

Behavioral Health Home (BHH) Services

MN DHS Partner Portal Report Reference Documentation

APRIL 2017

Table of Contents

| | |
|--|-----------|
| Portal Navigation Instructions | 3 |
| Portal Log-In..... | 3 |
| Portal Layout..... | 3 |
| Report Features | 3 |
| Accessing Reports..... | 3 |
| Modifying Reports..... | 4 |
| Report Linking..... | 9 |
| Print | 9 |
| Export | 10 |
| Exiting Reports..... | 11 |
| Log-Off | 11 |
| Questions/Issues..... | 12 |
| Report Update Frequency | 12 |
| Care Coordination Reports | 12 |
| Care Management Report | 12 |
| Predictive Values | 14 |
| Coordination of Care | 14 |
| Utilization | 15 |
| Likelihood of Hospitalization | 15 |
| Condition Indicators | 15 |
| CMR Resource Utilization Band Sub Report | 16 |
| Utilization | 17 |
| Likelihood of Hospitalization | 17 |
| Condition Indicators | 17 |
| CMR Coordination Risk Sub Report | 18 |
| Coordination of Care | 19 |
| Chronic Condition Profile..... | 19 |
| Benchmark Population | 19 |
| Chronic Conditions | 19 |
| Provider Alert Report | 21 |
| Members Lost..... | 22 |

Portal Navigation Instructions

Portal Log-In

1. Click the following link: <https://mnpartnerportal.dhs.mn.gov/SASPortal>.
2. Enter your portal userID and password.
3. Click **LOGIN**.

You will be directed to the BHH Portal page (pictured below).

Portal Layout

Reports and dashboards are organized according to content area and displayed within portlets:

- Care Coordination
- Quality



Report Features

Accessing Reports

1. Click the name of a report.
2. Some reports will open immediately. Others will bring you to a report prompt page where you must select values for each prompt from a drop-down menu.

Answer the prompts below and click the View Report button to continue.

Show only required items (denoted by *)

Section 1 Reset to Default

* IHP
 Select an IHP
 Esseria ↻

* Age Group
 Select an Age Group
 All Ages ↻

Answer **All** prompts

View Report

3. Click the **VIEW REPORT** button in the upper right or lower right hand corner.

Answer the prompts below and click the View Report button to continue.

Show only required items (denoted by *)

Section 1 Reset to Default

* IHP
 Select an IHP
 Esseria ↻

* Age Group
 Select an Age Group
 All Ages ↻

View Report

View Report

Modifying Reports

- A blue arrow next to a column name indicates that a table is sorted by that data field. Right click the column names in the table and select **SORT ASCENDING** or **SORT DESCENDING** to ***change the sort order.***

| Utilization Rank | Drug Class ▲ | All Rx Scripts ▲ | Members with Rx | % Generic | % of Pharmacy \$\$ |
|------------------|--|------------------|-----------------|-----------|--------------------|
| 100 | INCRETIN MIN | 395 | 68 | 0.0% | 0.6% |
| 99 | ANTIALLERGI | 397 | 169 | 18% | 0.2% |
| 98 | POLYENES | 400 | 295 | 100% | 0.0% |
| 97 | HYDANTOINS | 474 | 63 | 77% | 0.1% |
| 96 | CELL STIMUL PROLIFERAN | 477 | 273 | 99% | 0.1% |
| 95 | PROTECTAN | 487 | 211 | 82% | 0.1% |
| 94 | PITUITARY | 524 | 94 | 88% | 0.5% |
| 93 | POTASSIUM- DIURETICS | 550 | 76 | 98% | 0.0% |
| 92 | OPIATE PARTIAL AGONISTS | 559 | 68 | 12% | 0.5% |
| 91 | ALPHA- AND BETA-ADRENERGIC AGONISTS | 562 | 451 | 3.0% | 0.6% |

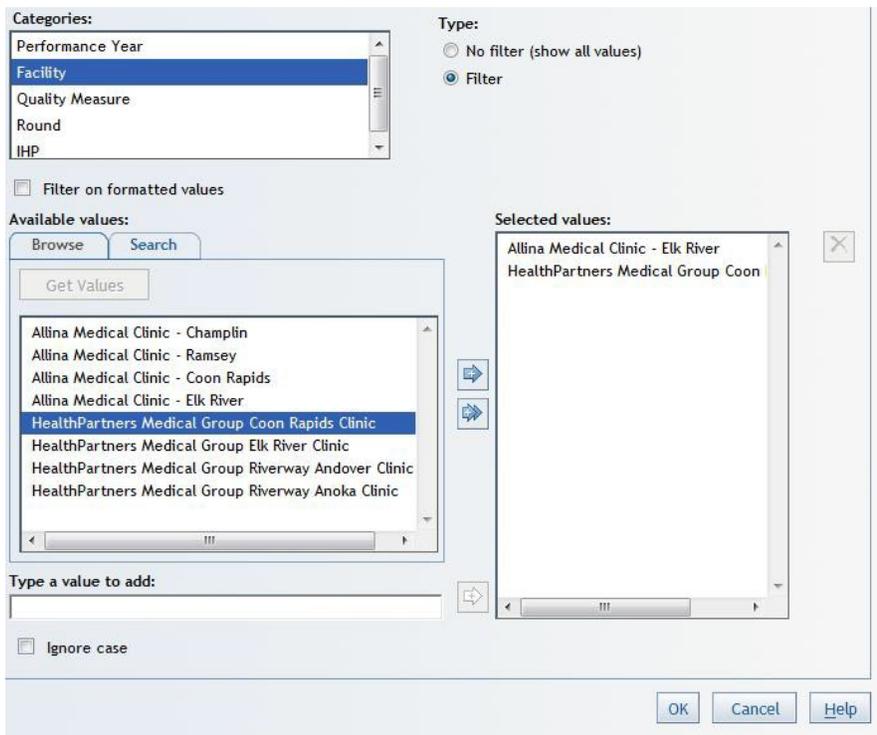
↑ ↑ Rows 1 - 10 ↓ ↓

- To **filter results** in a table, right click in the center of a data cell and select **FILTER AND RANK**.

