HealthPlan OF SAN MATEO
Healthy is for everyone

Engagement Report Specifications

Active Engagement Report

1. Current/active assigned patient panel for Medi-Cal and CareAdvantage patients
2. No continuous assignment criteria for included patients (active panel)
3. Real-time claims information reflected on report run date (all claims received up to report run date)
4. Includes both Medi-Cal and CareAdvantage patient information for current assigned patients. This is meant to help with patient outreach and panel management since this report is informational only and not linked to the patient engagement performance benchmark calculation or payment.
5. Report run on the 2nd day of the month

Data Fields and Definitions

Column A: PCP_NPI

Definition: primary care provider billing national provider identifier (NPI)

Column B: HPSM_PCP_ID

Definition: Health Plan of San Mateo Primary Care Provider ID. This Provider ID is unique to your clinic and unique to HPSM for patient assignment and payment purposes. It is how your clinic is identified in our claims and billing system.

Column C: PCP_Name

Definition: Primary Care Clinic or Provider name

Column D: Member_ID

Definition: Code used to identify members enrolled with HPSM. This is unique to each patient and is what we use to identify patients in our claims and billing system.

Column E: Member_Last_Name

Definition: Last name of the assigned patient on your panel

Column F: Member_First_Name

Definition: First name of the assigned patient on your panel

Column G: Member_Phone_Number

Definition: Primary phone number HPSM has on file for this patient. This information is based on what HPSM receives from the state.

Column H: Visit_PCP_Last_12_Months

Definition: This column indicates whether the patient has had a primary care visit based on the primary care visit definition for patient engagement within the last 12 months of the report run date. This visit could have been with any primary care provider, not necessarily the current assigned provider, and is based on HPSM claims data. If HPSM has a claim for a primary care visit the column will show a Y for yes. If we do not have a claim for primary care in the last 12 months for this patient the column will show a N for no.

*Use case example: Filter Column H for N to see which patients need to come in for an annual wellness visit. Can conduct patient outreach and get an appointment scheduled. This will support your engagement benchmark performance calculation.

Column I: DOS

Definition: This column indicates the date of service (DOS) for patients that have a Y (yes) in Column H for any primary care visit in the last 12 months up to the report run date. This column is also not related to whether the primary care visit occurred with the current assigned primary care provider.

Column J: Visit_AssignedPCP_last_12_Months

Definition: This column indicates whether the primary care visit information in columns H and I occurred at the current assigned primary care clinic.

*Use case example: Filter for Y in Column H and N in Column J to see which patients assigned to you are going elsewhere for care. Can conduct patient outreach to these patients to get them back into your clinic for care continuity.

Column K: Effective_date_PCP_Assignment

Definition: This column lists the date the patient was assigned to your clinic (current assignment).

Column L: Assigned_To_PCP_Last_30_days

Definition: This column shows an indicator for whether the patient is newly assigned to your clinic within the last 30 days (approximately within the last month). If the patient has been assigned to your clinic within the last 30 days there will be a Y for yes. If they have not been assigned within the last 30 days there will be a N for no.

Column M: LOB

Definition: Line of business the patient is enrolled in with the health plan.

MC = Medi-Cal

CA = CareAdvantage AKA Cal-Medi-Connect (The HPSM duals demonstration program; all of these patients are also eligible for Medi-Cal so you will see a Medi-Cal aid code in Column P)

Column N: Enrollment_Date

Definition: Date the patient enrolled with HPSM

*Use case example: Can filter for 90 days from enrollment and a N in column H to see which patients are eligible for an initial health assessment (IHA). This will help support your IHA P4P payments or benchmark.

Column O: Member_DOB

Definition: Patient's date of birth

Column P: MC_AID_Code

Definition: Patient's Medi-Cal aid code

Column Q: Relink_Last_Year

Definition: Y in this column indicated the patient was re-linked to your panel within the last 365 days. Re-linking occurs when a patient loses Medi-Cal eligibility and re-gains it within 365 days. Providers must elect to allow re-linking for this to occur. Re-linking helps with care continuity for the patient that was previously established with your clinic.

Column R: N_ED_last_12_Months

Definition: Number of emergency department (ED) visits within the prior 12 months up to the report run date.

Column S: last_ED_DOS

Definition: Most recent emergency department visit date of service.

Column T: Last_ED_Primary_DX

Definition: Primary diagnosis for the emergency department visit from the date of service listed in Column S.

Column U: N_Hospital_Admits_Last_12m

Definition: Number of inpatient hospital admissions within the prior 12 months up to the report run date.

Column V: Last_Hospital_Admit_Date

Definition: Most recent inpatient hospital admission visit date of service.

Column W: Last_Hospital_Primary_DX

Definition: Primary diagnosis for the inpatient hospital admission visit from the date of service listed in Column V.