

# **How to Access High Risk Reports from Health Plans and Communicate with Health Plans**

Each health plan has agreed to deliver to practices on a quarterly (at least) basis a list of high risk patients whom they wish to be referred for care management services. Health plans use different predicative modeling methodologies to produce these lists based on cost, utilization, and/or chronic conditions. Health plans also have different methods of delivering these reports to practices, as outlined below; however, all lists will be labeled as “High Risk Report, Quarter, Year.”

CTC Management asks practices to designate three contacts at the practice to be the recipients of the high risk lists from health plans that send via secure email. These designees should be confirmed at least quarterly. The designated contacts can be identified and updated by contacting Candice Brown for practices in Adult CTC program ([Candice.Brown@umassmed.edu](mailto:Candice.Brown@umassmed.edu)) and Michele Brown for practices in the PCMH Kids program ([Michele.Brown@umassmed.edu](mailto:Michele.Brown@umassmed.edu)).

Practices should review the patients that are referred from the health plans at least quarterly with the clinical team and determine which patients are “high impact.” CTC has identified a common definition of “high risk” patients that is used by all CTC practices.

Health Plans have identified a “point person” that practices can use when assistance is needed to access high risk lists and a “point person” for clinical needs and for health plan high risk issues. This document included health plan contact information.

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## Blue Cross & Blue Shield of Rhode Island

Blue Cross & Blue Shield of Rhode Island (BCBSRI) provides practices with monthly patient panels of all active, attributed BCBSRI members, including those identified as high risk. These panels provide clinical and cost information to assist NCMs/CCs in their management of members. Patient panels are distributed to practices or key contacts through a secure method.

BCBSRI identifies high risk members through the use of The Johns Hopkins ACG System. The ACG system is a statistically valid, diagnosis-based, case-mix methodology that describes and predicts future healthcare utilization and costs. This system is based on the premise that the level of resources necessary for delivering appropriate healthcare to a population is correlated with the illness burden. BCBSRI assigns a risk category (Red or Orange) to further assist practices in identifying members with the highest need for case management intervention and support. Criteria are as follows:

Adult (18+)	Pediatric (0-17)
<b>Red</b>	
<b>Patients identified as RUB 4 or RUB 5 with at least one of the following criteria:</b> <ul style="list-style-type: none"> <li>• Predicted probability of inpatient admission of 30% or more</li> <li>• Medicare Advantage members with an HCC score of 2.5 or higher</li> <li>• Total cost of \$100,000+</li> </ul>	<b>Patients identified as a RUB 5</b>
Or:	
<b>Patients identified as a RUB 3 with a diagnosis of Congested Heart Failure</b>	
<b>Orange</b>	
<b>Patients identified as RUB 4 or RUB 5 with at least one of the following criteria:</b> <ul style="list-style-type: none"> <li>• 3+ Inpatient Admission (IP) in last 6 months</li> <li>• 3+ Emergency Department (ED) in last 12 months</li> <li>• 3+ Chronic Conditions, with a prospective risk score of 2 or higher</li> </ul>	<b>Patients identified as RUB 4 with at least one of the following criteria:</b> <ul style="list-style-type: none"> <li>• 3+ IP in last 6 months</li> <li>• 3+ ED in last 12 months</li> <li>• 6+ specialist visits in the last 12 months</li> </ul>

Nurse Care Managers (NCMs) and Care Coordinators (CCs) are responsible for case management (CM) of identified high risk members. NCMs/CCs will document engagement of BCBSRI high risk members on patient panels. BCBSRI defines engagement as members who have agreed to participate in case management with the NCM/CC and have an active care plan in place. BCBSRI has an engagement target of 45% of identified high risk members. NCMs/CCs need to document all CM services provided in the previous calendar quarter by no later than the 20th calendar day, or closest business day, of the first month of each calendar quarter (January 20th, April 20th, July 20th, and October 20th)

Contact Information:

Please contact your assigned Practice Facilitator for PCMH program-related questions. Additional points of contact include:

- General program questions: [PCMH@bcbsri.org](mailto:PCMH@bcbsri.org)

Referral to BCBSRI Registered Dietitians and Behavioral Health Case Managers: (401) 459-CARE (2273)

# Neighborhood Health Plan

NHP will not deliver high risk patient lists to practices with less than 200 members.

Practices must log on to the NHPRI Provider Report Portal to access the high risk list. Access to the portal, training of the site and setup at the site requires configuration by NHP.

Updated high risk lists will be posted on the 22nd of each month.

