



GuidingCare

Care Coordination Portal User Guide

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Introduction

GuidingCare is a member-centric and web-based healthcare management system designed to help health plans and external entities involved in member care to improve health outcomes and reduce avoidable costs for at-risk populations. It also serves to improve communication and collaboration between all parties who are working with UnitedHealthcare members to ensure that each member has the necessary access to needed care.

This guide provides a basic overview of the GuidingCare application and gives instructions in brief on its functions. It is assumed that the user has a basic knowledge of Care Management. In addition, the user guide assumes that the application has all the needed configurations and user's set up. This guide does not cover administration and configuration features of the application.

How to set up Multifactor Authentication (MFA)

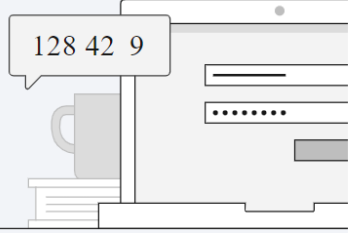
As the name suggests, it uses multiple methods to identify if you're really who you claim to be. As a user, you'll have to acknowledge a phone call, a text message, an email, or just about anything else, in addition to entering a username and password. You're allowed access to the GuidingCare application only after providing this second authentication.


1. Log In to OH|ID with your User ID and Password.

2. After you choose **Log In**, you will be asked to enter United Healthcare UHC CCP Prod.



1. Choose Open App link on the UnitedHealthcare “UHC CCP Prod” tile.
2. You will now be presented with the **2-Step Verification Enrollment**. You are required to setup 2 different authentication methods. The status will show you the number of methods that have been completed.





2-Step Verification Enrollment

Status: 0 of 2 required methods set up

IBM Security Verify app [Add Device](#)
Verify with a simple tap on your iOS or Android device with the IBM Security Verify app.

Authenticator app [Setup](#)
Verify with a one-time access code that is generated by an authenticator app on your mobile phone or tablet.

Text message [New number](#)
Verify by entering by a one-time PIN sent to your phone via SMS text. Standard message rates apply.

Email [New email](#)
Verify by entering by a one-time PIN sent to your email address.

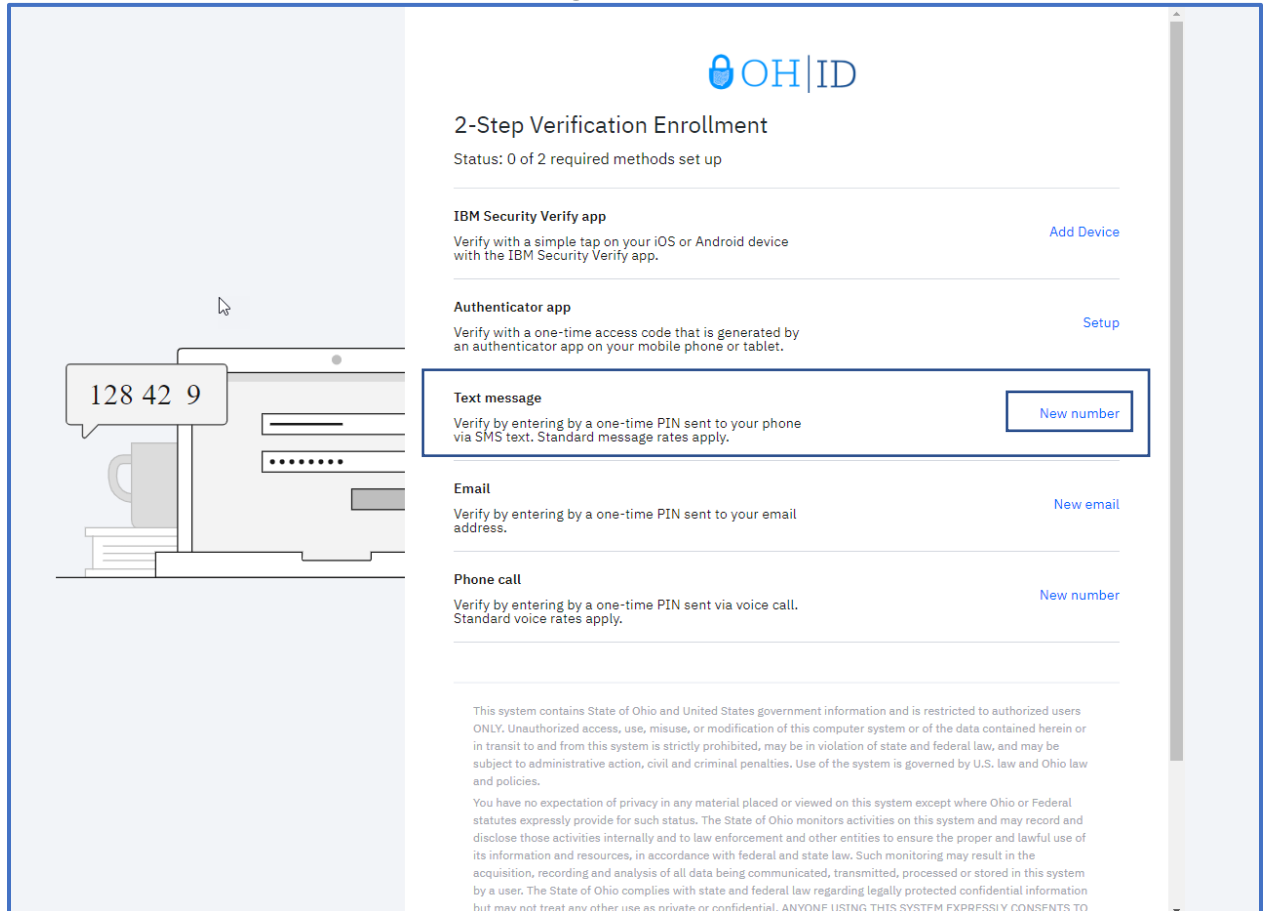
Phone call [New number](#)
Verify by entering by a one-time PIN sent via voice call. Standard voice rates apply.

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Verification Method Setup - Text Message

1. Find the verification method of **Text Message** and Choose **New Number**.

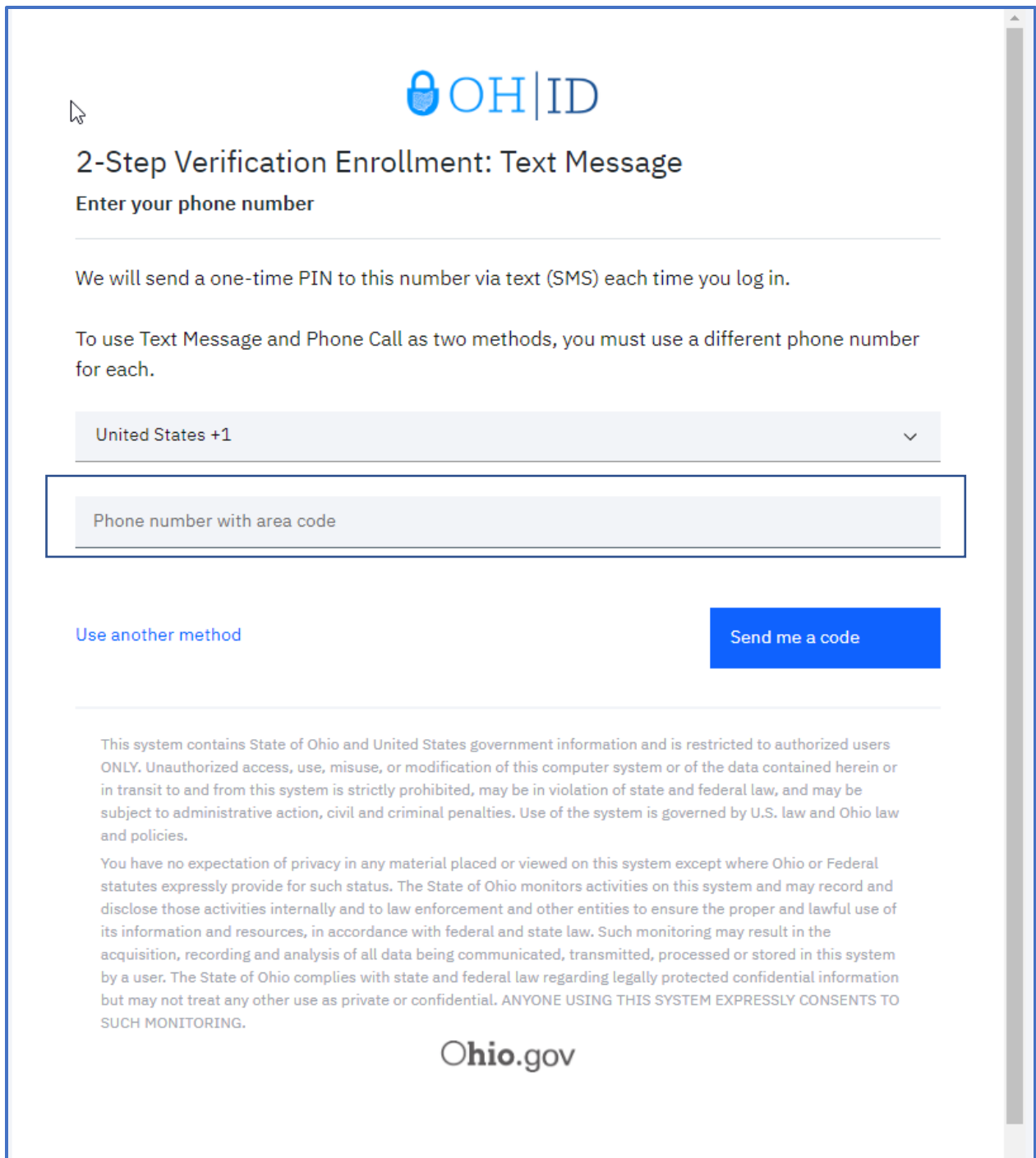



The screenshot displays the '2-Step Verification Enrollment' page for OH|ID. The status indicates '0 of 2 required methods set up'. Three verification methods are listed:

- IBM Security Verify app**: Verify with a simple tap on your iOS or Android device with the IBM Security Verify app. [Add Device](#)
- Authenticator app**: Verify with a one-time access code that is generated by an authenticator app on your mobile phone or tablet. [Setup](#)
- Text message**: Verify by entering by a one-time PIN sent to your phone via SMS text. Standard message rates apply. [New number](#)
- Email**: Verify by entering by a one-time PIN sent to your email address. [New email](#)
- Phone call**: Verify by entering by a one-time PIN sent via voice call. Standard voice rates apply. [New number](#)

A callout box on the left shows a phone number '128 42 9' next to a computer monitor icon. At the bottom, there is a disclaimer: 'This system contains State of Ohio and United States government information and is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to and from this system is strictly prohibited, may be in violation of state and federal law, and may be subject to administrative action, civil and criminal penalties. Use of the system is governed by U.S. law and Ohio law and policies. You have no expectation of privacy in any material placed or viewed on this system except where Ohio or Federal statutes expressly provide for such status. The State of Ohio monitors activities on this system and may record and disclose those activities internally and to law enforcement and other entities to ensure the proper and lawful use of its information and resources, in accordance with federal and state law. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. The State of Ohio complies with state and federal law regarding legally protected confidential information but may not treat any other use as private or confidential. ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO'.

2. On the **2-Step Verification Enrollment: Text Message** page, type the phone number with area code for your mobile device where you will receive the PIN via text (SMS) each time you log in, choose **Send me a code**.





2-Step Verification Enrollment: Text Message

Enter your phone number

We will send a one-time PIN to this number via text (SMS) each time you log in.

To use Text Message and Phone Call as two methods, you must use a different phone number for each.

United States +1

Phone number with area code

[Use another method](#)


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3. Type the code sent to you through text message to your mobile device, and then select **Submit**.

If the time remaining runs out before the entry of the code, select **Resend OTP** for a new One-Time PIN Submission to be generated and sent to you through text message to your mobile device




One-Time PIN Submission
Enter the one-time PIN that was sent to +1 [REDACTED].
Time remaining: 04:46

5659- | [REDACTED]

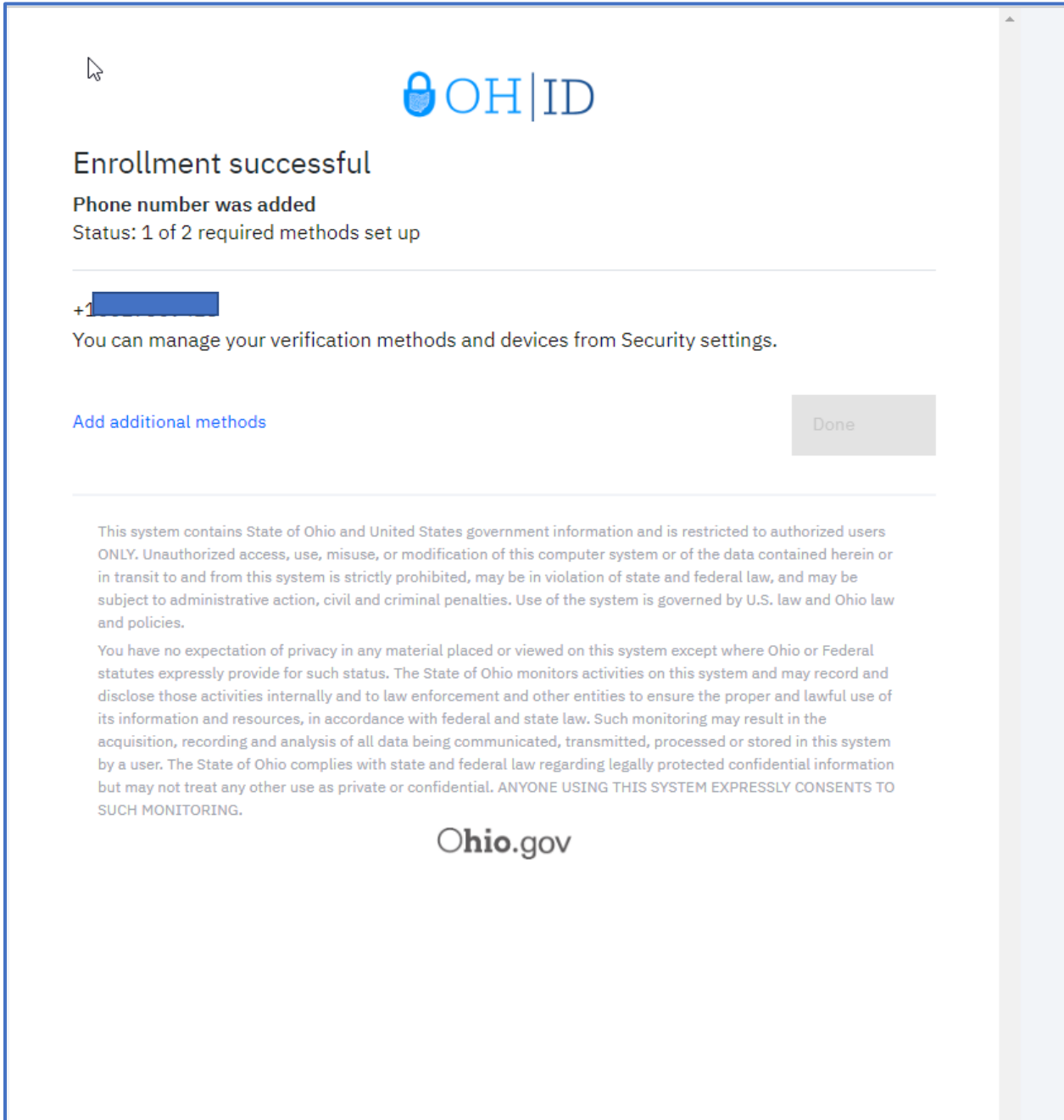
[Use another method](#) [Resend OTP](#)

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- The page changes to show **Enrollment successful**.



⤴



Enrollment successful

Phone number was added

Status: 1 of 2 required methods set up

+1 [redacted]

You can manage your verification methods and devices from Security settings.

[Add additional methods](#)

Done

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- The Status shows the number of required methods that have been set up., you are required to set up 2 methods, Choose **Add Additional methods**.

OH|ID

Enrollment successful

Phone number was added
Status: 1 of 2 required methods set up

+1 [redacted]

You can manage your verification methods and devices from Security settings.

