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**Aerial Care Coordination®
Users Guide**

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Getting Started

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Aerial

Medecision offers Aerial, an end-to-end population health management platform--an onramp to connected care for any healthcare entity, using any model of care management and care coordination, sized and suited to their exact needs. Aerial is powered by market-leading investment in the critical components of a connected care chain.

Care Coordination

Medecision offers Aerial™, an end-to-end population health management platform that offers an onramp to connected care for any healthcare entity, using any model of care management and care coordination, sized and suited to their exact needs. Aerial is powered by market-leading investment in the critical components of a connected care chain.

As part of the Aerial platform, Care Coordination offers substantial modules to ensure that your organization is manageable from a business perspective while supporting a value-based healthcare model, including data aggregation, analytics, and reporting. Care Coordination also supports applications for intervention and engagement that supports multi-disciplinary care management and care coordination programs to optimize individual outcomes.

Care Coordination's applications for sharing and exchange support bi-directional, multiplatform communication, such as automatic referral management and authorization tools tied to best practice workflows.

Users Guide Overview

The Users Guide provides details on how to perform various functions in Care Coordination, such as reviewing member eligibility, reviewing claims details, accessing clinical alerts, and submitting referrals. Some tasks can only be completed by members with the appropriate user credentials.

The Users Guide is organized according to the frequency you will likely perform each task, with less common tasks appearing towards the end. Because Care Coordination uses the term "member" and "patient" interchangeably, this guide refers to members as patients throughout to eliminate confusion, unless the guide is directing you to a specific page or button in Care Coordination that displays the word "member."

Also note that fields in red are required when completing forms in Care Coordination.

Before You Begin

When you are ready to upload claim batch files from your current billing system for the first time, please contact Medecision Support at (800) 864-8160, Option 3. A representative will walk you through the process for submitting a test batch and ensure that your files are uploaded successfully.

What's New in this Guide

There are no changes for the current release.

Logging In

To log in, access the account Log In page and complete the following steps:

1. At **User ID**, enter your user name.

Please log in.

User ID
Password

[Password Help](#)

LOG IN

2. At **Password**, enter your password.
3. If you forgot your user name or password, click **Forgot password**. The following page displays.

Forgot Password

Forgot Username

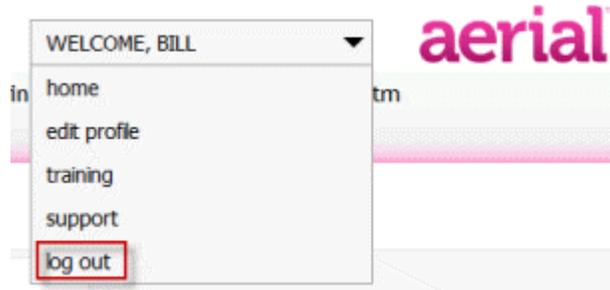
- To have your password reset, click **Forgot Password**.
 - To have your User ID sent to your email address, click **Forgot Username**.
4. Click **Log In**. The Physician's Dashboard displays. For more information on the Physician's Dashboard, refer to The Physician's Dashboard (on page 11).

The **Quick Links** pane on the left of the widgets area shows links to common tasks that physicians perform. The **Quick Links** are also determined by your medical group and cannot be edited.

Logging Out

To log out of Care Coordination complete the following steps:

1. At the Welcome drop-down menu, click **log out**.



2. The Log In page displays.

Icons

The following is a list of icons and their function found throughout Care Coordination. If you're unsure what action takes place when clicking an icon, hover your mouse over the button to see a description.

Icon	Function
	Opens a patient FaceSheet and detail pages for certain features, such as displaying an assessment listed on a FaceSheet or an audit trail.
	Adds additional information, such as notes to a patient's member information or uploading an attachment.
	Displays the Chart Prep document.
	Allows you to edit the form associated with the icon.
	Signifies that there are updated comments.
	Displays additional information about an alert.
	Displays additional information about an entry field.
	Adds a referral to the print queue.
	Removes a referral from the print queue.
	Prints the page associated with the button.

Icon	Function
	Deactivates a user
	Displays the User Role Setup page
	Displays the User Setup page, or the Care Coordinator Member Assignment page
	Signifies that there is an error with the file
	Deletes the form associated with the icon
	Displays a tip for filling out a field
	Designates a care coordinator as the master coordinator
	Displays a list of frequently used providers, ICD codes, or service codes
	Provides lookup assistance when entering ICD and service codes
	Opens advanced search options
	Displays a calendar to select a date instead of manually typing a date
	Allows you to edit a lab registry panel
	Copies an existing rule
	Undo changes
	Opens the Patient Communication Add/Edit page
	Identifies outstanding alerts
	Signifies that a patient is ineligible. Click this button to display a patient's member information.
	Signifies that a patient is eligible. Click this button to display a patient's member information.
	Opens a page on a members
	Opens a clinical exam

Icon	Function
	Opens a clinical exam chart

Aerial Resource Center

The Aerial Resource Center provides complete documentation for all the modules that make up the Aerial platform, including all of the documents for Care Coordination. The Aerial Resource Center also provides information on upcoming releases and other information available from Medecision.

To access the Resource Center, click **resource center** on the main menu. The Medecision Resource Center opens in your default web browser.



Maximum File Transmission Sizes

The following table lists the maximum file sizes that can be transmitted to Medecision. You must follow the row and column delimiters specified in the Data Specifications document available on the Aerial Resource Center. Data feed and export files that are archived by Medecision will be available for a maximum of 30 days.

Note: It is the customer's responsibility to post and pull files from the Medecision SFTP site.

File Type	File Size
Business Category Reference (HMO, HSO, Benefit Option, Medical Practice)	500 Records
Clinical Code Sets	(CPT / ICD): 500, 000 records
Member	500, 000 distinct member records per file
Provider	1, 000, 000 distinct provider records per file

File Type	File Size
Claims	200, 000 distinct claim records per file
Lab Observations	200, 000 distinct lab observation records / Lab Results - 200, 000 distinct lab result records (Lab Observation and Results are sent in conjunction with each other) Pharmacy - 200, 000 distinct pharmacy records (Lab Observation and Results are sent in conjunction with each other)
Pharmacy	200,000 distinct pharmacy records

Following are the data restrictions based on data feed types:

File Type	File Size
Claim Files	Maximum of 5 per day
Lab Files	observation files with accompanying Lab Results files per day 10 each per day (total of 20 files)
Pharmacy	10 files per day

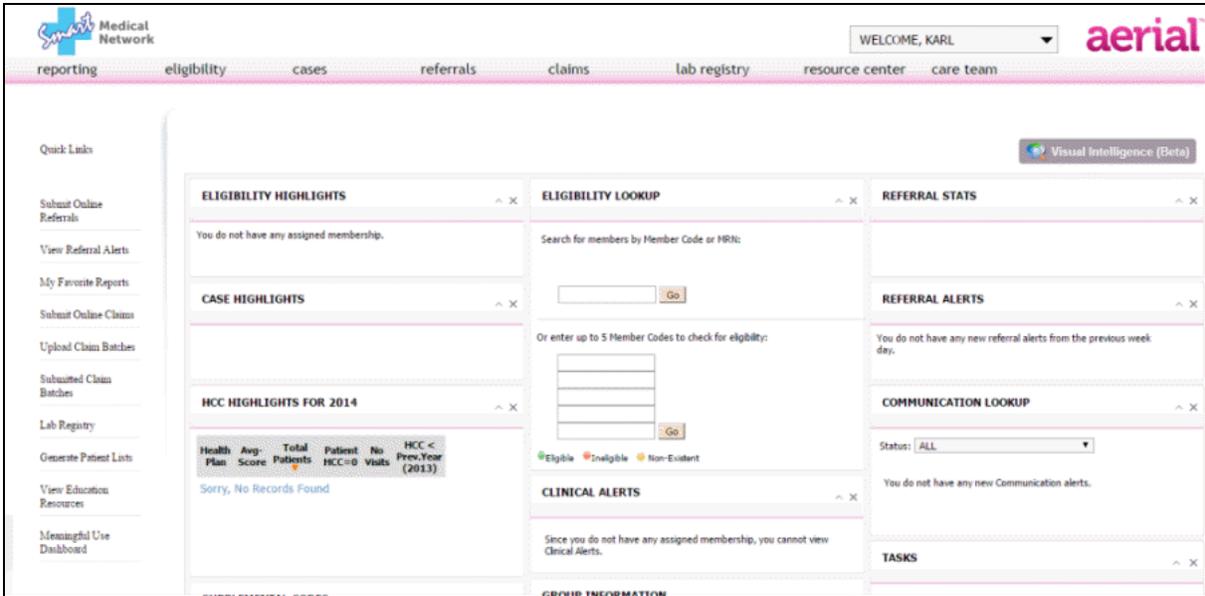
The Physician Dashboard

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Overview

The Physician Dashboard functions as the Home Page for Care Coordination users with a physician account type. From the Physician Dashboard, you can quickly view up-to-date information from a variety of subjects by using the widgets. Widgets are set up by your medical group and can be repositioned or removed from the dashboard.



To return to the Physician Dashboard from anywhere in Care Coordination, open the **Welcome** drop-down menu and click **home**.

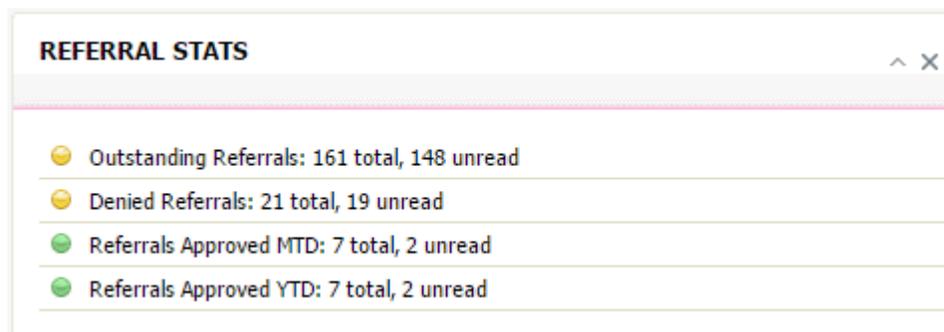


Widgets

Widgets are set up by your medical group and can be repositioned or removed from the dashboard. You can close the widget window by clicking ^ at the top of the column. To remove the widget from the Physician's Dashboard, click x.

Referral Stats

This widget displays the outstanding, denied and approved referrals.



You can view the status of the referrals by clicking on the total or unread number associated with the type of referral you wish to view. For example, to view only unread referrals that have been approved for the current month, click the unread number in the widget and the Referral Status displays only the requested referrals.

Referral Status

Displaying only Approved Referrals. Click on 'Show All' to view all referrals.

Print Queue UNREAD | Retro | All

Regular Search Advanced Search

Search for Referrals using the Advanced Search filters for Referral Code, Status, Member ID, Plan, Location, Patient Name, Referring Provider, Referred Provider and Date Referred

Referral Code	Status	Member ID	Plan	Location	Patient Name	Referring Provider	Referred Provider	Date Referred	Priority
2017010922237976	APPROVED	ACMA991100	CHP	WSMG	LeRoy Smith	ALTAENA HOSPITAL	Q ADAM	01/09/2017	Routine
201612222237951	APPROVED	19990700055001	CHP	WSMG	ANTHONY ADAM	ALICIA ADAM	ALBERT KENNEDY	12/22/2016	Routine

Showing 20 records per page Records 1-2 of 2 Page 1 of 1

To view all referrals, click **All**.

Case Highlights

This widget displays the amount of patients that are currently admitted.



You can view the case summary for all patients by clicking the link in the widget. The Case Summary page displays.

Case Summary

Admit Date: From [] To [] Go DOWNLOAD

Regular Search Advanced Search

Search for Cases by Member ID, Patient Name, Facility, Attending Physician Name, Status

Case Number	Member ID	Patient Name	Plan Location	Admit Date	Facility	LOS Bed	Admit Diagnosis	LOC	Attending Physician	Status
2010050419201016	ACMA991100	LeRoy Smith	CHP WSMG			0				CLOSED
2011083117001045	20021200594801	BEYONCE WASHINGTON	CHP ESNG		ADELANTO HOSPITAL	0 020	ACUTE		SHANE Q	CLOSED

To view more information for a patient, click . To download an Excel spreadsheet of the Case Summary, click .

Clinical Alerts

Clinical Alerts can inform you to schedule tests for at-risk patients and remind care team members to call a patients after being discharged to make to certain they are following the treatment plan, such as taking the prescribed medication. Alerts can also remind you of outstanding referrals.

Clinical Alerts display on the Administrator and Physician Dashboards in the same order as on the Patient or Member Facesheet. This can help you if you want to set up alerts to display based on order of importance.



You can view the incomplete or complete clinical alerts by clicking on the numbers next to the name of the clinical alert. The incomplete alerts are listed first. Once you click the number, the Clinical Alerts - Member Status page displays.

Clinical Alerts - Member Status

Rules:

ACO 22 Diabetes Mellitus Hemoglobin A1c Control ⌵

Description:
Percentage of patients ages 18 to 75 years of age with diabetes mellitus who had HbA1c less than 8 percent

Additional Notes:

Show members manually marked as complete
 Show members manually removed from alert

Status:

Test Incomplete ⌵

[Refer](#) = Associated Referrals
[Claim](#) = Associated Claims
[Download to Excel](#)
[Download all Rules to Excel](#)

Regular Search **Advanced Search**

Search for Clinical Alert Member by MemberId, Last Name, First Name, SSN, Birth Date, Effective Date, PCP Name and Member Phone No. Search Show All

Member ID	Last Name	First Name	MRN	Birth Date	Sex	Effective Date	PCP Name	Member Phone No.	Communication Preference
20030400640201	BACHER	DON	3876000KH	08/07/1998	F	06/04/2004	CHRISTINE HORAH	9093523597	Refer Claim
19980900117101	WASHINGTON	BEYONCE	434160606	05/01/1998	M	10/01/2003	PATIENCE ANKOMAH	(909)242-8052	Refer Claim
609843321	WASHINGTON	TAMARA	332148906	08/10/1995	M	11/01/1999	RAYMOND MILLER	2236590984	Refer Claim
19990700271301	WILLIAMS	WILLIAM	964339765	01/19/1987	F	05/01/2004	ALICIA ANDERSON	7570190978	Refer Claim
622867724	WILLIAMS	WILLIAM	772468226	01/05/1996	F	11/01/2000	KELLY LOPEZ		Refer Claim

Showing 20 records per page Records 1-5 of 5 Page 1 of 1

From the Member Status page, you can access the member's Facesheet () , add an attachment () , mark a member as complete or incomplete, access the member's claim and referral or remove the member from the alert () .

To download all client alert rules or your current clinical alerts to an Excel spreadsheet, click  **DOWNLOAD** . The Clinical Alerts - Member Status Excel report includes a Data Source column to define the data source that closed the gap for the member in each measure.

Group Information

The Group Information widget displays documents and announcements with your entire physician community.

Group Information displays on the Administrator and Physician Dashboards in sub-headings, such as Announcements, My Links and Documents. The information within the sub-headings are listed in order from newest to oldest.

Unread information displays in **bold**. Items added in the last seven days can be identified with a  label next to the entry.

GROUP INFORMATION ^ x

<u>Announcement:</u>	<u>Last Updated:</u>
Welcome 	10/20/2017
<u>Documents</u>	<u>Posted</u>
 Injectable_Referral_Form_Editable.pdf 	09/19/2017
+ Contracting	
+ Claims	
+ Eligibility	
<u>My Links</u>	<u>Posted</u>
 Coastal Management	07/10/2017
 Patient Education Resources 	04/23/2017
 Provider Tools 	03/10/2017
 HCC Advance2017 	03/01/2017

Eligibility

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Overview

The Care Coordination **eligibility** menu gives access to several tools for managing patient information, such as searching for patient eligibility and creating new member inquiry forms. When searching for a patient, you may find the person you are looking for is not listed in Care Coordination. Users with administrative credentials can submit member inquiry forms to add a patient to Care Coordination. Member inquiries are sent to the Member Inquiry Task List where administrators can update the status of the inquiries.

Searching for a Patient's Eligibility

The Eligibility Lookup allows you to search for patients to view patient details and health care eligibility. No field in the Eligibility Lookup is required. We recommend starting with a broad search before narrowing your search with more specific data.

To search a patient's eligibility, complete the following steps:

1. On the main menu, select **eligibility > eligibility lookup**. The Eligibility Lookup page displays.

Eligibility Lookup

Enter either part or all of the information for the member you would like to retrieve.

