:
- 1125 SIR FRANCIS DRAKE
 - 1125 Sir Francis Drake Blvd
 - 180 MEDICAL INC
 - 2 THUMBS UP HAND THERAPY
 - 2020 EYE CARE PC
 - 40 Martin Street Operator LLC
 - 5 RHODES ST INC

the report

Once the desired selections are made, click on Export button on the bottom left side of the screen. To return to the previous screen without running the report, click on Cancel.

Report Message Name:
Authorizations & Notifications 1 - Inpatient Service

Run Document Cancel

Due to the large amount of data contained within the report and the variability of internet connection speeds, it may take several minutes for the report to load. Please be patient and do not use the “reload” feature on your browser.

Once the report is completed, you will be prompted to open or save the file. Select your preferred option, then review the output.

Output

The output produced remains in Microstrategy; the user must export it as described above.

Tip: When running the report for a 5 week period, any patient who has > 1 admission is a **readmission within 30 days**.

4.1 Sample Output: ANR1 – Admission Type level



Authorizations & Notifications 1 - Inpatient Service Report

September 1, 2014 to September 30, 2014

Current Member Months: 625,633 Current YTD Member Months: 5,571,380 Prior YTD Member Months: 5,626,119

Local Care Unit Cd ▲	Local Care Unit Nm ▲	Care Sub Unit Cd ▲	Care Sub Unit Nm ▲	Admission Type ▲	Current Days ▼	Current Cases ▼	Days per 1000 Members Current ▼	Days per 1000 Members YTD ▼	Days per 1000 members prior YTD ▼	Days % Change ▼
01	PIPA 01 Risk Unit	6Q	PIPA 01	<u>Adult Medical</u>	386	85	85.6	49.5	53.9	(8.2%)
01	PIPA 01 Risk Unit	6Q	PIPA 01	<u>Adult Surgical</u>	78	20	17.3	13.0	9.8	32.2%
01	PIPA 01 Risk Unit	6Q	PIPA 01	<u>Pediatric Medical</u>	187	22	41.5	12.7	6.3	103.5%
01	PIPA 01 Risk Unit	6Q	PIPA 01	<u>Pediatric Surgical</u>	8	2	1.8	0.6	0.1	617.3%
01	PIPA 01 Risk Unit	6Q	PIPA 01	<u>Rehabilitation</u>	15	1	3.3	4.9	9.6	(49.6%)
01	PIPA 01 Risk Unit	6Q	PIPA 01	<u>Skilled Nursing Facility</u>	69	5	15.3	8.1	11.7	(31.2%)
01	PIPA 01 Risk Unit	6Q	PIPA 01	<u>Surgical Day Care</u>	25	25	5.5	4.6	5.9	(21.7%)
01	PIPA 01 Risk Unit	6Q	PIPA 01	Total	768	160	170.3	93.4	97.3	(4.0%)

LCU & CSU Selected

Admission Type
(underline indicates
drilldown option to hospital)

Raw Counts

Days/1000 Comparative info

Cases per 1000 Members Current ▼	Cases per 1000 Members YTD ▼	Cases per 1000 members prior YTD ▼	Cases % Change ▼	ALOS Current ▼	ALOS YTD ▼	ALOS Prior ▼	ALOS % Change ▼
18.8	11.2	10.4	8.4%	4.5	4.4	5.2	(15.3%)
4.4	3.8	2.2	70.1%	3.9	3.5	4.4	(22.3%)
4.9	1.5	0.8	86.0%	8.5	8.4	7.7	9.4%
0.4	0.2	0.0	309.9%	4.0	3.5	2.0	75.0%
0.2	0.3	0.4	(16.5%)	15.0	14.4	23.8	(39.6%)
1.1	0.5	0.7	(22.6%)	13.8	15.4	17.3	(11.1%)
5.5	4.6	5.9	(21.7%)	1.0	1.0	1.0	0.0%
35.5	22.1	20.4	8.7%	4.8	4.2	4.8	(11.7%)
0.0	0.0	12,000.0	(100.0%)	0.0	0.0	14.0	(100.0%)
0.0	0.0	12,000.0	(100.0%)	0.0	0.0	14.0	(100.0%)

