

HPHC LCU Reporting User Guide



ER Utilizers Provider Report

This overview describes the reporting available to show ER Utilization, highlighting the high utilizers and users of potentially avoidable ER visits, two populations who may benefit by an ER intervention.

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

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

Note: Use of Firefox web browser is recommended.

1.0 Introduction

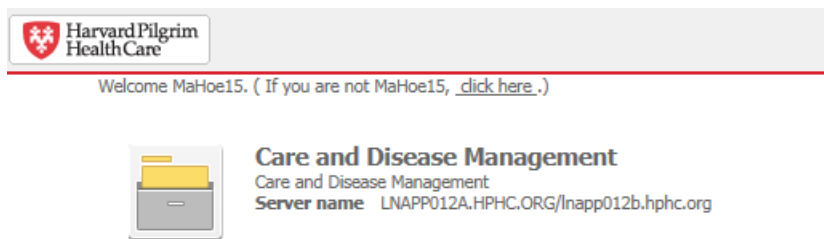
This user guide introduces clinical staff within our provider groups to the HPHC tools to identify patients' utilization of ER services. This report offers an interactive, parameter-driven application which allow the user to select the desired date span specifications.

The report output contains a summary level tab, with patient specific summary, including summary metrics:

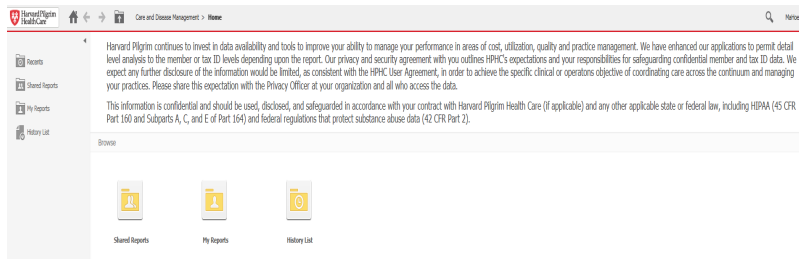
- # ER visits in last 6 months
- # ER visits in last 12 months
- # Return visits to the ER (within 30 days)
- # Visits which are considered potentially avoidable (using the NYU/Billings algorithm described in appendix).

2.0 Navigating to the Care and Disease Management folder

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

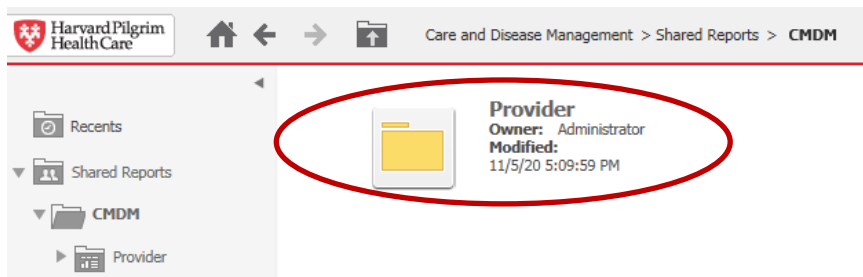
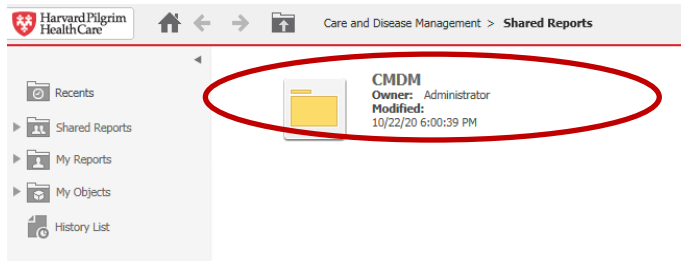


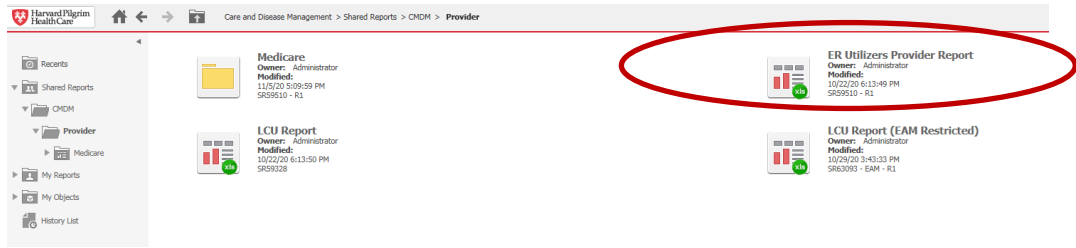
Click on the icon and you will see the following screen. Select Shared Reports icon.



Please note the PI/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 reporting.

Note that the option LCU Report is for reporting the roster of patients who are in any HPHC Care Management Disease Management (CMDM) program.