Health Plan Code: <input type="text" value="All"/> 	Location: <input type="text" value="All"/> 	<p>Download E-List</p> 
First Name: <input type="text"/>	Last Name: <input type="text"/>	
Member ID: <input type="text"/>	MRN: <input type="text"/>	
Provider ID: <input type="text"/>	Birth Date: <input type="text" value="(mm / dd / yyyy)"/>	
<input type="button" value="Submit"/> <input type="button" value="Reset"/>		

- Value the filter fields to search for a member. You can search for members based on the following criteria:

Field Name	Entry
Health Plan Code	Open the drop-down list and select a health plan code. Click  to view an explanation for each code.
Location	Open the drop-down list and select a location. Click  to view an explanation for each location code.
First Name	Enter the patient's first name.
Last Name	Enter the patient's last name.
Member ID	Enter the patient's member ID.
MRN	Enter the medical record number associated with the patient.
Provider ID	Enter the ID of the insurance provider associated with the patient.
Date of Birth	Enter the patient's birth date.

- Click **Submit**. The Advanced Search table displays with a list matching all patients that fit the search criteria displays.

Eligibility Lookup Deceased Members Only

Search for members as a PCP

Regular Search **Advanced Search**

Search for Members using the Advanced Search filters for Member ID, Health Plan, Location, PCP Name, First or Last Name, MRN and Birth Date Show All

Member ID	Health Plan	Location	Last Name	First Name	MRN	PCP Name	Birth Date	Sex	Effective Date		
<input type="text"/>	All	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy			<input type="button" value="Search"/>	
9	19961109384801	CHP	WSMG	FARMER	Q	384309126	LOPEZ KELLY	01/02/1994	M	12/01/2003	
12	19961109722201	CHP	ESMG	FARMER	Q		LOPEZ KELLY	01/02/1994	F	10/01/2002	
12	19961110069301	CHP	WSMG	FARMER	Q	843888516	CHRISTIAN JOANNE	01/17/1996	F	04/01/2003	
9	19961203873601	CHP	ESMG	FARMER	Q	608861216	ANDERSON ALICIA	04/15/1988	F	05/01/2004	

Eligible patients display with a green icon () while ineligible patients display with a red icon (). You can view clinical alerts () , access the Chart Prep Document () , view () or upload () attachments for the member, view member history () or access the patient's FaceSheet () .

You can further narrow your search results by using the advanced search filters. You can enter the specific Member ID, Last Name, First Name, MRN or PCP Name into the free-text field, select an option from the drop-down list to filter by Health Plan or Location or enter the patient's birth date in MM/DD/YYYY format. Once you have entered the information, click **Search** to filter the information.

E-List Reports

To view all of your members and their basic member information, click **DOWNLOAD** to run an E-List Report.

Select a PCP from the drop-down list and click **Download** to request the report. The E-List Report requires 30 minutes to complete. While the request is processing the status is listed as **Scheduled** in the Download E-List page.

Download E-List

Select PCP: All PCP

Download request placed. File can be downloaded after 30 minutes.

Request Time	Provider ID	Hsos	Status	Action
1/10/2018 4:53:02 PM	ALL PCP	-	Scheduled	

Showing 20 records per page Records 1-1 of 1 Page 1 of 1

When the report is ready to be downloaded, an email notification is sent to the email address associated with the User ID indicating that the requested report is available for download.

Click the link in email to return to the Download E-List page and click on  to download the report.

E-List Reports

To view all of your members and their basic member information, click  to run an E-List Report.

Once you select a **PCP** and an **HSO**, click **Download** to request the report. The E-List Report requires 30 minutes to complete. While the request is processing the status is listed as **Scheduled** in the Download E-List page.

Download E-List

Select PCP: Select HSO:

Download request placed. File can be downloaded after 30 minutes.

Request Time	Provider ID	Hsos	Status	Action
1/11/2018 3:29:40 PM	Z10933	NANTICOKE	Scheduled	

Showing records per page Records 1-1 of 1 Page of 1

When the report is ready to be downloaded, an email notification is sent to the email address associated with the User ID indicating that the requested report is available for download.

Click the link in email to return to the Download E-List page and click on  to download the report.

Chart Prep Document

The Chart Prep Document enables you to complete workflows to finish the measure for the member. The document lists out the gaps in the quality measures at a member level. These gaps are determined by clinical alert rules.

Click **Print** to generate and display the Chart Prep Document. Once displayed, the standard browser print dialog box automatically opens. You can print the report or cancel the print process.

Gaps and Missing Codes

Patient Name: ANTHONY ADAM
Address: 38989 Flower St N/A
City: Anaheim Hills **State:** CA **Zip Code:** 92808
Telephone:

Member Code: 19961204072701
HCC: 0.000000000

Clinical Alerts

- 1 Age 60 or older and no glaucoma screening in 24m
- 1 Age 65 or 66 and no pneumococcal vaccine in 24m

Missing Codes

ICD Code	Description	Last Encounter	HCC Category	Last Physician	Source
250.50	DMII OPTH NT ST UNCCTRL	02/07/2013	18	Vela Damian	CMS
707.9	CHRONIC SKIN ULCER NOS	02/07/2013	161	Vela Damian	CMS
250.81	DMI OTH NT ST UNCNRD	02/07/2013	18	Vela Damian	CMS

Viewing Deceased Members Only

You can identify deceased members with eligibility in the Eligibility Lookup results by clicking the **Deceased Members Only** check box and then clicking **Search** to filter the information.

To view the member's date of death, hover over the **Effective Date** column. The members term date and date of death display.

Eligibility Lookup Deceased Members Only

Search for Members using the Advanced Search filters for Member ID, Health Plan, Location, PCP Name, First or Last Name, MRN and Birth Date Show All

Member ID	Health Plan	Location	Last Name	First Name	MRN	PCP Name	Birth Date	Sex	Effective Date	
<input type="text" value=""/>	All	All	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	mm/dd/yyyy		<input type="button" value="Search"/>	
33356398028004	CHP	ESMG	ANDERSON	JEB	769606306	Damian Vela	09/25/1992	M	06/01/2004	
20011200105801	CHP	ESMG	ANDREWS	CHAD	782992706	Damian Vela	10/02/2001	M	06/01/2004	Term Date Deceased Date 05/31/2004 06/30/2014
20030400640201	CHP	ESMG	BACHER	DON	3876000KH	Damian Vela	08/07/1998	F	08/01/2016	
690489650	CHP	ESMG	ADAM	JOANNE	065084086	Damian Vela	02/05/2002	M	06/01/2004	

Attachments

You can add an attachment to the patient by performing the following steps:

1. Click . The Upload Attachment window displays.

Upload Attachment

Select document (File name length maximum 100 characters):

No file chosen

Description (Maximum 1000 characters allowed):

Select the file to be attached using the 'Browse' button. You can add comments about the file in the 'Description' box. Then click on Save Attachment to attach the file.

2. Click **Choose File**.
3. Select desired file to upload and click **Open**. At the Description field, you can write notes that explain the attachment's purpose.
4. Click **Save Attachment**. The attachment process can take a few minutes depending on the size of the attachment.

You can add additional attachments for the member or click Cancel to close the window.

From the Eligibility Lookup Results page, you can view all attachments associated with the member. Click  next to the Member's ID to display the Attachment Viewer.

Attachment Viewer						
File Name	Size	Upload By	Uploaded On	File Type	Description	
 20160722_112853~Test.pdf	79.6KB	Aru Physician	7/22/2016 11:28:53 AM	PDF	Member inf...	
<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>						<input type="button" value="Upload"/>

The Attachment Viewer displays the File Name, Size, the name of the person who uploaded the attachment as well as the date and time it was uploaded.

To download the attachment, click the File Name. To view the contents of the description field, click the description. The full text of the description displays in the text field. You can update the description for the attachment by clicking **Edit**.

To add a new attachment, click **Upload**.

Viewing Clinical Alerts

You can view a snapshot of clinical alerts from the Physician Dashboard. Clinical Alerts are a valuable resource for administrators and other user types. Alerts can inform physicians to schedule tests for at-risk patients and remind care team members to call a patients after being discharged to make to certain they are following the treatment plan, such as taking the prescribed medication. Alerts can also remind users of outstanding referrals.

The Alerts widget displays the number of outstanding alerts you have, including the amount of open referrals.

ALERTS ^ x	
	Outstanding Stat Referrals: 4 total, 4 unread
	Outstanding Urgent Referrals: 4 total, 4 unread
	Outstanding Routine Referrals: 109 total, 102 unread
	Open Referrals: 117 total, 110 unread

To view a specific patient's clinical alerts, complete the following steps.

1. On the main menu, select **eligibility** > **eligibility lookup**. The **Eligibility Lookup** page displays.

Eligibility Lookup

Enter either part or all of the information for the member you would like to retrieve.

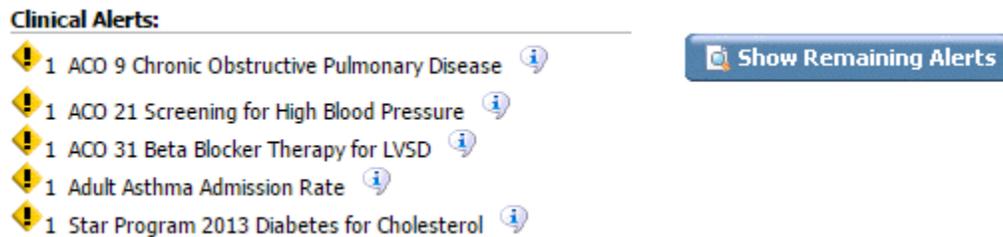
Health Plan Code: <input type="text" value="All"/>	Location: <input type="text" value="All"/>	<p>Download E-List</p>
First Name: <input type="text"/>	Last Name: <input type="text"/>	
Member ID: <input type="text"/>	MRN: <input type="text"/>	
Provider ID: <input type="text"/>	Birth Date: <input type="text" value="(mm / dd / yyyy)"/>	
<input type="button" value="Submit"/> <input type="button" value="Reset"/>		

2. Value the filter fields to search for a member. You can search for members based on the following criteria:

Field Name	Entry
Health Plan Code	Open the drop-down list and select a health plan code. Click to view an explanation for each code.
Location	Open the drop-down list and select a location. Click to view an explanation for each location code.
First Name	Enter the patient's first name.
Last Name	Enter the patient's last name.
Member ID	Enter the patient's member ID.
MRN	Enter the medical record number associated with the patient.
Provider ID	Enter the ID of the insurance provider associated with the patient.
Date of Birth	Enter the patient's birth date.

3. Click **Submit**. A list matching all patients that fit the search criteria displays.

4. Click . The patient's FaceSheet displays.
5. At **Clinical Alerts**, click **Show Clinical Alerts**. A list of the patient's clinical alerts displays.



Viewing a Patient's FaceSheet

The FaceSheet shows a comprehensive report containing all information about a patient that is stored in Care Coordination. From the FaceSheet, you can view the following patient information:

- Demographic Information
- Eligibility Details
- Notes
- Assessments
- Clinical Alerts
- Problem List
- Supplemental Problem List
- Claim History
- Clinical Exam
- Lab Data
- MTM Review
- Communication History
- Referral Data

- Case Data
- Medication List
- Allergy List
- Immunizations
- Education Resource
- Completed Measures for the current year

To view a patient's FaceSheet, complete the following steps:

1. On the main menu, select **eligibility** > **eligibility lookup**. The Eligibility Lookup page displays.

Eligibility Lookup

Enter either part or all of the information for the member you would like to retrieve.

Health Plan Code: <input type="text" value="All"/>	Location: <input type="text" value="All"/>	<p>Download E-List</p>
First Name: <input type="text"/>	Last Name: <input type="text"/>	
Member ID: <input type="text"/>	MRN: <input type="text"/>	
Provider ID: <input type="text"/>	Birth Date: <input type="text" value="(mm / dd / yyyy)"/>	
<input type="button" value="Submit"/> <input type="button" value="Reset"/>		

2. Value the filter fields to search for a member. You can search for members based on the following criteria:

Field Name	Entry
Health Plan Code	Open the drop-down list and select a health plan code. Click to view an explanation for each code.
Location	Open the drop-down list and select a location. Click to view an explanation for each location code.
First Name	Enter the patient's first name.
Last Name	Enter the patient's last name.

Field Name	Entry
Member ID	Enter the patient's member ID.
MRN	Enter the medical record number associated with the patient.
Provider ID	Enter the ID of the insurance provider associated with the patient.
Date of Birth	Enter the patient's birth date.

3. Click **Submit**. A list matching all patients that fit the search criteria displays.
4. Click . The patient's FaceSheet displays.

Adding a Diagnosis to a Member/Patient's FaceSheet

To add supplemental diagnosis codes to a patient's FaceSheet, complete the following steps:

1. On the main menu, select **eligibility > eligibility lookup**.
2. Use the search field to find the patient whose FaceSheet you want to update. To view steps on how to search for a patient, see Searching for a Patient's Eligibility.
3. Click  next to the patient you searched for. The patient's FaceSheet displays.

- At **Supplemental Problem List**, click **Add Code**. The **Supplemental Codes** page displays.

- At **Date**, enter the current date that the patient was diagnosed.
- At **Rendering Provider**, enter the rendering provider's name. A list of matching providers displays.
- Select the provider from the list. The provider ID auto-populates.
- Value the fields in the **Claims Association** pane. You can enter information based on the following criteria:

Field Name	Entry
Claim Number	Enter the claim number associated with the supplemental codes you are adding.
Diagnosis Code Type	Select ICD9 or ICD10 . The codes you enter at ICD Codes must match the type you selected here.
ICD Codes	Enter the ICD codes for the patient's diagnosis. Click  for lookup assistance. To display frequently used codes for the selected provider and specialty, click  .
Source	Select the source of the new diagnosis from the drop-down list.
Status	Select the status of the diagnosis from the drop-down list. If you change the status from Active to Resolved or Inactive, you must enter a reason for the change in the Notes field.

Field Name	Entry
Notes	Enter comments on the diagnosis. The comments do not display on the FaceSheet but displays with the ICD Supplemental Codes in reporting with the name of the person who entered the note and the date when it was entered. You can enter up to 300 characters.
CPT Codes	Enter the procedure codes. Click  for lookup assistance. To display frequently used codes for the selected provider and specialty, click  .
Date of Service	Enter the date of the procedure.
Place of Service	Select the place where the patient received treatment.
Days/Units	Enter the amount of time the patient spent in care.
ICD Pointer	Select the ICD pointer from the drop-down list.

- Click **Save**.

Submitting a Patient Inquiry

If you cannot find a patient's information in Care Coordination, submit an inquiry to the Eligibility department. To submit a patient inquiry, complete the following steps:

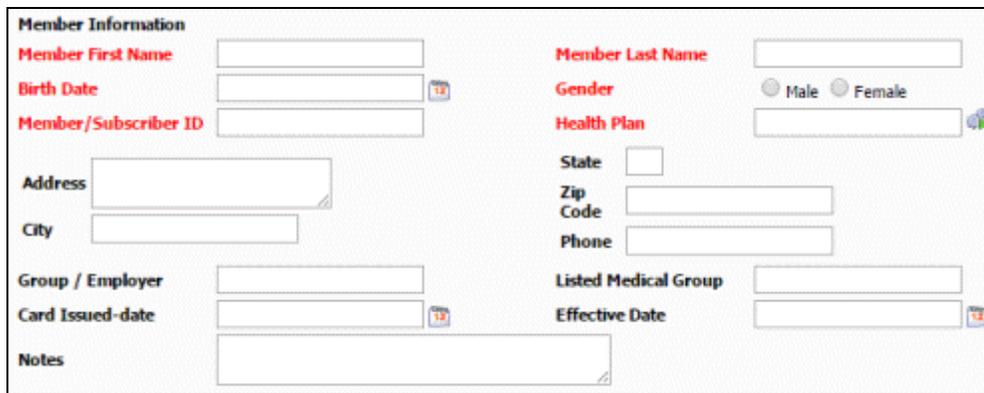
- On the main menu, select **eligibility > create new member inquiry**. The Member Inquiry Form displays.
- Value the fields in the **Contact** pane. You can enter information based on the following criteria:

Field Name	Entry
Contact Name	Enter name of patient's preferred person to contact.
Contact Number	Enter phone number for patient's preferred person to contact.
Provider Office	Enter office name of patient's healthcare provider.

Contact Name: Contact Number: Provider Office:

- Value the fields in the **Member Information** pane. You can enter information based on the following criteria:

Field Name	Entry
Member First Name	Enter patient's first name.
Member Last Name	Enter patient's last name.
Birth date	Click  to select patient's date of birth from calendar or type date using mm/dd/yyyy format.
Gender	Select patient's gender.
Member/Subscriber ID	Enter patient's ID.
Health Plan	Enter patient's health plan.
Address	Enter patient's current residential address.
State	Enter patient's current state of residence. Use a two-letter abbreviation.
City	Enter patient's city of residence.
Phone	Enter patient's phone number.
Group/Employer	Enter name of patient's employer.
Listed Medical Group	Enter patient's medical group.
Card Issued-date	Click  to select date that patient's insurance card was issued or enter date using mm/dd/yyyy format.
Effective Date	Click  to select date that patient's insurance card took effect or enter date using mm/dd/yyyy format.
Notes	Add any additional information.