Quarterly ED Trend (Visits/1,000 members)

| Measurement Period | Population | # of ED Visits | ED Rate | Risk Adjusted ED Rate | Benchmark ED Rate |
|--------------------|------------|----------------|---------|-----------------------|-------------------|
| Jan'12-Dec'12 | 32,509 | 26,567 | 817 | 738 | 712 |
| Apr'12-Mar'13 | 33,569 | 27,745 | 827 | 802 | 711 |
| Jul'12-Jun'13 | 33,321 | | | 789 | 708 |
| Oct'12-Sep'13 | 31,997 | | | 783 | 680 |
| Jan'13-Dec'13 | 29,581 | | | 767 | 671 |
| Apr'13-Mar'14 | 26,591 | | | 749 | 664 |
| Jul'13-Jun'14 | 26,313 | | | 718 | 640 |
| Oct'13-Sep'14 | 26,202 | | | 721 | 627 |

1. A pop-up window will appear. Select the data field you wish to filter on, and either type in the value(s) you want filtered or click **GET VALUES** and select value(s) from the list.



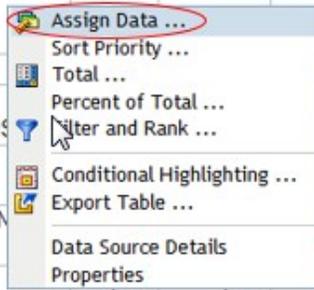
- To **hide a column**, right click the column name and select **HIDE COLUMN NAME**.

| Utilization Rank | Drug Class | All Rx | Members with Rx | % Generic | % of Pharmacy \$\$ |
|------------------|--|--------|-----------------|-----------|--------------------|
| 1 | OPIATE AGONISTS | 10,943 | 3,863 | 67% | 1.7% |
| 2 | SELECTIVE-SEROTONIN REUPTAKE INHIBITORS | 10,887 | 1,511 | 90% | 1.0% |
| 3 | ANTICONSULTANTS | 10,708 | 1,506 | 100% | 0.2% |
| 4 | MISCELLANEOUS | 10,615 | 4,318 | 98% | 0.5% |
| 5 | PROTON-PUMP INHIBITORS | 10,406 | 1,483 | 100% | 0.6% |
| 6 | AMPHETAMINES | | | | |
| 7 | SELECTIVE BETA-2-ADRENERGIC AGONISTS | | | | |
| 8 | HMG-COA REDUCTASE INHIBITORS | | | | |
| 9 | ANGIOTENSIN-CONVERTING ENZYME INHIBITORS | | | | |
| 10 | OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS | | | | |

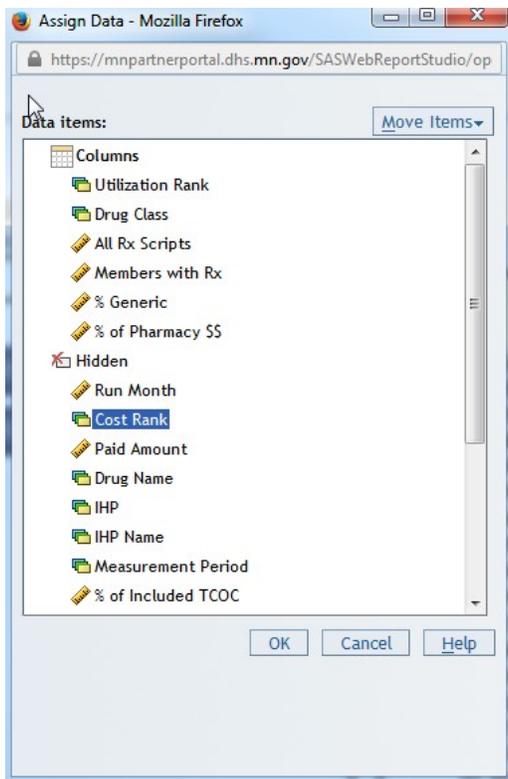
Rows 1 - 10

- Alternatively, you may **rearrange or add columns** to a table by right clicking in the center of a data cell and selecting **ASSIGN DATA**.