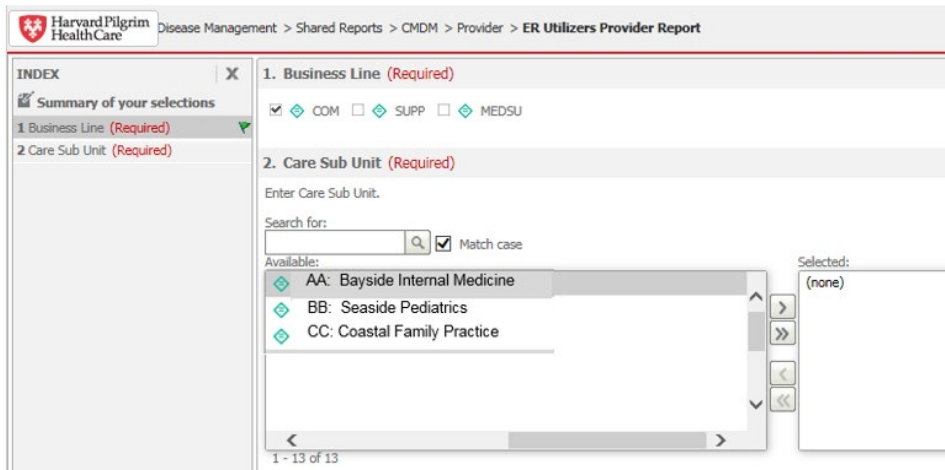
The next screen will indicate that the system is processing your request (and validating your security access to this data).

3.0 User Selections

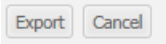
Selecting your user defined parameters.

There are 2 **required selections** the user can make.

- Business Line (Note: Medicare is in a different path)
- LCUs/ CSUs accessible to user.



Run Report



4.1 Sample Output – Summary Tab



ER Utilizers Provider Report

IDN Cd	IDN Name	LCU Cd	LCU Name	CSU Cd	CSU Name	Status	Member Number
XX	XXXXX	XX	XXXXX	XX	XXXXX	Active	HP#####
XX	XXXXX	XX	XXXXX	XX	XXXXX	Active	HP#####
XX	XXXXX	XX	XXXXX	XX	XXXXX	Active	HP#####
XX	XXXXX	XX	XXXXX	XX	XXXXX	Active	HP#####
XX	XXXXX	XX	XXXXX	XX	XXXXX	Active	HP#####
XX	XXXXX	XX	XXXXX	XX	XXXXX	Active	HP#####

IDN, LCU, CSU Selected

Patient Status

Member HPHC ID

Member First Name	Member Last Name	Date of Birth	Age Range	ER Visits (Past 6 Mos)	Return to ER Visits (Past 6 Mos)	Potentially Avoidable ER Visits (Past 6 Mos)	ER Visits (Past 12 Mos)
Abigail	Adams	1/1/1998	19 - 26 Yrs	2	1	1	2
Dolley	Madison	1/1/1999	19 - 26 Yrs	2	1	1	2
Washington	George	1/1/2003	0 - 18 Yrs	3	2	0	3
Lincoln	Abraham	1/1/2005	0 - 18 Yrs	2	2	0	2
Roosevelt	Franklin	1/1/19/2005	0 - 18 Yrs	4	3	1	4
Kennedy	John	1/1/29/2016	0 - 18 Yrs	2	1	0	2

Member Name

Date of Birth & Age Band

ER Metrics

4.2 Sample Output – Patient Detail Tab



ER Utilizers Provider Report

IDN Cd	IDN Name	LCU Cd	LCU Name	CSU Cd	CSU Name	PCP Number	PCP Name	PCP NPI
XX	XXXXX	XX	XXXXX	XX	XXXXX	12345	Ross, Doug	1053306589
XX	XXXXX	XX	XXXXX	XX	XXXXX	12345	Ross, Doug	1053306589
XX	XXXXX	XX	XXXXX	XX	XXXXX	12345	Ross, Doug	1053306589
XX	XXXXX	XX	XXXXX	XX	XXXXX	12345	Ross, Doug	1234567890
XX	XXXXX	XX	XXXXX	XX	XXXXX	12345	Ross, Doug	1053306589
XX	XXXXX	XX	XXXXX	XX	XXXXX	12345	Ross, Doug	1053306589

IDN, LCU, CSU Selected

PCP HPHC ID

PCP Full Name (formatted)

PCP NPI

Member Number	Member First Name	Member Last Name	Status	Date of Birth	Age Range
HP#####	Grover	Cleveland	Termed	1/1/1971	41 - 59 Yrs
HP#####	Grover	Cleveland	Termed	1/1/1971	41 - 59 Yrs
HP#####	Grover	Cleveland	Termed	1/1/1971	41 - 59 Yrs
HP#####	Grover	Cleveland	Active	1/1/1971	41 - 59 Yrs
HP#####	Grover	Cleveland	Active	1/1/1971	41 - 59 Yrs
HP#####	Grover	Cleveland	Active	1/1/1971	41 - 59 Yrs

