

HPHC LCU Reporting User Guide



Provider Analytics Self Service

The Provider Analytics Self Service (PASS) report provides cost and utilization information at a summary and sub-category level (Expense Type Codes [ETCs]) to enable a view of current performance vs. prior period.

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

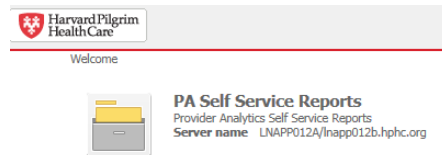
This User Guide is posted at www.harvardpilgrim.org/LCUREporting

1.0 Introduction

Cost and utilization information and comparators enable the physician group to understand their performance and trends. This summary and sub-category information can identify areas of concern and promote a deeper review into patterns using other reporting resources available from HPHC.

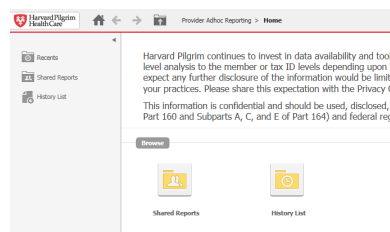
2.0 Navigating to the PA Self Service Reports folder

Once you are connected to the reporting suite, you will see the following screen with “**PA Self Service Reports**” folder.



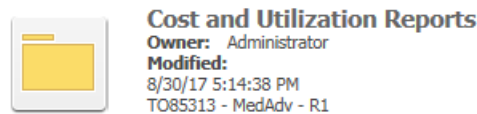
You may also see other reporting folders for which you have been given access.

Click on the “PA Self Service Reports” icon and you will see the following screen. Select **Shared Reports** icon.

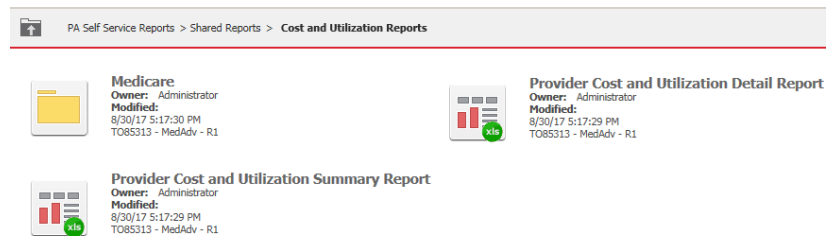


Select **Cost and Utilization Reports**

Please allow a few moments for the next page to load.



Select the desired level of report
Summary or Detail



To execute these reports for the Medicare Advantage population, press the **Medicare** folder. The drill path thereafter will be the same as shown below.

3.0 User Selections – Summary Report and Detail Report (same selections)

There are **10 selections** the user can make

Summary of your selections	
1	PCP Integrated Delivery System
2	PCP Local Care Unit
3	PCP Care Sub Unit
4	Incurred Beg Date (Required) ✔
5	Incurred End Date (Required) ✔
6	Paid Thru End Date (Required) ✔
7	Consumer Offer Rating State
8	Customer Product Line
9	Funding Arrangement Type (Required) ✔
10	GIC Flag

If organization is an **Integrated Delivery System**, select the desired IDS

1. PCP Integrated Delivery System

Enter PCP Integrated Delivery System.

Search for: Match case

Available:

- 99: OMNIA ACO

The data in the output will reflect **all** Local Care Units (LCUs) and the lower level Care Sub Units (CSUs) within the Integrated Delivery System.

Select desired **LCU** or **CSU**

2. PCP Local Care Unit

Enter PCP Local Care Unit.

Search for: Match case

Available:

- AA: Bayside Internal Medicine
- BB: Seaside Pediatrics
- CC: Coastal Family Practice

Selected: (none)

3. PCP Care Sub Unit

Enter PCP 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)

Select **Dates** for the performance period.

4. Incurred Beg Date (Required)
Enter a value (Date).
 Your selection: 1/1/2019
 The default selection is: January 1 of this year(1/1/2019)

5. Incurred End Date (Required)
Enter a value (Date).
 Your selection: 3/31/2019
 The default selection is: Day 1 to last day of this month(3/31/2019)

6. Paid Thru End Date (Required)
Enter a value (Date).
 Your selection: 5/31/2019
 The default selection is: Day 1 to last day of this month(5/31/2019)

Incurred Beg Date and Incurred End Date show span of Dates of Service included in this financial and cost report. The Paid Thru End Date indicates the desired Claims Runout period (recommended no sooner than 2 months after the Incurred End Date to allow for claims runout).