The screenshot shows a form titled "Member Information" with the following fields and controls:

- Member First Name:** Text input field.
- Member Last Name:** Text input field.
- Birth Date:** Text input field with a calendar icon.
- Member/Subscriber ID:** Text input field.
- Gender:** Radio buttons for "Male" and "Female".
- Health Plan:** Text input field with a dropdown arrow.
- Address:** Text input field.
- City:** Text input field.
- State:** Dropdown menu.
- Zip Code:** Text input field.
- Phone:** Text input field.
- Group / Employer:** Text input field.
- Listed Medical Group:** Text input field.
- Card Issued-date:** Text input field with a calendar icon.
- Effective Date:** Text input field with a calendar icon.
- Notes:** Text area.

Note: After valuing the required fields in the **Member Information** pane, you can click  to determine whether a patient is in Care Coordination. There is no need to submit an inquiry for a patient already in the database.

4. Value the fields in the **Referral Information** pane. You can enter information based on the following criteria:

Field Name	Entry
Referring Provider Information	Enter the name of the provider referring the patient. See Hospitalists in Cases menu for list of providers.
Select Referred Specialty	Click arrow to open drop-down list and select the provider's specialty.
Enter the Referred Provider	Enter the provider referred by the patient's primary care physician.
Diagnosis Code Type	Select ICD9 or ICD10 for the codes used in this inquiry. An error displays if you enter a diagnosis code that does not match the selected code type.
Click here to change Service Date	Click  to change date of next service or enter date in mm/dd/yyyy format..
Priority	Click arrow to open drop-down list and select the urgency of patient's medical needs.
Place of Service	Click arrow to open the drop-down list and select the location of patient's service.
CPT/HCPCS Code	Enter a CPT or HCPCS code. Click  for lookup assistance. To display frequently used codes for selected provider and specialty, click  .
Service Units	Enter the time of inpatient care.
Modifier	Click arrow to display the drop-down list and click desired modifier. A modifier gives additional specifics about a patient's diagnosis.
Add Next	Click to add another referral.
ICD Code	Enter ICD-9 or 10 code. Click  for lookup assistance. To display frequently used codes for selected provider and specialty, click  .

The screenshot shows three main sections of a form:

- Referring Provider Information:** Includes a search field with the text "Search by first or last name, or by ID:" and a "Find It" button.
- Referred Provider Information:** Includes a dropdown menu for "Select the Referred Speciality:" (currently showing "--- Speciality ---") and a text input field for "Enter the Referred Provider:".
- Referral Details:** Includes a date field for "Click here to change Service Date:", a "Priority:" dropdown (set to "Routine"), and a "Place of Service:" dropdown (set to "11 - Office"). Below these are three rows of input fields:
 - CPT/HCPCS Code:** A text input field with a magnifying glass icon.
 - Service Units:** A text input field.
 - Modifier:** A dropdown menu (set to "No modifier") with an "Add Next" button.
 - ICD Code:** A text input field with a magnifying glass icon and an "Add Next" button.

- Value the fields in the **Clinical Symptoms/Findings and Treatment Plan** pane. You can enter information based on the following criteria:

Field Name	Entry
Please make references to patient height, weight, history, labs and pertinent work up to date.	Enter any notes related to categories detailed in the field name.
Preferred Provider Comments	Enter any additional notes pertaining to the patient's preferred provider.
Patient Communication Info	Check the box to display Patient Communication form. See Editing Patient Communication Information (on page 36) to view directions for completing form.

The screenshot shows the "Clinical Symptoms/Findings" and "Treatment Plan" sections of a form:

- Clinical Symptoms/Findings:** A large text area with the instruction "Please make references to patient height, weight, history, labs and pertinent work up to date."
- Treatment Plan:** A section titled "Treatment Plan:" with a sub-section for "Preferred Provider Comments." and a corresponding text area.
- Patient Communication Info:** A checkbox labeled "Patient Communication Info (optional)".

- Click **Submit**.

Uploading Attachments to Patient Inquiries

To upload an attachment to an existing patient inquiry, complete the following steps:

1. On the main menu, select **eligibility** > **eligibility task list**. The Member Inquiry Task List displays.

Requested ID	Status	Provider Office	Contact Name	Member Name	DOB	Submit Date	Last Modified
2015072213243155	Requested		alex padilla	john smith	07/01/2015	7/22/2015 1:24:31 PM	9/13/2015 11:30:03 PM
2015060405170654	Requested		test record	Richard Kimble	06/23/1975	6/4/2015 5:17:06 AM	7/8/2015 4:08:33 AM
2015060402012953	Requested		william	william john	06/13/2001	6/4/2015 2:01:29 AM	7/8/2015 4:08:43 AM
2015040714035351	Pending Eligibility		Priya Kalpathy	LeRgy Smith	09/07/1961	4/7/2015 2:03:53 PM	7/6/2015 10:47:57 AM

2. Click  next to the patient whose inquiry you want to view.
3. At the Member Inquiry page, click .



4. Click **Choose File**.
5. Select desired file to upload and click **Open**.
 - You can assign the attachment to a category by clicking the arrow to open the drop-down list and selecting a category.

- At the Description field, you can write notes that explain the attachment's purpose.

Select document (File name length maximum 100 characters):

No file chosen

Category:

--Select Categories-- ▾

Description (Maximum 1000 characters allowed):

- Click **Save Attachment**.

Printing Patient Inquiries

To print a patient inquiry, complete the following steps:

- On the main menu, select **eligibility** > **eligibility task list**. The Member Inquiry Task List displays.

Member Inquiry Task List

From To Search By Status: OPEN ▾ Unread | ALL

Regular Search | **Advanced Search**

Search for Member Inquiry by Requested Id, Status, Provider, Member, DOB, Date submitted Show All

	Requested ID	Status	Provider Office	Contact Name	Member Name	DOB	Submit Date	Last Modified	
	2015072213243155	Requested		alex padilla	john smith	07/01/2015	7/22/2015 1:24:31 PM	9/13/2015 11:30:03 PM	
	2015060405170654	Requested		test record	Richard Kimble	06/23/1975	6/4/2015 5:17:06 AM	7/8/2015 4:08:33 AM	
	2015060402012953	Requested		william	william john	06/13/2001	6/4/2015 2:01:29 AM	7/8/2015 4:08:43 AM	
	2015040714035351	Pending Eligibility		Priya Kalpathy	LePpy Smith	09/07/1961	4/7/2015 2:03:53 PM	7/6/2015 10:47:57 AM	

- Click next to the patient whose inquiry you want to print.
- At the Member Inquiry page, click .

Contact Name: alex padilla Contact Number: 562.964.3696 Provider Office:

The print preview window displays.

4. Click **Print**.

Viewing Patient Inquiry Audit Trail

To view a patient inquiry's audit trail, complete the following steps:

1. On the main menu, select **eligibility** > **eligibility task list**. The Member Inquiry Task List displays.

Requested ID	Status	Provider Office	Contact Name	Member Name	DOB	Submit Date	Last Modified
2015072213243155	Requested		alex padilla	john smith	07/01/2015	7/22/2015 1:24:31 PM	9/13/2015 11:30:03 PM
2015060405170654	Requested		test record	Richard Kimble	06/23/1975	6/4/2015 5:17:06 AM	7/8/2015 4:08:33 AM
2015060402012953	Requested		william	william john	06/13/2001	6/4/2015 2:01:29 AM	7/8/2015 4:08:43 AM
2015040714035351	Pending Eligibility		Priya Kalpathy	LePly Smith	09/07/1961	4/7/2015 2:03:53 PM	7/6/2015 10:47:57 AM

2. Click  next to the patient whose inquiry you want to view.
3. At the Member Inquiry page, click .



The Audit Trail Page displays.

Updating Patient Inquiry Status

You can view submitted Patient Inquiries in the Member Inquiry Task List. You can change the status of each inquiry from requested to pending eligibility, or you can complete and remove the inquiry from the task list. To view details of an inquiry and change its status, complete the following steps:

1. On the main menu, select **eligibility** > **eligibility task list**. The Eligibility Task List page displays.
2. Click  next to the patient whose inquiry you want to update.

3. To change the status of the inquiry, open the drop-down menu and click an option. You can make a selection from the following options:
 - Requested - This is an inquiry's default state. No administrator reviewed the inquiry.
 - Pending Eligibility - An administrator reviewed the inquiry but needs more information before making a decision.
 - Completed - An administrator reviewed the inquiry and determined that the patient is eligible.



4. Click **Change**. The new status takes effect. If the status is changed to completed, the inquiry no longer displays in the Eligibility Task List.

Note: Click  to edit the Patient Inquiry Form. See **Submitting Patient Inquiry** (on page 28) for instructions on how to complete this form.

Patient Communication

In This Chapter

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Overview

Care Coordination offers several modules for staying in communication with patients. Following up on treatment is important to following through on a care plan, so you can reach out to patients and speak with them about their medical condition after being discharged and make sure they are following the recommended care, such as taking prescription medicines and following dietary guidelines. Patient communication information details how to contact a patients, including their preferred method.

Communication letters are an important part of the referral process, as letters inform patients about the status of their referral. It's also important to consider patients' privacy and follow their data sharing preferences.

Assessments are another way of keeping open communication with patients. You can find more information about assessments in the Administrators Guide.

Editing Patient Communication Information

A patient's profile contains important communication information, which you can access from the **eligibility** menu without going through the Eligibility Lookup. To update a patient's communication information, complete the following steps:

1. On the main menu, select **eligibility > patient communication**. The Appeals Communication List displays.

Appeals Communication List

Regular Search		Advanced Search		Assigned to Category: All									
Communication ID	Member ID	Last Name	First Name	Category	Caller Type	Priority	Status	Start Date	End Date	Actual End Date	Turn Around Time		
20150700176	20030100051901	WILLIAMS	WILLIAM	Appeals Level 1	Member	High	Open	07/07/2015 12:00AM	07/15/2015 12:00AM		N/A		
2015063000175	1996109120801	SMITH	ALBERT	Authorization Status	Member	Critical	Open	06/30/2015 12:00AM	07/01/2015 12:00AM		N/A		
2015042000174	ACHA991100	Smith	Lefroy	Appeals Level 1	Member	Critical	Pending Care Manager	04/29/2015 12:00AM			N/A		

Note: If the patient whose communication information you are looking for is not listed on the Appeals Communication List, use the search fields in the Appeals Communication List. For details on completing a patient search, see Searching for a Patient's Eligibility.

2. Click  next to the patient whose communication information you want to update. The Communication Information page displays.

Appeals Communication Information

View Audit Trail  Upload Attachment 

Form of Communication * : Email ID : 20150700176

Assigned to Department : Appeals Assigned to Agent : Administrator AddNext

Caller Type * : Member Category * : Appeals Level 1

Priority : High Status * : Open

Start Date * : 07/07/2015 12AM : 00

End Date : 07/15/2015 12AM : 00

Reason :

Bent,Christiansen 7/7/2015 4:18 PM
test

Summary Information :

Internal Comments :

3. Complete the **Appeals Communication Information** pane. Fields marked with a red asterisk are required. You can enter information in the following criteria:

Field Name	Entry
Form of Communication	Select the patient's preferred method of contact.
Assigned to Department	Select the department that will handle the appeal.
Assigned to Agent	Select the individual who will handle the appeal.
Caller Type	Select the type of individual who placed the appeal. You can select member, employer, or provider as the caller type.
Category	Select the category of the appeal.
Priority	Select the treatment urgency level.
Status	Select the treatment status.
Start Date	Enter the first day of the treatment plan.
End Date	Enter the last day of the treatment plan.
Reason	Enter the reason for ending treatment.
Summary Information	Enter summary of the caller's appeal.
Internal Comments	Enter any additional notes.

- To save changes and continue editing, click **Update & Proceed**.
- To save and exit, click **Update & Close**.

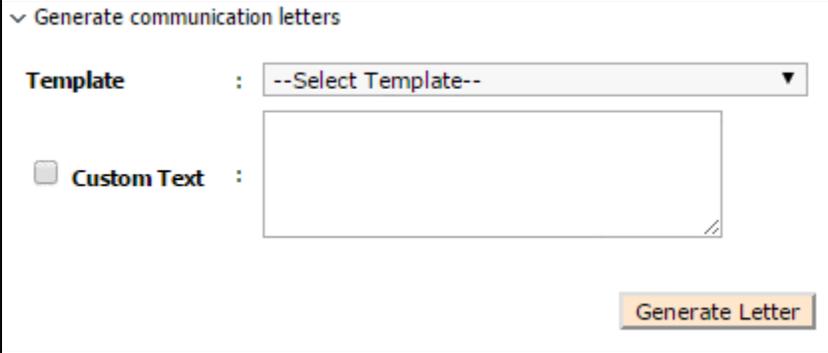
Generating Communication Letters

Care Coordination offers several letter templates for patient communication. Each template is designed to address a particular concern and should be chosen appropriately. Templates also allow the insertion of custom text. To generate a communication letter, complete the following steps:

- On the main menu, select **eligibility > patient communication**. The Appeals Communication List displays.

Appeals Communication List													
Regular Search												Advanced Search	
Communication ID	Member ID	Last Name	First Name	Category	Caller Type	Priority	Status	Start Date	End Date	Actual End Date	Turn Around Time		
2015070700176	20030100051901	WILLIAMS	WILLIAM	Appeals Level 1	Member	High	Open	07/07/2015 12:00AM	07/15/2015 12:00AM		N/A		
2015063000175	1996109120801	SMITH	ALBERT	Authorization Status	Member	Critical	Open	06/30/2015 12:00AM	07/01/2015 12:00AM		N/A		
2015040900174	ACHA991100	Smith	Leroy	Appeals Level 1	Member	Critical	Pending Care Manager	04/29/2015 12:00AM			N/A		

2. Click  next to the patient to receive communication letter. The Communication Information page displays.
3. To open the communication letters form, click **Generate communication letters**.



4. At **Template**, select a template from the drop-down list.
5. To enter additional text, check the **Custom Text** box and type in the blank field.
6. Click **Generate Letter**.

Once generated, a letter can be saved as a .doc file by clicking **Word Download** or printed by clicking **Print Letter**.

Updating Data Sharing Preference Details

A patient can choose to keep care providers from sharing certain medical information, such as alcohol and substance abuse history. These data sharing details are important for provider groups that could otherwise see certain medical information, such as referral, claim, case, and eligibility information, between providers. To update a patient's opt-in / opt-out data, complete the following steps:

1. On the main menu, select **eligibility > opt-in / opt-out data**. The Data Sharing Preference page displays.



2. At **Location**, click the arrow to open the drop-down menu and select a location.
3. Set the date range using the **Start Date** and **End Date** fields. This range searches for members born between these dates.

4. Click **Go**. A report listing the patients matching the search displays.

Member Name	Member ID	Date of Birth	Sex	Opt-In/Opt-Out Data Sharing Preferences	Data Sharing Decision Received by	Opt-In/Opt-Out Alcohol and Substances Abuse Data Sharing Preferences	Alcohol and Substances Abuse Data Sharing Decision Received by	
LeRoy Smith	ACMA991100	09/07/1961	M	Y	N	Y	N	
LeRoy Smith	ACMA991100	09/07/1961	M	Y	N	N	N	
LeRoy Smith	ACMA991100	09/07/1961	M	Y	O	N	N	
LeRoy Smith	ACMA991100	09/07/1961	M	Y	O	N	N	
ANTHONY WASHINGTON	622155543	10/12/1999	M	Y	O	N	N	
BEYONCE WASHINGTON	19980400192901	05/08/1995	F	Y	O	N	N	
BEYONCE WASHINGTON	19980400192901	05/08/1995	F	Y	O	N	O	

Showing 20 records per page Records 1-7 of 7 Page 1 of 1

5. Click to open Member Data Sharing Preference page.

Response Received Date: *

Opt-In/Opt-Out Data Sharing Preference: *

Data Sharing Decision Received by: *

Opt-In/Opt-Out Alcohol and Substance Abuse Data Sharing Preference: *

Alcohol and Substance Abuse Data Sharing Decision Received by: *

6. Value the fields in the **Member Data Sharing Preference** form. Fields with a red asterisk are required. You can enter information based on the following criteria:

Field Name	Entry
Response Received Date	Choose the date of the data sharing preference update.
Opt-In/Opt-Out Data Sharing Preference	Select yes or no based on the patient's data sharing preference.
Opt-In/Opt-Out Alcohol and Substance Abuse Data Sharing Preference	Select yes or no based on the patient's alcohol and substance abuse data sharing preference.
Data Sharing Decision Received	Select R , N , O , or T from the drop-down list. See the note

Field Name	Entry
by	below for an explanation for these options.
Alcohol and Substance Abuse Data Sharing Decision Received by	Select R, N, O, or T from the drop-down list. See the note below for an explanation for these options.