[Add additional methods](#) Done

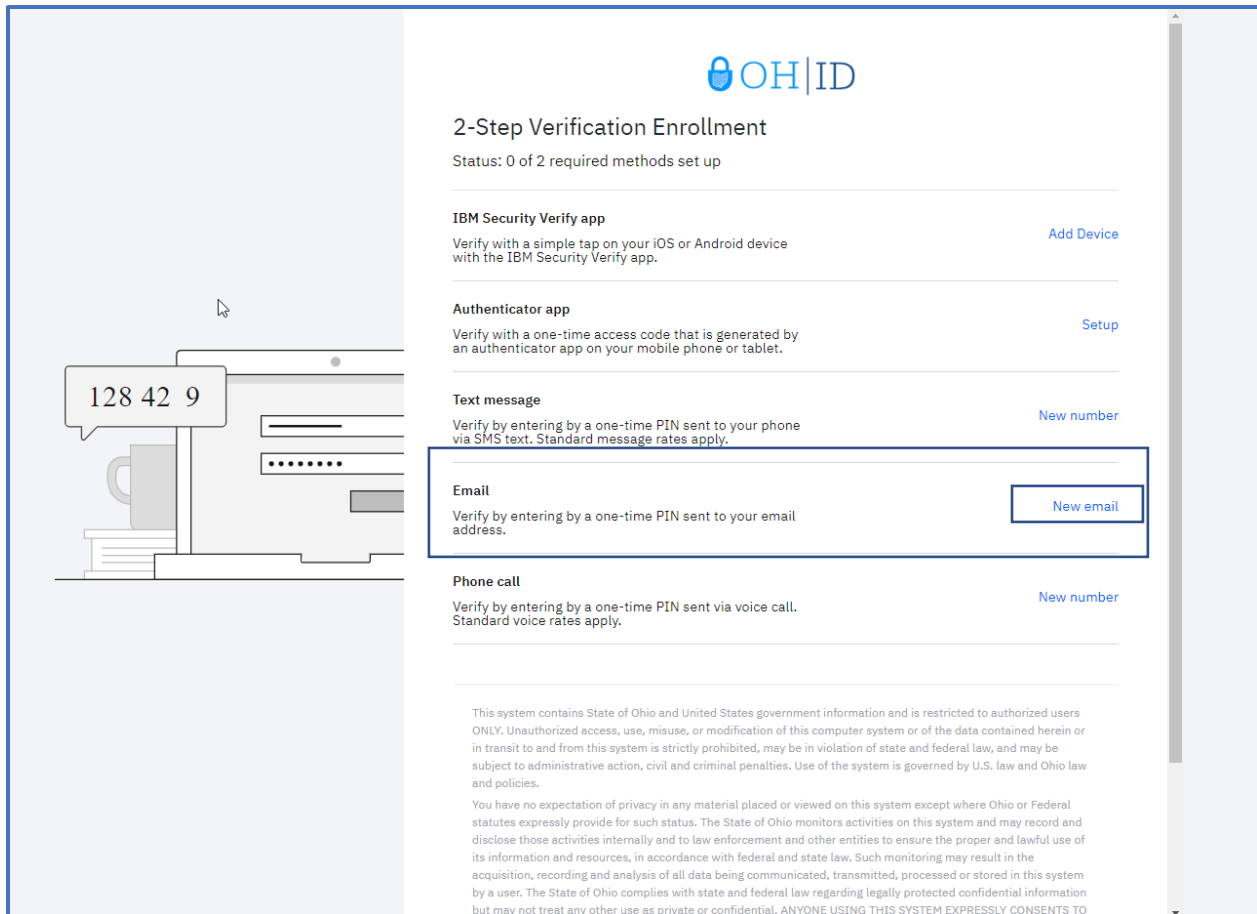
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Verification method setup - Email Message

1. You will be presented with the **2-Step Verification Enrollment**. Find the verification method of **Email** and Choose [New email](#).



OH|ID

2-Step Verification Enrollment

Status: 0 of 2 required methods set up

IBM Security Verify app [Add Device](#)
 Verify with a simple tap on your iOS or Android device with the IBM Security Verify app.

Authenticator app [Setup](#)
 Verify with a one-time access code that is generated by an authenticator app on your mobile phone or tablet.

Text message [New number](#)
 Verify by entering by a one-time PIN sent to your phone via SMS text. Standard message rates apply.


Email [New email](#)
 Verify by entering by a one-time PIN sent to your email address.

Phone call [New number](#)
 Verify by entering by a one-time PIN sent via voice call. Standard voice rates apply.

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2. On the **2-Step Verification Enrollment: Text Message** page, type the email where you will receive the one-time PIN each time you log in, choose **Send me a code**.



2-Step Verification Enrollment: Email

Enter your email address


We will send a one-time PIN to this email each time you log in.

Email address

[Use another method](#) [Send me a code](#)

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3. Type the code sent to the email, and then select **Submit**.

*If the time remaining runs out before the entry of the code, select **Resend OTP** for a new One-Time PIN Submission to be generated and sent to you through email.*



One-Time PIN Submission

Enter the one-time PIN that was sent to [redacted]@uhc.com.

Time remaining: 04:54

7777-

Submit

[Use another method](#)


[Resend OTP](#)

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4. The page changes to show **Enrollment successful**.
5. Choose **Done**.



Enrollment successful

Email was added


[redacted]@uhc.com

You can manage your verification methods and devices from Security settings.

[Add additional methods](#)Done

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How to sign into United Healthcare UHC CCP Prod account using MFA


1. Log In to OH|ID with your User ID and Password.

The screenshot shows the OH|ID login interface. The top navigation bar includes links for My Apps, App Store, Account Settings, Security Profile, Log In, and Help. The main content area features a dark background with a pattern of blue dots. On the left, the text reads "Secure access to State of Ohio services" and "OH|ID provides users with a more secure and private experience during online interactions with State of Ohio programs." Below this is a "Create OH|ID Account" button. On the right, there is a white login form with fields for "User ID" and "Password", each with a "FORGOT YOUR USER ID?" link below it. A blue "Log In" button is at the bottom of the form, with a "Get login help" link below it.

2. After you choose **Log In**, you will see that you are asking to enter United Healthcare UHC CCP Prod.



3. Choose Open App link on the UnitedHealthcare "UHC CCP Prod" tile.
4. You will be presented with the **2-Step Verification Choose a Method**. You will need to choose only one method to successfully log in.



Two-step verification

Choose a method

How would you like to verify it's you?

Email

Email aja****@uhc.com [Send code](#)

Text message

SMS *****9428 [Send code](#)

Can't use any of these verification methods? [Get help](#)


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Choose a Method - Sign in with a text message

1. Find the verification method of **Text Message** and Choose [Send Code](#)



Two-step verification

Choose a method

How would you like to verify it's you?

Email

Email aja****@uhc.com Send code

Text message

SMS *****9428 Send code

Can't use any of these verification methods? [Get help](#)

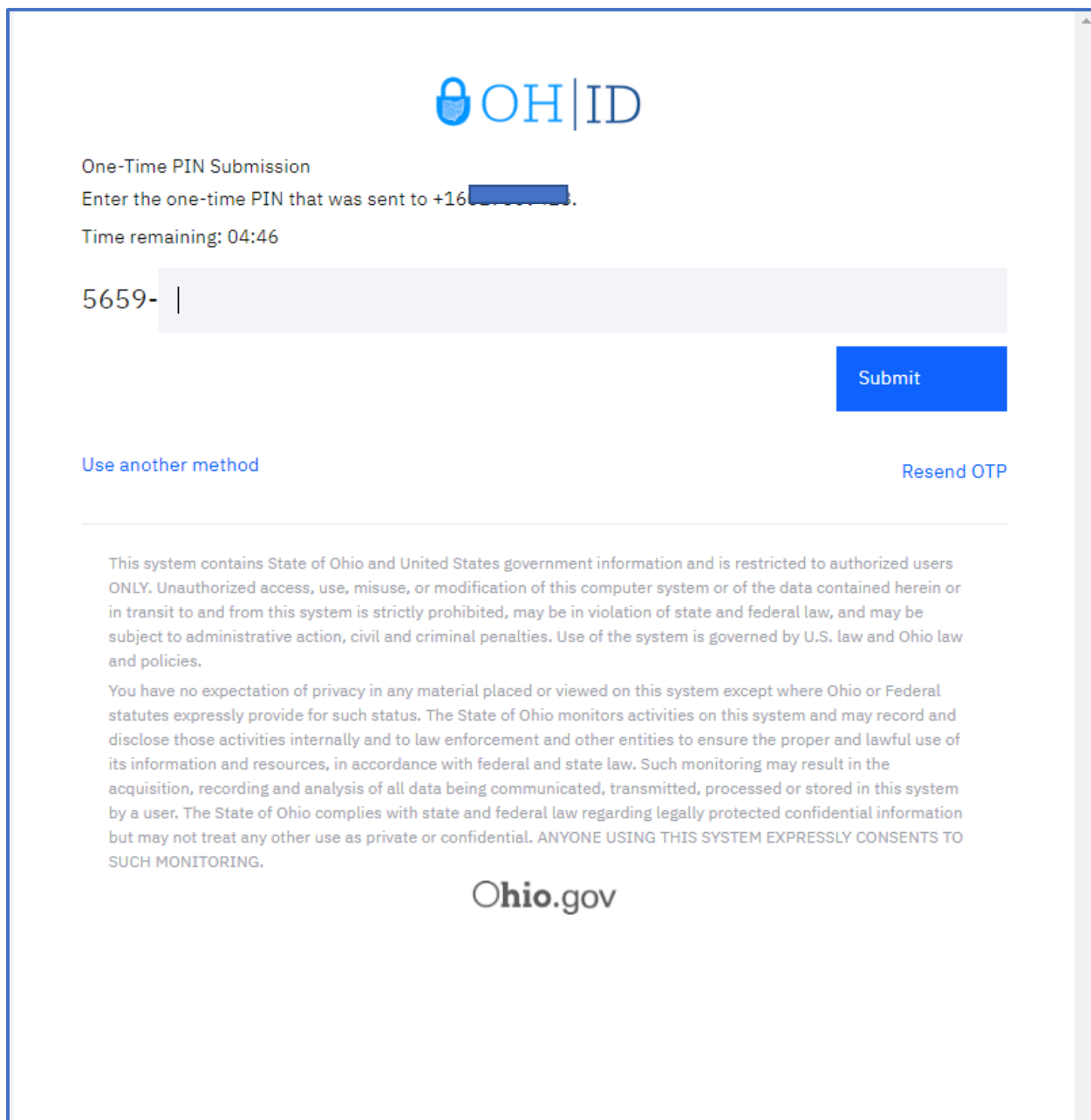
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2. You will receive a text message to the phone number that you setup that contains a verification code.
3. Enter the code in the box provided on the sign-in page. Choose **Submit**.

*If the time remaining runs out before the entry of the code, select **Resend OTP** for a new One-Time PIN Submission to be generated and sent to you through text.*





One-Time PIN Submission

Enter the one-time PIN that was sent to +16 [REDACTED].


Time remaining: 04:46

5659- |

[Use another method](#) [Resend OTP](#)


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Choose a Method - Sign in with an email message

1. Find the verification method of **Email** and Choose [Send Code](#)



Two-step verification

Choose a method

How would you like to verify it's you?

Email

Email aja****@uhc.com [Send code](#)

Text message

SMS *****9428 [Send code](#)

Can't use any of these verification methods? [Get help](#)

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2. You will receive an email message to the email that was defined in the setup that contains a verification code.
3. Enter the code in the box provided on the sign-in page. Choose **Submit**.

*If the time remaining runs out before the entry of the code, select **Resend OTP** for a new One-Time PIN Submission to be generated and sent to you through email.*



One-Time PIN Submission

Enter the one-time PIN that was sent to [redacted]@uhc.com.



Time remaining: 04:54

7777-

Submit

[Use another method](#)

[Resend OTP](#)

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Landing page: Population Health

After you successfully enter the code provided by text or email to meet the MFA requirement you will be logged into GuidingCare. When you log in to GuidingCare, the Population Health screen appears. Population Health Management is a proactive, patient-centric approach to healthcare that engages providers in prevention and wellness with the goals of improving clinical outcomes and reducing costs. To enable successful population health management, it is crucial to involve providers in a patient's care team, while also giving them the ability to track the clinical measures being taken for patient's health improvement through care management.






The Population Health module helps in monitoring the clinical measures that are identified and executed for the members assigned to them. Care coordinators are key players in care management programs. A care coordinator interacts with members outside a clinical environment, in person, by phone, or by email. Therefore, a care team that includes care managers, care coordinators as well as physicians are structured to engage members for quicker and more effective care outcomes.

Dashboard Tab

The **Population** section allows you to quickly view the count of new/updated care plans, unread messages, quality measures that are in progress and yet to be addressed, pending activities requests, ADT, IP care transition events and new members assigned.

The **Population** section includes 7 (seven) tiles:

- Care Plan
- Activities
- My Members
- Quality Measures
- Care Transitions IP
- In-Patients Admissions & Discharges
- Emergency Department Discharges

Tab	Tab Name	Tab	Tab Name	Tab	Tab Name
 Dashboard	Dashboard	 My Members	My Members	 Quality Measures	Quality Measures
 Admission/ Discharges	Admissions / Discharges	 Authorizations	Authorizations		



Each tile displays counts with links. If the count is 0, the link is disabled.

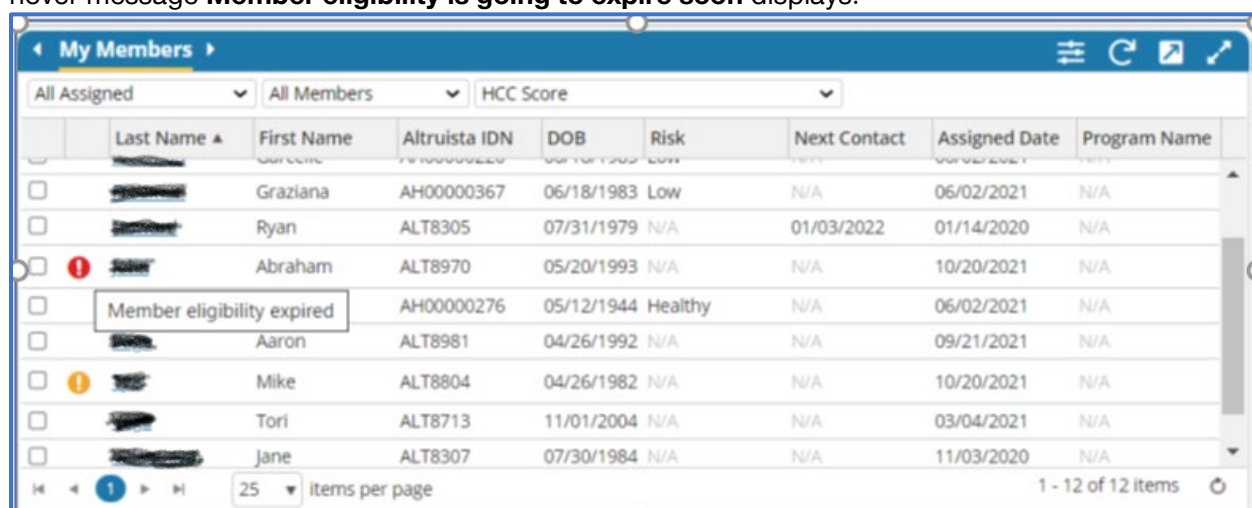
Tile	Count	Description
Care Plan	New/Updated Care Plan(s)	Click the link to open the Requests left menu tab.
	Review Care Plan	<p>Care plan review requests to the provider are sent by care staff through an email notification from the Team Care Plan section. Upon sending a request for care plan review, the provider receives an email regarding the care plan review and an activity record is generated in the Outstanding Activities sub-tab of the activity record. Providers can review the care plan from Request Received in Population Health and from Member Summary > Activity Record > Outstanding Activities.</p> <p>Care plan review requests are displayed to all the providers sharing the same TIN profile, but the email notification is sent only to the provider for whom the review request is raised. Similarly, the care plan review activity is visible in the Outstanding Activities section in the Care Management module to all the care staff sharing the same TIN.</p> <p>Click count or Review Care Plan to open the Request Received grid with a list of pending review care plan requests of the members associated with you under the Care Plan Review section.</p> <ul style="list-style-type: none"> - When the care plan review request was created 60 days ago and has not been acknowledged, you can view the care plan review request in the Care Plan Review section on member's care plan with the status changed from Pending to Closed. - When the care plan review request was created less than 60 days ago and has not been acknowledged, you can view the care plan review request in the Care Plan Review section in the member's care plan with the status as Pending.

		<p>For every care plan review request received from Care Management, you can acknowledge the review request and capture notes.</p> <p>The care plan review request is available for you under the new accordion Care Plan Review in Pending status with a thumb icon.</p> <p>Click the thumbs up icon to view the complete list of current care plan records.</p> <p>An alert is created in GuidingCare when a care plan review is acknowledged from the Request Received section in Population Health by the provider by adding comments/notes. This alert reflects in the My Alerts widget of the dashboard and in the Member Summary banner of selected member.</p> <p>The status of the care plan review requests is in Pending status initially when the request is sent to the provider.</p>
Activities	Pending Activity Request(s)	Open the Request Received section in the Requests left menu tab. The Request Received grid displays activity requests that are pending for acceptance.
	Unread Message(s)	Open the Request Received section in the Requests left menu tab. The Request Received grid displays unread messages.
My Members	New Member (Last 30 Days)	Open the My Members page. The My Members grid displays a list of new members assigned to you in the last 30 days.
Quality Measures	Not Addressed	The Quality Measures grid auto populates with current reporting year in Measure Version and Measure Group drop-down list by default displays all the measures in Not Addressed status.
	In Progress	The Quality Measures grid autopopulates with current reporting year in the Measure Version and Default Measure group in the Measure Group drop-down list displaying all the measures that are in In Progress status.
Care Transitions IP	Member(s) with Note Addressed Status	You are navigated to the Admissions/Discharges tab, which displays the care transitions IP events that are in Not Addressed status.

	Member(s) with In-Progress Status	You are navigated to the Admissions/Discharges tab, which displays the care transitions IP events that are in In Progress status.
In-Patients Admissions & Discharges	New Admissions (Last 30 days)	Open the Admission/Discharges section of IP Authorization
	New Discharge (Last 30 days)	Open the Admission/Discharges section of IP Authorization .
Emergency Department Discharges	Discharges (Last 30 days)	Open the Admission/Discharges section of ADT .