- CTC sites with the exception of those sites discussed previously receive the efficiency suite and the high cost report from Neighborhood.
- The reports for CTC all are available in excel format. **This allows for filtering and manipulation of data.**
- The high cost report in particular is more comprehensive than the data elements identified for the CTC high risk report. There are more data elements in the report.
- The high cost report contains pharmacy, behavioral health and medical expenses in addition to ER and inpatient utilization.

\*CTC practices could utilize this report to identify patients for different levels of care management. See below as to the report labels.

Member Name	Admits	Days	ALOS	ER Visits	Unique NDC Categories	Total Rx Claims	Medical Paid	BH Paid	RX Paid	Total Paid
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For example: A patient with high medical cost, no inpatient utilization, high ER utilization, no BH claims and pharmacy costs under a \$100. This patient could be flagged to receive care management touch.

For questions or concerns on the NHP high risk lists, and/or to remove a patient from the high risk list contact Yvonne Heredia at [YHeredia@nhpri.org](mailto:YHeredia@nhpri.org) or 401-459-6186 (direct)

## NHP high risk list

MEMBER_ID	DOB	Age Group	Gender	Site Name	PRIMARY_CONDITION	TOTAL_PAID	CCHG_Code
XXXXXX00	12/9/1983	30.2	F	So County Int Med	C_0044 - Anemia	\$16,508.22	117 Mental retardation/disability congenita anom
XXXXXX00	10/28/1976	37.3	F	So County Int Med	C_0080 - Bacterial Infection	\$10,958.49	119 Other mental health/substan
XXXXXX00	3/25/1974	39.9	M	So County Int Med	C_0397 - Headaches	\$15,211.32	116 Neurologic disorders
XXXXXX00	8/28/1985	28.5	F	So County Int Med	C_0397 - Headaches	\$149,843.23	101 Major psychosis
XXXXXX00	6/22/1978	35.7	F	So County Int Med	C_0441 - Hypertension	\$9,754.94	112 Diabetes without CAD
XXXXXX00	10/19/1981	32.4	F	So County Int Med	C_0455 - Ileitis	\$8,184.74	116 Neurologic disorders
XXXXXX00	5/3/1978	35.8	F	So County Int Med	C_0610 - Paralysis	\$7,693.23	125 Other chronic conditions
XXXXXX00	6/4/1968	45.7	M	So County Int Med	C_0610 - Paralysis	\$16,274.81	103 Active cancer
XXXXXX00	2/23/1980	34.0	F	So County Int Med	C_0749 - Splenomegaly	\$10,097.46	105 Liver disease (Hepatitis, Cirrhosis) - post transplant
XXXXXX00	2/1/1976	38.1	F	So County Int Med	C_1096 - Thrombocytopenia	\$9,168.64	137 Healthy Female (16-40)

**Monthly CHC reporting member detail is the report that has the names of the patients as well as ER/ INPT/and case management status with the health plan**

Report Name	Latest Report Date	Type
Monthly CHC Reporting MemberDetail Monthly CHC Reporting MemberDetail	3/20/2015	XLSX
Monthly CHC Reporting Detail Monthly CHC Reporting Detail	3/20/2015	PDF

**The monthly CHC reporting aggregate will provide the number of high-risk top 5%**

Non- Community Health Centers

<b>562_Efficiency Incentive Suite Report</b> Efficiency Incentive Suite Report	3/24/2015	XLSX
<b>238_Efficiency Incentive Suite Report</b> Efficiency Incentive Suite Report	3/24/2015	XLSX
<b>Monthly Site Reporting Detail</b> Monthly Site Reporting Detail	3/20/2015	PDF
<b>Monthly Site Reporting CoverPage</b> Monthly Site Reporting CoverPage	3/20/2015	PDF
<b>Monthly Site Reporting Aggregate</b> Monthly Site Reporting Aggregate	3/20/2015	PDF

**Monthly site reporting member detail is the report that has the names of the patients as well as ER/INPT/and case management status with the health plan**

**The monthly site reporting aggregate will provide the number of high-risk top 5%**

## Tufts Health Plan

If you do not have any high risk patients, you will be sent a blank report shell.

Tufts Health Plan sends the high risk list at the end of each quarter (January, April, July, and October) via secure email to the designated contacts at each practice site.

The first time that a secure email is sent, click on “View Message” and the secure email portal will open. The user will be prompted to create a password and will be able to check the inbox of the newly created account for secure emails with the reports.

Once an account has been created, the user will only need to click on “View Message” and login with their account credentials to access the secure email inbox.