Note: When selecting an option for the **Received by** fields, you can select **R, N, O,** or **T**. **R** refers to **Response to 30 day letter**. **N** refers to **No response to 30 day letter**. **O** refers to **Decision via Office Visit**. **T** refers to **Decision via 1-800-MEDICARE**.

7. Click **Save**. The Data Sharing Preference History report updates.

Referrals

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Submitting Online Referrals

Referrals track important information about a patient's stay and treatment care with referred providers. You can create and submit referrals online. Fields in red are required. To submit a referral, complete the following steps:

1. On the main menu, select **referrals > submit online referrals**. The Referrals Status page displays.
2. To locate a specific patient for referral, enter the member information in the search fields and click **Search**.

- To begin the referral submission process, click **REFER** on an eligible patient. The Referral Submission page displays.

Referral Submission

Member Information

Name: ADAM, BEYONCE 	Birth Date: 03/03/2003	Member ID: 20030600277301
Address: 599 Sraight St Anaheim Hills, CA 92808	Age: 13 yr(s)	Health Plan: Care Health Plan
Phone: (334) 099 - 0977	Gender: Male	PCP: Dr. Vela Damian
		PCP Phone: (805) 487 - 5351

Referring Provider Information

Search by first or last name, or by ID:

Referred Provider Information

*In order to avoid delays in processing your request, only select **preferred** providers with an **

Select the Referred Specialty: Select by Provider Name



- In the **Referring Provider Information** section, enter the name or ID for the referring provider in the **Search by first or last name, or by ID** field and click **Find It**. A list of providers matching your search criteria displays.

Select a provider from the drop-down list.

- Select the referred provider's specialty from the drop-down. A list of specialists and the name of the group they are associated (if applicable) displays.

Referred Provider Information

*In order to avoid delays in processing your request, only select **preferred** providers with an **

Select the Referred Specialty: Select by Provider Name



Filter by City:

Select the Referred Provider:

 ALEX, NIRMAL (ACUPUNCTURIST) - 600 Marlcow St - LOS ANGELES - CA 94505 -GOOD SHEPHERD MEDICAL CARE
 DAVID, MULLER (ACUPUNCTURIST) - 6210 Miller Rd - SAN JOSE - CA 15505 - GPA MEDICAL GROUP
 SAMUEL, ANAND (ACUPUNCTURIST) - 1407 New Test Address7 - SANTA MONICA- CA 34505 - GOOD SAMARITAN MEDICAL
 SAMUEL, ANAND (ACUPUNCTURIST) - 1408 New Test Address8 - WASHINGTON - NJ 94505

You can filter the referred providers listed by city. Click the drop-down and select the appropriate city from the list.

You can also search for the provider directly without selecting a specialty by clicking the **Select by Provider Name** check box.

- Value the fields in the **Referral Details** pane. Any fields that are highlighted in red are required fields. You can enter information based on the following criteria:

Field Name	Entry
Retro Referral	Check this box to signify that this is a retroactive referral. Checking this box requires you to enter the retro service date.
Service Date/Retro Service Date	Enter date and time of the service date or retro service date. Click  to select the date from calendar or type date using mm/dd/yyyy format. Select hours and minutes from the drop-down lists.
Service Type	Select the kind of service from the drop-down list.
Priority	Select the urgency level from the drop-down list.
Place of Service	Select the place of service from the drop-down list. Selecting Inpatient, Outpatient, or Ambulatory Surgical Center changes the Service Units field to Bed Days and displays the From/To and Level of Care fields.

Field Name	Entry
Service	Enter the CPT, HCPCS, or NDC code. Click  for lookup assistance. To display frequently used codes for the selected provider and specialty, click  .
Modifiers	Select a modifier from the drop-down list. A modifier gives additional information about the patient's diagnosis.
Service Units	Enter the number of days or hours planned for the patient's stay.
ICD Code	Enter the ICD code for the current diagnosis. Click  for lookup assistance. To display frequently used codes for the selected provider and specialty, click  .
Clinical Symptoms/Findings	Use the entry field to enter information about any of the patient's medical and physical data relevant to the referral.
Treatment Plan	Use the entry field to enter information related to the patient's treatment plan.

- To add an attachment to the referral, click **Upload** to begin.

On the Upload Attachment window, click **Choose File**. Select desired file to upload and click **Open**.

At the Description field, you can write notes that explain the attachment's purpose.

Click **Save Attachment**. The attachment process can take a few minutes depending on the size of the attachment.

You can add additional attachments for the member or click **Cancel** to close the window.

- Click **Submit Referral**.

Referral Status

To view a status of a referral:

- Select **referrals > referral status** from the main menu. The Referral Status Search page displays with the list of referrals sorted by the newest referral code.

To filter your search results, click the **Advanced Search** tab. You can filter the Status, Plan, Location or Priority by selecting a choice from the drop-down or you can enter a specific referral code, member ID, patient name, referring provider, referred provider, or date referred.

- Once you have located your referral, click  to display the status report for the referral. The status information for the referral is listed in the top left corner of the status report.

Referral

Referral #: 2016093022238173
Referral Status: APPROVED
Retro: NO
Date Requested: 9/30/2016 5:30:00 AM
Date of Determination: 9/30/2016 5:30:00 AM
Valid Thru: 9/30/2016-2/28/2017

[Clone Referral](#)

Print Referral 

View Referral Letter 

Add to Print Queue 

Attachments | Add  | View 

Mark As Complete

Due Date: 10/02/2016  5 AM  : 30 

Referral for LONDON BROOKS

<p>Patient Name: LONDON BROOKS  </p> <p>Location: WEST SIDE MEDICAL GROUP</p> <p>Health Plan: Care Healthy Families</p> <p>Address: 758 George Ave</p> <p>Phone: (706) 519-0937</p> <p>HCC :</p> <p>Consents :</p> <p>Pharmacy :</p> <p>Last Visit Date :</p> <p>Beneficiary :</p>	<p>Member ID#: 610945241</p> <p>Gender: Female</p> <p>PCP: KELLY B LOPEZ</p> <p>City: Anaheim Hills</p> <p>Effective Date: 08/01/2016</p> <p>Secondary Coverage :</p> <p>Disclosures :</p> <p>Co-pay :</p> <p>Next Appt :</p> <p>Responsible Party :</p>	<p>DOB: 12/10/1996</p> <p>Age: 19 yr(s)</p> <p>Hospital:</p> <p>Zip: 92808*1234</p> <p>Term Date: 09/21/2018</p>
--	--	---

<p>Referring Physician: Vela Damian</p> <p>Phone: (805) 487-5351</p> <p>PPG: Smart Medical</p>	<p>Fax: (805) 487-5352</p>
---	-----------------------------------

<p>Specialty: BRONCHO-ESOPHAGOLOGY</p> <p>Address: 1107 New Test Address7</p> <p>Phone: (149) 411-2365</p>	<p>Referred to Provider/Facility: WHITAL ANDY</p> <p>Group Name: New Advanced Medical Group</p> <p>City: SANTAMONICA</p> <p>Zip: 34505-1234</p>
---	---

- On this status report, you can:

- Print the referral
- View the referral letter

- Add an attachment
- View an attachment
- Add the referral to the print queue
- Mark the referral as complete

You can also add supporting information at the bottom of the referral.

Viewing Referral Alerts

To view referral alerts, complete the following steps:

1. On the main menu, select **referrals** > **view referral alerts**. The Referral Alerts page displays.



Referral Number	Priority	Patient Name	Health plan	Last Updated
2013022722237490	Routine	ANTHONY ADAM	Care Healthy Families	2/27/2013 5:28:30 AM
2013050722237516	Routine	ANTHONY ADAM	Care Healthy Families	5/7/2013 11:55:29 PM
2013050822237517	Routine	ANTHONY ADAM	Care Healthy Families	5/8/2013 12:04:49 AM
2013051222237523	Routine	ANTHONY ADAM	Care Healthy Families	5/29/2014 10:48:40 PM

2. To update a referral from the Referral Alerts page, click a referral number. The referral report displays.

See [Updating Referral Status](#) for steps describing how to change a referral's status or see [Routing Referrals Manually](#) for steps describing how to route a referral to another coordinator.

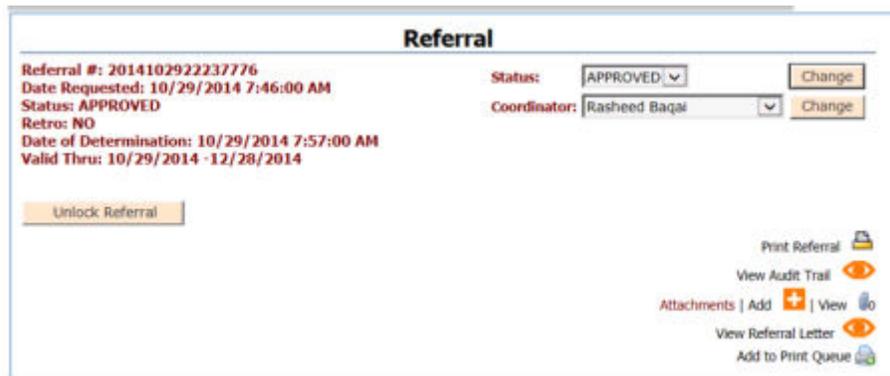
Print Queue

Use the Print Queue to manage printing referrals letters. Referral status determines how letters are handled and which letters are mailed by the Print Letter feature. If the referral is in a status with no letter associated, the print icon does not display and no letter can be sent. Referrals that are approved or auto approved are automatically added to the Print Queue. Referrals in a pending or denied state can only have letters mailed manually.

Letters in the Print Queue print every routinely based on your configuration setup. As a result, it may take up to 30 minutes for a letter to print.

Approved Letters

Letters for referrals that are approved or which were auto approved, are automatically added to the Print Queue for printing. The notification on the Referral Details page changes to **Mail**.



The screenshot shows a web interface for a referral. At the top, the title is "Referral". Below the title, there is a summary of the referral details: Referral #: 2014102922237776, Date Requested: 10/29/2014 7:46:00 AM, Status: APPROVED, Retro: NO, Date of Determination: 10/29/2014 7:57:00 AM, and Valid Thru: 10/29/2014 - 12/28/2014. To the right of this summary, there are two dropdown menus: "Status" set to "APPROVED" and "Coordinator" set to "Rasheed Baqal". Each dropdown menu has a "Change" button next to it. Below the summary, there is a button labeled "Unlock Referral". On the right side of the page, there are several action icons: "Print Referral" (printer icon), "View Audit Trail" (eye icon), "Attachments | Add + | View" (plus icon), "View Referral Letter" (eye icon), and "Add to Print Queue" (queue icon).

Adding Letters to the Print Queue Manually

Referrals that are pending or denied must be sent to the print queue manually. To add a letter associated with a specific referral to the print queue, complete the following steps:

1. On the Referral Details page, select a start date using the calendar icon.
2. Select an **End Date**.
3. At **Status**, select a status from the drop-down list. You can only select statuses that have letters associated with them.

4. At **Coordination**, select the name of the person responsible for printing the letter.
5. Click **Add letter to Print Queue**. The notification changes to Mail.
6. To view the letter on the Referral Details page, click **View Referral Letter**.

Reprinting Letters

To reprint a letter, select **Add to Print Queue** on the Ref Details page.

Printing from the Referral Status Page

On the Referral Status page, the Print icon () displays with all referrals with a status that is associated with a letter.

1. To print a letter, click  in the row for a specific referral. The notification is updated to **Mail**.

Referral Status										
Regular Search										Advanced Search
Search for Referrals by Referral ID, Member ID or Name, Referring Provider Name, Referred Provider Name, Date Referred										Search
Referral Code	Status	Member ID	Plan	Location	Patient Name	Referring Provider	Referred Provider	Date Referred	Priority	
   2017032722237969	APPROVED	33609565044288	CCQPACO	CHRISTIANA	OLIVIA ADAM	ALTAENA HOSPITAL	ALICIA SHANE	03/27/2017	Routine	 
   2017032722237968	APPROVED	19990500028801	CCQPACO	CHRISTIANA	ANTHONY ADAM	OBI GRAVES	ALBERT CAMPBELL	03/27/2017	Routine	 
  	REQUESTED	19990500028801	CCQPACO	CHRISTIANA	ANTHONY ADAM	OBI GRAVES	ALBERT KENNEDY	03/27/2017	Routine	 
  	REQUESTED	19990500028801	CCQPACO	CHRISTIANA	ANTHONY ADAM	OBI GRAVES	FRANK BROOKS	03/27/2017	Routine	 
   2017031322237951	DENIED	20040300141301	CCQPACO	BAYHEALTH	ANTHONY ADAM	KELLY ANDERSON	FRANK BROOKS	03/13/2017	Routine	 

Determining Which Letters Were Sent to the Queue

There are three ways to view letters sent to the queue:

- My Prints

- All Prints
- Single Prints

My Prints displays letters that were routed to the Print Queue where the user logged in as the referral coordinator on that referral.

The screenshot shows the 'Print Status' interface with the 'All Prints' tab selected. The table displays one record with the following details:

Print Job Number	# of Referrals	Submitted By	Status	Date
201402923047	5	Arto, Hyde	PENDING	10/29/2014

At the bottom, it indicates 'Showing 20 records per page' and 'Records 1-1 of 1'.

All Prints' shows a list of all letters that were sent to a queue by all coordinators

The screenshot shows the 'Print Status' interface with the 'All Prints' tab selected. The table displays two records:

Print Job Number	# of Referrals	Submitted By	Status	Date
201402923047	5	Arto, Hyde	PENDING	10/29/2014
201402711230	1	SPV_admin	PENDING	10/27/2014

At the bottom, it indicates 'Showing 20 records per page' and 'Records 1-2 of 2'.

Single Prints is available only for approved referral letters. It displays a list of all letters that were printed without being sent to a Print Queue. It is not available on denied or pend letters.

The screenshot shows the 'Print Status' interface with the 'Single Prints' tab selected. The table displays six records, all with a status of 'COMPLETED':

Print Job Number	# of Referrals	Submitted By	Status	Date
201403050410	1	Arto, Hyde	COMPLETED	10/30/2014
201403052390	1	mart, main	COMPLETED	10/29/2014
201403067207	1	mart, main	COMPLETED	10/29/2014
201403065203	1	mart, main	COMPLETED	10/29/2014
201403067223	1	Boag, Richard	COMPLETED	10/29/2014
201403062940	1	mart, main	COMPLETED	10/29/2014

Claims

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Setting Up Claims Scrubbing Rules.....	59
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Overview

The Care Coordination claims module allows you to complete claims forms and submit single or batch claims. You can review submitted claim files individually or in batches. Claims scrubbing rules can set up criteria to trigger errors and warnings for claims submissions. Administrators can also create custom print image templates adhering to HCFA 1500 guidelines and set templates for each file type.

Searching for a Claim

To search for a claim, complete the following steps:

1. Select **claims > claim status** from the main menu. The Claim Status page displays. Claims display for the last four months by default.

Claim Status

Excel Download

Claim Number	Member ID	Plan	Location	Status	Patient Name	PCP Name	Date of Service	Billed Amt	Net Amount	Billing Provider Name	Check Number
19961000163601F132	19961000163601	CHP	ESMG	P	EDWARD BURKE	KELLY LOPEZ	02/07/2014	\$100.00	\$100.00	LOPEZ KELLY	0
19961108533301421a1	19961108533301	CHP	WSMG	P	FAY BURKE	Vela Damian	02/07/2014	\$100.00	\$100.00	Damian Vela	0
1996110856490128A4	19961108564901	CHP	ESMG	P	HARRY BROOKS	KELLY LOPEZ	02/07/2014	\$100.00	\$100.00	LOPEZ KELLY	0
1996110856510128A4	19961108565101	CHP	ESMG	P	JEB KENNEDY	KELLY LOPEZ	02/07/2014	\$100.00	\$100.00	LOPEZ KELLY	0
19961108565101414	19961108565101	CHP	ESMG	P	JEB KENNEDY	KELLY LOPEZ	02/07/2014	\$100.00	\$100.00	LOPEZ KELLY	0
19961108565201421a4	19961108565201	CHP	WSMG	P	JOANNE CONNORS	KELLY LOPEZ	02/07/2014	\$100.00	\$100.00	LOPEZ KELLY	0

2. To change the search criteria, value one or more fields on the Claim Status page. You can search based on the following criteria:

Field Name	Entry
Claim Number	Enter the claim number associated with the claim you are searching for.
Member ID	Enter the member ID of the patient whose claims you want to view.
Plan	Select a health plan from the drop-down list. Click to view a help message showing the full name of the abbreviations in the drop-down list.
Location	Select a location from the drop-down list. Click to view a help message showing the full name of the abbreviations in the drop-down list.
Status	Select a status code from the drop-down list. Click to view a help message showing the full claim status name of the codes in the drop-down list.
Patient Name	Enter the name of the patient whose claim you are searching for. Enter first name then last name.
PCP Name	Enter the name of the primary care physician whose claim you are searching for. Enter first name then last name.
Date of Service	Enter the service date in mm/dd/yyyy format.
Bill Amount	Enter the claim's bill amount. You do not need to enter the "\$" symbol.