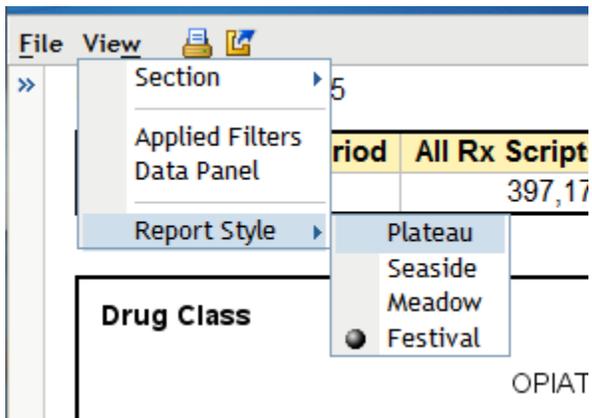
| Utilization Rank | Drug Class | All Rx Scripts | Members with Rx | % Generic | % of Pharmacy \$\$ |
|------------------|--|----------------|-----------------|-----------|--------------------|
| 1 | SELECTIVE BETA-2-ADRENERGIC AGONISTS | | | 91% | 3.7% |
| 2 | AMINOPENICILLINS | | | 00% | 1.0% |
| 3 | ORALLY INHALED PREPARATIONS (STEROIDS) | | | 45% | 14% |
| 4 | ANTICONVULSANTS, MISCELLANEOUS | | | 83% | 8.7% |
| 5 | ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS) | | | 00% | 2.1% |
| 6 | ADRENALS | | | 99% | 0.4% |
| 7 | AMPHETAMINES | 3,675 | 527 | 57% | 4.9% |
| 8 | INSULINS | 3,027 | 235 | 0.0% | 7.8% |
| 9 | RESPIRATORY AND CNS STIMULANTS | 2,891 | 459 | 90% | 3.4% |
| 10 | OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS | 2,745 | 1,877 | 100% | 0.2% |



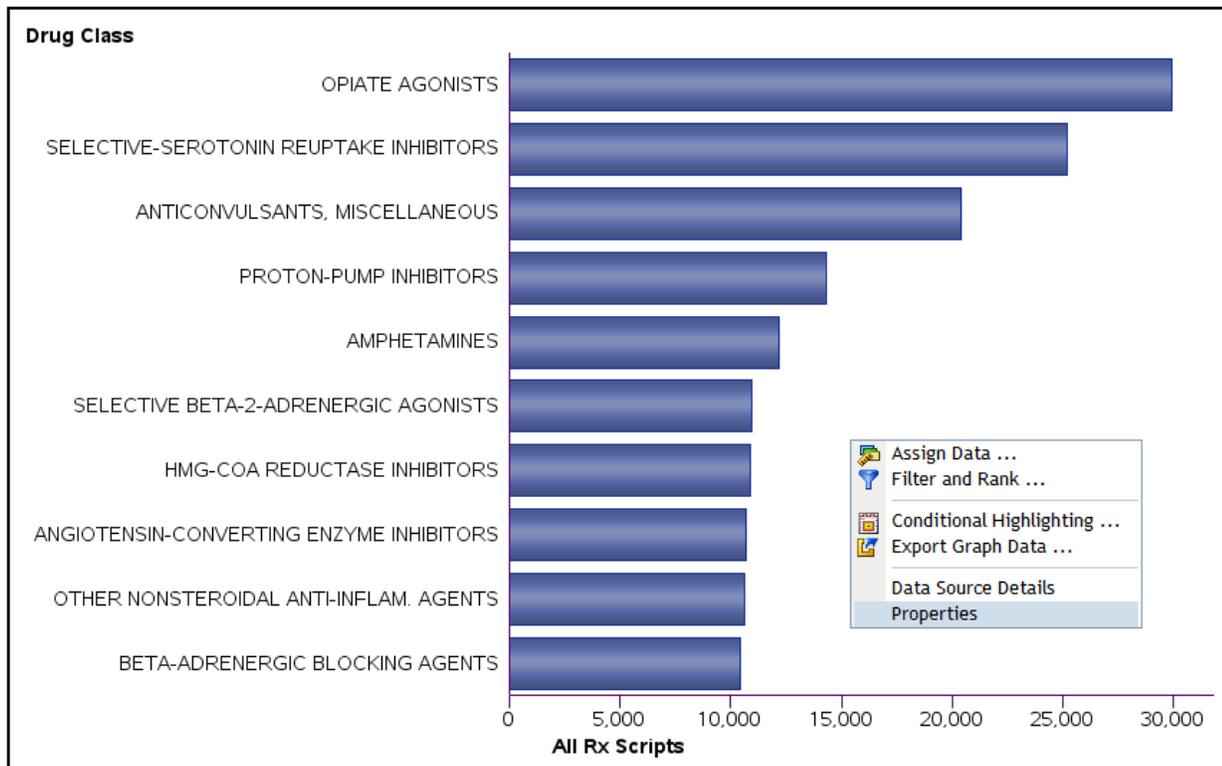
1. A window will appear with all available data fields listed. Click and drag any data field under **HIDDEN** and move it to wherever you want it to appear in the table under **COLUMNS**, or move a data field listed under **COLUMNS** to **HIDDEN** if you want it to disappear.



- To **modify the style** of a report, click **VIEW → REPORT STYLE** and select a report style.



1. You can change individual objects in a report by right clicking in the center of a table or graph and selecting Properties. A pop-up window will appear allowing you to alter the aesthetics of a table or graph.



- Some tables, like the table in the Care Management Report, are very large and not all rows and columns are displayed on the page at once. **To view other columns or rows**, click the blue arrows located in the upper right or lower left hand corners of the table.

Columns 1 - 14 of 75

Rows 1 - 40

- To **change the prompt values**, click the “**BACK**” button in your browser. It will bring you back to the prompt screen.
- None of the modifications you make will be permanent. Changes cannot be saved and will be discarded upon exiting.

Report Linking

Some reports allow the user to link to other reports with more detailed information. Reports that have this capability will include tables with underlined cell values. Click the underlined text to view the linked report.