My Members Tab: Member Eligibility

The red icon  indicates the member's eligibility is termed. The hover message **Member eligibility expired** displays. An orange icon  indicates the member's eligibility will be termed soon. The hover message **Member eligibility is going to expire soon** displays.



	Last Name	First Name	Altruista IDN	DOB	Risk	Next Contact	Assigned Date	Program Name
<input type="checkbox"/>	[Redacted]	Graziana	AH00000367	06/18/1983	Low	N/A	06/02/2021	N/A
<input type="checkbox"/>	[Redacted]	Ryan	ALT8305	07/31/1979	N/A	01/03/2022	01/14/2020	N/A
<input type="checkbox"/>	[Redacted]	Abraham	ALT8970	05/20/1993	N/A	N/A	10/20/2021	N/A
<input type="checkbox"/>	[Redacted]	Aaron	AH00000276	05/12/1944	Healthy	N/A	06/02/2021	N/A
<input type="checkbox"/>	[Redacted]	Mike	ALT8804	04/26/1982	N/A	N/A	10/20/2021	N/A
<input type="checkbox"/>	[Redacted]	Tori	ALT8713	11/01/2004	N/A	N/A	03/04/2021	N/A
<input type="checkbox"/>	[Redacted]	Jane	ALT8307	07/30/1984	N/A	N/A	11/03/2020	N/A

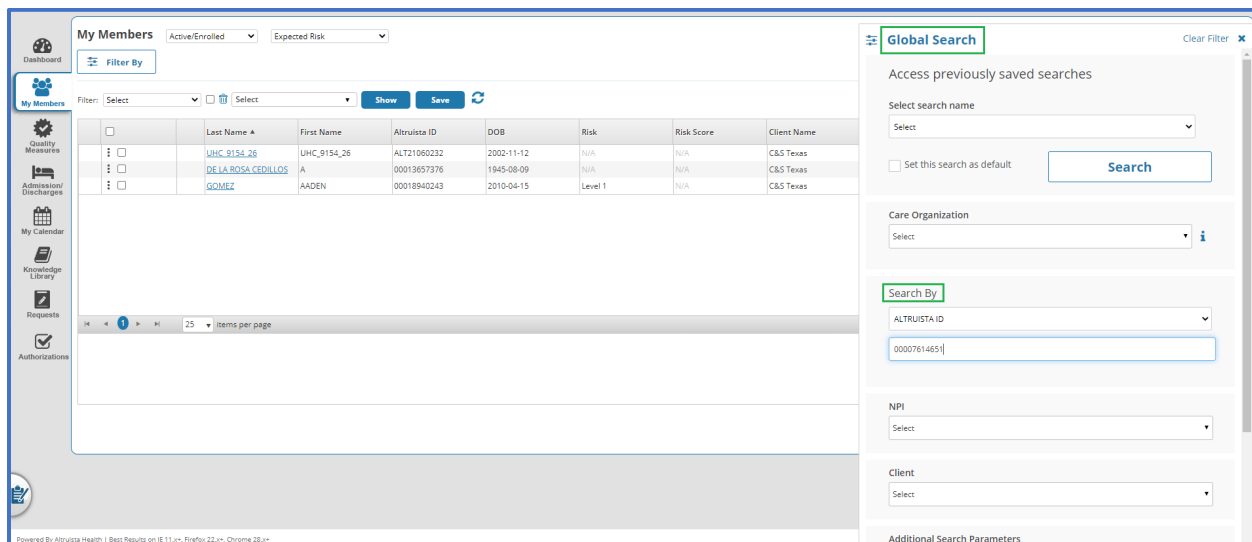
The icon next to the member records in the **My Members** widget displays when the only active records in member's programs section turn inactive and there are no other activity records in programs for that member that has required activities configured.

Global Search

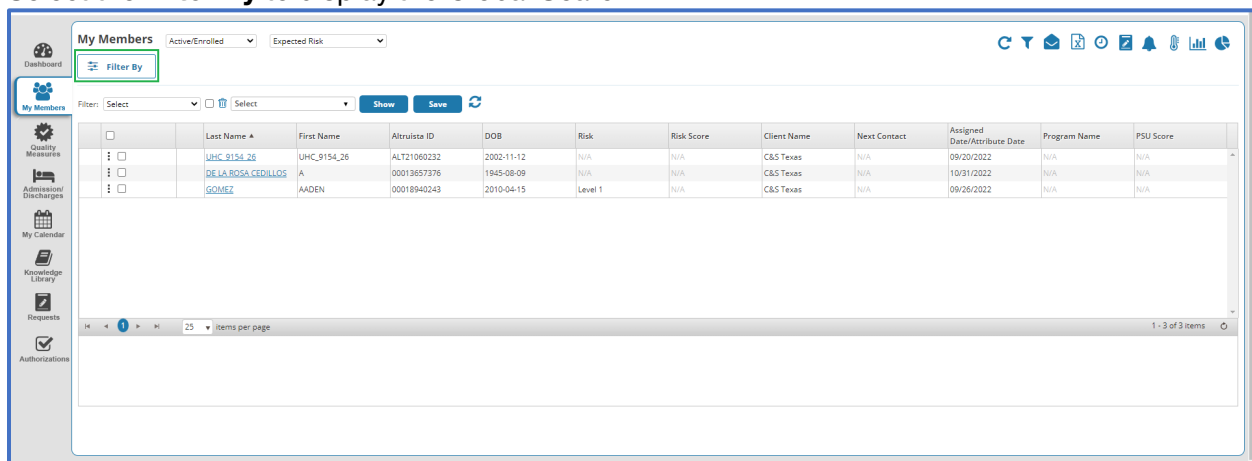
You can perform the global search using different search criteria from the following pages:

- Dashboard > Quality Measure Performance

- My Members
- Quality Measures
- Admission/Discharges



Select the **Filter By** to display the Global Search.



Additional Search Parameters

You can also search by Additional Search Parameters by selecting each parameter from the list. Some additional parameters that may be useful include:

Search Parameter	Description
Age	Enter a number in the text field to search by age.
County	The County field is enabled with smart search.

DOB	For DOB search criteria, enter from and to dates to filter members with DOB within a time frame.
Eligibility Level	Selecting Eligibility Level from the Additional Search Parameters drop-down displays two new fields: Eligibility Level and Eligibility Level Value . Depending on the number of levels the system has been configured for a client, the levels would display in the Eligibility Level drop-down list. You can select an eligibility level and corresponding eligibility level values to search for specific members.
Gender	Select a gender: Male, Female or Unspecified.

Save Global Search

After performing a search, click **Save** to save the results and retrieve the results for later use. Click **Save and Set As Default** to save search while also setting that particular search as default. You can choose to display the saved searches from the **Saved Search** drop-down list.

New Message

Create Message

Select **Create Message** from the context menu. The **Create Message** window appears.

It allows you to send internal messages and HISP direct messages.

- **Internal Messages:** Messages sent internally within GuidingCare.
- **HISP Direct Messages:** Plain text messages or C-CDA sent to providers who have DIRECT access.

Create Message ✕

Selected Member : Member Ohio

Message Type : Internal HISP Direct

Use down arrow to select other care staff

To : 1 Item Selected Begin typing name to select other care staff Member (Member Ohio)

Subject : Member Appointment Completed

Attachments :

Attachments will not be shared with members

Content :

Hello Melissa,

During a waiver touchpoint, I confirmed with the member today that he did attend his scheduled appointment with Dr. John Smith on Friday, 10/28/22. Dr. Smith's office is going to fax the office visit notes to you directly with the member's medication changes. He is scheduled for a f/u appointment with Dr. Smith in 3 months on Monday, 1/30/23.

Thanks,
Stephanie, Waiver Service Coordinator

Send Internal Message

Click Internal if you want to send a message to that member.

Select care team from the **To** drop-down list

Select care staff from the drop-down list.

Enter the **Subject** and **Content**.

Click **Upload Files** to attach files to the message.

Click **Send**

Alerts

My Members Active/Enrolled Expected Risk												
Filter: Select <input type="checkbox"/> Select <input type="checkbox"/> Show Save Refresh												
	Last Name *	First Name	Altruista ID	DOB	Risk	Risk Score	Client Name	Next Contact	Assigned Date/Attribute Date	Program Name	PSU Score	
<input type="checkbox"/>	Ohio	Member	00007614651	2013-10-02	Level 3	N/A	C&S Ohio	N/A	11/01/2022	Intensive Opportunity,State Innovation Model Care Coordination Care Coordination	0.5444337619	

The screenshot shows the 'My Members' widget interface. The main table displays member information. An 'Alerts' pop-up window is open, showing a table with columns: Description, Count, Source, and Updated On. The data in the Alerts window is as follows:

Description	Count	Source	Updated On
ER Alert	1	ADT	N/A
NOTES	1	NOTES	N/A

The **Alerts** window displays the following columns:

Column	Description
Description	Displays the description of the alert.
Count	Displays the members count associated with an alert. Clicking the value in the Count column displays the list of the members associated with the selected alert in the My Members widget.
Source	Displays the source name from where the alert is generated.
Updated On	Displays the date on which the alert was last modified.




My Members

This section displays the details of the members who are assigned to you. Click the **Last Name** hyperlink of a member record to view the **Member Details** page.

The screenshot shows the 'My Members' widget interface with a table of member records. The table columns are: Last Name, First Name, Altruista ID, DOB, Risk, Risk Score, Client Name, Next Contact, Assigned Date/Attribute Date, Program Name, and PSU Score. The data in the table is as follows:

	Last Name	First Name	Altruista ID	DOB	Risk	Risk Score	Client Name	Next Contact	Assigned Date/Attribute Date	Program Name	PSU Score
<input type="checkbox"/>	BROWN	ALICIA	00016611574	2010-05-01	N/A	N/A	C&S Ohio	N/A	11/01/2022	N/A	N/A
<input type="checkbox"/>	BROWN	ALYSSA	00002169407	2005-07-05	N/A	N/A	C&S Ohio	N/A	11/02/2022	State Innovation ...	N/A
<input type="checkbox"/>	BROWN	ALYSSA	00002169111	2005-07-05	N/A	N/A	C&S Ohio	N/A	11/02/2022	Level 1, State Inn...	N/A
<input type="checkbox"/>	BROWN	ALYSSA	00002172221	2005-07-05	N/A	N/A	C&S Ohio	N/A	11/02/2022	N/A	N/A
<input type="checkbox"/>	BROWN	ALYSSA	00002178291	2010-05-01	N/A	N/A	C&S Ohio	N/A	11/02/2022	State Innovation ...	N/A
<input type="checkbox"/>	BROWN	ALYSSA	00002161368	2005-07-05	N/A	N/A	C&S Ohio	N/A	11/02/2022	Chronic Illness, ST...	N/A
<input type="checkbox"/>	BROWN	ALYSSA	00002175041	2005-07-05	N/A	N/A	C&S Ohio	N/A	11/02/2022	Level 1, State Inn...	N/A

The **My Members** page has additional icons in the upper righthand corner:

Icon	Description
	Refresh: Removes any filters applied and refreshes the list of members.
	Filters Applied: Displays the criteria that has been used to filter members such as, diseases, quality indicators, risk levels, eligibilities, and opportunities.
	Alerts: Displays the members count for activities generated as alert, based on HL7 messages and rules.

The **My Members** grid consists of the following columns by default:

Column	Description
Last Name	Displays the last name of the member. Click the hyperlink to go to the Member Details page.
First Name	Displays the first name of the member.
Altruista ID	Displays member's unique ID.
DOB	Displays member's date of birth.
Risk	Displays the risk level in which member is placed (Level 3- High, Level 2- Medium, Level 1- Low).
Risk Score	Displays the risk score of the member. Sort the grid in ascending or descending order by clicking the Risk Score column.
Client Name	Displays the client's name.
Next Contact	Displays the next contact date.
Assigned Date/Attribute Date	Displays the date on which the member has been assigned to you. The assigned date is applicable for non-provider users. The attribute date is applicable to the providers with TIN, NPI or provider ID, and assigned the role with Population Health as the primary module.
Program Name	Displays the name of the program the member is enrolled.
PSU Score	Displays the PSU score of members.

[View All Members/Active/Inactive Members](#)

Members can be filtered using the options in the drop-down list shown on the **My Members** page.

My Members Active/Enrolled Estimated Risk

Filter By: Active/Enrolled, All Members, Inactive/Disenrolled

Filter: Select Select Show Save

	Last Name	First Name	Altruista ID	DOB	Risk	Risk Score	Client Name	Next Contact	Assigned Date/Attribute Date	SSN	Program Name	PSU Score
	KG Series	TEST	ALT2013	1987-07-01	N/A	N/A	Altruista	N/A	02/01/2021	N/A	N/A	N/A
	level6	test	ALT2855	2021-04-20	N/A	N/A	ABClient1	N/A	04/20/2021	N/A	N/A	N/A
	W1	W1	ALT2376	1991-02-14	N/A	N/A	Altruista	N/A	10/14/2020	N/A	N/A	N/A
	mem1	client	ALT2209	1989-08-20	N/A	N/A	Federal	N/A	03/21/2021	N/A	N/A	N/A
	New	Test	ALT2775	1990-01-02	N/A	N/A	Test Client	N/A	03/21/2021	N/A	N/A	N/A
	New111	Test111	ALT2777	1979-01-01	N/A	N/A	Test	N/A	03/21/2021	N/A	N/A	N/A
	QA ALL	srs	ALT2581	2021-01-05	N/A	N/A	Altruista	N/A	01/07/2021	N/A	N/A	N/A
	srs	level3	ALT2582	2021-01-06	N/A	N/A	Altruista	N/A	01/07/2021	N/A	N/A	N/A
	T23	T23	ALT2877	1991-02-14	N/A	N/A	1st record	N/A	04/23/2021	N/A	N/A	N/A
	Test	Member 1	ALT123681	1995-03-25	N/A	N/A	A client	N/A	09/03/2021	N/A	N/A	N/A
	Testing	API	ALT1716	2001-02-01	Low	73.174	client source	N/A	03/21/2021	N/A	N/A	N/A
	W1	W1	ALT2376	1991-02-14	N/A	N/A	Altruista	N/A	10/14/2020	N/A	N/A	N/A
	71	71	ALT2406	1991-02-14	N/A	N/A	ABClient1	N/A	10/14/2020	N/A	N/A	N/A

25 items per page 1 - 19 of 19 items

The drop-down list contains the following options:

- **All Members:** All the assigned members appear in the list. This option is selected by default.
- **Active/Enrolled:** All the active members enrolled in at least one program appear in the list.
- **Inactive/Disenrolled:** All the inactive members who are not enrolled in any program appear in the list.

Sensitive Diagnosis

For members that are marked as **Sensitive Diagnosis**, you cannot access the member record. The **Last Name** hyperlink to the **Member Summary** is disabled for such records.

