

HPHC LCU Reporting User Guide



Care Management/Disease Management Reporting

This report provides information on the current status of patients enrolled in HPHC Care Management and Disease Management programs (updated weekly) to support coordination with LCU based CM/DM programs.

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

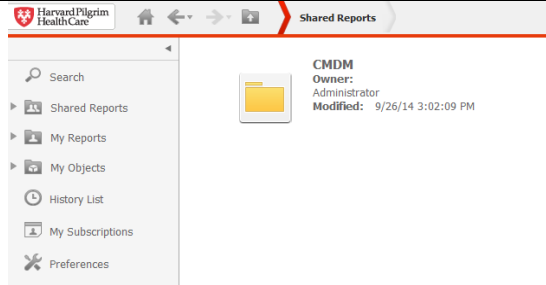
This User Guide is posted at www.harvardpilgrim.org/LCUReporting

1.0 Introduction

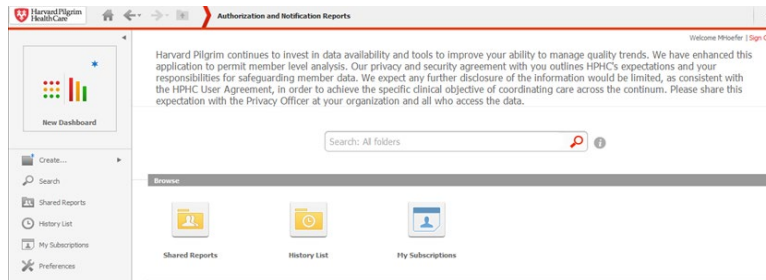
This user guide introduces clinical staff within our provider groups to the HPHC tools to identify members who are engaged in the HPHC Care Management and Disease Management programs.

2.0 Navigating to the Care Management/Disease Management Report folder

Once you are logged in to the web application, you will see all the projects/reporting you are allowed to access (including CMDM):

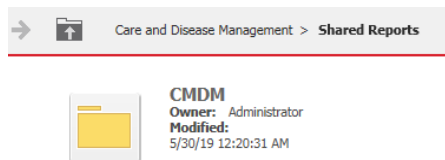


Click on the icon and you will see the following screen. Select **Shared Reports** icon.

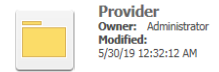
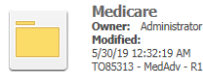


Please note the PI/PHI Privacy Notice displayed

Select the **CMDM** folder



The 2 versions of the CMDM reports are offered.



“Medicare” provides the roster of Medicare patients in HPHC CMDM programs; “Provider” will display the commercial members. The use selections are similar; the screenshots will follow the commercial/Provider path

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

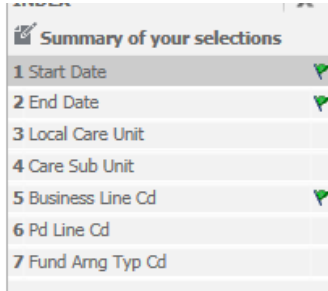


LCU Report
Owner: Administrator
Modified: 5/30/19 12:32:12 AM
TO85313 - MedAdv - R1

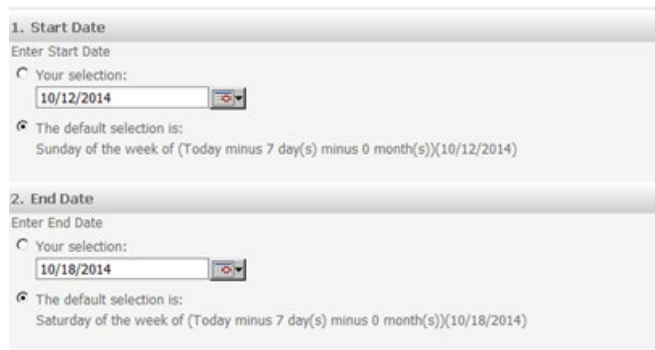
3.0 CMDM Report – User Selections

There are **7 selections** the user can make.

A green flag next to the selection options in the left side column indicates that a selection has been made by the user. A red flag indicates a selection must be made (required selection in order to run the report).

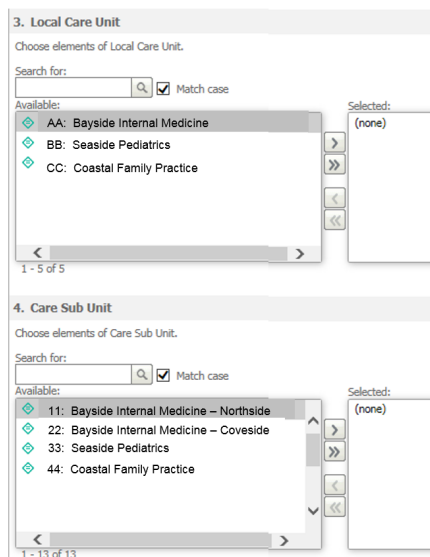


Select the **date spans** for patient engagement in CMDM programs.



Select the **LCU(s) or CSU(s)** to view.

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/CSUs (by pressing > between boxes), all LCUs/CSUs (by pressing the >>), or a subset per their business needs, e.g., the Northern Region, by pressing individual > arrows.



Selecting **insurance** populations

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

5. Business Line Cd

Select Business Line Cd.

- COM:Comprehensive Medical
- MEDSU:Medicare Enhance
- SUPP:Medicare Supplement

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 an attribution logic enables HPHC to match a 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.

6. Pd Line Cd

Select Pd Line Cd.