Click text to view ALL attributed members with condition.

| Chronic Condition Rank ▲ | Chronic Condition Description | Members | Benchmark Members |
|--------------------------|-------------------------------|--------------|-------------------|
| <u>1</u> | <u>Depression</u> | <u>6,868</u> | <u>157,363</u> |
| | <u>Persistent</u> | | |
| <u>2</u> | <u>Asthma</u> | <u>4,795</u> | <u>130,807</u> |
| <u>3</u> | <u>Hypertension</u> | <u>4,021</u> | <u>94,497</u> |
| <u>4</u> | <u>Low Back Pain</u> | <u>3,220</u> | <u>81,289</u> |
| | <u>Seizure</u> | | |
| <u>5</u> | <u>Disorders</u> | <u>3,167</u> | <u>72,039</u> |
| | <u>Rheumatoid</u> | | |
| <u>6</u> | <u>Arthritis</u> | <u>2,878</u> | <u>51,112</u> |
| | <u>Disorders of</u> | | |
| | <u>Lipid</u> | | |
| <u>7</u> | <u>Metabolism</u> | <u>1,802</u> | <u>47,932</u> |
| <u>8</u> | <u>Diabetes</u> | <u>1,271</u> | <u>35,727</u> |
| <u>9</u> | <u>Hypothyroidism</u> | <u>1,038</u> | <u>24,617</u> |
| | <u>Bipolar</u> | | |
| <u>10</u> | <u>Disorder</u> | <u>541</u> | <u>14,898</u> |

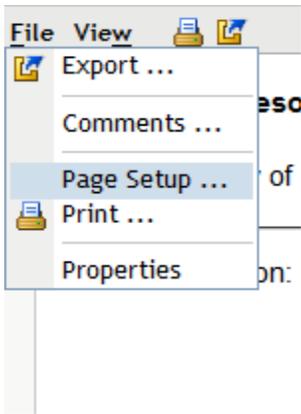
⬆️ ⬆️ Rows 1 - 10 ⬇️ ⬇️

To return to the original report, click the **BLUE HYPERLINK** in the upper left hand corner.

[⬅️ Return to previous report: Chronic Condition Profile](#)

Print

1. Go to File → Page Setup.



2. A pop-up window will appear; you can modify how the PDF will be displayed when it is printed.
3. Click the print icon



4. A pop-up window will appear; click OK.

Export

There are two options for exporting portal content. These instructions may vary depending on your browser and other zip or software packages.

- Export Individual Table or Graph
 1. Right click in the center of an individual object and select **EXPORT TABLE** or **EXPORT GRAPH**.

| | | |
|-------|--------|-------|
| ir'14 | 29,582 | -3.0% |
| ay'14 | 28,437 | -3.9% |
| n'14 | 27,734 | -2.5% |
| l'14 | 26,591 | -4.1% |
| ig'14 | | |
| sp'14 | | |
| st'14 | | |
| sv'14 | | |
| sc'14 | | |
| n'15 | | |

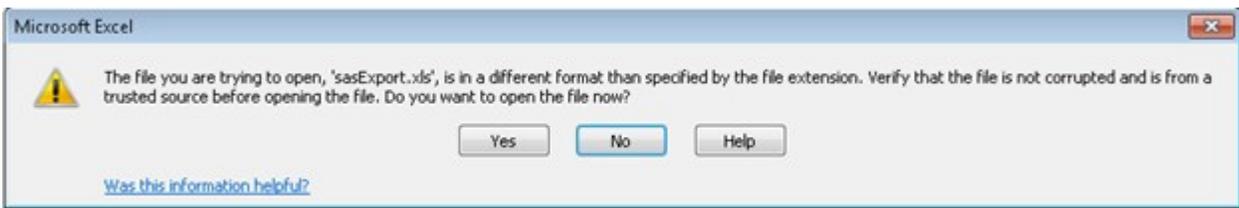
2. A pop-up window will appear; choose the file extension, and click **OK**.
 3. Another pop-up window will appear. You have the option to **OPEN** or **SAVE** the file (it works best to **OPEN** the file first and then save in Excel). ***Important** - Large objects, such as the table in the Care Management Report, can take several minutes to export.
- Export all Report Objects
 1. Click the **EXPORT ICON**.



2. A pop-up window will appear giving you the option to **SAVE** or **OPEN** the file. You must save the file first, and then extract before opening to view. Typically, the pop-up appears at the bottom of the screen. If you do not see the pop-up, minimize to check behind other open windows.



3. Select "**SAVE**" and the report will be saved to your windows "**Downloads**" folder. The report will be saved as a SAS zipped file using your default zip program. To view the contents, right click on the file and select **Extract All**.
4. One of the extracted files will be an excel file containing the portal report content. When you open the file, you may be prompted to confirm that you want to proceed with opening despite the file extension (click yes). The excel document should contain all the report tables and graphs, including the header and footer.



5. Once in the excel file, you can save to any directory location and delete the extra SAS files in your download folder.
6. Alternatively to saving to the default "**downloads**" location, you can use the arrow next to the "**Save**" option to specify where you want to save the file. Select "**SAVE AS**" and use your windows browser to save the file under the desired directory.



Exiting Reports

To exit a report, click the **PORTAL** link in the upper left hand corner of the report.



Log-Off

When you are finished using the Portal, click the **LOG OFF** button in the upper right hand corner of the BHH Portal page.