The default is the most recently completed quarter, allowing for the 2 months claims runout.

Select **Consumer Offer Rating State** (state where policy is sold).

7. Consumer Offer Rating State
Enter Consumer Offer Rating State.

Attribute: none -
Consumer Offer Rating State

Qualify Select Form: (none)
In Value:
Browse values...
Import file...

The consumer rating state will focus on the members whose policies are underwritten in the selected state, and not the whole membership. LCU use of this parameter is **not recommended**.

Select **Customer Product Line**

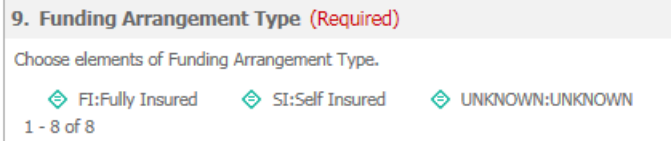
8. Customer Product Line
Choose elements of Customer Product Line.

<input checked="" type="checkbox"/> EPO:Exclusive Provider Organization	<input checked="" type="checkbox"/> HMO:Health Maintenance Organization	<input checked="" type="checkbox"/> IND:Indemnity
<input checked="" type="checkbox"/> NA:Not Applicable	<input checked="" type="checkbox"/> NNP:National Network Plan	<input checked="" type="checkbox"/> NOT APPLICABLE:NOT APPLICABLE
<input checked="" type="checkbox"/> NRH:No-Referral HMO	<input checked="" type="checkbox"/> NRP:No-Referral POS	<input checked="" type="checkbox"/> OAH:Open Access HMO
<input checked="" type="checkbox"/> POS:Point of Service	<input checked="" type="checkbox"/> PPO:Preferred Provider Organization	<input checked="" type="checkbox"/> UNDEFINED:UNKNOWN
<input checked="" type="checkbox"/> Unk:Unknown		

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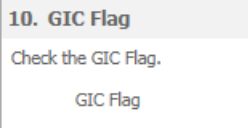
All product lines are displayed for comprehensive population view; however, the financial contract between the physician group and HPHC may be only for a subpopulation. This parameter enables the LCU to select the product lines of interest.

Select desired
**Funding
Arrangement Type**



All funding arrangements are displayed for comprehensive population view; however, the financial contract between the physician group and HPHC may be only for a subpopulation. This parameter enables the LCU to select the funding arrangements of interest.

Select reporting for
GIC



Some provider groups have contract terms specifically related to this Massachusetts based employer group, the **Group Insurance Commission (GIC)**. Use of this flag enables the provider group to review the financial and cost performance of this employer group within their provider group.

Run Report



Once you have made your selections, run the report by pressing the Export button. This report will be produced and export automatically to an Excel format file.

Receive **Output**

The output from this report goes directly to Excel. When you open or save the file, it will be an .xlsx file.



If you use the Open option, remember to save your file.

4.0 Sample Output – Summary Report

There are four tabs in the output:

Allowed	The allowed payments made to servicing providers (HPHC and member liability)
Paid	The paid payments made to servicing providers (HPHC liability)
Allowed per LCU (if multiple LCUs requested)	The allowed payments made to servicing providers (HPHC and member liability) for each LCU in the IDN
Paid per LCU (if multiple LCUs requested)	The paid payments made to servicing providers (HPHC liability) for each LCU in the IDN

The report header documents the user selections

 Run Date: 6/12/19 12:04 PM	
Provider Cost and Utilization Summary Report	
PCP Integrated Delivery System: ALL PCP Local Care Unit: ALL PCP Care Sub Unit: ALL Funding Arrangement Type: FI:Fully Insured Customer Product Line: All Consumer Offer Rating State: ALL	

The next section displays selected date period (including the paid through period) and the member months for both the current period and the prior period (same months span, one year prior).