Member HPHC ID

Member Name

Patient status at time of visit

Date of Birth & Age Band

Service Provider Number	Service Provider Name	Service Provider State	Specialty Type	Claim Number
987654	Caring Hospital	MA	General Acute Care Hospital	YYMMDDMXXXXXX
987654	Caring Hospital	MA	General Acute Care Hospital	YYMMDDMXXXXXX
987654	Caring Hospital	MA	General Acute Care Hospital	YYMMDDMXXXXXX
987654	Caring Hospital	MA	General Acute Care Hospital	YYMMDDMXXXXXX
987654	Caring Hospital	MA	General Acute Care Hospital	YYMMDDMXXXXXX
987654	Caring Hospital	MA	General Acute Care Hospital	YYMMDDMXXXXXX

Service Provider
HPHC ID

Service Provider
Demographic Information

Claim Number for the visit

Claim Begin Date	Claim End Date	Day of Week	Primary Diagnosis Code	Primary Diagnosis Desc	Potentially Avoidable ER Indicator
12/1/2019	12/1/2019	Sunday	R1032	LEFT LOWER QUADRANT PAIN	EMERGENT
4/1/2020	4/1/2020	Sunday	R1032	LEFT LOWER QUADRANT PAIN	EMERGENT
5/1/2020	5/1/2020	Wednesday	F1010	ALCOHOL ABUSE UNCOMPLICATED	EMERGENT
10/1/2020	10/1/2020	Monday	S52522A	TORUS FX LOW LT RADIUS INIT CLOS FX	EMERGENT
10/10/2020	10/10/2020	Friday	F411	GENERALIZED ANXIETY DISORDER	EMERGENT
10/20/2020	10/20/2020	Saturday	F10920	ALCOHOL USE UNS W/INTOX UNCOMP	EMERGENT

Date/Day of Service

Reason for the visit

Likely Preventable Pct	Likely Non-Preventable Pct	Other Pct	Previous ER Visits Date	Days Between Anchor and Prev ER	Return to ER w/n 30 Days Rate	ER Visits (Past 6 Mos)	Return to ER Visits (Past 6)	Potentially Avoidable ER Visits	ER Visits (Past 12 Mos)
0.67	0.33	0			0	0	0	0	1
0.67	0.33	0			0	0	0	0	1
0	1	0			0	0	0	0	1
0	1	0			0	1	0	0	1
0	1	0	10/1/2020	9	1	1	1	0	1
0	1	0	10/10/2020	10	1	1	1	0	1

Potentially Avoidable Event:
Outcome of NYU/Billings
Algorithm for this visit

Return to ER flags: Date of
previous index visit and days
between visits

ER Flags for Metrics

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 CMDM/ER 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.
Notes:

- User access is locked if no use for 120 days
- 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

Utilizers Provider Report - Summary

Field List & Descriptions

Report Field Name	Field Description
IDN Cd	Code identifying the Integrated Delivery Network (IDN) in the report
IDN Name	Name of the Integrated Delivery Network (IDN) in the report
LCU Cd	Code identifying the Local Care Unit (LCU) in the report
LCU Name	Name of the Local Care Unit (LCU) in the report
CSU Cd	Code identifying the Care Sub Unit (CSU) in the report
CSU Name	Name of the Care Sub Unit (CSU) in the report
Status	Status of the member (Active/Termed)
Member Number	HPHC ID number for this Member
Member First Name	First Name of Member
Member Last Name	Last Name of Member
Date of Birth	Date of Birth of the Member
Age Range	Age band based on date of birth
ER Visits (Past 6 Mos)	Metric: # ER visits in past 6 months
Return to ER Visits (Past 6 Mos)	Metric: # ER visits which are returns to ER within 30 days
Potentially Avoidable ER Visits (Past 6 Mos)	Metric: # ER visits which are potentially avoidable based on the NYU/Billings Algorithm. If there is a >= 90% likelihood of the visit being potentially avoidable, the visit is flagged as a 1.
ER Visits (Past 12 Mos)	Metric: # ER visits in past 12 months