My Members Active/Enrolled R1

Filter By

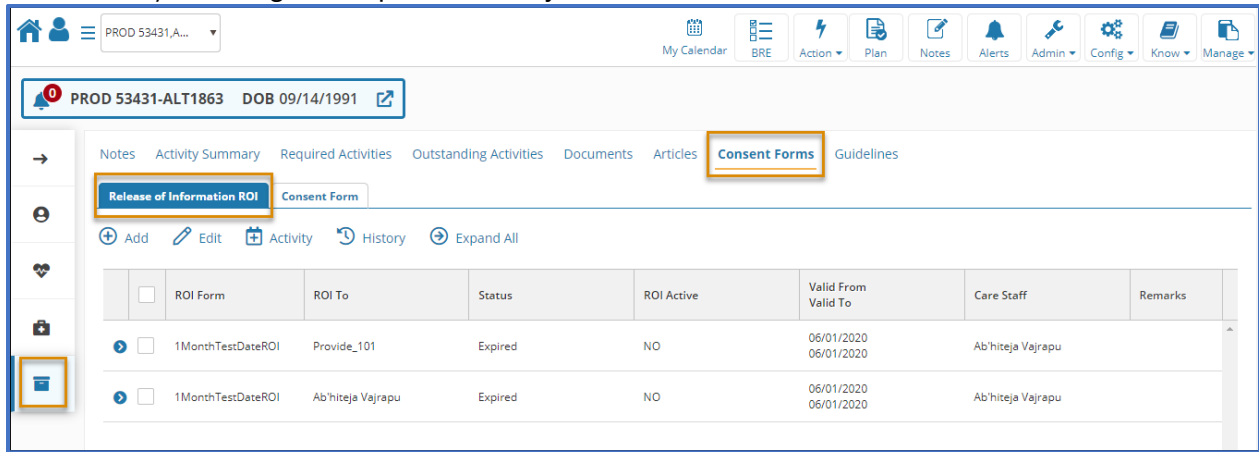
Filter: Select Select Show Save

	Last Name	First Name	ALT ID	DOB	Risk	Risk Score	Client Name	Next Contact	Assigned Date/Attribute Date	PSU Score
	user	prov	ALT1811	1986-05-05	N/A	N/A	Federal	N/A	01/29/2021	N/A
	PROD-58976	Regression	ALT2046	1991-09-14	N/A	N/A	Test	N/A	07/20/2020	N/A
	Sanity	Post Auth Note	ALT2265	1991-09-14	N/A	N/A	Test	N/A	08/24/2020	N/A
	Series	KG	ALT2027	2001-07-01	N/A	N/A	A client	N/A	07/17/2020	N/A
	team	Avatar	ALT1674	1990-08-05	N/A	N/A	Test	N/A	01/21/2021	N/A
	Test	Vishali	AH01	1961-04-30	N/A	N/A	Test	N/A	01/22/2021	N/A
	Test	Member 2	AH02	1961-03-30	N/A	N/A	Test	N/A	02/25/2021	N/A
	Test	Testing	ALT2122	1999-07-31	N/A	N/A	A client	N/A	11/26/2020	N/A

25 items per page 1 - 25 of 30 items

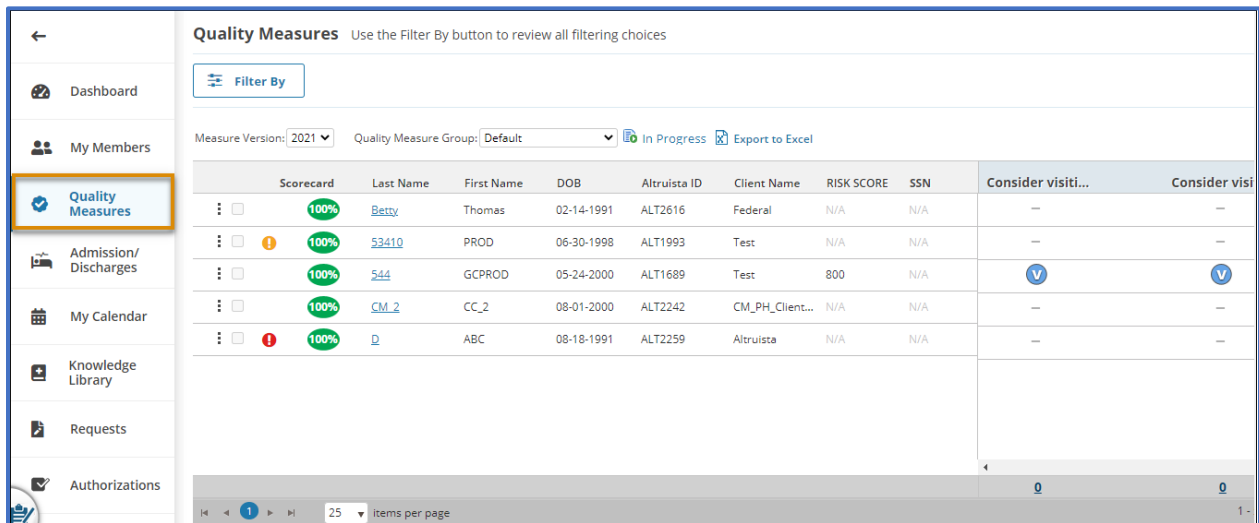
If a member’s record is restricted from accessing the member’s sensitive data, they can still access member details if the member has an active release of information (ROI) consent form added with **Granted** status from **Activity Record > Consent Forms**.

Users can access member details from any section such as Quality Measures, Admissions/Discharges, Requests and My Calendar, if the member has an active ROI.



Quality Measure Performance

This tab displays the list of quality measures with measure description and count of adherent and non-adherent measures, target, and gaps to target. This page also displays a view of **Total Adherent Measures** and **Measures Addressed** bar graphs.



The list of quality measures displays based on the selected **Measure Version** and **Quality Measure Group**. All the quality measure groups that appear in the **Quality Measure Group** drop-down list are created only by the provider administrator.

The **Quality Measures** grid consists of the following columns:




Column	Description
Scorecard	Displays the proportion of opportunities resolved for a member.
Last Name	Displays the last name of the member.
First Name	Displays the first name of the member.
DOB	Displays the date of birth of the member.
ID	Displays the unique ID of the member.
Client Name	Displays the name of the client.


Scorecard

SCORECARD = Opportunities resolved & closed / {Total Opportunities – Opportunity Not Applicable (indicated by -)}

The quality measures can be in different statuses based on whether they are addressed or not by the provider.

Statuses

Icon	Description
	Measure completed. Measure completed as supported by claims information . Once claims data reflects the measure has been completed, this icon will appear. Does not allow for documentation on icon.
	Measure completed. This icon shows information was documented as measure completed per member . The member has reported that they completed an appointment for this measure. Claims information has not supported completion yet. Does not allow for documentation on icon.
	In Progress. Measure documented as Action Planned . The member has reported that they have an appointment scheduled, will be scheduling an appointment, or member instructed to discuss this measure with physicians. Icon can be clicked on for additional documentation updates on member's progress and completion of measure.

-	<p>Not Applicable. Displays if documentation reason Not an Issue/Other is used. Does not allow user to edit or document on measure in the future once selected. Use with extreme caution as this will be used for HEDIS exclusions only. Refer to the Document HEDIS Measures topic below, which discusses appropriate use.</p>
	<p>Not Addressed. This measure has not been discussed with the member and the member has not completed this measure.</p>

Search Quality Measures

After searching with the appropriate parameters in the global search, the **Measure Version** and **Quality Measure Group** values appear in the respective drop-down lists.

Select year in the **Measure Version** and measure group in **Quality Measure Group** drop-down lists. The measures with respect to the selected year and measure group appear in the grid.

Quality Measures Use the Filter By button to review all filtering choices

Filter By



Measure Version

2021

Quality Measure Group

Training

In Progress
Export to Excel

		Last Name	First Name	DOB	ALT ID	Client Name	RISK SCORE	PSU SCORE	30 - Day Follow...	30 - Day Follow...
:	0%	56618	PROD	09-14-1991	ALT1687	Test	N/A	N/A	-	
:	0%	Member1	Member1	02-01-2004	ALT1659	Test	N/A	N/A		-
:	0%	team	Avatar	08-05-1990	ALT1674	Test	N/A	N/A	-	-

View Measure Based on Year

The **Quality Measure Performance** tab displays a list of measures associated with a particular year and measure group selected.

View Measure Sensitive Data

The count in the **Quality Measure Performance** grid also includes the measures marked as **Is Sensitive**. Click the count link to view the **Quality Measure** page with the respective measure details.

The screenshot shows the 'Quality Measures' section of a software interface. It includes a sidebar with navigation options like 'Dashboard', 'My Members', 'Quality Measures', 'Admissions/Discharges', 'My Calendar', 'Knowledge Library', 'Requests', and 'Authorizations'. The main area displays a table with the following columns: Scorecard, Last Name, First Name, DOB, Altruista ID, Client Name, RISK SCORE, PSU SCORE, adv20 - Members..., and epsgg20uh - EPS... The table contains one row with a red triangle icon in the 'adv20 - Members...' column. The interface also features a 'Filter By' button and a 'Measure Version' dropdown set to '2021'.

Admission / Discharge

This section displays the Inpatient and ER admission and discharge transfer (ADT) information of members. This ADT data is extracted from the HL7 associated with each member. It displays the members with the status of enrollment in the care transition program.

The status of members being engaged into care transition programs appears as follows:

Icon	Status
	Member is not engaged in a care transition program.
	Member is engaged in care transition program.
	Member has completed the care transition program.

Select at least one care organization from the **Care Organization** drop-down list to view the records in the **Admission/Discharges** grid. By default, records of the last three months display.

Search ADT/IP Records

To search for ADT records, use the filters above the grid.

The screenshot shows the 'Admission / Discharges' section of the software interface. It features a search filter set to 'ADT' and a date range from 06/04/2022 to 11/03/2022. The grid below is empty, displaying 'No records found.' The interface also includes a sidebar with navigation options and a 'Filter By' button.

Filter	Description
ADT/IP	Use this filter to choose ADT/IP record.
Admission/Discharge	This field displays three values: Admit Date, Discharge Date and Load Date. You can choose any of the data type to filter the ADT records.
From Date	Displays the event from date.
To Date	Displays the event to date.
Event Type	This field displays the event types such as A01: Admit / Visit Notification, A02: Transfer a Patient and A03: Discharge/End Visit.
Class	This field displays different patient classes that can be used to filter the ADT records.

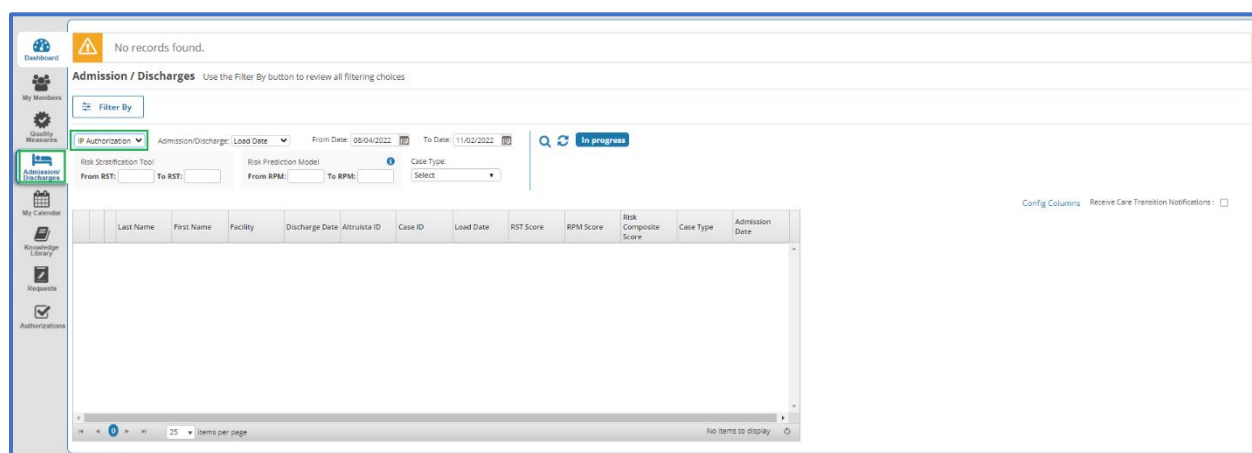
In the **ADT** view, the **Admission/Discharges** grid displays the following columns:

Column	Description
Last Name	Displays the last name of the member.
First Name	Displays the first name of the member.
Admit Date	Displays the ER admission date of the member.
Facility Name	Displays the admitting facility's name.
Discharge Ack/Un-Ack On	Displays the discharge acknowledge/un-acknowledge date.
Discharge Ack/Un-Ack By	Displays the name of the discharge acknowledge/un-acknowledge by.
My Care Manager	Displays the name of the care manger.
Medicaid ID	Displays the Medicaid ID.
Altruista ID	Displays the member's unique ID.
Client Name	Displays the name of the client.
Risk Composite Score	Displays the risk composite score associated with the member.
Company	Displays the name of the company
PSU Score	Displays the PSU score of the member.
Next Activity	The Next Activity column shows the activity name and allows you to perform it directly by clicking the link. It displays the General Activity Outcome window if it is general activity. If it is script-based activity, the Run Script window appears. For more details, refer to Perform Activity.
Status	Displays the status of whether the ADT event was addressed.

The **IP Authorizations** grid displays the following columns:

Column	Description
Last Name	Displays the member's last name.
First Name	Displays the member's first name.
ID	Displays unique ID.
Client Name	Displays the name of the client to which the member belongs.
Case ID	Displays the case ID number.

Admission Date	Displays the admission date of the member to the Inpatient facility.
Discharge Date	Displays the date on which the member was discharged from the facility.
Discharge Disposition	Displays the anticipated location or status following member's discharge from the facility.
RPM Score	Displays the member's RPM score.
Facility	Displays the name of the facility where the member was admitted.
Case Status	Displays the member's case status.
Case Type	Displays the case type.
PSU Score	Displays PSU score.
Next Activity	Displays the next scheduled activity for the member.
Script	Displays the name of the script if the next activity is script based.
Activity Due Date	Displays the due date of the scheduled activity.
Status	Displays the status of whether the ADT event was addressed.



Care Management

Clicking on any Member last name (hyperlink) from the **My Members** grid, that is active, will launch Care Management Module.

Member Summary Banner

When selected single Member, the **Member Summary** banner displays the details about the member such as their name and contact details, case manager, service interruptions, life-

threatening allergies, risk score, risk level and risk weight. The banner has two views: tile (default) and expanded.

The tile view displays the **Alerts indicator, Member Name, ID, Age, Gender, Date of Birth, Primary Language, Address, Phone Number, Line of Business (LOB), Care Manager, PCP, Member Preferred Time of Call, Risk Level, and Safety Precautions (click to open/ read).**

Member Info

This section includes details regarding member's demographics, caregivers, care team and eligibility.

- **Member Details** – Member's demographic details, including additional phone numbers/ addresses, and member identifiers (identification numbers).
- **Caregivers & Care Team** – Member's caregivers and care management details
- **Programs** – Member's health plan programs details
- **Eligibility** – Member's eligibility details (both active and inactive)

Member Details

In the **Member Details** page, you can view the member’s demographic information, their medical conditions, provider details, phone numbers, addresses, family details, member identifiers and other additional information. Interrelated labels have been grouped and display under one header in a tile format. Grouped details include **Personal Details, Phone Numbers, Languages, Address, Email, Subscriber_SSN, MEDICAID_NO, Medicaid Subscriber ID, Medical IDs, Demographics, Member Portal and Medicaid Recert Date.**

Phone Numbers

<input type="checkbox"/>	Type	Phone Number	Extension	Preferred Phone	Comments/Notes	Created By	Created On	Updated By	Updated On
<input type="checkbox"/>	MOBILE	614-555-1212	N/A	No	N/A	Sara Fischer, RN, BSN	07/12/2022 4:47:06 PM	N/A	N/A
<input type="checkbox"/>	PRIMARY PHONE	330-123-4567	N/A	No	N/A	ANDREA CRAIG	04/06/2020 1:28:08 PM	ANGELA JAMES	07/12/2022 4:37:50 PM

Addresses

<input type="checkbox"/>	Address	City	State	County	Zip	Address Type	Is Primary	Is Preferred	Created By	Created On	Updated By	Updated On
<input type="checkbox"/>	123 Main St	Cleveland	OH	CUYAHOGA COUNTY	44101	Home Address	Yes	No	ETL Data	03/11/2021	ANGELA M JAMES	07/12/2022

Privacy Group Control Contact

Family Details

Member Identifiers

SUBSCRIBER_SSN:	802130091	MEDICAID_NO:	910000381294
MEDICARE_NO:	Not Available	Medicaid Subscriber ID:	107817961
FAMILY_LINK_ID:	5511636460	MBI # (Medicare #):	Not Available

Additional Information

Medicaid Status:	Not Available	Person Code:	Not Available
Client Name:	C&S Ohio	Risk of Admission:	3.9565
Self Reported Race:	Not Available	Medicaid Recert Date:	Not Available
Icm Expansion Or Blended Cm:	Not Available	Billing Slot Type:	Not Available
Plan Code:	Not Available	Substance Abuse Det:	Not Available
Hospitalization Usage:	Not Available	Health Home Name:	Not Available
Medicare Indicator:	Not Available	Outpatient Rank:	Not Available
Doh Composite Score:	Not Available	Manage Care Plan Mmis Id:	Not Available
Manage Care Plan Name:	Not Available	Religious/Cultural Considerations:	Not Available
Reasonable Accommodation :	Not Available	Self Reported Race:	Not Available
Rate Code:	OH43	Rate Code Desc:	OH ABD NorthEast - 0077110C1
SECA Flag:	Not Available	SCHOOL NAME:	Not Available
SCHOOL DISTRICT:	Not Available	BANK ACCOUNT NUMBER:	Not Available
Patient Centered Medical Home:	No	SED/SMI Flag:	No
MMC EMAIL:	Not Available	Last UAS Date:	Not Available
Next Scheduled UAS Date:	Not Available	HFS ID Strat ACO:	Not Available
HFS ID Strat Care Team:	Not Available	HFS Strat Score:	Not Available
Total Cost of Care (In USD):	12991.89	Original Effective Date:	Not Available
MMC_PHONE:	Not Available	Share of Cost/Co-Payment:	Not Available
Date of Death:	Not Available	BH Persistent Super Utilizer Flag:	N
AA Indicator:	SELF		

Personal Details

Field	Description
Member Name	Displays the member's name in first name, middle name and last name format.
Gender	Displays the member's gender: <ul style="list-style-type: none"> ▪ Another identity ▪ Decline to answer ▪ Female ▪ Intersex ▪ Male ▪ Non-binary/Gender Non-Conforming ▪ Transgender Female/Transgender Woman ▪ Transgender Male/Transgender Man ▪ Two-spirit/Genderqueer/Gender Fluid ▪ Unspecified
Preferred Pronouns	Displays how the member prefers to be addressed: <ul style="list-style-type: none"> ▪ She/Her/Hers ▪ He/Him/His ▪ They/Them/Theirs ▪ Other <p>If Other is selected, the custom pronoun choice displays.</p>
Date of Birth	The member's date of birth.
ID	The unique GuidingCare system-generated ID of the member.
Member ID	The member's ID.
Service Interruption	If the member has any interruptions to their service (i.e., rehab), a link displays here.

Sensitive Diagnosis

Members that have been restricted as sensitive, will display status in **Clinical Details** section.