Questions/Issues

If you experience any issues viewing reports or navigating the portal, contact:

Megan Lokken
MN Department of Human Services
651-431-2512
megan.lokken@state.mn.us

Report Update Frequency

| Monthly Reports | Annual Reports |
|--|----------------------------|
| Care Coordination <ul style="list-style-type: none">Care Management ReportCMR Coordination Risk Sub ReportCMR Resource Utilization Band Sub ReportProvider Alert ReportChronic Condition ProfileMembers Lost | Quality¹ |

1. Quality reports, including HEDIS measures, will be made available in 2017.

Care Coordination Reports

Care Management Report

The Care Management Report mirrors the Comprehensive Patient Clinical Profile Report available from Johns Hopkins ACG System. The report is generated monthly using DHS Medicaid enrollment and claims or encounter data. There is a date prompt that gives BHH providers the option to view a report that was run in a previous month.

The areas addressed and the questions this report is able to inform include:

- What were the number and types of providers seen during the observation period?
- What are the recipient's costs for the prior observation period?
- Summary utilization statistics for the recipient including outpatient visit counts, emergency room visits and inpatient admissions.
- Predictive information for resource utilization including cost and likelihood of hospitalization based on the recipient's prior history and risk indicators.
- An indication of whether the recipient's diagnosis and pharmacy history indicates the presence of chronic conditions.

| Column Name | Definition |
|---------------------------|---|
| Recipient ID | 8-digit (character) DHS patient identification number. |
| Name Last | Last name of recipient. |
| Name First | First name of the recipient. |
| Name Middle Initial | Middle initial of the recipient. |
| Birthdate | Birthdate of recipient. |
| Gender | The recipient's gender (F=Female, M=Male) |
| County | The county in which the recipient was a resident according to the eligibility or enrollment information during the report run month. If a MN county of residence is not available, the county of financial responsibility is displayed. |
| MCO | The managed care organization (MCO) in which the recipient was enrolled during the report run month. If the recipient is not enrolled in an MCO, the field will display "FFS" for "fee- for-service". |
| Date of Last BHH Visit | The date of the most recent BHH visit. |
| BHH 6 Month Billing | Count of the number of BHH claims submitted at the higher billing level. |
| Care Coordination Claims | A 'Yes' or 'No' indicator of whether any of the following care coordination claims were paid for this recipient within the last 12 months : <ul style="list-style-type: none"> • Adult mental health targeted case management • Children's mental health targeted case management • Assertive community treatment • Vulnerable adult/developmental disability targeted case management • Relocation services coordination targeted case management • Health care home care coordination services |
| Date of Last CC Visit | The date of the most recent care coordination (CC) visit. |
| Provider CC Visit | Provider organization where the most recent care coordination visit occurred. |
| Provider NPI CC Visit | The "Billing/Pay-To" NPI (National Provider Identifier – type 2) on the most recent care coordination claim. |
| Resource Utilization Band | The Resource Utilization Band (RUB) assigned to the patient. The RUB is an estimate of concurrent resource use associated with the recipient's current ACG score. 0 = No Use/Only Invalid Diagnoses 1 = Healthy User 2 = Low User 3 = Moderate User 4 = High User 5 = Very High User |
| Rescaled Reference Weight | The concurrent reference weight for this recipient rescaled so that the mean across the DHS population is 1.0. |
| ACG Code | The adjusted clinical group (ACG) code actuarial cell assigned to the recipient. |
| Recipient Member Months | The number of months the recipient was enrolled in a Minnesota Medicaid Health Care Program during the observation period. |

| Column Name | Definition |
|---|--|
| Prior Total Cost | The recipient's total claim and reported encounter costs during the observation period. |
| Prior RX Cost | The recipient's pharmacy (RX) costs during the observation period. Pharmacy costs are included in the prior total cost. |
| Predictive Values | |
| Probability High Total Cost | The probability that this patient will be in the top five percent of total cost in the subsequent year. |
| Predicted Total Cost Range | The predicted total cost for this patient for the subsequent year. |
| Probability High RX Cost | The probability that this patient will be in the top five percent of pharmacy cost in the subsequent year. |
| Predicted Rx Cost Range | The predicted pharmacy cost for this patient for the subsequent year. |
| High Risk Unexpected Rx | A flag (Y = Yes, N = No) indicating the patient has a probability greater than 0.4 of being high morbidity and having unexpectedly high pharmacy use. |
| Coordination of Care | |
| Chronic Condition Count | The chronic condition count assigned to this patient. |
| Unique Providers Seen | An indication of the number of physicians providing outpatient evaluation and management services to this patient. |
| Specialty Types Seen | An indication of the number of specialists providing outpatient evaluation and management services to this patient. |
| Generalist Seen | "Y" indicates that a generalist was involved in face-to-face visits for the patient. |
| Provider Seen Most 1 | The name of the provider who had the most face-to-face visits with the recipient during the observation period per ACG. If there are providers with the same percentage of visits, up to two are displayed. |
| Provider Seen Most 1 Specialty Description | The specialty category for the provider seen most. |
| Provider 1 Percentage of Visits | The percentage of the outpatient visits provided by the provider(s) that saw the patient most over the observation period. |
| Provider Seen Most 2 | If a Provider Seen Most 2 is listed, then this provider had an equal percentage of face-to-face visits with the recipient during the observation period per ACG as the Provider Seen Most 1. Additional providers may have had equal percentage of visits but only two are included. |
| Provider Seen Most 2 Specialty Description | The specialty category for the additional provider seen most. |
| Provider 2 Percentage of Visits | The percentage of the outpatient visits provided by the provider(s) that saw the patient most over the observation period. |
| Frailty Flag | A flag indicating the presence of a diagnosis associated with marked functional limitations (malnutrition, incontinence, dementia, decubitus ulcer, fall, difficulty walking, etc.). |