Field Name	Entry
Net Amount	Enter the amount net amount. You do not need to enter the "\$" symbol.
Billing Provider Name	Enter the name of the provider billing the insurance company. Enter first name then last name.
Check Number	Enter the check number that was issued to the provider.

3. Click **Search**. A list of claims matching the search criteria displays.
4. To view a claim's details, click . The Claim Detail page displays.

Submitting a Claim

To submit a claim, complete the following steps:

1. Select **claims > submit online claims** on the main menu. The online claims submission page displays.
2. Search for a patient whose claim you want to submit. See Searching for a Patient's Eligibility for more information about searching for a patient in Care Coordination.
3. Click **Claim >>** next to the patient whose claim you want to submit.



Online Claim Submission

Search for members as a Specialist

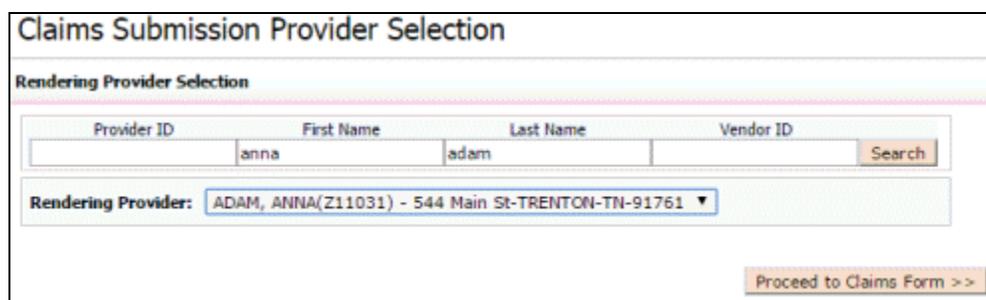
Regular Search | Advanced Search

Search for Members using the Advanced Search filters for Member ID, Health Plan, Location, PCP Name, First or Last Name, MRN and Birth Date

Member ID	Health Plan	Location	Last Name	First Name	MRN	PCP Name	Birth Date	Sex	Effective Date
ACMA991100	CHP	WSMG	Smith	LeRoy	01796915	Damian Vela	09/07/1961	M	08/01/2003

Showing 20 records per page | Records 1 of 1 | Page 1 of 1

4. On the Claims Submissions Provider Selection page, search for a rendering provider.



Claims Submission Provider Selection

Rendering Provider Selection

Provider ID	First Name	Last Name	Vendor ID
	anna	adam	

Rendering Provider: ADAM, ANNA(Z11031) - 544 Main St-TRENTON-TN-91761

Proceed to Claims Form >>

- Select a rendering provider from the drop-down list.
- Click Proceed to **Claims Form** >>. The Health Insurance Claims Form displays. Several fields on the claim form auto-populate based on the information stored in Care Coordination. The patient's name, address, date of birth, contact information, insurance ID, and the current date auto-populate in most cases.

Form 1500 (Health Insurance Claim Form)		
<input type="radio"/> Medicare <input type="radio"/> Medicaid <input type="radio"/> Champus <input type="radio"/> Champva / Group HP / FECA BLK Lung / Other		1a. Insured's ID Number: ACMA991100
2. Pat Last Name: Smith First Name: LeRoy MI:	3. Patient's DOB: 09/07/1961 Sex: M <input checked="" type="radio"/> F <input type="radio"/>	4. Insured's Name: Smith, LeRoy
5. Patient's Address (No, Street): 67 Northwood Park Address2: City: Anaheim Hills State: CA Zip Code: 92808 Ph # (With Area Code): ((90) 9)4-1234	6. Patient Relationship to Insured: Self <input checked="" type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other <input type="radio"/>	7. Insured's Address (No, Street): 67 Northwood Park City: Anaheim Hills State: CA Zip Code: 92808 Telephone: ((90) 9)4-1234
9. Other Insured's Name: BLANK FILL a. Other Insured's Policy or Group Number: BLANK FILL b. Other Insured's DOB/Sex: BLANK FILL c. Employer's Name or School Name: BLANK FILL d. Insurance Plan Name or Program Name: BLANK FILL	10. Is Patient's condition related to a. Employment <input type="radio"/> Y <input checked="" type="radio"/> N b. Auto Accident <input type="radio"/> Y <input checked="" type="radio"/> N State: CA c. Other Accident <input type="radio"/> Y <input checked="" type="radio"/> N 10d. Reserved for Local Use: BLANK FILL	11. Insured's Policy Group/FECA #: a. Insured's DOB: 09/07/1961 Sex: M <input checked="" type="radio"/> F <input type="radio"/> b. Employer's Name or School Name: BLANK FILL c. Insurance Plan or Program Name: Smart Medical Group d. Is there another health benefit plan? <input type="radio"/> Y <input checked="" type="radio"/> N

- Begin filling out the claim form. You can enter information based on the following criteria:

Field Name and Box Number	Entry
Insurance Group	Before valuing the numbered sections of the form, select the patient's insurance group from the following: <ul style="list-style-type: none"> ▪ Medicare ▪ Medicaid ▪ Champus ▪ Champva / Group HP / FECA BLK Lung / Other
6. Patient Relationship to Insured	Select the patient's relationship to the insured person. If the patient is using his or her own insurance, select Self .

Field Name and Box Number	Entry
8. Reserved for NUCC Use	Leave this box at its default state. A worker for the National Uniform Claim Committee will make updates here if needed.
10. Is Patient's condition related to: a. Employment b. Auto Accident c. Other Accident	a. Select Y if the patient's claim is related to a workplace incident. b. Select Y if the patient's claim is related to an injury sustained in an auto accident. c. Select Y if the patient's claim is accident related but not caused by an auto accident or a workplace incident.
11. Insured's Policy Group/FECA#	Enter the insured's healthcare policy number. If the claim is related to employee compensation, use the insured's FECA number.
14. Date of Current Injury/Illness/Pregnancy	Enter the date of the patient's current injury, illness, or pregnancy. Use the mm/dd/yyyy format.
15. Date of Same/Similar Illness	Enter a previous date that this patient received service for the same or similar medical problem for the current claim.
16. Dates Patient Unable to work in current occupation	Enter the date range that the patient is prevented from working caused by medical problems. Use the mm/dd/yyyy format.
17. Referring Physician/Other Source	If the patient was referred to a specialist, enter the referring provider's name.
17a. ID# of Referring Physician	If you specified a referring provider in box 17, enter the referring provider's ID#.
18. Hospitalization Dates related to current illness	Enter the date range that the patient was hospitalized for the present medical problems. Use the mm/dd/yyyy format.
19. Additional Claim Information (Designated by NUCC)	If the NUCC requested additional information be included on the claim form, enter that information here. Leave this box empty unless you were contacted by the NUCC.
Diagnosis Code Type	Select ICD9 or ICD10 as the diagnosis code type used in box 21.
21. Diagnosis or Nature of Illness or Injury	You can enter up to 12 different ICD codes here. The code type must match your selection at Diagnosis Code Type .
23. Prior Authorization Number	If you previously received an authorization number for this claim, enter it here.
24. Service Lines	Click Add Service . A dialog box displays. You must add at least one service before submitting a claim. The starred fields are required.
24a. Service Start/End Date	Enter the date range that the service took place using the mm/dd/yyyy format or by clicking  .
24b. Place of Service	Select a place of service from the drop-down list.

Field Name and Box Number	Entry
24d. CPT/HPCPS Code	Enter a CPT or HPCPS code to identify the service provided. You can also search based on the service name find the code.
24d. HPCPS Code Modifiers	Enter any code modifiers for the HPCPS code you entered. Click  to see a code legend.
24f. \$ Charges	Enter the amount charged for the service.
24g. Days/Units	Enter the amount of time the service procedure took to complete.
24k. Rendering Provider NPI	Enter the rendering provider's national provider ID. This field auto-populates based on the rendering provider identified on the claims form. If this number is incorrect, update it to match the correct NPI.
25.1 Billing Provider Secondary Id	If the billing provider has a secondary ID, enter that here.
26. Patient's Account #	Enter the patient's account number.
27. Accept Assignment	Click Y to indicate that the patient accepted the assignment.
29. Amt. Paid	Enter the amount of the claim that was paid by the patient's insurance group.
32. Faculty where Service was Provided	Enter the faculty where the service was provided. This box defaults to SAME AS 33 . Only update this box if the service was provided elsewhere.

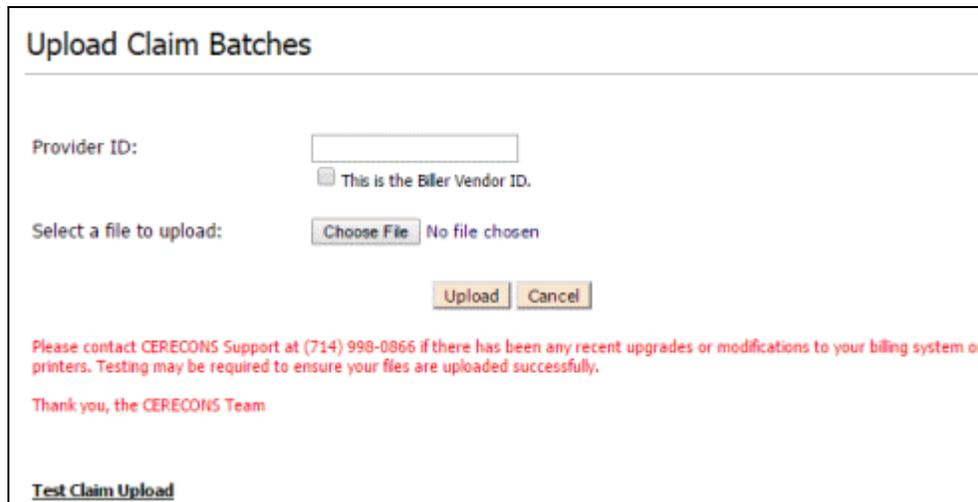
8. To submit this as a single claim, click **Submit Single Claim**.

To save this claim as part of a batch to submit later, click **Save in New Batch**.

Uploading Claim Batches

To upload claim batches, complete the following steps:

1. Select **claims > upload claim batches** from the main menu. The Upload Claim Batches page displays.



The screenshot shows a web form titled "Upload Claim Batches". It contains a text input field for "Provider ID:" with a checkbox labeled "This is the Biller Vendor ID." below it. A "Choose File" button is next to the text "Select a file to upload:" and "No file chosen". Below these are "Upload" and "Cancel" buttons. A red message reads: "Please contact CERECONS Support at (714) 998-0866 if there has been any recent upgrades or modifications to your billing system or printers. Testing may be required to ensure your files are uploaded successfully." Below that is "Thank you, the CERECONS Team" and a "Test Claim Upload" button.

2. Enter the provider ID of the provider who whose claims are associated with this batch.
3. Select **This is the Biller Vendor ID** to signify that the ID you entered in the last step belongs to the billing vendor.

If the ID you entered does not belong to the billing vendor, leave the box unselected.
4. Click **Choose File**.
5. Search your system for the batch file to upload.
6. Click **Open**.
7. Click **Upload**. The file is submitted to the Submitted Claim Batches page where a physician can check for errors.

Checking Claim Files for Errors

After a claim or batch claim is uploaded, you can check for errors associated with the claims. You can view a report showing the total number of errors and drill down to a single file and see any errors for that claim. To check claim files for errors, complete the following steps:

1. Select **claims > submitted claim batches** from the main menu. The Submitted Claim Batches page displays.
2. Click  next to the batch file you want to inspect. The Claim Transmission Report Displays.

Claim Transmission Report

Recheck for errors Member ID Correction View: All Claims

File Name: 3602_2015105124651.txt
File Type: 837 PA1
Total Claims: 1 Claims With Errors: 0

Printer Friendly Download To Excel Delete All Claims

Regular Search Advanced Search

Search for Claims by Insured ID, Insured Name, Patient Name, Prior Auth No, Claim Charges, Vendor ID, Submitter Name Search Show All

Status	Insured ID	Insured Name	Patient Name	Prior Auth No	Claim Charges	Vendor ID	Submission Details
Successfully Submitted	19990700055001	ANTHONY ADAM	ANTHONY ADAM	?	\$4.00	953779669	ALICIA ANDERSON 10/06/15 1:58:02 PM

Diagnosis Codes: 1)493.22 2)365.31 3)365.32 4) 5) 6) 7) 8)

From Date	To Date	Place of Service	CPT®/ HCPCS Code	Modifiers	Pointers	Charge	Days/Units	Rendering Provider
09/14/2015	09/14/2015	11	36415		1	\$4.00	1	

Showing 20 records per page Records 1-1 of 1 Page 1 of 1

3. The Claim Transmission Reports details the claims that have errors. Claims without errors are ready for download. Claims with errors should be resubmitted with the appropriate corrections.

Downloading Batch Claim Files

To download batch claims, complete the following steps:

1. Select **claims > download batch claim files** from the main menu. The Download Batch Claims page displays.

The files you have selected have been packaged for download. Click here for the file

Total No. of Files = 2 No. of Files with Errors = 0 No. of Files downloaded = 0

Download Claims Mark As Unread Claims Submitted in Last Month Claims Reports for Administrator | Claim lookup | UNREAD | All

Regular Search Advanced Search

Search for Claims by Status, File Tracking Number, Provider Id, Vendor Id, Date Submitted, Date Exported Search Show All

Status	File Tracking Number	Provider ID	Vendor ID	Date Submitted	Date Exported	No Of Claims	Source File	Export File	No Errors
Successfully Exported	2047	Multiple	953779669	9/21/2015 12:03:38 AM	9/21/2015 12:06:55 AM	1	HCFA Claims File	File 1 of File ID 2047	✓
Successfully Exported	2044	Multiple	953779669	9/14/2015 7:26:35 AM	9/14/2015 7:26:50 AM	1	HCFA Claims File	File 1 of File ID 2044	✓

Showing 20 records per page Records 1-2 of 2 Page 1 of 1

2. Select the claim files you want to download by clicking the box next to its status.

3. Click **Download Claims**. A message displays informing you that the files are packaged and ready for download.
4. Click **here**. The selected files download.

The files you have selected have been packaged for download. Click [here](#) for the file

Setting Up Claims Scrubbing Rules

You can set up claims scrubbing rules to ignore a submitted claim or trigger an error or warning for claims matching the rule's criteria. Claims scrubbing rules cannot be deleted, but disabling a rule prevents it from taking effect. To set up claims scrubbing rules, complete the following steps:

1. Select **claims > setup claims scrubbing rules**. The Setup Claims Custom Scrubbing Rules page displays.
2. Value the fields in the general pane. You can enter information based on the following criteria:

Field Name	Entry
Name or Description of Rule	Enter a name for this rule. The name you enter here displays on the Setup Claims Custom Scrubbing Rules page.
Disable this Rule	Select to disable this rule and prevent it from taking effect.
Diagnosis Code Type	Select ICD9 or ICD10 as the diagnosis code type used in this rule. All ICD codes you enter on this form should match the code type selected here.

Setup Claim Custom Scrubbing Rules

Name or Description of Rule:

(Less than 50 characters)

Disable this Rule

Diagnosis Code Type: ICD9 ICD10

3. Value the fields in the **Patient based Rules** pane. You can enter information based on the following criteria:

Field Name	Entry
Insured's Health Plan	Select a health plan from the drop-down list.
Insured's Age	Enter an age, or select Range and enter an age range.
Insured's Gender	Select the patient's gender.
Codes for exclusion: Insured's Health Plan	Select a health plan to prevent this rule from taking effect. For example, selecting Care Healthy Families will cause any claims submissions with the Care Healthy Families plan to bypass this scrubbing rule.

Patient based Rules

Insured's Health Plan All Health Plans ▼

Insured's Age: Range

Insured's Gender: Male Female

Codes for exclusion: The following exceptions can be specified to prevent a claim to be scrubbed

Insured's Health Plan All Health Plans ▼

4. Value the fields in the **Service based Rules** pane. You can enter information based on the following criteria:

Field Name	Entry
Procedure Codes	Enter a procedure code.
Procedure Modifiers	Enter a modifier for the procedure. For example, if the patient had an amputation, you can specify that two surgeons conducted the operation.
Diagnosis Codes	Enter an ICD-9 or ICD-10 code. The code type you enter here should match the selection at Diagnosis Code Type .
Place of Service	Select the place where the patient received treatment.