Clinical Details Primary Medical Provider: FLORA EDISON Primary Medical Condition: Chromosomal anomalies Primary Behavioral Condition: Not Available Expected Risk: Level 3 Sensitive Diagnosis: Yes Doctor appt: Not Available Reason for Doctor appt: Not Available EPSOT Member: Yes	Race: Not Available Ethnicity: American Residence Status: Not Available Income Status: Not Available Marital Status: Not Available Veteran Status: Not Available Evacuation Zone: Not Available
Member Portal Member Portal Access: Pending Activation	Aid Supplemental Data Aid Supplemental Data: View Aid/Supplemental Data History
Phone Numbers	
Addresses	
Privacy Group Control Contact	
Family Details	
Member Identifiers	
Additional Information	
Risk Stratification Information	

Caregivers

This section gives the details of member's caregivers. Members can have multiple caregivers, but only one can be set as the primary caregiver.

First Name	Last Name	Home Phone	DOB	Gender	Preferred Language	Relation	Caregiver Type	Is Primary	Release of Information	Member Portal Access
BECKY	Guardian	N/A	N/A	Female	N/A	Responsible Party	N/A	No	N/A	N/A
Brittany	Test Ohio	N/A	N/A	Female	N/A	Parent	N/A	No	N/A	N/A

The grid consists of the following columns:

Column	Description
First Name	Displays the first name of the caregiver.
Last Name	Displays the last name of the caregiver.
Home Phone	Displays the home phone number of the caregiver.
DOB	Displays the date of birth of the caregiver in MM/DD/YYYY format.
Gender	Displays the gender of the caregiver.

Preferred Language	Displays the preferred language of the caregiver.
Relation	Displays the relation of caregiver to the member.
Is Primary	Displays whether the caregiver is primary.
Release of Information	The value represented in this column will reflect the status of an ROI between the member and the caregiver or member and care team individual/entity. For an ROI that has an effective through date in the past, the status of the ROI displays as Expired .
Member Portal Access	Displays whether the caregiver has access to member portal.
Preferred Language	It is not mandatory. You can add/edit the caregiver's preferred language. You can select one preferred language at a time.

The **Caregivers** window includes the following actions:

Action	Description
Go to Release of Information	Opens the Activity Record > Consent Forms tab.
View	Select a caregiver and click View to view detailed information about the caregiver in a new window.

Care Team

This section displays the member's internal care team, external care team, provider, caregiver and primary provider history details.



From this tab, you can:

- View the member's internal and external care team members, providers, caregivers or common contacts.
- View the history of the member's internal external care team members, providers, caregivers or common contacts.
- View the member's PCP history.

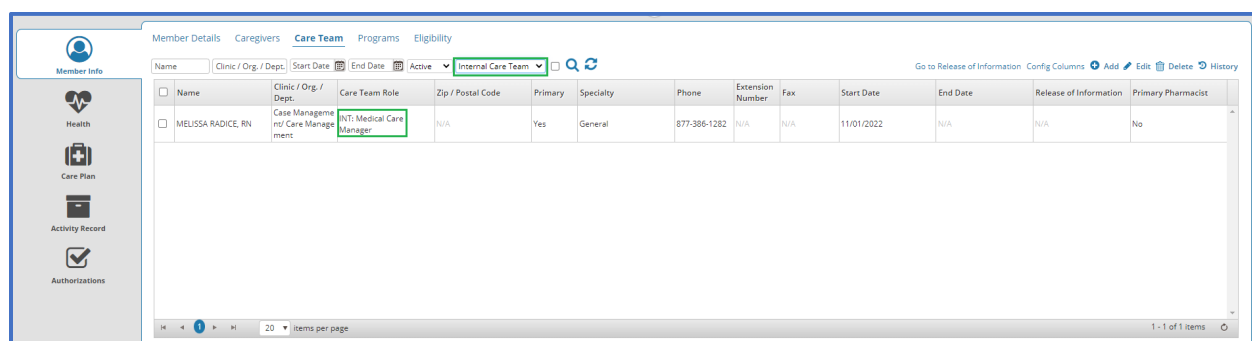
Name	Clinic / Org. / Dept.	Care Team Role	PCP	Premium Provider	PBP	Primary	Specialty	Phone	Extension Number	Fax	Start Date	End Date	Release of Information	Primary Pharmacist	Caregiver Type
Passport & Assisted Living Waivers: AA 1	N/A	EXT: External MCO Care Manager	No	No	No	N/A	N/A	N/A	N/A	N/A	10/04/2022	12/31/2099	N/A	No	N/A
OhioRISE	N/A	PRO: External MCO Care Manager	No	No	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No	N/A
Ohio Department of Medicaid	N/A	PRO: External MCO Care Manager	No	No	No	N/A	N/A	N/A	N/A	N/A	01/09/2018	12/31/2199	Available	No	N/A
MELISSA RADICE, RN	Case Management/ Care Management	INT: Medical Care Manager	No	No	N/A	Yes	General	877-386-1282	N/A	N/A	11/01/2022	N/A	N/A	No	N/A
HUB: Hospital Council of Northwest Ohio (HCKO)	N/A	EXT: External MCO Care Manager	No	No	No	N/A	N/A	N/A	N/A	N/A	08/01/2022	N/A	N/A	No	N/A
HILARY S JONES	N/A	N/A	No	No	No	N/A	Pediatrician	7243756161	N/A	7243750869	01/09/2018	12/31/2999	N/A	No	N/A
FLORA EDISON	N/A	EXT: Physician	Yes	No	No	N/A	Internal Medicine	5122682613	N/A	5122682615	10/01/2021	N/A	Available	No	N/A
CAHILL, M.D., DAVID J.	DAVID J CAHILL MD	EXT: Pediatrician	No	No	No	N/A	N/A	7247736842	N/A	7248460690	11/02/2020	N/A	Expired	No	N/A

The following filters are available for the grid. The grid and actions will change depending on the type of care team member you filter by.

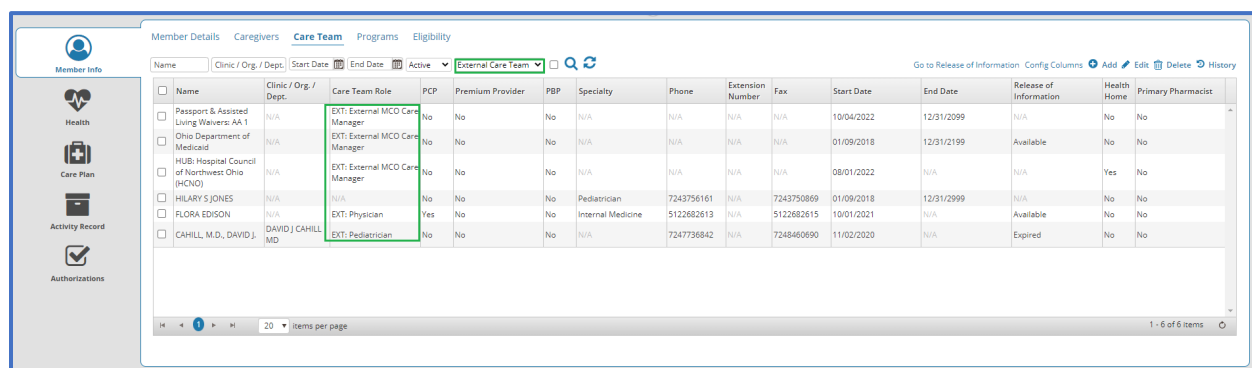
Filter	Description
Name	Filter by the care team member's name.
Clinic/Org./Dept.	Filter by the clinic, organization or department name of the care team member.
Start Date/End Date	Filter the grids by the service dates of the care team member.
Care team member type	<p>You can filter the grid by the following types of members on the member's care team:</p> <ul style="list-style-type: none"> ▪ ALL – Displays the details of all care team members. ▪ Internal Care Team – The care staff who use the application to provide care management for the member. ▪ External Care Team – All other providers and external entities who are part of the member's care team. ▪ Provider – list of providers who are part of the member's care team. The primary care provider details of the member display in this grid. ▪ Caregiver – Displays the member's caregivers. ▪ PCP History – The history of the list of primary care providers (PCPs) associated with a member. ▪ Common Contacts – Displays the member-specific contacts like ambulance, cab drivers

	and other similar information. This would help you to track the information that could
Set As Default checkbox	Select this checkbox when filtered on a specific care team type to set the filter as default.
	Apply the filters.
	Reset the filters.

The columns that display in the grids depend on the type of care team you filter by (**Internal Care Team**, **External Care Team**, **Provider**, **Caregiver**, **PCP History** or **Common Contacts**).



Name	Clinic / Org. / Dept.	Care Team Role	Zip / Postal Code	Primary	Specialty	Phone	Extension Number	Fax	Start Date	End Date	Release of Information	Primary Pharmacist
<input type="checkbox"/> MELUSSA RADICE, RN	Case Management	INT: Medical Care Manager	N/A	Yes	General	877-386-1282	N/A	N/A	11/01/2022	N/A	N/A	No



Name	Clinic / Org. / Dept.	Care Team Role	PCP	Premium Provider	PBP	Specialty	Phone	Extension Number	Fax	Start Date	End Date	Release of Information	Health Home	Primary Pharmacist
<input type="checkbox"/> Passport & Assisted Living Waivers: AA 1	N/A	EXT: External MCD Care Manager	No	No	No	N/A	N/A	N/A	N/A	10/04/2022	12/31/2099	N/A	No	No
<input type="checkbox"/> Ohio Department of Medicaid	N/A	EXT: External MCD Care Manager	No	No	No	N/A	N/A	N/A	N/A	01/09/2018	12/31/2199	Available	No	No
<input type="checkbox"/> HUB: Hospital Council of Northwest Ohio (HCNO)	N/A	EXT: External MCD Care Manager	No	No	No	N/A	N/A	N/A	N/A	08/01/2022	N/A	N/A	Yes	No
<input type="checkbox"/> HILARY S JONES	N/A	N/A	No	No	No	Pediatrician	7243756161	N/A	7243750869	01/09/2018	12/31/2099	N/A	No	No
<input type="checkbox"/> FLORA EDISON	N/A	EXT: Physician	Yes	No	No	Internal Medicine	5122682613	N/A	5122682615	10/01/2021	N/A	Available	No	No
<input type="checkbox"/> CAHILL, M.D., DAVID J.	DAVID J CAHILL MD	EXT: Pediatrician	No	No	No	N/A	7247798842	N/A	7248460690	11/02/2020	N/A	Expired	No	No

Column	Description
Name (All)	The name of the care team member. This column is sortable.
Clinic/Org./Dept. (All)	Displays the name of the clinic, organization or department of the care team member. The system displays respective care staff member's department under this column for the internal care team. <ul style="list-style-type: none"> If the internal care staff member belongs to a department and not a clinic, then the department name displays in the Clinic/Org./Dept. column.

	<ul style="list-style-type: none"> ▪ If the internal care staff member belongs to a department and a clinic, then the clinic name displays in the Clinic/Org./Dept. column. ▪ If the internal care staff member belongs to multiple departments, then all the departments display in the Clinic/Org./Dept. column, separated by comma.
Care Team Role (All)	<p>Displays the role of the care team member, whether internal or external care team.</p> <ul style="list-style-type: none"> - INT - Internal - EXT - External - PRO - Provider - CG - Caregiver - CC - Common Contact
PCP (External Care Team, PCP History)	<p>Indicates the primary care provider (PCP) for the member.</p> <ul style="list-style-type: none"> ▪ Yes = Primary ▪ No = Not Primary
Premium Provider (External Care Team, PCP History)	<p>Indicates if the provider is a premium provider.</p> <ul style="list-style-type: none"> ▪ Yes = Premium ▪ No = Not Premium
Zip/Postal Code (Internal Care Team)	<p>Displays the zip code of the internal care team member.</p>
PBP (External Care Team, PCP History)	<p>Indicates the primary behavioral provider (PBP) for the member.</p> <ul style="list-style-type: none"> ▪ Yes = Primary ▪ No = Not Primary
Primary (Internal Care Team, Caregiver)	<p>Indicates the primary care team members.</p> <ul style="list-style-type: none"> ▪ Yes = Primary ▪ No = Not Primary
Specialty (All)	<p>Displays the specialty/area of expertise of the care team member.</p>
Phone (All)	<p>Displays the phone number of the care team member.</p>
Extension Number (Common Contacts)	<p>Displays the extension number of the common contact, if applicable.</p>
Fax (All)	<p>Displays the fax number of the care team member.</p>
Start Date	<p>Displays the service start date of the care team member.</p>

End Date	Displays the service end date of the care team member.
Release of Information (Internal Care Team, External Care Team, Caregiver)	The value represented in this column will reflect the status of a release of information (ROI) between the member and the caregiver or member and care team individual/entity. For an ROI that has an effective through date in the past, the status of the ROI displays as Expired.
Created By (Config Columns)	Displays the name of the user who added the care team member.
Created On (Config Columns)	Displays the date on which the care team member was added.
Updated By (Config Columns)	Displays the name of the user who last updated the care team member.
Updated On (Config Columns)	Displays the date on which the care team member was last updated.
NPI Type (Config Columns)	Displays the National Provider Identifier (NPI) type of the care team member: Group or Individual.
Billing NPI (Config Columns)	Displays the billing NPI of the care team member.
Health Home (Config Columns)	Indicates whether the provider is a Health Home provider. <ul style="list-style-type: none"> ▪ Yes = Home Health ▪ No = Not Home Health
Primary Pharmacist (Config Columns)	Indicates whether the provider is the member's primary pharmacist. <ul style="list-style-type: none"> ▪ Yes = Primary ▪ No = Not Primary
Caregiver Type (Config Columns)	Displays the caregiver type of the care team member.

Programs

Programs can be either manually added by health plan staff or auto generated. Programs are utilized to track Care Coordination status, such as Primary Staff Assignment (Care Manager +, Care Manager, Care Guide +, Care Guide), Engagement status (Identified / Outreach & Coordination, or Enrolled / Engaged), and any special programs that the member may be enrolled in (i.e. Community Pathways HUB Model, Correctional Re-Entry, ER Diversion, Healthy Pregnancy, High Risk Pregnancy, Rising Risk Pregnancy, Home and Community Based Services [waiver members], NICU [low or high], Pharmacy Lock-In, and Transplant)

There are two views for this tab: **Tile View** and **Grid View**.

Each tile displays the following information:

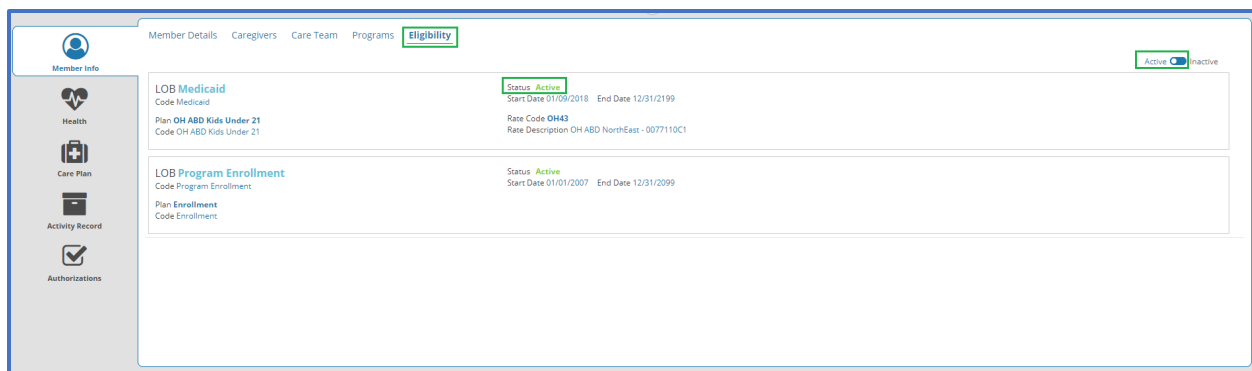
- program name
- start/end dates
- status
- referral source
- eligibility (if applicable)
- eligibility messages:
 - Program ends X days after eligibility ends.
 - o Program terms with eligibility.
 - o Program does not term with eligibility.
 - o Eligibility has an issue (in red).

To switch from **Tile View** to **Grid View**, click **Display All Records in Grid View**. From **Grid View**, you can view all of the member's programs, including inactive programs.