| Column Name | Definition |
|---|---|
| Coordination Risk Indicator | A marker that can be used to stratify the likelihood of coordination issues. Values include: UCI – recipient is unlikely to experience coordination issues PCI – recipient may possibly experience coordination issues LCI – recipient is likely to experience coordination issues |
| Utilization | |
| Outpatient Count | Count of ambulatory and hospital outpatient visits (unique count of recipient, provider and date of service where place of service is 11 or 22). |
| ED Count | Count of emergency room visits that did not lead to a subsequent acute care inpatient hospitalization. |
| Inpatient Count | Count of acute care inpatient stays for causes that are not related to childbirth and injury. |
| Major Procedure Performed | A flag (Y or N) indicating whether the patient had a major inpatient procedure performed. |
| Dialysis Service | A flag (Y or N) indicating the patient had a dialysis service performed. |
| Nursing Service | A flag (Y or N) indicating the presence of nursing home services as defined by the CPT code range (94004 – 94005, 99304-99337) for the recipient. |
| Active Drug Count | Count of individual ingredient or route of administration combinations in the recipient’s prescription regimen based on pharmacy claims. |
| Likelihood of Hospitalization | |
| Hospital Dominant Count | The count of ACG condition groups present for the recipient which contain trigger diagnoses for high (typically greater than 50 percent) probability of future admission. |
| Probability Hospital Admission in 6 months | The probability that this patient will experience a hospitalization in the subsequent six months. |
| Probability IP Hospitalization | The probability that this patient will experience a hospitalization in the subsequent 12 months. |
| Probability ICU or CCU Admission | The probability that this patient will experience an ICU or CCU hospitalization in the subsequent 12 months. |
| Probability Injury Related Admission | The probability that this patient will experience an injury-related hospitalization in the subsequent 12 months. |
| Probability Long-Term Admission | The probability that this patient will experience an extended hospitalization (12 or more days) in the subsequent 12 months. |
| Condition Indicators | |
| Age-Related Macular Degeneration | A flag indicating if this patient has this medical condition and how it was indicated (NP = Not Present, ICD = ICD Indication, Rx = Rx Indication, BTH = ICD and Rx Indication, TRT = Meets Diagnosis or Treatment criteria). |
| Bi-Polar Disorder | |
| Ischemic Heart Disease | |
| Schizophrenia | |

| Column Name | Definition |
|-------------------------------|------------|
| Congestive Heart Failure | |
| Depression | |
| Diabetes | |
| Glaucoma | |
| Human Immunodeficiency Virus | |
| Disorders of Lipid Metabolism | |
| Hypertension | |
| Hypothyroidism | |
| Immunosuppression/Transplant | |
| Osteoporosis | |
| Parkinson's Disease | |
| Persistent Asthma | |
| Rheumatoid Arthritis | |
| Seizure Disorders | |
| COPD | |
| Chronic Renal Failure | |
| Low Back Pain | |

CMR Resource Utilization Band Sub Report

The CMR Resource Utilization Band (RUB) Sub Report includes demographic, utilization and cost information along with chronic condition indicators from the Care Management Report. The report is generated monthly using DHS Medicaid enrollment and claims or encounter data.

Recipients are sorted based on their RUB – those with highest RUB scores will be listed first. There is a date prompt that gives BHHs the option to view a report that was run in a previous month.

| Column Name | Definition |
|----------------------------------|--|
| Resource Utilization Band | The Resource Utilization Band (RUB) assigned to the patient. The RUB is an estimate of concurrent resource use associated with the recipient's current ACG score. 0 = No Use/Only Invalid Diagnoses 1 = Healthy User 2 = Low User 3 = Moderate User 4 = High User 5 = Very High User |
| Recipient ID | 8-digit (character) DHS patient identification number. |
| Name Last | Last name of recipient. |
| Name First | First name of the recipient. |
| Name Middle Initial | Middle initial of the recipient. |
| Birthdate | Birthdate of recipient. |

| Column Name | Definition |
|---|--|
| Gender | The recipient's gender (F=Female, M=Male) |
| County | The county in which the recipient was a resident according to the eligibility or enrollment information for the report run month. If a MN county of residence is not available, the county of financial responsibility is displayed. |
| MCO | The managed care organization (MCO) in which the recipient was enrolled during the report run month. If the recipient was not enrolled in an MCO, the field will display "FFS" for "fee-for-service". |
| Date of Last BHH Visit | The date of the most recent BHH visit. |
| Rescaled Reference Weight | The concurrent reference weight for this recipient rescaled so that the mean across the DHS population is 1.0. |
| ACG Code | The adjusted clinical group (ACG) code actuarial cell assigned to the recipient. |
| Recipient Member Months | The number of months the recipient was enrolled in a Minnesota Medicaid Health Care Program during the observation period. |
| Prior Total Cost | The recipient's total claim and reported encounter costs during the observation period. |
| Prior RX Cost | The recipient's pharmacy (RX) costs during the observation period. Pharmacy costs are included in the prior total cost. |
| Utilization | |
| Outpatient Count | Count of ambulatory and hospital outpatient visits (unique count of recipient, provider and date of service where place of service is 11 or 22). |
| ED Count | Count of emergency room visits that did not lead to a subsequent acute care inpatient hospitalization. |
| Inpatient Count | Count of acute care inpatient stays for causes that are not related to childbirth and injury. |
| Likelihood of Hospitalization | |
| Hospital Dominant Count | The count of ACG condition groups present for the recipient which contain trigger diagnoses for high (typically greater than 50 percent) probability of future admission. |
| Probability Hospital Admission in 6 months | The probability that this patient will experience a hospitalization in the subsequent six months. |
| Condition Indicators | |
| Chronic Condition Count | The chronic condition count assigned to this patient. |
| Persistent Asthma | A flag indicating if this patient has this medical condition and how it was indicated (NP = Not Present, ICD = ICD Indication, Rx = Rx Indication, BTH = ICD and Rx Indication, TRT = Meets Diagnosis/Treatment criteria). |
| Diabetes | |
| Depression | |