Service based Rules

Procedure Codes: Range

Procedure Modifiers:

Diagnosis Codes: Range

Place of Service:

5. Value the fields in the **Rendering Provider based Rules** pane. You can enter information based on the following criteria:

Field Name	Entry
Rendering Provider ID	Enter the ID of the provider who rendered the services.
Rendering Provider Primary Specialty	Select the rendering providers specialty from the drop-down list.
Rendering Provider's Tax ID Number	Enter the rendering provider's tax ID.

Rendering Provider based Rules

Rendering Provider ID:

Rendering Provider Primary Specialty:

Rendering Provider's Tax ID Number:

6. Click **Save Rule**. The Setup Claims Custom Scrubbing Rules page displays, and the rule defaults to **Ignore**.
7. To change the rule to trigger an error or warning, find the rule on the Setup Claims Custom Scrubbing Rules page and select **Error** or **Warning**.

Creating Print Image Templates

Your medical group will establish the print image templates you can use upon setting up Care Coordination. You can create additional templates and edit existing ones at the Claim Print Image Template Management page. For example, you can set up new providers to have access to a template by adding them to a template's associated providers. To create a print image template, complete the following steps:

1. Select **claims > claim print image template management** from the main menu. The Claim Print Image Template Management page displays.

Claim Print Image Template Management

Summary **Modify**

Template Name:

Available Providers:

Associated Providers:

Number of lines in File Header:

Number of Lines in Claim:

Template Details

Insured ID Number	Line Number: <input type="text" value="6"/>	Start Position: <input type="text" value="51"/>	Length: <input type="text" value="30"/>
Patient Last Name	Line Number: <input type="text" value="8"/>	Start Position: <input type="text" value="1"/>	Length: <input type="text" value="30"/>
Patient First Name	Start Position: <input type="text"/>	Length: <input type="text"/>	
Patient's Last Name Is First	<input checked="" type="checkbox"/>		

2. At **Template Name**, enter a name for the template.
3. At **Available Providers**, select a provider you want to have access to this template and click **>**.

To add all providers as associated providers, click **>>**.

To remove an associated provider, select the provider and click **>**.

To remove all associated providers, click **<<**.

4. The template details pane allows you to customize the appearance of the form by adjusting each field's line positioning. At each field name, enter the line number, start position, and length. You also have the option to display the patient's and insured's last name to appear first and set the spacing between service lines. An explanation of each category follows:
 - Line Number - Determines the field's vertical positioning from the header as it appears on the form
 - Start Position - Determines the fields horizontal positioning from the left margin
 - Length - Determines the fields width
 - Patient's/Insured's Last Name is First - Select to display last name before first name on the form
 - Spaces between Service Lines - Determines the vertical spacing between each new service line
5. Click **Save Template**.

Cases

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Viewing Discharge Summary.....64

Viewing Discharge Summary

You can view a report of all patient discharges once the appropriate information has been logged in a patient's case. To view a Discharge Summary, click **cases > discharges**. The Discharge Summary page displays.

- To view a range of patient's based on admit or discharged dates, use the search fields above the discharge summary.
- To download the discharge summary as a Microsoft Excel spreadsheet, click .
- To view the Case Detail for the patient, click .

Discharge Summary

Admit date: From To

Discharge date: From To 

Regular Search **Advanced Search**

Search for Cases by Member ID, Patient Name, Admit Date, Facility

Case Number	Member ID	Patient Name	Plan Location	Age Sex	Admit Date	Facility	LOS	Bed	Admit Diagnosis	LOC	Discharge Diagnosis	Discharge Date	Attending Physician
2016072055101201	ACMA991100	LeRoy Smith	CHP WSMG	55 M	7/8/2016	HOSPITAL SIERA MADRE	13		G70.00, G70.01	ACUTE - REHAB, SNF - SUBACUTE, SNF, PSYCHIATRIC, OUTPATIENT	G70.01	7/21/2016	Damian Vela LOPEZ KELLY  
2016062955101198	ACMA991100	LeRoy Smith	CHP WSMG	55 M	6/25/2016	HOSPITAL FONTANA	4		345.40, G70.00	DELIVERY, ACUTE - REHAB, IN PATIENT STAY, OUTPATIENT	G70.00	6/29/2016 10:10:00 AM	ANDERSON KELLY  
2014060544501171	20021100641101	WENDY ADAMS	CHP ESMG	24 F	3/28/2016	HOSPITAL ALTAENA	91		651.1	NEONATAL INTENSIVE CARE, INTERM.CARE FOR M.R. (BRD/CARE), DELIVERY, PSYCHIATRIC		6/27/2016	KENNEDY SAM  

Care Teams

In This Chapter

Decision Dashboard66

Decision Dashboard

The Decision Dashboard offers a centralized view of a patient's medical information stored in Care Coordination. You have access to widgets much like the Physician Dashboard. You can find much of the information on the Decision Dashboard on the patient's FaceSheet as well. The Decision Dashboard's customizable layout makes it a more personalized way to interact with patients. For example, if you spend significant time reviewing referrals, you can move the Referrals widget to the top for easy access. The Referrals widget then gives you a space to look through all the referrals for this patient.

If you log in as a care team user, you can access tasks an administrator assigns to you on the Decision Dashboard. Tasks display on the Tasks widget.

RX/Lab

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Fixing Pharmacy and Laboratory Errors	68

Uploading Pharmacy and Laboratory Data

Users with access to the Lab Registry module can receive digital files from your medical group's pharmacy and lab partners. To upload pharmacy and Laboratory data, complete the following steps:

1. On the main menu, select **rx/lab > upload rx/lab data**. The Upload Pharmacy/Laboratory Data page displays.

2. Select a file type from the drop down list. The available file types are determined by your medical group. CALINX and HL7 are the most common file types accepted.
3. To browse for a file to upload, click **Choose File**.
4. Browse your computer or network for a file to upload.
5. Select the file and click **Open**.

6. Click **Upload**.

Fixing Pharmacy and Laboratory Errors

There are two common errors associated with uploading pharmacy and lab data.

- If a file is uploaded in an unsupported format, you will see it listed on the Review Pharmacy/Laboratory Batches page with an accompanying  icon.
- An error occurs if a file is associated with a patient not registered in Care Coordination.

Fixing Unsupported File Type Errors

To view a list of errors and correct errors associated with unsupported file types, complete the following steps:

1. On the main menu, select **rx/lab > review rx/lab batches**. The Review Pharmacy/Laboratory Batches page displays.

Files uploaded with an unsupported format display with the  icon.

Review Pharmacy/Laboratory Batches					Excel Download
Regular Search		Advanced Search			
Search for Calix File by File Name, File Type and Time Submitted					Show All
File Tracking Number	File Name	File Type	Time Submitted		
P-92	PCPAssignments_FileName.xml	CALINX Rx 2.0	05/17/14 5:57:27 AM		
P-91	PCPAssignments_FileName.xml	CALINX Rx 2.0	05/17/14 5:26:21 AM		
L-210	PCPAssignments_FileName.xml	CALINX LAB 1.1	05/17/14 5:22:46 AM		
L-209	Medichoice_20140101.txt	CALINX LAB 1.1	01/07/14 11:44:25 AM		
L-208	Medichoice_20140101_1.txt	CALINX LAB 1.1	01/07/14 11:44:17 AM		
L-207	SeasideHP_IPA_20131205.cal	CALINX LAB 1.1	12/17/13 3:41:02 PM		
L-206	Account Summary and Review 8-13-13 Combined.pptx	CALINX LAB 1.1	12/17/13 3:40:05 PM		
L-205	Lab_data_set_3.txt	CALINX LAB 1.1	11/22/13 4:49:02 AM		
P-90	SeasideHP_IPA_20130919.cal	CALINX Rx 2.0	10/01/13 9:36:56 AM		
L-204	DeIdentified_HL7_CALINX_Example.txt	CALINX LAB 1.1	08/21/13 11:14:41 AM		

2. Re-upload the file using a supported file type.

See Uploading Pharmacy and Laboratory Data (on page 67) for steps on how to upload pharmacy and lab data.

Fixing Invalid Member ID Errors

To correct errors associated with a file attached to an invalid member ID, complete the following steps:

1. On the main menu, select **rx/lab > review rx/lab batches**. The Review Pharmacy/Laboratory Batches page displays.

Review Pharmacy/Laboratory Batches Excel Download

Regular Search | Advanced Search

Search for Calix File by File Name, File Type and Time Submitted Search Show All

File Tracking Number	File Name	File Type	Time Submitted
P-92	PCPAssignments_FileName.xml	CALINX Rx 2.0	05/17/14 5:57:27 AM
P-91	PCPAssignments_FileName.xml	CALINX Rx 2.0	05/17/14 5:26:21 AM
L-210	PCPAssignments_FileName.xml	CALINX LAB 1.1	05/17/14 5:22:46 AM
L-209	Medicoice_20140101.txt	CALINX LAB 1.1	01/07/14 11:44:25 AM
L-208	Medicoice_20140101_1.txt	CALINX LAB 1.1	01/07/14 11:44:17 AM
L-207	SeasideHP_IPA_20131205.cal	CALINX LAB 1.1	12/17/13 3:41:02 PM
L-206	Account Summary and Review 8-13-13 Combined.pptx	CALINX LAB 1.1	12/17/13 3:40:05 PM
L-205	Lab_data set_3.txt	CALINX LAB 1.1	11/22/13 4:49:02 AM
P-90	SeasideHP_IPA_20130919.cal	CALINX Rx 2.0	10/01/13 9:36:56 AM
L-204	DeIdentified_HL7_CALINX_Example.txt	CALINX LAB 1.1	08/21/13 11:14:41 AM

2. Click  next to the file that you want to inspect. The Laboratory Data Edits page displays.
3. Select **View only errors**. A list of errors associated with the file displays.

Laboratory Data Edits

File Name: SeasideHP_IPA_20131205.cal
 File Type: CALINX LAB 1.1
 Date Submitted: 12/17/2013 View only errors ▼

Regular Search | Advanced Search

Search for Laboratory Data by Member ID, Member Name, LO(INC/Local)/HCPCS Code, CPT4/Local/HCPCS Code, Test, Provider ID and Provider Name Search Show All

Member ID	Member Name	LOINC /Local / HCPCS Code	CPT4 /Local / HCPCS Code	Test Name	Provider ID	Provider Name	Start Date	End Date	Data Validated
L6097A	MERLITA RAYOS	2885-2	2600010256	PROTEIN, TOTAL	NPI-1114952777	MOGILEVSKY NATALY	11/30/2013		X
L6097A	MERLITA RAYOS	1751-7	2600010256	ALBUMIN	NPI-1114952777	MOGILEVSKY NATALY	11/30/2013		X
L6097A	MERLITA RAYOS	10834-0	2600010256	GLOBULIN	NPI-1114952777	MOGILEVSKY NATALY	11/30/2013		X
L6097A	MERLITA RAYOS	1759-0	2600010256	ALBUMIN/GLOBULIN RATIO	NPI-1114952777	MOGILEVSKY NATALY	11/30/2013		X
L6097A	MERLITA RAYOS	1975-2	2600010256	BILIRUBIN, TOTAL	NPI-1114952777	MOGILEVSKY NATALY	11/30/2013		X
L6097A	MERLITA RAYOS	1968-7	2600010256	BILIRUBIN, DIRECT	NPI-1114952777	MOGILEVSKY NATALY	11/30/2013		X

4. To correct an invalid member ID, click  next to the member whose ID you want to change. The Laboratory Data Details page displays.

5. If you know the correct member ID, enter it in the **Member ID** field. Otherwise, click  to begin searching for a patient.
6. Click **No Suggestions. Click here to search for member**. The Eligibility Lookup page displays.
7. Search for a member using the search fields on the Eligibility Lookup page.

See Searching for a Patient's Eligibility (on page 16) for steps on how to search for a patient in Care Coordination.
8. Return to the Laboratory Data Details page and enter the correct member ID in the **Member ID** field.
9. Click **Save**.

Lab Registry

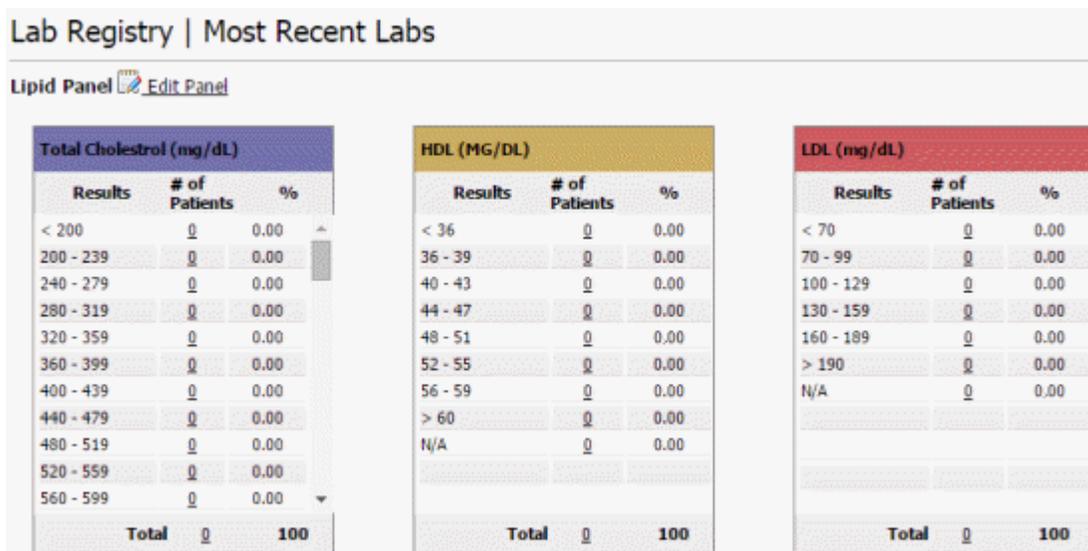
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 Adding a Test to a Panel72

Disabling a Panel from the Lab Registry

To disable a panel from the Lab Registry, complete the following steps:

1. On the main menu, click **lab registry**. The Lab Registry | Most Recent Labs page displays.



2. Click **Edit Panel** in the panel you want to remove. The Lab Registry Setup page displays.
3. Click **Disable this Panel**.

Enabling a Panel in the Lab Registry

To enable a panel in the Lab Registry, complete the following steps:

1. On the main menu, click **lab registry**. The Lab Registry | Most Recent Labs page displays.

Lab Registry | Most Recent Labs

Lipid Panel  [Edit Panel](#)

Total Cholesterol (mg/dL)		
Results	# of Patients	%
< 200	0	0.00
200 - 239	0	0.00
240 - 279	0	0.00
280 - 319	0	0.00
320 - 359	0	0.00
360 - 399	0	0.00
400 - 439	0	0.00
440 - 479	0	0.00
480 - 519	0	0.00
520 - 559	0	0.00
560 - 599	0	0.00
Total	0	100

HDL (MG/DL)		
Results	# of Patients	%
< 36	0	0.00
36 - 39	0	0.00
40 - 43	0	0.00
44 - 47	0	0.00
48 - 51	0	0.00
52 - 55	0	0.00
56 - 59	0	0.00
> 60	0	0.00
N/A	0	0.00
Total	0	100

LDL (mg/dL)		
Results	# of Patients	%
< 70	0	0.00
70 - 99	0	0.00
100 - 129	0	0.00
130 - 159	0	0.00
160 - 189	0	0.00
> 190	0	0.00
N/A	0	0.00
Total	0	100

2. Click **Edit Panel** in the panel you want to remove. The Lab Registry Setup page displays.
3. Click **Enable this Panel**.

Adding a Test to a Panel

To add a test to a panel, complete the following steps:

1. On the main menu, click **lab registry**. The Lab Registry | Most Recent Labs page displays.

Lab Registry | Most Recent Labs

Lipid Panel  Edit Panel

Total Cholesterol (mg/dL)		
Results	# of Patients	%
< 200	0	0.00
200 - 239	0	0.00
240 - 279	0	0.00
280 - 319	0	0.00
320 - 359	0	0.00
360 - 399	0	0.00
400 - 439	0	0.00
440 - 479	0	0.00
480 - 519	0	0.00
520 - 559	0	0.00
560 - 599	0	0.00
Total	0	100

HDL (MG/DL)		
Results	# of Patients	%
< 36	0	0.00
36 - 39	0	0.00
40 - 43	0	0.00
44 - 47	0	0.00
48 - 51	0	0.00
52 - 55	0	0.00
56 - 59	0	0.00
> 60	0	0.00
N/A	0	0.00
Total	0	100

LDL (mg/dL)		
Results	# of Patients	%
< 70	0	0.00
70 - 99	0	0.00
100 - 129	0	0.00
130 - 159	0	0.00
160 - 189	0	0.00
> 190	0	0.00
N/A	0	0.00
Total	0	100

2. Click **Edit Panel** in the panel where you want to add a test. The Lab Registry Setup page displays.
3. Click **Add Test**. The Add New Test window displays.