Current Incurred Period : 01-01-2019 to 03-31-2019 ; Paid Period : 01-01-2019 to 05-31-2019	Current Period Member Months: 27,579
Prior Incurred Period: 01-01-2018 to 03-31-2018 ; Paid Period : 01-01-2018 to 05-31-2019	Prior Period Member Months: 30,408

The Summary Report displays key metrics for the summary Expense Type Code (ETC) groups which align with the HPHC contract terms for the current and prior period:

PMPM	Allowed \$ per member per month (Current, Prior, % Difference Current vs Prior)
Utilization	Services (Admissions, Claims, Rx) per 1,000 members (Current, Prior, % Difference Current vs Prior)
Average Cost	Cost per Service (Admissions, Claims, Rx) (Current, Prior, % Difference Current vs Prior)
Network Util/1,000	Comparison for LCU Current Utilization per 1,000

Expense Type	Allowed									
	Current PMPM	Prior PMPM	%Diff PMPM % Diff Current to Prior	Current Utilization/ 1,000	Prior Utilization/ 1,000	%Diff Util/1000 % Diff Current to Prior	Current Cost per (Admit/ Claim/ Script)	Prior Cost per (Admit/ Claim/ Script)	%Diff Cost % Diff Current to Prior	Network Utilization /1,000
UNKNOWN	\$35.33	\$31.57	11.9%	2,345.7	2,084.8	12.5%	\$180.74	\$181.74	(0.6%)	1,216.90
Facility Inpatient	\$103.33	\$112.17	(7.9%)	59.6	64.3	(7.3%)	\$20,801.45	\$20,925.61	(0.6%)	59.50
Facility Outpatient	\$173.28	\$154.02	12.5%	2,571.5	2,586.0	(0.6%)	\$808.59	\$714.71	13.1%	1,811.90
Primary Care	\$48.78	\$48.11	1.4%	2,669.4	2,709.6	(1.5%)	\$219.29	\$213.07	2.9%	2,708.90
Specialty Care	\$110.49	\$107.92	2.4%	4,861.5	4,872.5	(0.2%)	\$272.72	\$265.77	2.6%	4,533.20
Ancillaries	\$17.03	\$21.40	(20.4%)	497.8	540.3	(7.9%)	\$410.64	\$475.43	(13.6%)	686.90
SubTotal Medical Services	\$488.24	\$475.20	2.7%	13,005.5	12,857.5	1.2%	\$450.49	\$443.50	1.6%	11,017.30
Pharmacy	\$127.56	\$127.25	0.2%	17,221.4	16,421.9	4.9%	\$88.89	\$92.98	(4.4%)	11,716.40
Total	\$615.80	\$602.44	2.2%	30,226.9	29,279.4	3.2%	\$244.47	\$246.91	(1.0%)	22,733.70

The next section shows information about High Cost Claimants, using 3 thresholds of allowed payments for medical claims and pharmacy. The dollar values shown are the amounts **in excess of** the threshold.

9 Member(s) exceed threshold of \$100,000 for claims and rx by	\$437,826
1 Member(s) exceed threshold of \$250,000 for claims and rx by	\$56,518
0 Member(s) exceed threshold of \$500,000 for claims and rx by	\$0

Notes are at the bottom of the report.

Report Notes:

1. Member Months are calculated as of the 15th of the month
2. No Actuarial Lag Adjustment Factors are applied
3. PMPM reflects Allowed Amount and includes paid services as well as the fee for service equivalent for any capitated services
4. Utilization Measures for paid services:
Facility Inpatient = admits; Facility Outpatient, Primary Care, and Specialty Care = claims; Ancillaries = claims and scripts; Pharmacy = scripts
5. Costs and services provided by Behavioral Health specialists are not included

5.0 Sample Output – Detail Report

The basic layout of the detail report is the same as the summary report. The difference are in the level of services listed (beyond the seven summary ETC categories shown in the summary report).