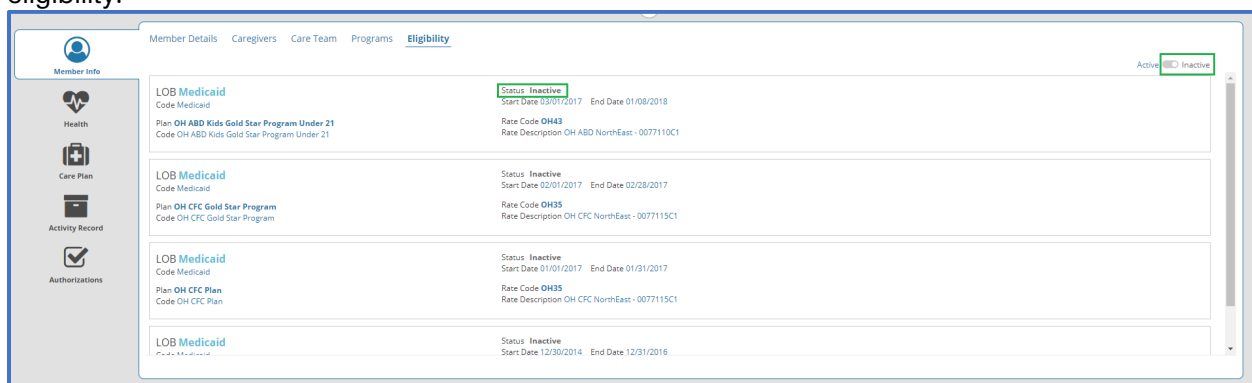
Eligibility	Program Name	Referral Source	Start Date	End Date	Status Name	Created By	Created On	Updated By	Updated On
<input type="checkbox"/>	Program Enrollment (Program Enrollment) >> Enrollment (Enrollment)	Care Coordination	04/13/2022	12/31/2099	Assigned: Care Guide Plus	JOANNE BERNARDIN	04/13/2022	N/A	N/A
<input type="checkbox"/>	Program Enrollment (Program Enrollment) >> Enrollment (Enrollment)	State Innovation Model Care Coordination	10/01/2020	12/31/2099	CPC	ETL Data	05/16/2019	ETL Data	07/02/2021
<input type="checkbox"/>	Program Enrollment (Program Enrollment) >> Enrollment (Enrollment)	Intensive Opportunity	01/17/2017	12/31/2099	Engaged	ANDREA J THRASHER, RN	01/20/2017	RACHEL J WILSON	05/29/2020
<input type="checkbox"/>	Program Enrollment (Program Enrollment) >> Enrollment (Enrollment)	Intensive Opportunity	01/02/2017	01/16/2017	Passive Participation	ANDREA J THRASHER, RN	01/03/2017	ANDREA J THRASHER, RN	01/20/2017
<input type="checkbox"/>	Program Enrollment (Program Enrollment) >> Enrollment (Enrollment)	Intensive Opportunity	04/01/2016	01/01/2017	Engaged	ANDREA J THRASHER, RN	04/13/2016	ANDREA J THRASHER, RN	01/03/2017
<input type="checkbox"/>	Program Enrollment (Program Enrollment) >> Enrollment (Enrollment)	Chronic Conditions	01/01/2016	07/30/2016	Enrolled	ANDREA J THRASHER, RN	04/13/2016	ANDREA J THRASHER, RN	01/03/2017
<input type="checkbox"/>	Program Enrollment (Program Enrollment) >> Enrollment (Enrollment)								

Eligibility

The **Eligibility** section displays all the eligibility lines in which the member is enrolled. The eligibility dates display in a descending chronological order. This data can be viewed by all the care staff accessing the member. The data comes through data loads.



Use the **Active/Inactive** toggle to switch between the member’s active and inactive periods of eligibility.



Health

This section displays the comprehensive details of a member's health and care-related information. The **Health** tab displays the following details of a member:

- Member Medical Info
- Visits
- Diagnosis
- Medications

Member Medical Info

This tab displays the member's medical details including primary / secondary medical and behavioral health diagnoses, risk stratification information, identified member allergies and sensitivities, vaccination details, and preventive screening details.

Risk Type	Risk Category	LOB	Risk Score	Start Date	End Date	Primary
<input type="checkbox"/> Expected Risk	Level 3	N/A	N/A	10/01/2022	N/A	N/A
<input type="checkbox"/> Impact Triggers	Impact Triggers	N/A	0	05/18/2022	12/31/2099	N/A
<input type="checkbox"/> Clinical Triggers	Clinical Triggers	N/A	0	05/18/2022	12/31/2099	N/A
<input type="checkbox"/> Primary Risk Factor	Primary Risk Factor	N/A	0	05/18/2022	12/31/2099	N/A
<input type="checkbox"/> CS Tier	Tier 3	N/A	501.0606	05/18/2022	12/31/2099	N/A
<input type="checkbox"/> IPro Strat	OH - Pop Stream: Chronic Condition	N/A	0	04/30/2021	N/A	N/A

The grid at the top of this page displays the following details:

Detail	Description
Communication Impairment	If any communication barriers exist for the member, they are listed here.
Programs	Displays the programs in which the member is enrolled.
Evacuation Zone	Displays the name of the evacuation zone (in case the member resides in a natural disaster-prone area).
Primary Medical and Behavioral Conditions	Displays the member's primary behavioral condition.
Additional Medical and Behavioral Health Info	Displays any additional information about the member's behavioral health. Added from Health > Diagnosis > Managed Conditions > Description .
Secondary Medical and Behavioral Conditions	Displays the member's secondary behavioral conditions (if any).
Height /Weight	Displays the height / weight of the member.

Care Manager	Displays the name of the care manager of the member. If a care manager becomes inactive, then the system updates the inactive status of the care manager in Member Medical Info .
Service Interruption	Displays the reason for service interruption for a member.

Risk Stratification Information

This section displays the risk-related details for a member, such as the risk type, risk category and population stream in which the member is placed.

▼ Risk Stratification Information								
	Risk Type	Risk Category	LOB	Risk Score	Start Date	End Date	Primary	
<input type="checkbox"/>	Expected Risk	Level 3	N/A	N/A	10/01/2022	N/A	N/A	
<input type="checkbox"/>	Impact Triggers	Impact Triggers	N/A	0	05/18/2022	12/31/2099	N/A	
<input type="checkbox"/>	Clinical Triggers	Clinical Triggers	N/A	0	05/18/2022	12/31/2099	N/A	
<input type="checkbox"/>	Primary Risk Factor	Primary Risk Factor	N/A	0	05/18/2022	12/31/2099	N/A	
<input type="checkbox"/>	CS Tier	Tier 3	N/A	501.0606	05/18/2022	12/31/2099	N/A	
<input type="checkbox"/>	iPro Strat	OH - Pop Stream: Chronic Condition	N/A	0	04/30/2021	N/A	N/A	

Allergies & Sensitivities

This section displays the details related to the allergies and sensitivities added by health plan staff for a member.

▼ Allergies & Sensitivities							
	Medication / Other Trigger	Sensitivity Description	Life Threatening	Created By	Created On	Updated By	Updated On
<input type="checkbox"/>	NKDA	none	No	ANDREA CRAIG	11/02/2020	N/A	N/A

Preventive screening details

This section displays the details about the preventive screening performed for a member.

▶ Preventive screening details							
Primary Medical Condition: Chromosomal anomalies							
Enrollment Months: Medical: 4 years, 9 months, 24 days (1758 days), Program Enrollment: 15 years, 10 months, 1 day (5784 days)							
Opportunity	Identified Date	Status	Created By	Created On	Updated By	Updated On	Source Type
No items to display							

Visits

This section displays details about the member's visits to a provider. These details are added through claims data in the application database.

Member Medical Info **Visits** | Diagnosis | Medications | Health Indicators | Appointments

Search By: **EMR** | Type of Visit: | Enter Text: | From Date: | To Date: | [Search] [Refresh]

Visit Type	Service From	Service To	Provider Name	Diagnosis Codes	Event Type
<input type="checkbox"/> Emergency	02/21/2021	N/A	HILARY JONES	N/A	A03 - Discharge/End Visit
<input type="checkbox"/> Emergency	02/21/2021	N/A	HILARY JONES	N/A	A03 - Discharge/End Visit
<input type="checkbox"/> Emergency	02/21/2021	02/21/2021	HILARY JONES	N/A	A03 - Discharge/End Visit
<input type="checkbox"/> Emergency	02/21/2021	N/A	HILARY JONES	N/A	A03 - Discharge/End Visit
<input type="checkbox"/> Inpatient	08/24/2020	08/24/2020	HILARY JONES	N/A	A03 - Discharge/End Visit
<input type="checkbox"/> Emergency	08/24/2020	N/A	HILARY JONES	N/A	A03 - Discharge/End Visit
<input type="checkbox"/> Emergency	08/24/2020	N/A	N/A	N/A	A03 - Discharge/End Visit
<input type="checkbox"/> Emergency	08/24/2020	08/24/2020	HILARY JONES	N/A	A03 - Discharge/End Visit
<input type="checkbox"/> Inpatient	03/31/2020	N/A	HILARY JONES	N/A	A03 - Discharge/End Visit

20 items per page | 1 - 20 of 37 items

The grids change based on your selection in the **Search By** filter. The following filters are available for the grids to search by:

- IP Notifications – Inpatient Notifications
- Claims – Outpatient Services
- EMR – Electronic Medical Record (includes ER visits)
- Manual
- UAS – Uniform Assessment System

Member Medical Info **Visits** | Diagnosis | Medications | Health Indicators | Appointments

Search By: **EMR** | Type of Visit: | Enter Text: | From Date: | To Date: | [Search] [Refresh]

IP Notifications
Claims
Manual
UAS

Service From	Service To	Provider Name	Diagnosis Codes	Event Type
02/21/2021	N/A	HILARY JONES	N/A	A03 - Discharge/End Visit

IP Notifications

IP Notifications or inpatient visit notifications displays the details of a member when they get admitted to a hospital.

Member Medical Info **IP Notifications** | Diagnosis | Medications | Health Indicators | Appointments

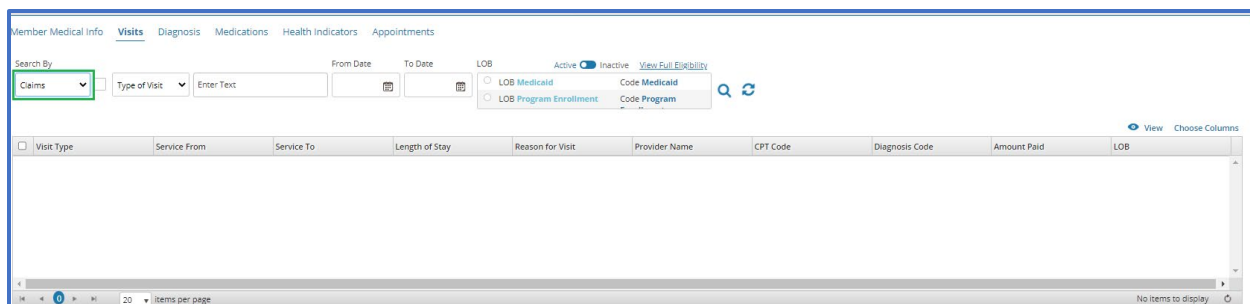
Search By: **IP Notifications** | Type of Visit: | Enter Text: | From Date: | To Date: | [Search] [Refresh]

Case ID	Admission Date	Discharge Date	Discharge Disposition	RPM Score	RST Score	Facility	Case Status	Case Type	Primary Diagnosis
No items to display									

20 items per page

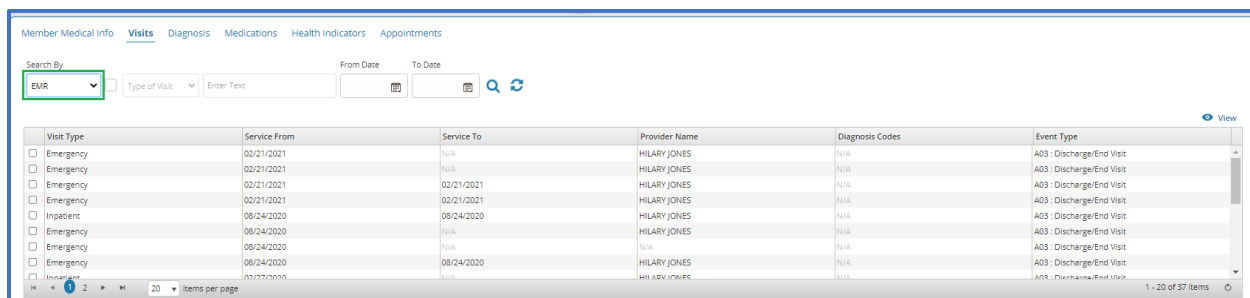
Claims

Claims displays the details of a member from outpatient services claim information, and includes all outpatient services information for medical, behavioral health, dental and transportation claims.

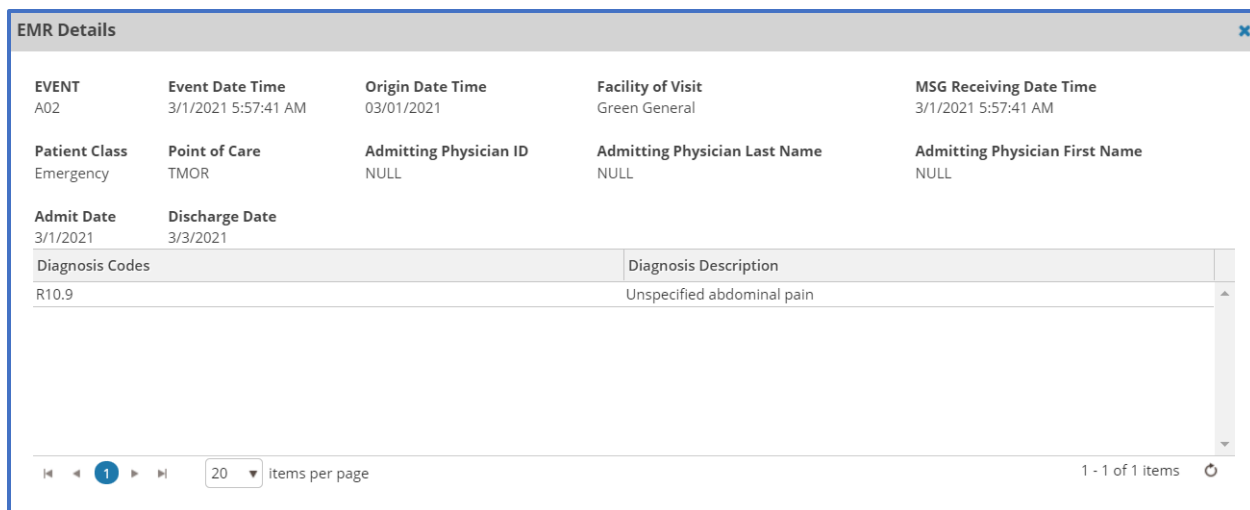


EMR

EMR displays the details of a member from electronic medical record information.



Select an EMR record and click **View** to open the **EMR Details** window.



EPSDT (Early and Periodic Screening, Diagnostic and Treatment) Appointment Summary

You can view the past visit dates and at least the next two scheduled visit ranges for a member. Each Visit Type recommendation includes whether the visit was “Completed” (with the actual visit date per claims received) or is “Missing” (past-due), or “Recommended” (up-coming). Additionally, you can view screening details based on the member’s age, which enables you to plan outreach on

the members effectively and help with the next screening to comply with prevention health screening guidelines. GuidingCare displays the EPSDT visit details based on the member's date of birth (DOB). GuidingCare identifies every member who is 21 years or younger with a flag to initiate the EPSDT workflow.

GuidingCare displays the EPSDT visits based on a member's DOB under **Health > Visits**. The display grid appears in a descending order by schedule ID for the visit names.

Visit Type	Recommended From	Recommended To	Claim Status	Actual Visit Date
Middle Childhood, 10 year	10/02/2023	10/01/2024	Recommended	N/A
Middle Childhood, 9 year	10/02/2022	10/01/2023	Recommended	N/A
Middle Childhood, 8 year	10/02/2021	10/01/2022	Missing	N/A
Middle Childhood, 7 year	10/02/2020	10/01/2021	Missing	N/A
Middle Childhood, 6 year	10/02/2019	10/01/2020	Completed	08/05/2020
Middle Childhood, 5 year	10/02/2018	10/01/2019	Completed	01/21/2019
Early Childhood, 4 year	10/02/2017	10/01/2018	Missing	N/A
Early Childhood, 3 year	10/02/2016	10/01/2017	Missing	N/A
Early Childhood, 30 month	04/02/2016	10/01/2016	Missing	N/A
Early Childhood, 24 month	10/02/2015	04/01/2016	Missing	N/A

Diagnosis

This tab displays the list of the medical/behavioral conditions with which the member has been diagnosed. It consists of the following two sections:

- **Diagnosis Summary:** Displays all the ICD codes that have appeared in the member's claims.
- **Managed Conditions:** Displays the medical/behavioral conditions for which the member is receiving care management.



Diagnosis Summary

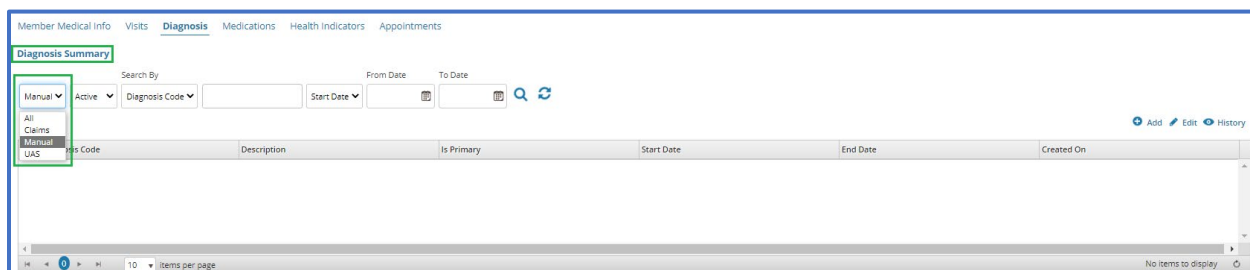
The grid in the **Diagnosis Summary** section changes depending on whether you filter by **All**, **Claims**, **Manual** or **UAS**.