Cases/1000 Comparative info

ALOS Comparative info

5.1 Sample Output: ANR2 – Admission Type & Hospital level



Run Date: 10/17/14 3:35 PM

Authorizations & Notifications 2 - Hospitals Report

September 1, 2014 to September 30, 2014

Current Member Months: 625,633 Current YTD Member Months: 5,571,380 Prior YTD Member Months: 5,626,119

Local Care Unit Cd ▲	Local Care Unit Nm ▲	Care Sub Unit Cd ▲	Care Sub Unit Nm ▲	Admission Type ▲	Facility Name ▲	Current Days ▼	Current Cases ▼	ALOS Current ▼
01	PIPA 01 Risk Unit	6Q	PIPA 01	Adult Medical	<u>AURORA MED CTR GRAFTON</u>	2	1	2.0
01	PIPA 01 Risk Unit	6Q	PIPA 01	Adult Medical	<u>BAYSTATE MEDICAL CNTR</u>	1	1	1.0
01	PIPA 01 Risk Unit	6Q	PIPA 01	Adult Medical	<u>BETH ISRAEL DEACONESS</u>	2	1	2.0
01	PIPA 01 Risk Unit	6Q	PIPA 01	Adult Medical	<u>BETH ISRAEL DEACONESS HOSP</u>	4	1	4.0
01	PIPA 01 Risk Unit	6Q	PIPA 01	Adult Medical	<u>BRIDGTON HOSPITAL</u>	3	1	3.0
01	PIPA 01 Risk Unit	6Q	PIPA 01	Adult Medical	<u>BRIGHAM AND WOMEN'S</u>	1	1	1.0
01	PIPA 01 Risk Unit	6Q	PIPA 01	Adult Medical	<u>BRIGHAM AND WOMEN'S HOSP</u>	11	3	3.7
01	PIPA 01 Risk Unit	6Q	PIPA 01	Adult Medical	<u>BROCKTON HOSPITAL INC</u>	1	1	1.0
01	PIPA 01 Risk Unit	6Q	PIPA 01	Adult Medical	<u>CAPE COD HOSPITAL</u>	3	1	3.0
01	PIPA 01 Risk Unit	6Q	PIPA 01	Adult Medical	<u>CENTRAL MAINE MEDICAL CENTER</u>	3	2	1.5

LCU & CSU Selected

Admission Type

Hospital
(underline indicates
drilldown option to
patient roster)

Raw Counts &
ALOS in current
time period
selected

6.1 Sample Output: ANR3 – Patient Detail Report



Authorizations & Notifications 3 - Patient Detail Report

September 1, 2014 to September 30, 2014

GIC Flag	ASO Contract Risk Flag	Member Number	Member Name	Attending Physician Id	Attending Physician Nm	Funding Arrangement	Product	PCP Name	Auth Number	Category
X	X	HP111111111	Adam Adams	AA111111	BEN CASEY	Self Insured	HMO	Don Donaldson	PHL11111	Adult Medical
X	X	HP222222222	Ben Benson	AA222222	MARCUS WELBY	Self Insured	HMO	Edward Edwards	PHL22222	Adult Medical
X	X	HP333333333	Carl Carlson	AA333333	HAWKEYE PIERCE	Fully Insured	HMO	Frank Frankenstein	PHL33333	Adult Medical
Total										

↑ ↑
 Flags patients who are in a GIC IRBO risk contract with LCUs (Y) or in an ASO risk contract (Y)

Member Information Attending MD Insurance Type PCP of member (selected if HMO/POS or attributed if PPO) Authorization Number and Admission Type