Expense Type Category	Expense Type	Allowed									
		Current PMPM	Prior PMPM	%Diff PMPM % Diff Current to Prior	Current Utilization/ 1,000	Prior Utilization/ 1,000	%Diff Util/1000 % Diff Current to Prior	Current Cost per (Admit/ Claim/ Script)	Prior Cost per (Admit/ Claim/ Script)	%Diff Cost % Diff Current to Prior	Network Utilization /1,000
UNKNOWN		\$35.33	\$31.57	11.9%	2,345.7	2,084.8	12.5%	\$180.74	\$181.74	(0.6%)	1,216.90
	UNKNOWN	\$35.33	\$31.57	11.9%	2,345.7	2,084.8	12.5%	\$180.74	\$181.74	(0.6%)	1,216.90
Facility Inpatient		\$103.33	\$112.17	(7.9%)	59.6	64.3	(7.3%)	\$20,801.45	\$20,925.61	(0.6%)	59.50
	INPATIENT NEWBORN AND NICU	\$1.41	\$11.63	(87.9%)	3.5	6.7	(47.8%)	\$4,874.04	\$20,910.70	(76.6%)	0.00
	INPATIENT OB	\$6.45	\$8.39	(23.1%)	9.6	13.0	(26.2%)	\$8,081.17	\$7,735.24	4.5%	11.00
	INPATIENT SURGICAL	\$62.93	\$61.21	2.8%	20.0	15.8	26.6%	\$37,726.98	\$46,533.40	(18.9%)	15.00
	INPATIENT MEDICAL	\$32.05	\$27.96	14.6%	25.7	24.5	4.9%	\$14,982.70	\$13,715.47	9.2%	20.20
	INPATIENT REHAB	\$0.32	\$1.65	(80.6%)	0.4	1.2	(66.7%)	\$8,896.00	\$16,728.67	(46.8%)	0.70
	INPATIENT SNF	\$0.17	\$1.31	(87.0%)	0.4	3.2	(87.5%)	\$4,704.00	\$4,993.63	(5.8%)	1.80
Facility Outpatient		\$173.28	\$154.02	12.5%	2,571.5	2,586.0	(0.6%)	\$808.59	\$714.71	13.1%	1,811.90
	HOSPITAL FACILITY PROCEDURE - OUTPATIENT	\$98.75	\$86.36	14.3%	551.7	540.3	2.1%	\$2,147.87	\$1,918.23	12.0%	357.00
	HOSPITAL EMERGENCY ROOM	\$6.56	\$5.56	18.0%	81.4	84.5	(3.7%)	\$967.17	\$789.82	22.5%	102.90
	HOSPITAL OBSERVATION	\$3.85	\$6.31	(39.0%)	10.9	20.1	(45.8%)	\$4,249.15	\$3,761.13	13.0%	8.90
	HOSPITAL PT/OT/ST	\$3.66	\$4.08	(10.3%)	107.9	112.9	(4.4%)	\$406.63	\$433.60	(6.2%)	123.20
	HOSPITAL DIALYSIS	\$0.69	\$2.48	(72.2%)	6.1	17.8	(65.7%)	\$1,361.83	\$1,675.15	(18.7%)	9.60
	HOSPITAL RADIATION THERAPY	\$14.71	\$10.10	45.6%	54.8	59.2	(7.4%)	\$3,219.13	\$2,046.49	57.3%	48.50
	HOSPITAL OUTPT VISITS	\$4.26	\$3.00	42.0%	116.6	125.5	(7.1%)	\$438.65	\$286.72	53.0%	166.00
	HOSPITAL LAB	\$21.19	\$19.52	8.6%	1,167.0	1,161.0	0.5%	\$217.93	\$201.74	8.0%	625.90
	HOSPITAL RADIOLOGY	\$15.13	\$13.92	8.7%	407.3	384.0	6.1%	\$445.78	\$435.03	2.5%	321.80
	HOSPITAL PHARMACEUTICALS	\$2.40	\$1.79	34.1%	33.5	19.3	73.6%	\$861.09	\$1,107.84	(22.3%)	13.70
	HOSPITAL OUT PT OTHER	\$2.07	\$0.92	125.0%	34.4	61.6	(44.2%)	\$722.32	\$179.29	302.9%	33.10
Primary Care		\$48.78	\$48.11	1.4%	2,669.4	2,709.6	(1.5%)	\$219.29	\$213.07	2.9%	2,708.90
	PRIMARY CARE	\$48.78	\$48.11	1.4%	2,669.4	2,709.6	(1.5%)	\$219.29	\$213.07	2.9%	2,708.90
Specialty Care		\$110.49	\$107.92	2.4%	4,861.5	4,872.5	(0.2%)	\$272.72	\$265.77	2.6%	4,533.20