Add New Test ✕

Test Name:

Loinc Code:  Add Next

Range From:

Range To:

Range Split:

Decimal:

4. Value the fields in the **Add New Test** form.

Field Name	Entry
Test Name	Enter a name for the test.
Loinc Code	Enter the Logic Identifiers Names Code (LOINC). Click  for lookup assistance.

Field Name	Entry
Range From	Enter the grams per deciliter (g/dL) that begins the range for this test.
Range To	Enter the g/dL that ends the range for this test.
Range Split	Enter the value to split the test results. For example, if the range is 12-16, 1 splits results as < 12, 12-13, whereas splitting records as 2 will split records as < 12, 12-14, 14-16.
Decimal	Select the number of decimal places you want to display for the data in this test.

5. Click **Accept**.

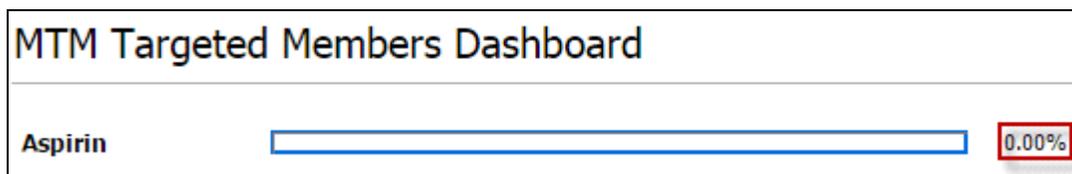
Medication Therapy Management (MTM)

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MTM Target Members Dashboard

After you process a review, the MTM Target Members Dashboard displays the percentage of users who completed the reviews defined by MTM rules. The MTM Dashboard functions a hub where you can view the results of the processed MTM rules. To open a page with all the members who have completed and incomplete reviews, click on the percentage next to a review.



Creating MTM Rules

Using the MTM rules setup, you can optimize drug therapy and improve therapeutic outcomes for patients. When creating an MTM rule, you must enter a name for the rule and at least one criteria for eligible population. To create a new MTM rule, complete the following steps:

1. On the main menu, select **mtm > mtm rules setup**. The MTM Rules page displays.
2. Select **<<click here to create a new rule>>**. The Set up MTM Rules form displays.

3. Value the fields in the general pane. You can enter information based on the following criteria:

Name of Rule:
(Less than 50 characters)

Disable this rule

Field Name	Entry
Name of Rule	Enter a name for this rule. The name should be descriptive enough to help administrators see the rule's purpose at a glance.
Disable this rule	Select this box to prevent the rule from taking effect.

4. Value the **Criteria for Eligible Population** pane. You can enter information based on the following criteria:

Criteria for Eligible Population ▼

Diagnosis Codes: (ICD codes) Range Add Next

Field Name	Entry
Diagnosis Codes	Enter an ICD-9 or 10 code. Use  for lookup assistance. To add a range of codes, select the Range box. Click Add Next to enter more ICD codes.

5. Value the **Rx Data based Rules** pane. You can enter information based on the following criteria:

Rx Data based Rules ▼

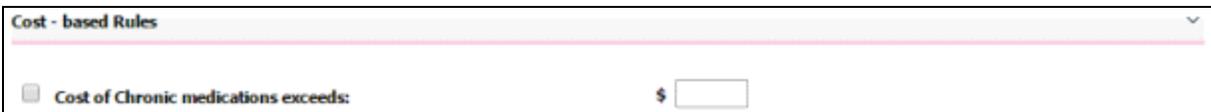
Patient had these branded drugs prescribed:  Add Next

Patient had these generic drugs prescribed:  Add Next

Field Name	Entry
Patient had these branded drugs prescribed	Enter the name of any branded drugs that the patients were prescribed to the patient. Click  for lookup assistance. Click Add Next to enter addition prescriptions.

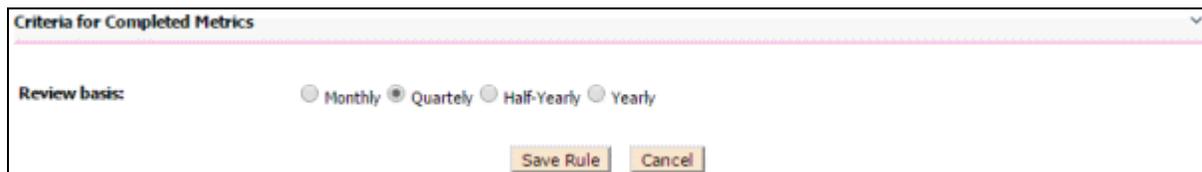
Field Name	Entry
Patient had these generic drugs prescribed	Enter the name of any generic drugs that the patients were prescribed to the patient. Click  for lookup assistance. Click Add Next to enter additional prescriptions.

6. Value the fields in the **Cost - based Rules** pane. You can enter information based on the following criteria:



Field Name	Entry
Cost of Chronic medications exceeds	Enter a dollar amount.

7. Value the fields in the **Criteria for Completed Metrics** pane. You can enter information based on the following criteria:



Field Name	Entry
Review basis	Select an option to designate the review basis.

8. Click **Save Rule**.

Processing MTM Rules

Before a review can appear on the MTM Dashboard, you must process an MTM rule. To process an MTM rule, complete the following steps:

1. On the main menu, select **mtm > mtm rules setup**. The MTM Rules page displays.

2. Click **Process Rule** next to the rule you want to process.

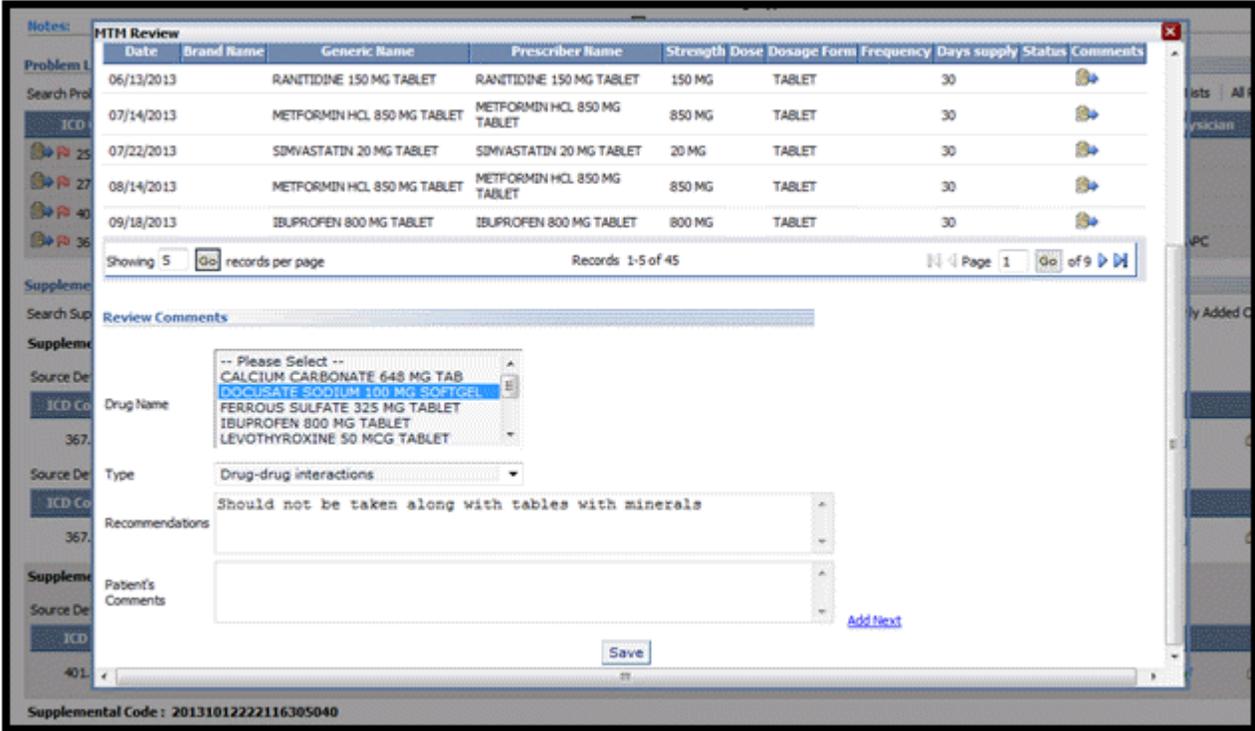
MTM Rules					
<< click here to create a new rule >>					
All Rules ▾					
1	Aspirin	Process Rule	Edit	8/19/2015 10:51:16 AM	 
2	MTM Test rule	Process Rule	Edit	8/31/2015 6:15:39 AM	 
3	Cephalexin Review Status	Process Rule	Edit	5/28/2015 1:41:38 PM	 
4	Aspirin	Process Rule	Edit	8/17/2015 8:04:04 AM	 

Updating an MTM Review

After processing a rule, you can view the percentage of users who completed the reviews defined by MTM rules. From a member's FaceSheet, you can open the MTM Review to view the patient's past six months of medications. To update an MTM review, complete the following steps:

1. On the main menu, select eligibility > eligibility lookup. The Eligibility Lookup page displays.
2. Search for the patient whose MTM Review you want to update.
3. Click  to open the patient's FaceSheet.

4. At **MTM Review**, click . The MTM Review page displays.



Date	Brand Name	Generic Name	Prescriber Name	Strength Dose	Dosage Form	Frequency	Days supply	Status	Comments
06/13/2013		RANITIDINE 150 MG TABLET	RANITIDINE 150 MG TABLET	150 MG	TABLET		30		
07/14/2013		METFORMIN HCL 850 MG TABLET	METFORMIN HCL 850 MG TABLET	850 MG	TABLET		30		
07/22/2013		SIMVASTATIN 20 MG TABLET	SIMVASTATIN 20 MG TABLET	20 MG	TABLET		30		
08/14/2013		METFORMIN HCL 850 MG TABLET	METFORMIN HCL 850 MG TABLET	850 MG	TABLET		30		
09/18/2013		IBUPROFEN 800 MG TABLET	IBUPROFEN 800 MG TABLET	800 MG	TABLET		30		

Showing 5 records per page Records: 1-5 of 45 Page 1 of 9

Review Comments

Drug Name: (Dropdown menu open showing: CALCIUM CARBONATE 648 MG TAB, DOCUSATE SODIUM 100 MG SOFTGEL, FERROUS SULFATE 325 MG TABLET, IBUPROFEN 800 MG TABLET, LEVOTHYROXINE 50 MCG TABLET)

Type: (Dropdown menu)

Recommendations:

Patient's Comments:

[Add Next](#) [Save](#)

Supplemental Code : 20131012222116305040

- At **Review Date**, enter the date you are updating the MTM review.
- At **Review Status**, select **Open** or **Completed** from the drop-down list. Leave the status as **Open** until you are finished reviewing.
- Value the fields in the **Review Comments** pane. You can enter information based on the following criteria:

Field Name	Entry
Drug Name	Select a drug name from the drop-down list.
Type	Select the review type from the drop-down list. Your healthcare organization determines the available review types.
Recommendations	Enter recommendations for taking the drug, such as only taking the drug after eating.
Patient's Comments	Enter comments the patient provided about his or her experience with the drug.

- Click **Save**.

Reporting

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Overview

Care Coordination's reporting module allows you to see comprehensive reports based on the categories set up by your medical group. Each report allows you to drill down on a category to customize it to your liking.

In addition to generating reports, you can create patient lists based on specific criteria, set up custom reporting groups, and save favorite reports.

Care Coordination also supports reports based on hierarchical condition category (HCC) work lists, clinical quality measures, and the meaningful use dashboard.

For more information on the available reports, refer to the *Care Coordination Report Reference Guide*.

Reporting Central

At Reporting Central, you can view the newest reports in a variety of categories set up by your medical group. This page is organized similarly to the Physician and Administrator Dashboards. There are widgets that you can collapse by clicking . However, unlike on the Physician Dashboard, you cannot organize the widgets' placement. Clicking on a report displays the report in the selected category and a form to change the report's criteria. You can also download the report as a Microsoft Excel file, add it to favorites, and view a printer-friendly version.

For more information on the available reports, refer to the *Care Coordination Report Reference Guide*.

Reporting Central

PCP Profiling	Referral Reports	Claims Reports
PCP Profiling Reports - PCP by HMO [June 2013]	Referral Reports – Referring Provider by Referred Provider	Claims Reports – HMO by PCP
PCP Profiling Reports - PCP by Location [June 2013]	Referral Reports – HMO by Referring Provider	Claims Reports – PCP by Vendor Specialty
PCP Profiling Reports - PCP by PCP Specialty [June 2013]	Referral Reports – Routed to Administrator by Referred Provider Specialty	Claims Reports – PCP Specialty by Vendor Specialty
PCP Profiling Reports - PCP by Vendor [June 2013]	Referral Reports - Compliance Reports - Turn Around by HMO	Claims Reports – Age Group by Vendor
PCP Profiling Reports - PCP by Vendor Specialty [June 2013]	Denied Referral Reports – Referral Status by HMO	Vendor Cost By Vendor Specialty

Setting Favorite Reports

You can set a report as a favorite for easy access through the **Quick Links** menu. To set a report as a favorite, complete the following steps:

1. On the main menu, select **reporting > reporting home**. The Reporting Central page displays.
2. Click the report you want to set as a favorite.
3. Click **Add to Favorites**.

Advanced Executive Reporting - Financials

Excel Download | Printer Friendly | **Add to Favorites** ★

Start Date: 06/01/2013 | End Date: 06/30/2013 | Date Filter Type: Date of Service | Claim Amount Type: Net Amount | Category: PCP | Subcategory: Plan | Threshold: 10 % of Avg PMPM | Go

Category Filter: --- Please Select --- | Sub Category Filter: --- Please Select --- | Only active members | CptCode: | IcdCodes: |

No Results have been returned for given criteria and reporting period.

Red Claim PMPM greater than 10 % of Average Claim PMPM
 Blue Claim PMPM is within 10 % of Average Claim PMPM
 Green Claim PMPM over 10 % less than Average Claim PMPM

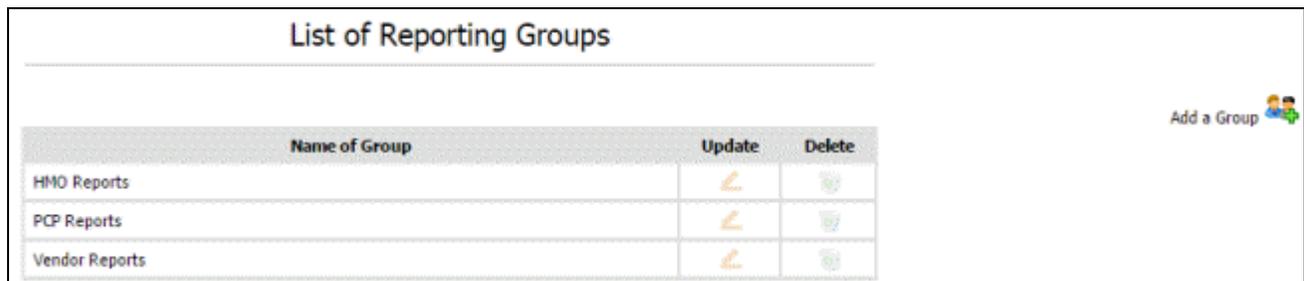
My Reporting Groups

You can create reporting groups to act as a quick filter for viewing certain reports. For example, you can create a report to see vendor-related reports with only a select group of vendors to draw information from. Since Care Coordination already features a set of comprehensive vendor reports, custom reporting groups allows you to drill down on information more specific to your needs.

Creating Reporting Groups

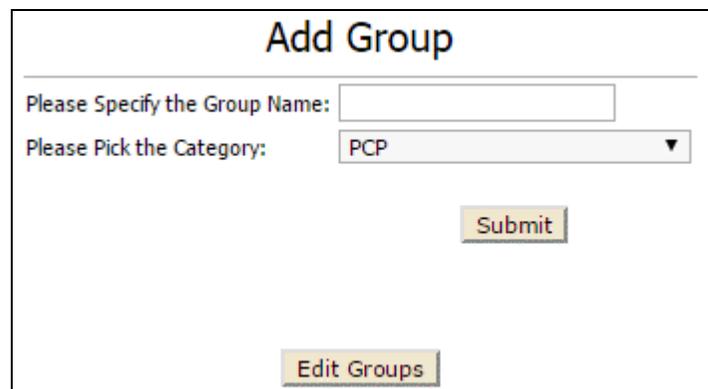
To create a new reporting group, complete the following steps:

1. On the main menu, select **reporting > my reporting groups**. The List of Reporting Groups page displays.



Name of Group	Update	Delete
HMO Reports		
PCP Reports		
Vendor Reports		

2. Click **Add a Group**. The Add Group form displays.



Add Group

Please Specify the Group Name:

Please Pick the Category:

3. At the first entry field, enter a name for the group.
4. Select a category from the drop-down list. Your medical group determines the available categories.