Diagnosis Code	Description	Is Primary	Start Date	End Date	Created On
No items to display					

The following filters are available for the grid:

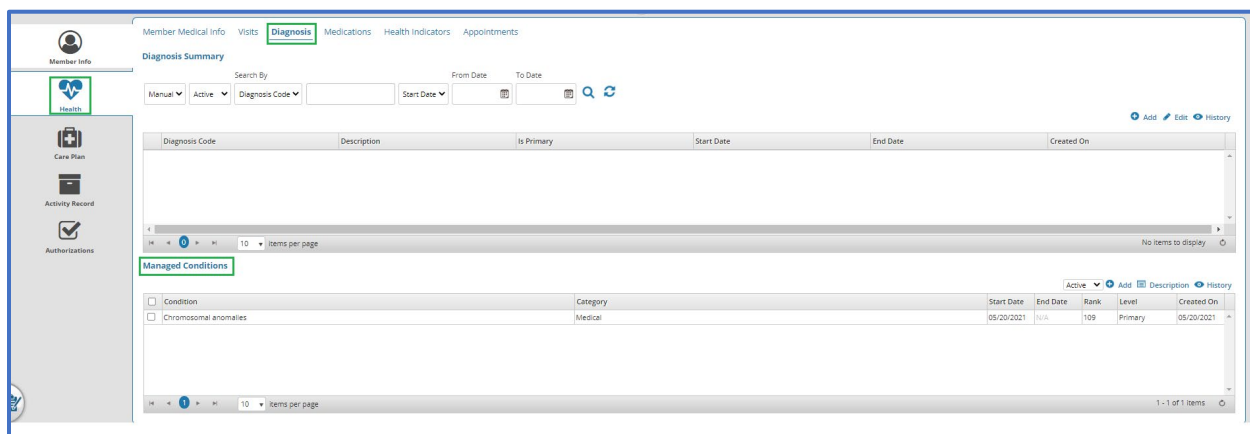
Filter	Description
All/Claims/Manual/UAS	Select an option to filter the grid.
Active/Inactive	Only available for Manual diagnoses. Filter by Active or Inactive status.
Search By	Select Diagnosis Code or Description in the Search By drop-down list and enter a keyword to filter the grid.
Start Date/From Date	Apply the From Date/To Date range to the start date or end date of the diagnosis.

From Date/To Date	The From Date and To Date fields are updated with a date range of six months from the current date.
	Apply the filters.
	Reset the filters.



Managed Conditions

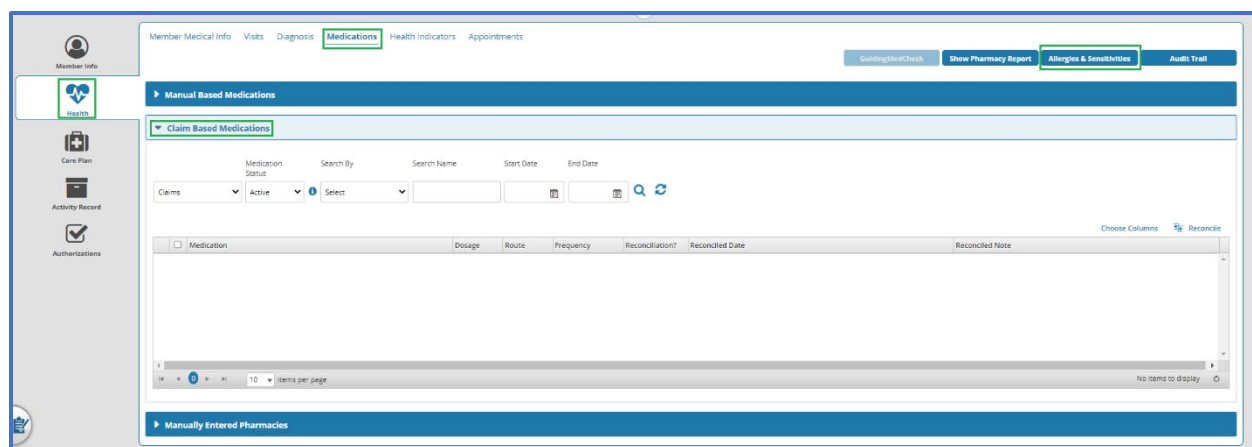
This section displays the list of conditions, both medical and or behavioral for which the member is receiving care management attention. These Managed Conditions are manually entered by the health plan care management staff.



Medications

This tab lists medications that have been prescribed to the member and are classified into **Manual Based Medications** (added by the health plan care management staff) and **Claim Based Medications** (auto-generated via claims received). **Manually Entered Pharmacies** shows the member's current pharmacy of choice, as added by the health plan staff. You can also view drug interactions, allergies and sensitivities and the member's pharmacy report. By default, **Claim Based Medications** is in the expanded view.

The following actions are available at the top of the **Medications** tab:



The following actions are available at the top of the **Medications** tab:

Action	Description
GuidingMedCheck	This disabled button displays when the GuidingMedCheck feature is disabled in your system. When you point to the disabled GuidingMedcheck button, a tooltip displays: GuidingMedCheck has been disabled. Please reach out to your administrator for help.
Show Pharmacy Report	Refer to Pharmacy Report.
Allergies & Sensitivities	Refer to Allergies & Sensitivities.
Audit Trail	<p>Opens the Medication Reconciliation Audit Trail window.</p> <p>To view the audit trail details for each medication in Manual Based Medications and Claim Based Medications, you can click Audit Trail. While pointing to the Audit Trail button, Medication Reconciliation Audit Trail displays in a tooltip.</p> <p>While editing a medication, the system captures every detail modified for Reconciliation Status and Reconciled Date and Time fields in the grid. The captured details display in the Medication Reconciliation Audit Trail window for every medication name.</p> <p>These grids display the record history for last 1 year, which includes both active and inactive status for both manual and claims (except EMR) medication details.</p>

Manual Based Medications

This section displays the list of medications that have been manually added by the health plan care management staff.

Manual Based Medications

Medication Status: All | Search By: Select | Search Name: | Start Date: | End Date: | [Search] [Refresh]

Config Columns | Add | Edit | Reconcile | Delete

<input type="checkbox"/>	Medication	Dosage	Dosage Form	Route	Day(s)	Start Date	End Date	Reconciliation?	Reconciled Date	Last Updated By	Auth Id(s)
<input type="checkbox"/>	IBUPROFEN	200 mg - Milligram	Capsules	PO - By Mouth	2	08/10/2021	08/11/2021	Not Neede	08/10/2021	GC CM User	N/A
<input type="checkbox"/>	FREESTYLE INSULINX TEST STRIP	5 % - Percent	N/A	EAR - Both	N/A	06/11/2021	07/01/2021	Select	N/A	GC CM User	N/A
<input type="checkbox"/>	SUPERVITE EC	1 Gm - Gram	Caplet	PO - By Mouth	N/A	02/16/2021	03/16/2021	Select	N/A	GC CM User	N/A
<input type="checkbox"/>	THEOPHYLLINE ER 400 MG TABLET theophylline anhydrous	400 mg - Milligram	Tablets	PO - By Mouth	N/A	11/09/2020	11/19/2020	Not Neede	11/20/2020	user74 -	N/A
<input type="checkbox"/>	FREESTYLE TEST STRIPS blood sugar diagnostic	1 % - Percent	Lancet	EAR - Left	N/A	03/01/2020	03/30/2020	Taking Me	11/20/2020	user74 -	N/A
<input type="checkbox"/>	KNEE SUPPORT-ELASTIC SM-MED	2 % - Percent	N/A	EAR - Right	N/A	09/16/2019	09/18/2019	Stopped N	11/20/2020	user74 -	N/A
<input type="checkbox"/>	FREESTYLE INSULINX TEST STRIPS	N/A	N/A	EAR - Both	N/A	09/06/2017	09/28/2017	Medicator	09/15/2017	GC CM User	N/A
<input type="checkbox"/>	ATOPICLAIR	N/A	N/A	EAR - Left	1	08/16/2017	08/16/2017	Select	N/A	GC CM User	N/A
<input type="checkbox"/>	AI DARA	N/A	N/A	EAR - Both	1	08/01/2017	08/30/2017	Medicator	08/24/2017	GC CM User	N/A

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Care Plan

Team Care Plan

The care plan generated for the member is listed here. Opportunities, goals, interventions, status, and priority with start and/or end dates will display. The opportunities, goals, and interventions (OGIs) in **Team Care Plan** may be automated via data entered during assessments or entered manually. OGI's can be in one of 4 statuses: Current, Recommended, Closed, or Deleted. Under **Category**, filter to **Current** to see the current Care Plan.

Team Care Plan | Guiding Opportunities | Member Plan | Service Plan | Advance Directives

General Consideration: [Category: Select] | Status: Select | Goal: Select | Start Date: | Target Date: | Select | [Search] [Refresh]

Note: All the system generated e-mails will be stopped if the user is found to have a shared e-mail.

<input type="checkbox"/>	Priority	Condition	Opportunity	Goal	Goal Group	Intervention	Assigned Owner
<input type="checkbox"/>	Low	Behavioral Health	Member reported Behavioral health need	My mental health condition, as assessed, will stay the same or improve throughout the next year.	MG: Self Management	Support member in management of their Behavioral health condition, including attendance to provider appointments and compliance with medications, leveraging available behavioral health services and support.	N/A
<input type="checkbox"/>	Medium	Dental	Member has not had preventive dental care	Preventive Care obtained.	Health Promotion	Encourage parent/caregiver to schedule dental checkup.	N/A
<input type="checkbox"/>	Low	General	Care Transition Risk	I will follow my discharge instructions and see my provider after every hospital admission to help prevent a future hospital stay.	MG: Care Coordination	Educate member on actions to take to manage care transitions, i.e. take medications as doctor ordered, report signs that indicate change in condition to doctor, use a personal health record to enhance communication between providers.	N/A

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▶ Care Plan Barriers

▶ Care Plan Strengths

▶ Care Plan Review

The screenshot shows the 'Team Care Plan' interface with the 'Guiding Opportunities' tab selected. A table lists OGI entries. A dropdown menu is open over the 'Status' column, showing options: RECOMMENDED, CURRENT, CLOSED, and DELETED. The 'CURRENT' option is highlighted. The table has columns: Opportunity, Goal, Goal Group, Intervention, and Assigned Owner.

You can use the following filters to search the member's care plan:

Filter	Description
Start Date	Filter OGIs by start date.
Target Date	Filter OGIs by target date. The target date is the date the OGI should be completed.
Search By	Filter by Goal, Intervention, Opportunity or Script Name.
Search Text	This field is connected to the Search By drop-down list. Enter text from the goal, intervention, opportunity or script name to search for OGIs.
Select By Assigned Owner	Filter OGIs by Assigned Owner. The Assigned Owner is a part of the member's care team.

Full Care Plan

Clicking on the **Full Care Plan** button allows the user to access the full care plan, viewing not only the OGI's, but also the member's identified barriers, strengths, and the Care Team.

Guiding Opportunities

Identified Opportunities for the member can be viewed in this tab.

The screenshot shows the 'Team Care Plan' interface with the 'Guiding Opportunities' tab selected. A table lists various opportunities. The table has columns: Opportunity, Identified Date, Status, Created By, Created On, Updated By, and Updated On. The table is filtered to show 8 items.

Opportunity	Identified Date	Status	Created By	Created On	Updated By	Updated On
Testing	09/09/2021	Added	Kate Miller	09/09/2021	N/A	N/A
Barriers to Medication Adherence	08/24/2021	Added	Michelle Reichert	08/24/2021	N/A	N/A
alcohol opportunity	08/11/2021	Resolved	Kate Miller	07/22/2021	Kate Miller	08/26/2021
Member has insufficient food supply	03/01/2021	Added	Kate Miller	12/10/2020	Kate Miller	03/01/2021
Consider referring member to a transportation Vendor to get help for transportation	03/01/2021	Added	Kate Miller	03/01/2021	N/A	N/A
Behavioral health need identified	03/01/2021	Added	Kate Miller	03/01/2021	N/A	N/A
Alcohol Use	11/17/2020	Added	Kate Miller	11/17/2020	Kate Miller	03/19/2021
Care Transition Risk	10/26/2020	Added	Kate Miller	10/26/2020	Kate Miller	10/28/2020

Existing Opportunities

Existing opportunities are generated from assessments, Business Rules Engine (BRE) and HEDIS rules.

Opportunity	Identified Date	Status	Created By	Created On	Updated By	Updated On
<input type="checkbox"/> Barrier to Maintaining Adequate Nutrition	10/06/2022	Added	ANDREA CRAIG	11/02/2020	Sara Fischer, RN, BSN	10/06/2022
<input type="checkbox"/> Complete Annual Preventive Care	10/06/2022	Added	SANDRA WALLACE	05/06/2022	Sara Fischer, RN, BSN	10/06/2022
<input type="checkbox"/> Proper care need for caregiver/support services	10/06/2022	Added	SANDRA WALLACE	05/06/2022	Sara Fischer, RN, BSN	10/06/2022
<input type="checkbox"/> Care Transition Risk	10/06/2022	Added	SANDRA WALLACE	05/06/2022	Sara Fischer, RN, BSN	10/06/2022
<input type="checkbox"/> Member has not had preventive dental care	10/06/2022	Added	ANDREA CRAIG	11/02/2020	Sara Fischer, RN, BSN	10/06/2022
<input type="checkbox"/> Member reported Behavioral health need	10/06/2022	Added	SANDRA WALLACE	05/06/2022	Sara Fischer, RN, BSN	10/06/2022
<input type="checkbox"/> Member housing safety needs will be resolved	10/05/2022	Added	SANDRA WALLACE	05/06/2022	Sara Fischer, RN, BSN	10/05/2022
<input type="checkbox"/> At Risk for Depression	05/06/2022	Added	SANDRA WALLACE	05/06/2022	SANDRA WALLACE	05/06/2022
<input type="checkbox"/> Self Reported Diagnosis of Cancer	05/06/2022	Added	SANDRA WALLACE	05/06/2022	SANDRA WALLACE	05/06/2022
<input type="checkbox"/> Self Reported Health Status	05/06/2022	Added	SANDRA WALLACE	05/06/2022	SANDRA WALLACE	05/06/2022

External Quality Opportunities

External quality measures are the opportunities identified from the Population Health module.

Opportunity	Opportunity Status	Measure Code	Measure Category	NCQA Grouping	Measure Description	Documents
No items to display						

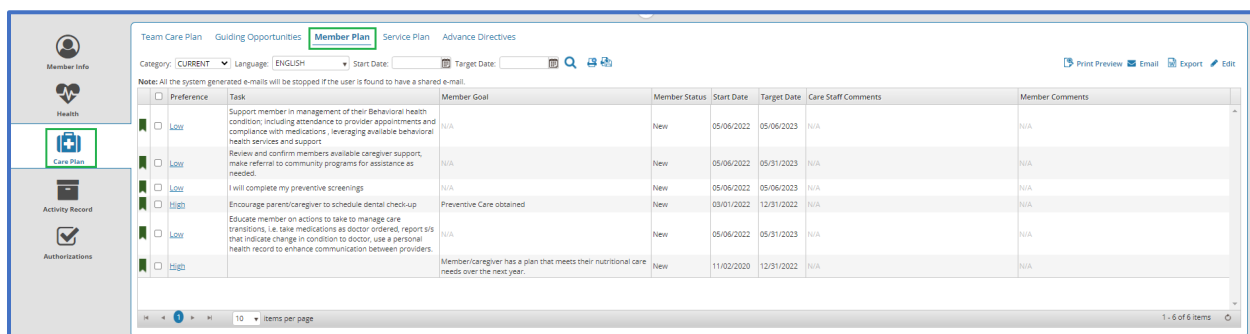
The following opportunity status will display in the column in the grid. If you point to the icon, a tool tip with the status name will display.

Opportunity Status		Status Description
Not addressed		Opportunity identified, not yet addressed
In Progress		Action taken to address Opportunity
Completed		Action completed
Verified		Completion of activity verified
Is Compliance		Completion of activity confirmed by claims data
Not applicable		Measure not applicable to the member

Member Plan

This section displays the action steps (tasks) that are required to be taken by a member in response to the interventions the case manager or IDT have scheduled for the member's improved health outcomes.

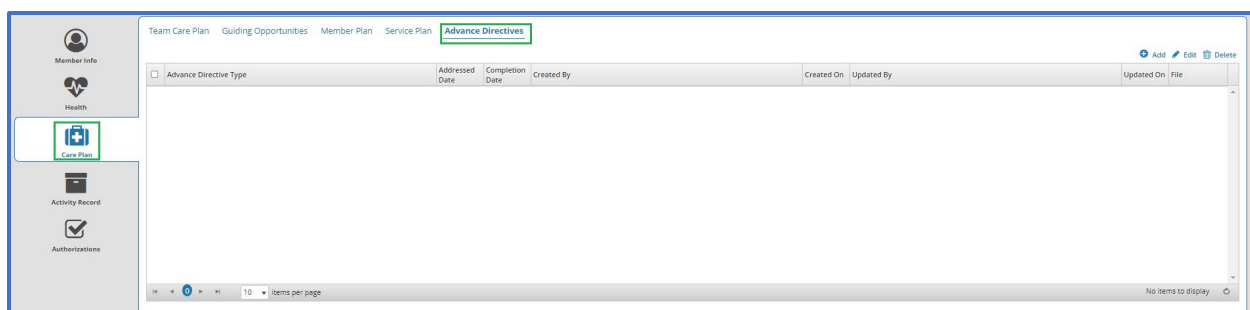
The member's preference and voice for scheduled activities and care plan needs are captured.