Appendix B Patient/ER Visit Detail - Field List & Descriptions

Report Field Name	Field Description
IDN Cd	Code identifying the Integrated Delivery Network (IDN) in the report
IDN Name	Name of the Integrated Delivery Network (IDN) in the report
LCU Cd	Code identifying the Local Care Unit (LCU) in the report
LCU Name	Name of the Local Care Unit (LCU) in the report
CSU Cd	Code identifying the Care Sub Unit (CSU) in the report
CSU Name	Name of the Care Sub Unit (CSU) in the report
PCP Number	HPHC ID of the Primary Care Provider (PCP)
PCP Name	Formatted Name of the PCP
PCP NPI	NPI of the PCP
Member Number	HPHC ID of the Member
Member First Name	Member First Name
Member Last Name	Member Last Name
Status	Status of the member (Active/Termed)
Date of Birth	Date of Birth of the Member
Age Range	Age band based on date of birth
Servicing Provider Number	Servicing Provider Number
Servicing Provider Name	Servicing Provider Name
Servicing Provider State	Servicing Provider State
Specialty Type	Specialty of the servicing provider (typically General Acute Care Hospital)
Claim Number	Claim Number for this visit
Claim Begin Date	Claim Begin Date
Claim End Date	Claim End Date (typically same as Begin Date)
Day of Week	Day of Week (note: Time is not reported on ER Claim)
Primary Diagnosis Code	Primary Diagnosis Code (ICD10)
Primary Diagnosis Desc	Primary Diagnosis Desc
Potentially Avoidable ER Indicator	Metric: # ER visits which are potentially avoidable based on the NYU/Billings Algorithm. If there is a $\geq 90\%$ likelihood of the visit being potentially avoidable, the visit is flagged as a 1.
Likely Preventable Pct	Metric: the % likelihood the visit is preventable
Likely Non-Preventable Pct	Metric: the % likelihood the visit is non-preventable
Other Pct	Metric: the % likelihood the visit is other (neither preventable nor non-preventable), per the algorithm
Previous ER Visits Date	Indicates the prior index visit date, if current visit it a Return to ER visit
Days Between Anchor and Prev ER	The count of days between the prior index visit date and subsequent visit, if current visit it a Return to ER visit
Return to ER w/n 30 Days Rate	Flag=1 if the visit is a return to the ER within 30 days
ER Visits (Past 6 Mos)	Flag=1 if the visit occurred in the past 6 months
Return to ER Visits (Past 6 Mos)	Flag=1 if the visit occurred in the past 6 months and was a return to the ER within 30 days
Potentially Avoidable ER Visits (Past 6 Mos)	Flag=1 if the visit is considered a potentially avoidable visit ($\geq 90\%$ likelihood was not avoidable)
ER Visits (Past 12 Mos)	Flag=1 if the visit occur in the past 12 months

Appendix C Overview of NYI/Billings Algorithm

<https://wagner.nyu.edu/faculty/billings/nyued-background>



Developed by:

- Commonwealth Fund
- The Robert Wood Johnson Foundation,
- The United Hospital Fund of New York
- The NYU Center for Health and Public Service Research

Algorithm to help classify ED utilization

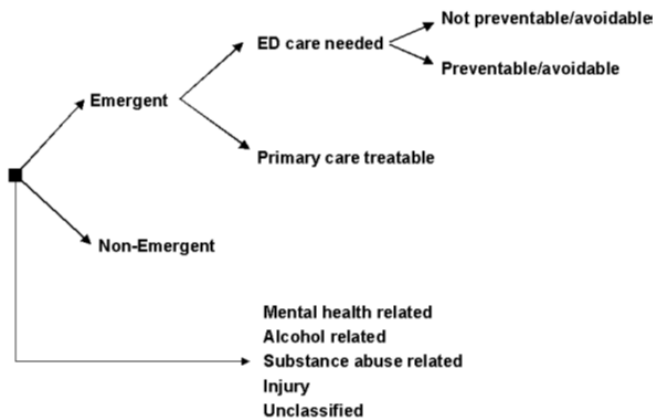
- developed with the advice of a panel of ED and primary care physicians,
- based on an examination of a sample of almost 6,000 full ED records.

Record abstraction:

- Initial complaint
- Presenting symptoms
- Vital signs
- Medical history
- Age/gender
- Diagnoses
- Procedures performed
- Resources used in the ED

1 / © Harvard Pilgrim Health Care

Based on this information, each case was classified into one of the following categories:



A. Non-emergent
The patient's initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours

B. Emergent/Primary Care Treatable
Based on information in the record, treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting (e.g., CAT scan or certain lab tests)

C. Emergent - ED Care Needed - Preventable/Avoidable
Emergency department care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.)

D. Emergent-ED Care Needed-Not Preventable/Avoidable
Emergency department care was required and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, myocardial infarction, etc.)

The algorithm pulls certain conditions out of the standard classification and tabulates them separately: a primary diagnosis of injury, mental health problems, alcohol, or substance abuse.

A residual of conditions (approximately 15%) where our sample was not of sufficient size to assign percentages for the standard classification - these conditions are also tabulated separately.

2 / © Harvard Pilgrim Health Care