- EPO:Exclusive Provider Organization
- HMO:Health Maintenance Organization
- IND:Indemnity
- NNP:National Network Plan
- OAH:Open-Access HMO
- POS:Point of Service
- PPO:Preferred Provider Organization
- UNDEFINED:UNKNOWN

The user can select the funding arrangement.

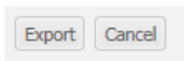
7. Fund Arrg Typ Cd

Select Fund Arrg Typ Cd.

- Fully Insured
- Self Insured
- UNDEFINED

Run 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.



Due to the large amount of data contained 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.

Report Notes

There are notes at the bottom of the report (below the parameter selections). This row may need to be widened for the user to see the full notes.

- 1) Funding Arrangement (Fund Arrg) column identifies Fully Insured (FI) and Self Insured (SI) members.
- 2) Source column captures the method of referral to the program: Facility (FA), High Cost Claimant (HC), Health Questionnaire (HQ), Member (ME), Other (OT), Program Criteria (PC), Provider (PV).
- 3) Lifestyle Program = Health Coaching.
- 4) Status column: Active = Participating or outreach in process; Completed = Goals met; Declined = Refused; Discharged = No longer eligible or deceased; Inactive = Identified but lost to follow-up or unreachable.

4.0 Sample Output: CMDM Report



LCU Report

Detail of Provider Patient Program Participation Report from 12-Oct-2014 to 18-Oct-2014

GIC Flag	ASO Risk Contract Flag	Local Care Unit Cd	Local Care Unit Nm	Care Sub Unit Cd	Care Sub Unit Nm	PCP Name	Member Last Name	Member First Name	Birth Date	Member Number
Y	Y	XX	Shoreline PHO	ZZ	Cliffside Internal Medicine	WELBY, MARCUS	JONES	JOHN	12/28/1951	HPP11111111
Y	Y	XX	Shoreline PHO	ZZ	Cliffside Internal Medicine	CASEY, BEN	SMITH	MARY	1/3/1964	HPP22222222
Y	Y	XX	Shoreline PHO	ZZ	Bayside Family Practice	ROSS, DOUG	DOE	JANE	10/29/1947	HPP33333333
Y	Y	XX	Shoreline PHO	ZZ	Bayside Family Practice	HARDY, STEVE	WARNER	MICHAEL	8/1/1968	HPP44444444

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

LCU & CSU Selected

PCP selected by member, or attributed by PPO methodologyding MD, per notification

Member Information

Funding Arrangement	Product	Source	Program Name	Program Start Date	Program End Date	Participation	Status
Self Insured	HMO	OT	Lifestyle	1/18/2019	12/31/9999	Other Status	Active
Self Insured	POS	FA	Post Facility Discharge	3/12/2020	12/31/9999	Engaged	Active
Self Insured	POS	OT	Oncology	2/26/2019	12/31/9999	Engaged	Active
Self Insured	HMO	FA	Post Facility Discharge	3/12/2020	3/12/2020	Excluded	Inactive

Member Product Information

CMDM Program information

Report Notes provide the key code to terms used in the report.

- 1) Funding Arrangement (Fund Arng) column identifies Fully Insured (FI) and Self Insured (SI) members.
- 2) Source column captures the method of referral to the program: Facility (FA), High Cost Claimant (HC), Health Questionnaire (HQ), Member (ME), Other (OT), Program Criteria (PC), Provider (PV).
- 3) Lifestyle Program = Health Coaching.
- 4) Status column: Active = Participating or outreach in process; Completed = Goals met; Declined = Refused; Discharged = No longer eligible or deceased; Inactive = Identified but lost to follow-up or unreachable.

5.0 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 Quality Measures 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 organizations 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 CMDM Report -- 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. Cases from the GIC are sorted to appear at beginning of report.
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
Local Care Unit Cd	HPHC Code for the LCU
Local Care Unit Nm	Name of the LCU
Care Sub Unit Cd	HPHC Code for the CSU
Care Sub Unit Nm	Name of the CSU
PCP Name	Name of the patient's PCP (selected under HMO/POS product or attributed if EPO/PPO/OAH product)
Member Last Name	HPHC ID for the member
Member First Name	Member Name
Birth Date	Member Date of Birth
Member Number	HPHC ID of the member
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; attribution logic matches the mbr to PCP ▪ NNP is the network product offered in partnership with United Health Care ▪ Open Access HMO is a product offered in the Connecticut market
Source	Source of the referral for this patient: <ul style="list-style-type: none"> ▪ FA: Facility ▪ HC: High Cost Claimant report ▪ HQ: Health Questionnaire ▪ ME: Member ▪ OT: Other ▪ PC: Program Criteria (algorithm used on claims data) ▪ PV: Provider
Program Name	Name of CMDM program in which the patient is engaged: <ul style="list-style-type: none"> ▪ Behavioral Health ▪ Care Coordination ▪ Chronic ▪ Complex Care ▪ Lifestyle ▪ Oncology ▪ Post Facility Discharge ▪ Pregnancy
Program Start Date	Date member began engagement in the CMDM program
Program End Date	Date member ended engagement in the CMDM program.
Participation	<ul style="list-style-type: none"> ▪ Patient participation (engaged, unreachable, etc.)
Status	<ul style="list-style-type: none"> ▪ Active = Participating or outreach in process ▪ Completed = Goals met ▪ Declined = Refused ▪ Discharged = No longer eligible or deceased; Inactive = Identified but lost to follow-up or unreachable