Preference	Task	Member Goal	Member Status	Start Date	Target Date	Care Staff Comments	Member Comments
<input type="checkbox"/>	Support member in management of their Behavioral health condition, including attendance to provider appointments and compliance with medications, leveraging available behavioral health services and support.	N/A	New	05-06-2022	05-06-2023	N/A	N/A
<input type="checkbox"/>	Review and confirm members available caregiver support, make referral to community programs for assistance as needed.	N/A	New	05-06-2022	05-31-2023	N/A	N/A
<input type="checkbox"/>	I will complete my preventive screenings	N/A	New	05-09-2022	05-09-2023	N/A	N/A
<input type="checkbox"/>	Encourage patient/caregiver to schedule dental checkup	Preventive Care obtained	New	03/01/2022	12/31/2022	N/A	N/A
<input type="checkbox"/>	Educate member on actions to take to manage care transitions, i.e. take medications as doctor ordered, report s/s that indicate change in condition to doctor, use a personal health record to enhance communication between providers.	N/A	New	05-06-2022	05-31-2023	N/A	N/A
<input type="checkbox"/>	Member/caregiver has a plan that meets their nutritional care needs over the next year.	N/A	New	11/02/2020	12/31/2022	N/A	N/A

Advance Directives

This tab displays the advance directives reported by a member along with the addressed date and the completion date. An advance directive is a legal document in which a member specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. Examples of advance directives are healthcare proxy indicator, living will indicator, power of attorney and burial plans.



Activity Record

This section displays the complete record of activities that have been performed for a member as well as scheduled activities that are yet to be performed. The **Activity Record** section comprises of the following tabs:

Field	Description
Notes	Displays the notes added from various sections within the system for a member.
Activity Summary	Displays all the activities that have been performed for a member.
Required Activities	Displays all the required activities that have been performed for a member.
Outstanding Activities	Displays the activities that are yet to be performed for a member.
Documents	Displays the list of documents and/or letters that have been sent to a member.
Consent Forms	Displays the list of consent forms (Release of Information) uploaded for a member.

Notes

This tab allows care staff to capture information, as free text-notes, based upon their interaction with a member and/or caregiver, as well as any external providers or entities. This tab displays the free text-notes that are entered in the system. According to the section, the note is entered, and the type of information captured in the free text-notes can belong to different note types. Additionally, notes can be captured and stored in this screen from text areas in different sections of the system.

Notes									
From Date	To Date	Select	Select						
Note Type	Notes	View	Activity Type	Script Name	Created By	Created On	Updated By	Updated On	
<input type="checkbox"/>	Activity		Received phone call from xxxx advising that MRSS was dispatched to member's home on 3/14/22.... etc.	Mobile Response & Stabilization Services	Sara Fischer, RN, BSN	03/15/2022 02:17:55 PM	N/A	N/A	
<input type="checkbox"/>	Activity		Received vmm from Jane at xxx Co. PCSA stating that the member will be discharged back to foster home on 3/20/22.	Residential Facility Discharge	Sara Fischer, RN, BSN	03/15/2022 02:15:55 PM	N/A	N/A	
<input type="checkbox"/>	Activity		Received phone call from Jane, Caseworker at xxxx county Protective Children's Service Agency, advising that this member was transferred and admitted to XYZ Residential Facility yesterday evening.	Residential Facility Admission	Sara Fischer, RN, BSN	03/15/2022 02:13:58 PM	N/A	N/A	
<input type="checkbox"/>	Safety Precaution		Health Safety Welfare issue identified. Acknowledgement of Responsibility form completed.	N/A	Sara Fischer, RN, BSN	11/09/2021 11:18:22 AM	N/A	N/A	
<input type="checkbox"/>	Safety Precaution		HSW information	N/A	Sara Fischer, RN, BSN	11/02/2021 02:06:54 PM	N/A	N/A	
<input type="checkbox"/>	Activity		Error information here you would want to share with the provider / external entity.	Care Coordination	Sara Fischer, RN, BSN	11/02/2021 01:51:43 PM	N/A	N/A	
<input type="checkbox"/>	Activity Outcome		These are the outcome notes	Care Coordination	ANGELA JAMES	10/26/2021 10:57:49 AM	N/A	N/A	
<input type="checkbox"/>	Activity		PROVIDER CONTACT: DATE/TIME: entry for 3/2/21 @ 3:46 PM NUMBER: 330-543-0001	Care Coordination	ANDREA CRAIG	03/04/2021 09:18:29 AM	N/A	N/A	

Activity Summary

All the activities that have been performed by any care staff for a member are listed under Activity Summary. You can view completed assessments under **Script Activity**, as well as other general completed activity details under **General Activity**.

Activity Summary										
Script Activity										
Script Name	Script Performed Date	Script Performed By	Script Status	Script Complete Date	Eligibility	Program Name	Script Score	Activity Type	Activity Outcome	Actual Duration
<input type="checkbox"/> OH Adult HBA	05/06/2022 09:41:12 AM	SANDRA WALLACE	Completed	05/06/2022 09:41:20 AM	N/A	N/A	0	Assessm	Add	00:00:00
<input type="checkbox"/> OH Adult HBA	05/06/2022 09:33:26 AM	SANDRA WALLACE	Completed	05/06/2022 09:36:53 AM	N/A	N/A	0	Assessm	Successful - Accepted	00:00:00
<input type="checkbox"/> BMI	04/04/2022 03:35:24 PM	JOANNE BERNARDIN	Pending	N/A	N/A	N/A	0	Assessm	Add	00:00:00
<input type="checkbox"/> OH HBA Pediatric	11/02/2021 01:14:17 PM	Sara Fischer, RN, BSN	Completed	11/02/2021 01:17:41 PM	N/A	N/A	1	Assessm	Successful - Completed	00:00:00
<input type="checkbox"/> OH CCE BCNH	09/20/2021 12:00:00 AM	ETL Data	Completed	09/20/2021 12:00:00 AM	N/A	N/A	0	Assessm	Successful - Completed	00:00:00
<input type="checkbox"/> OH CCE BCNH	08/25/2021 12:00:00 AM	ETL Data	Completed	08/25/2021 12:00:00 AM	N/A	N/A	0	Assessm	Successful - Completed	00:00:00
<input type="checkbox"/> OH HBA Pediatric	11/02/2020 03:20:16 PM	ANDREA CRAIG	Completed	11/02/2020 03:37:56 PM	N/A	N/A	2	Assessm	Successful - Successful	00:00:00
<input type="checkbox"/> RFDG Clinic	11/03/2020 09:14:49 PM	ANDREA CRAIG	Completed	11/03/2020 09:14:49 PM	N/A	N/A	0	Assessm	Successful - Successful	00:00:00

General Activity									
Care Staff									
Performed On	Performed By	Scheduled Date	Scheduled By	Activity Type	Eligibility	Program Name	Activity Outcome	View	Delete
03/15/2022 02:17:55 PM	Sara Fischer, RN, BSN	03/15/2022 02:16:00 PM	Sara Fischer, RN, BSN	Mobile Response & Stabilization Services	N/A	N/A	Successful - Completed		
03/15/2022 02:15:55 PM	Sara Fischer, RN, BSN	03/15/2022 02:14:00 PM	Sara Fischer, RN, BSN	Residential Facility Discharge	N/A	N/A	Successful - Completed		
03/15/2022 02:13:58 PM	Sara Fischer, RN, BSN	03/10/2022 02:11:00 PM	Sara Fischer, RN, BSN	Residential Facility Admission	N/A	N/A	Successful - Completed		
11/07/2021 01:51:43 PM	Sara Fischer, RN, BSN	11/07/2021 01:48:00 PM	Sara Fischer, RN, BSN	Care Coordination	N/A	N/A	Successful - Successful		

Outstanding Activities

In this tab, you can view upcoming activities, including details, that will be performed for a member. There are two tabs: One for **Care Staff Outstanding Activities** and one for **External Care Team Outstanding Activities**. External care team activities are general activities and can be assigned to individual providers.

Notes Activity Summary Required Activities **Outstanding Activities** Documents Articles Consent Forms Guidelines

Care Staff External Care Team

Care Staff: Type and Select Care Staff Name From Date To Date Status: Select

Activity Type	IMP	Priority	Follow Up Date	Due Date	Call Time	Script Name	Eligibility	Program Name	Assigned By	Status	Assigned To / WQ	Notes	Created On
<input type="checkbox"/> Telephone Contact		N/A	06/16/2021	N/A	9:00 AM	N/A	N/A	N/A	ANDREA CRAIG	Accepted	ANDREA CRAIG	120 day FFF due by 6/30/21	09/03/2021 05:00:18 PM
<input type="checkbox"/> Bimonthly Outreach		N/A	04/19/2021	N/A	9:00 AM	N/A	N/A	N/A	ANDREA CRAIG	Accepted	ANDREA CRAIG	N/A	09/03/2021 04:59:28 PM

20 items per page 1 - 2 of 2 items

Documents

This section displays the uploaded copies of letters, documents and other correspondence that has occurred between the care staff and member or his caregivers. For example, care literature sent to member/caregiver, lab reports and medical records received from the member, provider etc. Documents can be viewed by clicking on the “eye” icon.

Notes Activity Summary Required Activities Outstanding Activities **Documents** Articles Consent Forms Guidelines

Category: Select Document Type: Select From Date: MM/DD/YYYY To Date: MM/DD/YYYY

Upload

Once the document(s) are synced in Member Portal user cannot change the status.

Document ID	Document	View	Type	Resend	Member Portal
5199676	Member Test Ohio Sample Document.docx		Correspondence Received	N/A	View
5109390	Wilk_C_3221.pdf		Case Notes	N/A	View
4782602	Wilk_C_POC_11930.pdf		Individual Care Plan	N/A	View
4785691	Wilk_C_11220.pdf		Case Notes	N/A	View

20 items per page 1 - 4 of 4 items

Consent Forms

Care staff obtain a member’s consent to share care-related activities documentation with external entities when the member has Sensitive Diagnoses in the system. The Consent Forms section allows the health plan care management staff to upload various consent forms for a member. Consent to share a member’s health information (ROI [Release of Information]) can be provided verbally or in writing by a member.

Release of Information ROI

Notes Activity Summary Required Activities Outstanding Activities Documents Articles <u>Consent Forms</u> Call Log Registry Guidelines							
Release of Information ROI Consent Form							
Add Edit Activity History Expand All							
<input type="checkbox"/>	ROI Form	ROI To	Status	ROI Active	Valid From Valid To	Care Staff	Remarks
<input type="checkbox"/>	Release Of Information	Sripathi A	Pending	N/A	10/18/2021 10/18/2021	Jyothsna Ambati	
<input type="checkbox"/>	Release Of Information	FN LN	Void	NO	04/29/2021 05/03/2021	Jyothsna Ambati	
<input type="checkbox"/>	Release Of Information	Jyothsna Ambati	Pending	N/A	01/25/2021 01/28/2021	Jyothsna Ambati	
<input type="checkbox"/>	Release of Information CS	Sripathi A	Pending	N/A	11/04/2020 11/06/2020	Jyothsna Ambati	
<input type="checkbox"/>	Release of information	care giver l last name	Pending	N/A	07/24/2020 07/30/2020	Jyothsna Ambati	
<input type="checkbox"/>	Release of Information CS	Christ The Servant Lutheran_Christ The Servant Lutheran	Expired	NO	06/04/2020 06/03/2021	Baji Shaik	

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Authorizations

All authorizations and their details for the selected member display in this tab. In this section, you can view the **Authorization Summary** of a selected member. The **Authorization Summary** page contains a list with links to each authorization associated with the member.

You can search for authorizations by selecting various parameters such as Search By - Episode Name/ CPT Code/Name or ICD Code/Name or Medication Code/Name, Authorization Type, Authorization Priority, Admission Type, Service Type, From and To Dates, Provider Specialty, etc. Select search parameters, enter the relevant data and click **Search**.

Authorizations							
Search By: Select							
Service Type: Select							
Auth Creation Date: [Calendar]							
Auth Type: Select							
Auth Priority: Select							
Auth ID: [Text]							
From Date: [Calendar]							
To Date: [Calendar]							
Admission Type: Select							
Provider: [Text]							
Provider Specialty: Select							
Config Columns							
Auth #	Auth Priority	Auth Type	Provider Name	From Date	To Date	Created Date and Time	
173660939	N/A	OutPatient-Medical	EAST LIVERPOOL CITY HOSPITAL	02/26/2021	N/A	02/27/2021 09:27:21 AM	
172023390	N/A	OutPatient-Medical	CARRIE E COSTIN	02/08/2021	N/A	02/16/2021 04:58:31 AM	
173895306	N/A	OutPatient-Medical	EAST LIVERPOOL CITY HOSPITAL	01/28/2021	N/A	01/31/2021 03:35:59 AM	
175373654	N/A	OutPatient-Medical	EAST LIVERPOOL CITY HOSPITAL	01/07/2021	N/A	01/09/2021 10:06:11 AM	
175372175	N/A	OutPatient-Medical	EAST LIVERPOOL CITY HOSPITAL	01/07/2021	N/A	01/09/2021 09:21:17 AM	
173357452	N/A	OutPatient-Medical	EAST LIVERPOOL CITY HOSPITAL	01/20/2021	N/A	01/09/2021 09:16:17 AM	
173803646	N/A	OutPatient-Medical	EAST LIVERPOOL CITY HOSPITAL	11/27/2020	N/A	12/04/2020 04:16:55 AM	
172844633	N/A	OutPatient-Medical	EAST LIVERPOOL CITY HOSPITAL	11/05/2020	N/A	11/07/2020 07:00:50 AM	
172187228	N/A	OutPatient-Medical	EAST LIVERPOOL CITY HOSPITAL	10/22/2020	N/A	10/24/2020 08:10:13 PM	

1 - 9 of 9 Items

Search results as per search criteria entered display in the **Authorization Summary** grid displaying the following details.

Column	Description
Auth #	<p>Displays the authorization ID. This is a system-generated 9-digit alphanumeric ID created during authorization entry.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>You can adjust the width of the Auth # column so that lengthy authorization IDs will clearly display.</p> </div>
Auth Priority	Displays the priority of the authorization.
Auth Type	Based on the selected eligibility level you select, the authorization type that appears in the drop-down list during the authorization entry.
Episode Name	Displays the episode name for an authorization.
Provider Name	Displays the name of the provider who provides/provided the requested services.
Provider Specialty	Displays the provider specialty.
From Date / To Date	Displays the start and end dates for which the authorization was requested.

Column	Description
Req. (Request)	Displays the total number of requested days/hours/units/visits/trips in an authorization. This shows a cumulative count of all the services requested for the selected authorization.
Appr. (Approved)	Displays the total number of approved days/hours/months/units/visits/trips in an authorization. This shows a cumulative count of all the services approved for the selected authorization.
Used	Displays the number of used days/hours/months/units/visits/trips from the approved number.
Left	Displays the number of days/hours/months/units/visits/trips left unused from the approved number.
Unit Type	Displays whether the requested authorization is in terms of 15 minutes/hours/ days/weeks/months/trips/units/visits.
Decision Count	Displays the number of decision lines added for an authorization.
Authorization Status	Displays the status of the overall authorization, whether it is in Open, Closed, Closed and Adjusted, Cancelled, Reopened or Withdrawn status.
Created Date and Time	Displays the date and time (an autogenerated date) on which the UM Intake first created an authorization. This date and time will display based on the available time zone.
Auth Closed Date and Time	<p>Displays the date and time on which the Authorization was closed. Depending on the available time zone, the Auth Closed Date and Time details will display for authorizations with the following statuses:</p> <ul style="list-style-type: none"> ▪ Closed and Cancelled ▪ Closed and Adjusted ▪ Vital Closed ▪ Closed-Reported Only ▪ Reopened and Closed

View Service Details:

To view the details of an authorization in the **Authorization Summary** page, click on the icon:



The **Authorization Summary** window appears displaying the authorization summary, authorization codes, activity log, notes, documents and decisions associated with the authorization.

Print

Authorization Summary

Member Name:	Member Ohio	DOB:	10/02/2013	Member ID:	00007614651
Auth #:	177560859	Auth Priority:	N/A	Auth Type:	OutPatient-Medical
Facility:	N/A	Request Received Date:	02/22/2021 12:00:00 AM	Referred To Provider:	EAST LIVERPOOL CITY HOSPITAL
LOB:	Program Enrollment	Place of Service:	N/A	Requested Days:	12
Approved Days:	12	Requested Units:	N/A	Approved Units:	N/A
Auth Status:	Open	Auth Current Owner:	ETL Data	Auth Actual Owner:	ETL Data
Auth Created On:	02/27/2021 05:27:21 AM	Number Of Days:	N/A	Service To:	N/A

Authorization Codes

Code Type	Code	Description	Alternate Service ID	Negotiated rate at service code
Admitting or Principle Diagnosis Code	E78.72	Smith-Lemli-Opitz syndrome	N/A	N/A
Procedure Code	92507	TX SPEECH LANG VOICE COMMII &/AUDITORY PROC IND	A1313717861715677	N/A

1 - 2 of 2 items

Medication - Not Requiring Decision

Medication	Dosage	Dosage Form	Route	Frequency	Start Date	End Date	LOB