| Column Name | Definition |
|-------------|------------|
| COPD | |

CMR Coordination Risk Sub Report

The CMR Coordination Risk Sub Report includes demographic information and care coordination indicators from the Care Management Report. The report is generated monthly using DHS Medicaid enrollment and claims or encounter data. It allows users to filter recipients based on their likelihood to experience care coordination issues. There is a date prompt that gives BHH providers the option to view a report that was run in a previous month.

| Column Name | Definition |
|------------------------------------|---|
| Coordination Risk Indicator | A marker that can be used to stratify the likelihood of coordination issues. Values include: <ul style="list-style-type: none"> • UCI – recipient is unlikely to experience coordination issues • PCI – recipient may possibly experience coordination issues • LCI – recipient is likely to experience coordination issues |
| Recipient ID | 8-digit (character) DHS patient identification number. |
| Name Last | Last name of recipient. |
| Name First | First name of the recipient. |
| Name Middle Initial | Middle initial of the recipient. |
| Birthdate | Birthdate of recipient. |
| Gender | The recipient’s gender (F=Female, M=Male) |
| County | The county in which the recipient was a resident according to the eligibility or enrollment information for the report run month. If a MN county of residence is not available, the county of financial responsibility is displayed. |
| MCO | The managed care organization (MCO) in which the recipient was enrolled during the report run month. If the recipient was not enrolled in an MCO, the field will display “FFS” for “fee-for-service”. |
| Date of Last BHH Visit | The date of the most recent BHH visit. |
| Care Coordination Claims | A ‘Yes’ or ‘No’ indicator of whether any of the following care coordination claims were paid for this recipient within the last 12 months : <ul style="list-style-type: none"> • Adult mental health targeted case management • Children’s mental health targeted case management • Assertive community treatment • Vulnerable adult/developmental disability targeted case management • Relocation services coordination targeted case management • Health care home care coordination services |
| Date of Last CC Visit | The date of the most recent care coordination (CC) visit. |
| Provider CC Visit | Provider organization where the most recent care coordination visit occurred. |
| Provider NPI CC Visit | The “Billing/Pay-To” NPI (National Provider Identifier – type 2) on the most recent care coordination claim. |

| Column Name | Definition |
|----------------------------------|--|
| Resource Utilization Band | The Resource Utilization Band (RUB) assigned to the patient. The RUB is an estimate of concurrent resource use associated with the recipient's current ACG score. 0 = No Use/Only Invalid Diagnoses 1 = Healthy User 2 = Low User 3 = Moderate User 4 = High User 5 = Very High User |
| Rescaled Reference Weight | The concurrent reference weight for this recipient rescaled so that the mean across the DHS population is 1.0. |
| ACG Code | The adjusted clinical group (ACG) code actuarial cell assigned to the recipient. |
| Recipient Member Months | The number of months the recipient was enrolled in a Minnesota Medicaid Health Care Program during the observation period. |
| Coordination of Care | |
| Unique Providers Seen | An indication of the number of physicians providing outpatient evaluation and management services to this patient. |
| Specialty Types Seen | An indication of the number of specialists providing outpatient evaluation and management services to this patient. |
| Generalist Seen | "Y" indicates that a generalist was involved in face-to-face visits for the patient. |

Chronic Condition Profile

The Chronic Condition Profile Report is generated monthly using DHS Medicaid enrollment and claims or encounter data. It shows the prevalence of chronic conditions in a BHH population as it compares to the **benchmark population**. The graph displays the most prevalent chronic conditions, whose rates are expressed as a percentage of the BHH attributed population identified as having the condition. Results are aggregated based on the following age groups: All Ages, 18 and Over, 17 and under.

Benchmark Population

The benchmark population represents all MHCP individuals who meet the following criteria:

- Had an evaluation and management (E&M) or health care home claim at some point during the measurement period
- Six months of continuous enrollment or nine months of non-continuous enrollment
- No Medicare eligibility or enrollment in partial benefit programs such as the Family Planning Program or Emergency Medical Assistance.

Chronic Conditions

The ACG System identifies specific conditions that are high prevalence chronic conditions, commonly selected for disease management or warranting ongoing medication therapy. The conditions are identified through diagnoses, pharmacy information or specific treatment criteria, and a person will be listed as having that condition if any one of these criteria is met.

The following conditions are included:

Age related macular degeneration, bipolar disorder, chronic obstructive pulmonary disease, chronic renal failure, congestive heart failure, depression, diabetes, disorders of lipid metabolism, glaucoma, human immunodeficiency virus, hypertension, hypothyroidism, immunosuppression transplant, ischemic heart disease, low back pain, osteoporosis, Parkinson’s disease, persistent asthma, rheumatoid arthritis, schizophrenia, and seizure disorders.