	ANESTHESIA PHYSICIANS	\$12.05	\$11.81	2.0%	176.7	168.1	5.1%	\$818.54	\$843.02	(2.9%)	154.80
	MEDICAL PHYSICIANS	\$28.96	\$29.60	(2.2%)	1,056.0	1,143.3	(7.6%)	\$329.07	\$310.74	5.9%	1,089.10
	SURGICAL PHYSICIANS	\$26.13	\$23.52	11.1%	670.5	653.5	2.6%	\$467.57	\$431.93	8.3%	526.40
	OB/GYN PHYSICIANS	\$9.29	\$11.47	(19.0%)	318.1	350.4	(9.2%)	\$350.34	\$392.92	(10.8%)	343.10
	MH/SA PHYSICIANS	\$0.20	\$0.09	122.2%	2.6	1.6	62.5%	\$924.57	\$663.35	39.4%	2.20
	EMERGENCY PHYSICIANS	\$5.52	\$5.05	9.3%	180.6	189.0	(4.4%)	\$366.94	\$320.67	14.4%	182.90
	EYE CARE	\$7.08	\$6.24	13.5%	402.9	385.6	4.5%	\$210.95	\$194.20	8.6%	344.70
	PATHOLOGY	\$2.70	\$2.53	6.7%	179.3	176.8	1.4%	\$180.81	\$171.60	5.4%	170.30
	RADIOLOGY PHYSICIANS	\$8.42	\$7.69	9.5%	741.0	734.8	0.8%	\$136.41	\$125.54	8.7%	714.00
	RADIATION THERAPY/ONCOLOGY	\$1.40	\$1.26	11.1%	38.7	33.1	16.9%	\$435.20	\$454.42	(4.2%)	31.10
	NON-HOSPITAL PT/OT/ST	\$3.91	\$3.46	13.0%	577.8	516.2	11.9%	\$81.24	\$80.41	1.0%	531.00
	OTHER PROFESSIONAL SERVICES	\$4.82	\$5.20	(7.3%)	517.4	520.1	(0.5%)	\$111.82	\$119.90	(6.7%)	443.70
Ancillaries		\$17.03	\$21.40	(20.4%)	497.8	540.3	(7.9%)	\$410.64	\$475.43	(13.6%)	686.90
	TRANSPORTATION	\$5.16	\$4.15	24.3%	30.9	34.7	(11.0%)	\$2,005.95	\$1,434.63	39.8%	40.30
	INDEPENDENT LAB	\$2.12	\$2.19	(3.2%)	196.2	197.7	(0.8%)	\$129.66	\$133.14	(2.6%)	429.10
	HOME HEALTH	\$3.81	\$9.04	(57.9%)	23.9	26.8	(10.8%)	\$1,912.91	\$4,043.40	(52.7%)	20.30
	DME	\$4.78	\$4.79	(0.2%)	233.7	264.8	(11.7%)	\$245.32	\$216.92	13.1%	180.40
	PHARM PAID UNDER MED BENEFITS	\$1.16	\$1.23	(5.7%)	13.1	16.2	(19.1%)	\$1,064.17	\$912.44	16.6%	16.80
SubTotal Medical Services		\$488.24	\$475.20	2.7%	13,005.5	12,857.5	1.2%	\$450.49	\$443.50	1.6%	11,017.30
Pharmacy		\$127.56	\$127.25	0.2%	17,221.4	16,421.9	4.9%	\$88.89	\$92.98	(4.4%)	11,716.40
	OTHER	\$4.17	\$5.38	(22.5%)	620.9	709.6	(12.5%)	\$80.69	\$91.04	(11.4%)	0.00
	TIER 1	\$24.78	\$24.44	1.4%	11,273.4	10,499.2	7.4%	\$26.38	\$27.94	(5.6%)	8,653.90
	TIER 10	\$2.62	\$7.03	(62.7%)	905.0	883.6	2.4%	\$34.80	\$95.49	(63.6%)	224.10
	TIER 11	\$0.02	\$0.02	0.0%	13.1	13.8	(5.1%)	\$17.41	\$20.76	(16.1%)	21.50
	TIER 2	\$42.74	\$36.30	17.7%	3,502.7	3,298.7	6.2%	\$146.41	\$132.05	10.9%	2,000.40
	TIER 3	\$26.04	\$25.99	0.2%	732.3	843.7	(13.2%)	\$426.70	\$369.66	15.4%	468.60
	TIER 4	\$23.89	\$22.37	6.8%	137.9	115.6	19.3%	\$2,078.14	\$2,321.68	(10.5%)	65.10
	TIER 5	\$3.30	\$5.68	(41.9%)	35.7	57.2	(37.6%)	\$1,109.32	\$1,191.75	(6.9%)	11.90
	UNDEF	\$0.00	\$0.02	(100.0%)	0.4	0.4	0.0%	\$6.15	\$588.73	(99.0%)	0.00
Totals		\$615.80	\$602.44	2.2%	30,226.9	29,279.4	3.2%	\$244.47	\$246.91	(1.0%)	22,733.70