5. Click **Submit**. The Select Group Elements page displays.

Select Group Elements

Group Name: Test Group
Category Name: PCP

Available PCP

- ADAM, HARRY (Z11397)
- ANDERSON, ALICIA E (Z10589)
- ANDERSON, BILL B (Z10844)
- BACHER, JOANNE M (Z10847)
- BOYD, ANTHONY (Z10740)
- BOYD, CHAD J (Z10058)
- BROOKS, ALICIA J (Z10910)
- BROOKS, BIANCA H (Z10925)
- BURKE, KENNEDY R (Z10926)
- CAMPBELL, WONKA (Z10816)
- CHRISTIAN, JOANNE C (Z10337)
- CHRISTIAN, KELLY T (Z10923)
- CHRISTIAN, PATTY (Z10184)
- CONNORS, ALFRED (Z10965)
- CONNORS, ANNA J (Z10812)

Selected PCP

Add
Add All
Remove
Remove All

Submit

6. At the left display box, select the item you want to add to the group and click **Add**. The group category you selected determines the name of the display boxes.

- To move all items from the left display box to the group, click **Add All**.
- To remove an item from the group, select it in the right display box and click **Remove**.
- To remove all items from the group, click **Remove All**.

7. Click **Submit**.

Editing Reporting Groups

You can edit an existing group's contents. However, you cannot change a group's name or category. To edit a reporting group, complete the following steps:

1. On the main menu, select **reporting > my reporting groups**. The List of Reporting Groups page displays.

List of Reporting Groups		
Name of Group	Update	Delete
HMO Reports		
PCP Reports		
Vendor Reports		

Add a Group

2. Click next to the group you want to edit. The Select Group Elements page displays.

Select Group Elements

Group Name: Location Reports
Category Name: Location

Available Location

Add

Add All

Remove

Remove All

Selected Location

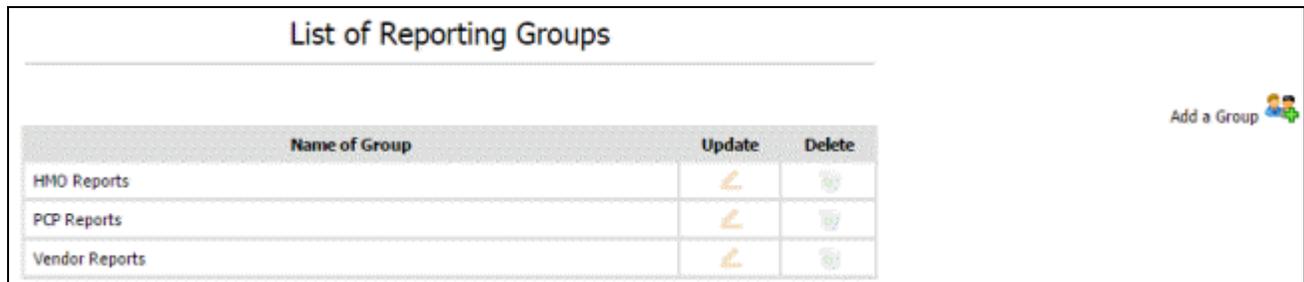
EAST SIDE MEDICAL GROUP
WEST SIDE MEDICAL GROUP

3. At the left display box, select the item you want to add to the group and click **Add**. The group category you selected determines the name of the display boxes.
 - To move all items from the left display box to the group, click **Add All**.
 - To remove an item from the group, select it in the right display box and click **Remove**.
 - To remove all items from the group, click **Remove All**.
4. Click **Submit**.

Deleting Reporting Groups

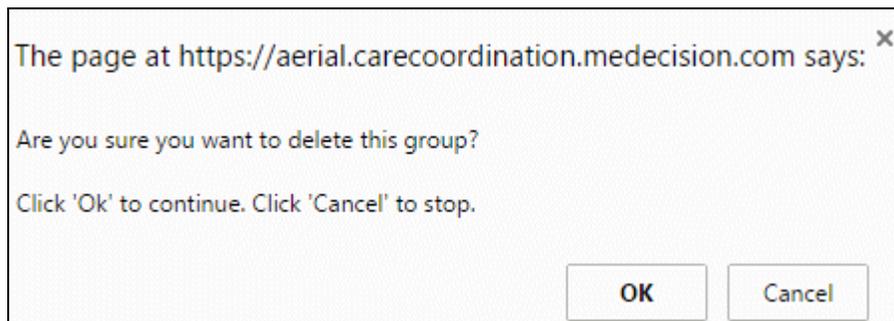
To delete a reporting group, complete the following steps:

1. On the main menu, select **reporting > my reporting groups**. The List of Reporting Groups page displays.



Name of Group	Update	Delete
HMO Reports		
PCP Reports		
Vendor Reports		

2. Click  next to the group you want to delete. A confirmation window displays asking you if you want to delete this group. Your internet browser determines the confirmation window's appearance.



3. Click **OK**.

Generating Patient Lists

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Overview

You can view a list of patients based on a certain criteria by generating patient lists using the **reporting** menu. Unlike searching for patients in the Eligibility Lookup, generating patient lists allows you to view a list of patients based on more specific criteria and with categories related to patient healthcare history, such as diagnoses and lab data. You must first create a search set before you can view a list. You can edit any search sets you create. Search sets can generate patient lists from up to ten different criteria.

Creating New Search Sets

A search set can generate a list of patients based on very specific criteria that you cannot view elsewhere in Care Coordination. To create a search set, complete the following steps:

1. On the main menu, select **reporting > generate patient list**. The Generate Patient List page displays.

Generate Patient List

<< [click here to create new search set](#) >>

My Favorite Search Sets

Title	Date Created	Last Modified	
Males with Diabetic Symptoms Past 2 Years	08/18/2015	08/18/2015	

Only 10 search sets can be saved here. Please use Edit or Delete options to create more sets.

2. Select <<**click here to create a new search set**>>. The Generate Patient List form displays.

Generate Patient List

Title

Patient Age: to
 Patient Gender: Male Female

Diagnosis Code Type: ICD9 ICD10

Problem List AND OR
(Search Patient's Problem List by ICD Description)

 in past months

Medication List AND OR
(Search Patient's Medication List by Brand name or Generic name)

 in past months +

Medication Allergy List AND OR
(Search Patient's by Generic name or Allergy name)

 in past months +

Lab AND OR
(Search Test name or Loinc Code)

 Range in past months +

3. Value the fields on the Generate Patient List form. Here are a few notes to assist in creating a search set:

- Selecting **AND** in any of the fields will require the search set to generate a patient list based on the information you entered in this field along with any other fields valued in the form.
- Selecting **OR** will require the search set to generate a patient list displaying patients matching that field or another field valued in the form.
- The search set won't search for a patient unless you both select a box and enter information in its accompanying field.

You can enter information based on the following criteria:

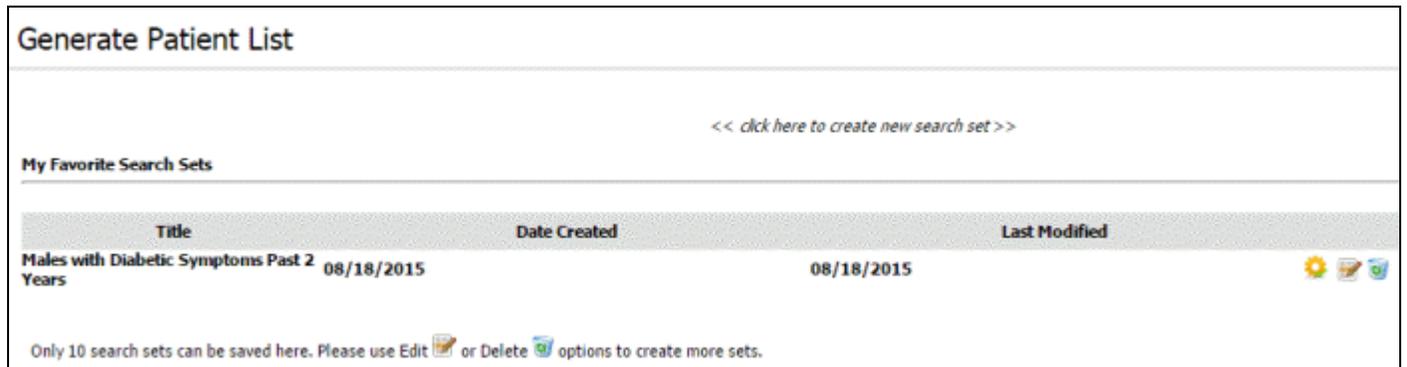
Field Name	Entry
Title	Enter a title for the search set.
Patient Age	Enter an age range for the search set to look for.
Patient Gender	Select the patient's gender.
Diagnosis Code Type	Select ICD9 or ICD10 as the code type for this search set. If you enter a diagnosis code for this search set that does not match your selection here, an error message will display.
Problem List	Enter an ICD-9 or 10 code that will require the search set to check for. Use  for lookup assistance. Click  to add another code.
Problem List: in past months	Enter the cutoff point for the rule to check when the patient received the diagnoses identified in the previous field.
Medication List	Enter the name of the medication prescribed to the patient. Use  for lookup assistance. Click  to add another code.
Medication List: in past months	Enter the cutoff point for the rule to check when the patient received the medications identified in the previous field.
Medication Allergy List	Enter the name of the patient's allergy. Use  for lookup assistance. Click  to add another code.
Medication Allergy List: in past months	Enter the cutoff point for the rule to check when the patient's allergies identified in the previous field were diagnosed.
Lab	Enter the code identifying lab work that the patient received. Enter the name of the patient's allergy. Use  for lookup assistance. Click  to add another code.
Lab: in past months	Enter the cutoff point for the rule to check when the patient received the lab work identified in the previous field.

4. Click **Save & Generate Patient List**.

Generating Patient Lists based on a Search Set

You can view a list of patients whose member details matches the criteria outlined in a search set. A patient list automatically displays after creating a search set, and you can also generate a patient list by selecting from any search sets already created. To generate a patient list from an existing search set, complete the following steps:

1. On the main menu, select **reporting > generate patient list**. The Generate Patient List page displays.



The screenshot shows the 'Generate Patient List' page. At the top, there is a link: '<< click here to create new search set >>'. Below this is a section titled 'My Favorite Search Sets'. A table lists search sets with columns for Title, Date Created, and Last Modified. The table contains one entry: 'Males with Diabetic Symptoms Past 2 Years' created on '08/18/2015' and last modified on '08/18/2015'. To the right of the entry are three icons: a gear (edit), a trash can (delete), and a plus sign (add). Below the table, a note states: 'Only 10 search sets can be saved here. Please use Edit or Delete options to create more sets.'

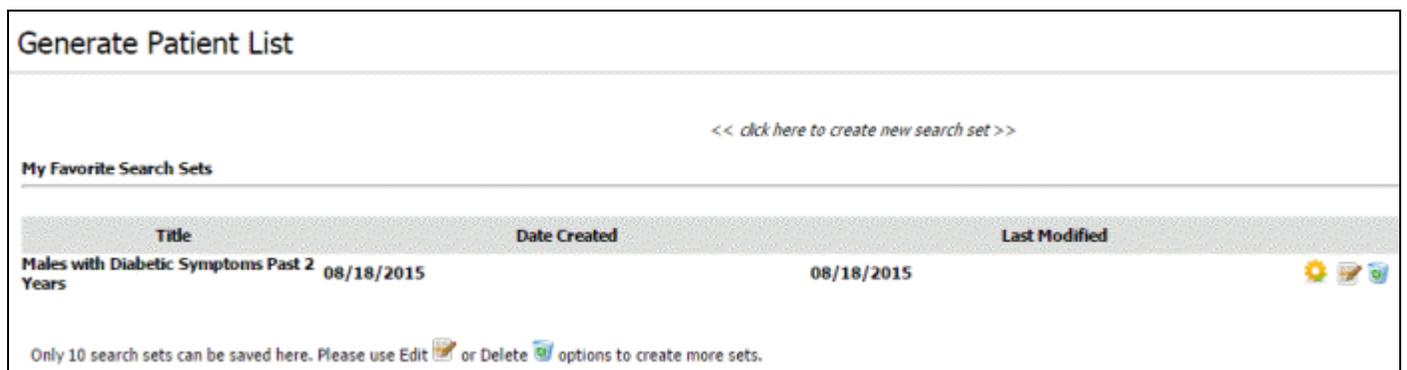
Title	Date Created	Last Modified
Males with Diabetic Symptoms Past 2 Years	08/18/2015	08/18/2015

2. Click  next to the search set you want to generate a patient list from. The Patient List page displays.

Updating a Search Set

To update a search set, complete the following steps:

1. On the main menu, select **reporting > generate patient list**. The Generate Patient List page displays.



This screenshot is identical to the one above, showing the 'Generate Patient List' page with the same table of search sets and a gear icon next to the entry 'Males with Diabetic Symptoms Past 2 Years'.

Title	Date Created	Last Modified
Males with Diabetic Symptoms Past 2 Years	08/18/2015	08/18/2015

2. Click  next to the search set you want to update. The Generate Patient List form displays.

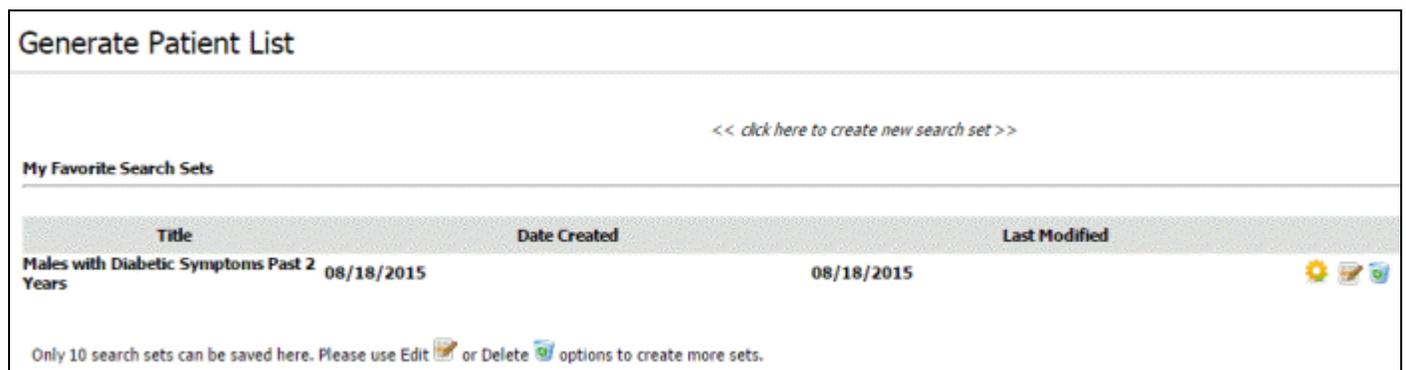
See Creating New Search Sets (on page 86) for steps on how to fill out the Generate Patient List form.

3. Click **Save & Generate Patient List**.

Deleting a Search Set

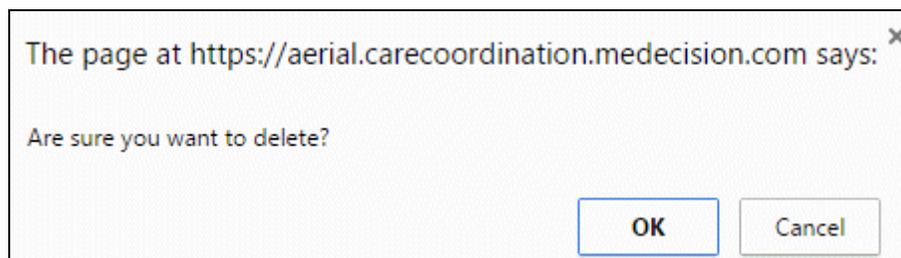
To delete a search set, complete the following steps:

1. On the main menu, select **reporting > generate patient list**. The Generate Patient List page displays.



Title	Date Created	Last Modified
Males with Diabetic Symptoms Past 2 Years	08/18/2015	08/18/2015

2. Click  next to the search set you want to delete. A confirmation window displays asking you if you want to delete this group. Your internet browser determines the confirmation window's appearance.



3. Click **OK**.