Procedure / Service1 ID	Procedure / Service1 DESC	Procedure / Service2 ID	Procedure / Service2 DESC	Facility Name	Age	Diagnosis Diag Typ Fmt Cd	Diagnosis DESC	ICD Version	Auth Begin Date	Auth End Date	Discharge Indicator	Auth Day Count
UNDEFINED	UNKNOWN	UNDEFINED	UNKNOWN	BRIGHAM AND WOMEN'S HOSP	84	428.9	UNSPECIFIED HEART FAILURE	9	9/17/2014	9/19/2014	Y	2
UNDEFINED	UNKNOWN	UNDEFINED	UNKNOWN	BRIGHAM AND WOMEN'S HOSP	84	786.05	SHORTNESS OF BREATH	9	9/22/2014	9/24/2014	Y	2
UNDEFINED	UNKNOWN	UNDEFINED	UNKNOWN	BRIGHAM AND WOMEN'S HOSP	46	787.91	DIARRHEA	9	8/29/2014	9/2/2014	Y	4
												8

Procedures included in the Authorization, if known (this is Med Admit) Facility Diagnosis information Time span within Authorization, including flag if admission has occurred and patient has been discharged

7.0 For further information, please contact:

General information about this report and its contents

Martha Hoefer
(Network Medical Management)

HPHC_NMM@point32health.org

Getting a new HPHConnect Account

Complete the HPHC User Access form available at www.harvardpilgrim.org/LCUREporting
Send to the mailbox address at right. Upon receipt, HPHC will log the request, confirm that a privacy and security agreement is in place, and forward to the HPHC eBusiness team will set up the new HPHConnect account and forward the account name to the requestor.

HPHC_NMM@point32health.org

You have an account, but want to get access to the ANR Reporting

Complete the form and submit to the mailbox at right (the triage point for most questions about HPHC reporting). They will triage your request to the appropriate teams for MicroStrategy Licenses and entry into the user security table.

HPHC_NMM@point32health.org

You have an account and MSTR access, but it is not working

Contact mailbox at right.
Note that some organization's internal security features can create a barrier to reaching the MSTR reporting. To research local connectivity issues, please access the URL from a non-work computer (home computer, tablet, etc.) If you are able to access the report suite, the setup is OK and local connectivity is the issue. Please contact the mailbox at right so we can assist your IT department in adjusting the correct Web Explorer setting.

HPHC_NMM@point32health.org

This guide is also posted in the Network Medical Management web site at www.harvardpilgrim.org/LCUREporting

Appendix A Authorization and Notifications Reporting – ANR3 Patient Roster Field List & Descriptions

Report Field Name	Field Description
GIC Flag	Indicates if member is part of GIC IRBO contract (Y). Default is set to "X" for LCUs not in GIC IRBO contract
ASO Contract Risk Flag	Indicates if member is part of an ASO risk contract with a non-GIC employer group (Y). Default is set to "X" for LCUs not another non ASO risk contract
Member Number	HPHC ID for the member
Member Name	Member Name
Attending Physician Id	HPHC ID of the attending physician, per authorization or notification
Attending Physician Nm	Name of attending physician
Funding Arrangement	Indicates if members is fully insured or self insured
Product	Product of the member <ul style="list-style-type: none"> ▪ HMO/POS require PCPs ▪ EPO/PPO do not require PCPs, but attribution logic matches the member to a physician ▪ NNP is the network product offered in partnership with United Health Care ▪ Open Access HMO is a product offered in the Connecticut market
PCP Name	Name of the patient's PCP (selected under HMO/POS product or attributed if EPO/PPO/OAH product)
Auth Number	HPHC generated authorization number
Category	Type of facility admission
Procedure / Service1 ID	Code of procedure authorized, if known
Procedure / Service1 DESC	Description of procedure authorized, if known
Procedure / Service2 ID	Code of procedure authorized, if known
Procedure / Service2 DESC	Description of procedure authorized, if known
Facility Name	Facility
Age	Age of Member
Diagnosis Diag Typ Fmt Cd	Diagnosis code on authorization or notification
Diagnosis DESC	Diagnosis of member on authorization or notification
ICD Version	Type of ICD code (currently all are ICD9)
Auth Begin Date	Begin date of the authorization period
Auth End Date	End date of the authorization period
Discharge Indicator	Flag if admission has occurred and patient has been discharged
Auth Day Count	Number of days authorized for this admission