The report includes a summary table that contains all chronic conditions identified by ACG. The summary table contains the following data elements:

1. Members – number of member(s) identified by ACG as having the chronic condition
2. Member risk – aggregate risk score for all member(s) within BHH who have been identified as having the chronic condition

The summary table has linking capabilities. Clicking on a hyperlink will display a list of **ALL** BHH members with a particular chronic condition. For example, clicking on the hyperlink, depression, will display a list of all BHH members identified as having depression, regardless of a member’s age group.

The linked recipient detail table contains the following data elements:

| Column Name | Definition |
|---|--|
| Recipient ID | 8-digit (character) DHS patient identification number. |
| First Name | First name of the recipient. |
| Last Name | Last name of recipient. |
| Birthdate | Birthdate of recipient. |
| Condition Criteria | A flag indicating if this patient has this medical condition and how it was indicated (NP = Not Present, ICD = ICD Indication, Rx = Rx Indication, BTH = ICD and Rx Indication, TRT = Meets Diagnosis/Treatment criteria). |
| Resource Utilization Band | The Resource Utilization Band (RUB) assigned to the patient. The RUB is an estimate of concurrent resource use associated with the recipient’s current ACG score. 0 = No Use/Only Invalid Diagnoses 1 = Healthy User 2 = Low User 3 = Moderate User 4 = High User 5 = Very High User |
| Member Months | The number of months the recipient was enrolled in a Minnesota Medicaid Health Care Program during the observation period. |
| Hospital Dominant Count | The count of ACG condition groups present for the recipient which contain trigger diagnoses for high (typically greater than 50 percent) probability of future admission. |
| Probability Hospital Admission in 6 Months | The probability that this patient will experience a hospitalization in the subsequent six months. |
| Chronic Condition Count | The chronic condition count assigned to this patient. |

Provider Alert Report

The Provider Alert Report is generated monthly and lists recipients for whom a claim was submitted for an emergency room visit or hospital admission in the previous month. DHS Medicaid enrollment and claims or encounter data are used to create this report. The areas addressed and the questions this report is able to inform include:

- Which BHH recipients during this observation period recently had a hospitalization service?
- Which BHH recipients during this observation period recently visited an emergency room?
- Counts of hospitalization, re-admissions and emergency room visits for the recipient in the past year.
- Probability of hospitalization in the next 12 months based on ACGv10 risk models.

| Column Name | Definition |
|---|---|
| Recipient ID | 8-digit (character) DHS patient identification number. |
| First Name | First name of the recipient. |
| MI | Middle initial of the recipient. |
| Last Name | Last name of recipient. |
| Birthdate | Birthdate of recipient. |
| County | This is the county in which the recipient was a resident according to the eligibility or enrollment information for the last month in the report run month. If a MN county of residence is not available, the county of financial responsibility is displayed. |
| Date of Last BHH Visit | The date of the most recent BHH visit. |
| Interpreter Needed | An indicator of the patient's need for an interpreter, based on the current month's enrollment data. A supplemental tier modifier (U3) can be used on HCH care coordination claims (S0280/S0281) for recipients with language or communication barriers. |
| Number of ED Visits – Month | Count of emergency department visits for which a claim was submitted to DHS in the previous month or by the first warrant cycle in the reporting month and which had a date of service within six months of the reporting month. |
| Number of ED Visits – 12 Months | Count of emergency department visits for which a claim was submitted to DHS during the prior 12 month period. |
| Number of Admissions – Month | Count of hospital admissions for which a claim was submitted to DHS in the previous month or by the first warrant cycle in the reporting month and which had a date of service within six months of the reporting month. Claims submitted by the following mid-month warrant cycle are included in this report. |
| Number of Admissions – 12 Months | Count of hospital admissions for which a claim was submitted to DHS during the prior 12 month period. |
| Number of Readmission – Month | Count of hospital 30-day re-admissions (all cause) for which a claim was submitted to DHS in the previous month or by the first warrant cycle in the reporting month. Re-admit counts are a subset of the hospital admission counts (not mutually exclusive). |

| Column Name | Definition |
|---------------------------------------|---|
| Inpatient Hospital Probability | The probability of an acute care inpatient hospital admission in the year following the observation period. Calculated by ACGv100 risk-adjustment software using a prediction model calibrated with utilization markers to identify patients with risk of future hospitalization. |

Members Lost

The Members Lost Report lists those recipients who were included in a BHH provider's reports in the previous month and have been removed in the current month with the reason for their removal. Recipients are sorted by the report month in which they were removed – it's possible to bounce on and off of a provider's reports.

| Column Name | Definition |
|-------------------------------|---|
| Report Month | Month the report was generated when the recipient was removed. |
| Recipient ID | 8-digit (character) DHS patient identification number. |
| Reason Lost | Reasons for a recipient's removal include one of the following: Last Visit > Year – no BHH claims submitted within the last year Lost Eligibility – recipient no longer has MHCP eligibility in the current report run month Deceased Lost to other BHH – most recent BHH claim submitted by a different provider |
| Death Date | Date of recipient's death. |
| Date of Last BHH Visit | The date of the most recent BHH visit. |
| Last Billed BHH | NPI of the BHH provider where the most recent visit occurred. |
| Provider Name | Name of BHH provider where the most recent visit occurred. |