For questions or concerns on the Tufts high risk lists, contact Brianna Goddard [Brianna\\_Goddard@tufts-health.com](mailto:Brianna_Goddard@tufts-health.com) or 617-972-9400 x52160 or Michele Wolfsberg RN MPH [Michele\\_Wolfsberg@tufts-health.com](mailto:Michele_Wolfsberg@tufts-health.com) (617)972-9400 x59747.

### Screen shot of Tufts Health Plan’s High Risk List

The screenshot shows an Excel spreadsheet with the following structure:

	A	B	C	D	E	F	G	H	I	J
1	Tufts Health Plan									
2	RI CSI Members Active as of [DATE]									
3	High Risk Members - Top Ten Percent at Each Practice Site									
4										
5	Attributed Provider Affiliation	Attributed Provider ID	Attributed Provider Name	THP Member ID	Member Last Name	Member First Name	Member DOB	Chronic Disease	Future Risk Score	
6										
7										
8										

## UnitedHealthcare Commercial and Medicaid

UnitedHealthcare high risk reports are a helpful tool to assist you in identification of patients that may benefit from NCM services. UnitedHealthcare does not require submission of NCM engagement reports.

Practices must log on to the United Portal to access UnitedHealthcare reports. Both Commercial and Medicaid high risk lists will be posted on the portal. On the first log-in, practices will need to enter a Program Identification Number (PIN) to access CTC reports. Please note, a special super-user PIN number must be created when a single user must access reports for multiple practice locations. Please contact Amy LaRochelle to initiate this process.

To set up your portal access, click here: [uhcprovider.com](http://uhcprovider.com).

If you are new to the process, please click on 'New User' in the top right corner of the screen, and follow the set-up process. Your login will be your Optum ID.

To access reports:

1. Log into [uhcprovider.com](http://uhcprovider.com) using Optum ID
2. Click on the menu in the upper left corner of the screen
3. Select "Reports and Quality Programs"
4. Select "Physician Performance Based Compensation: Includes PCOR, PCMH, and PCPI" (the high risk reports fall under the PCMH reporting suite)
5. Click "learn more"
6. Select "Patient Centered Medical Home (PCMH) Reports"
7. Click "Go to PCMH Program Reports"
8. The page may direct you to log in again (this hyperlink looks like regular text in the main body of the page). The first time logging in, the access PIN will have to be provided.
9. For difficulty logging in or getting to the reports after this step, please use the helpdesk number on that page for further trouble shooting.

## Report Overview

### *Commercial*

United Commercial assigns patients a risk score as a measure of the relative resources expected to be required for a patient's care. A risk score of 2.0 indicates a patient's expected costs are twice that of a patient with average risk (assigned a score of 1.0).

### *Medicaid*

United Medicaid lists will reflect top 5% of practice's high risk patient list. Patients that are highlighted in pink indicate that their primary cost drivers are behavioral health related. Updated high risk lists will be posted at the end of the month following the quarter (January, April, July, October). United will not deliver the Medicaid high risk patient list to practices with less than 200 members.

## CTC RI Support Resources

For report questions or concerns contact [Amy.Larochelle@uhc.com](mailto:Amy.Larochelle@uhc.com) 952-406-5674

United Commercial assigns patients a risk score as a measure of the relative resources expected to be required for a patient's care. A risk score of 2.0 indicates a patient's expected costs are twice that of a patient with average risk (assigned a score of 1.0).

United Medicaid lists will reflect top 5% of practice's high risk patient list.

Updated high risk lists will be posted at the end of the month following the quarter (January, April, July, October).

For questions or concerns on the United Portal login information, contact [Amy.Larochelle@uhc.com](mailto:Amy.Larochelle@uhc.com) 952-406-5674

For questions accessing or interpreting high risk reports (post log-in) contact the Healthcare Measurement Resource

Center at 866-270-5588 from 8am-7pm Monday-Friday.

FOR HIGH RISK INPATIENT (ACUTE CARE, SNF, AIR AND LTACH, DISCHARGE PLANNING SERVICES AND EQUIPMENT):  
CONTACT KRISTEN WOODS (877) 561-3813;

FOR HIGH RISK MANAGEMENT AT RIH ONLY (ACUTE CARE, SNF, AIR AND LTAACH): PAUL BELANGER RN 855-338-  
9245 EXT 73148

FOR NURSE CARE MANAGER COORDINATION (COMMERCIAL): CONTACT [DALE.R.GEER@UHC.COM](mailto:DALE.R.GEER@UHC.COM) 612- 632-6543