Care Management System

Guiding Care – Population Health

Quick Start Guide

Altruista Health®
11800 Sunrise Valley Drive,
Suite 1100
Reston, VA 20191
Phone: 703-707-8890
Email:priority-support@altruistahealth.com

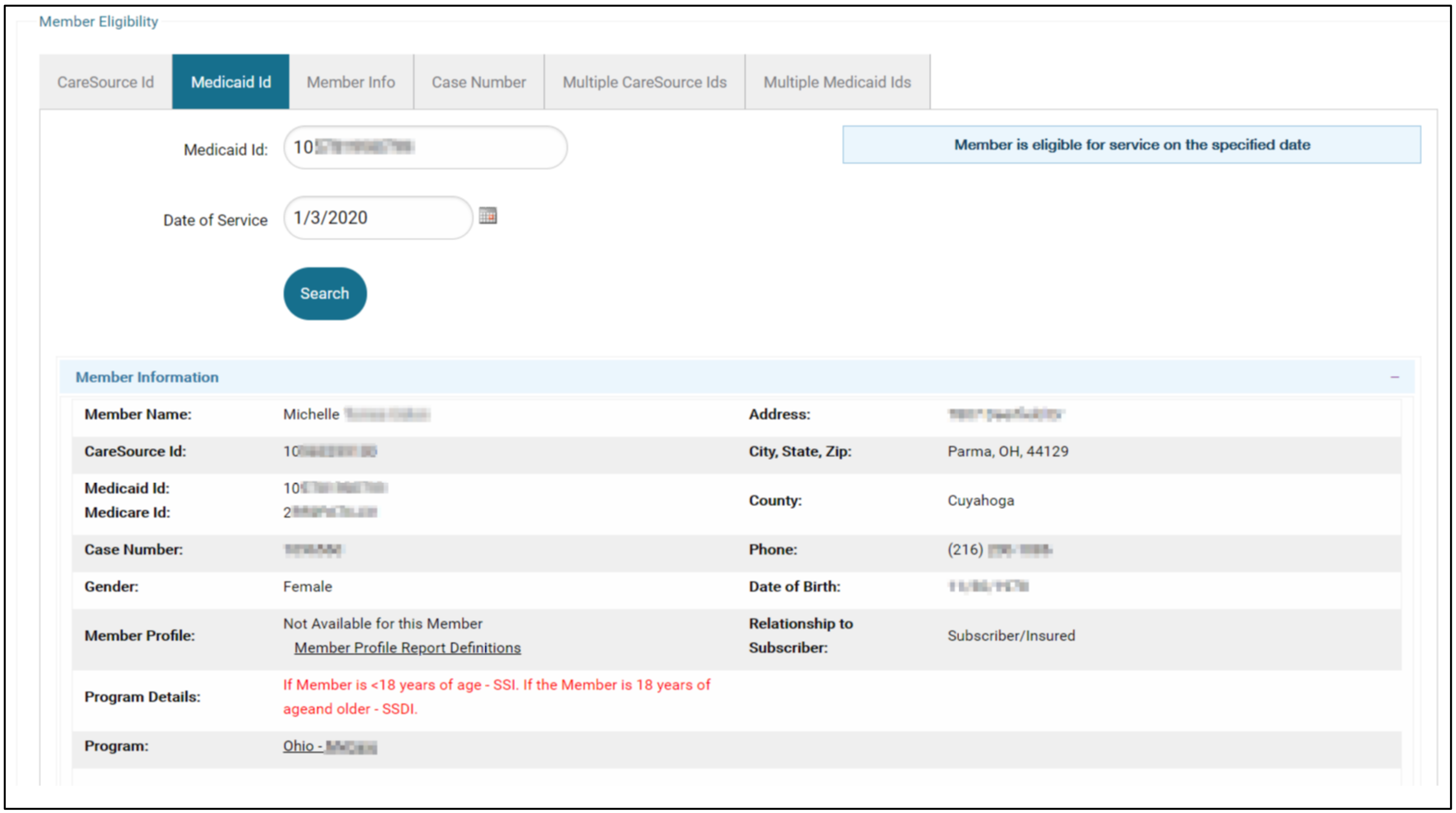
Introduction

Population Health Management (PH) is a proactive, patient-centric approach to health care that engages physicians in prevention and wellness of patients with the goal of improving clinical outcomes while reducing costs. To enable successful population health management, it is crucial to involve a physician in a patient's care, while also **offering the ability to track the clinical measures for** patient's health improvement through care management.

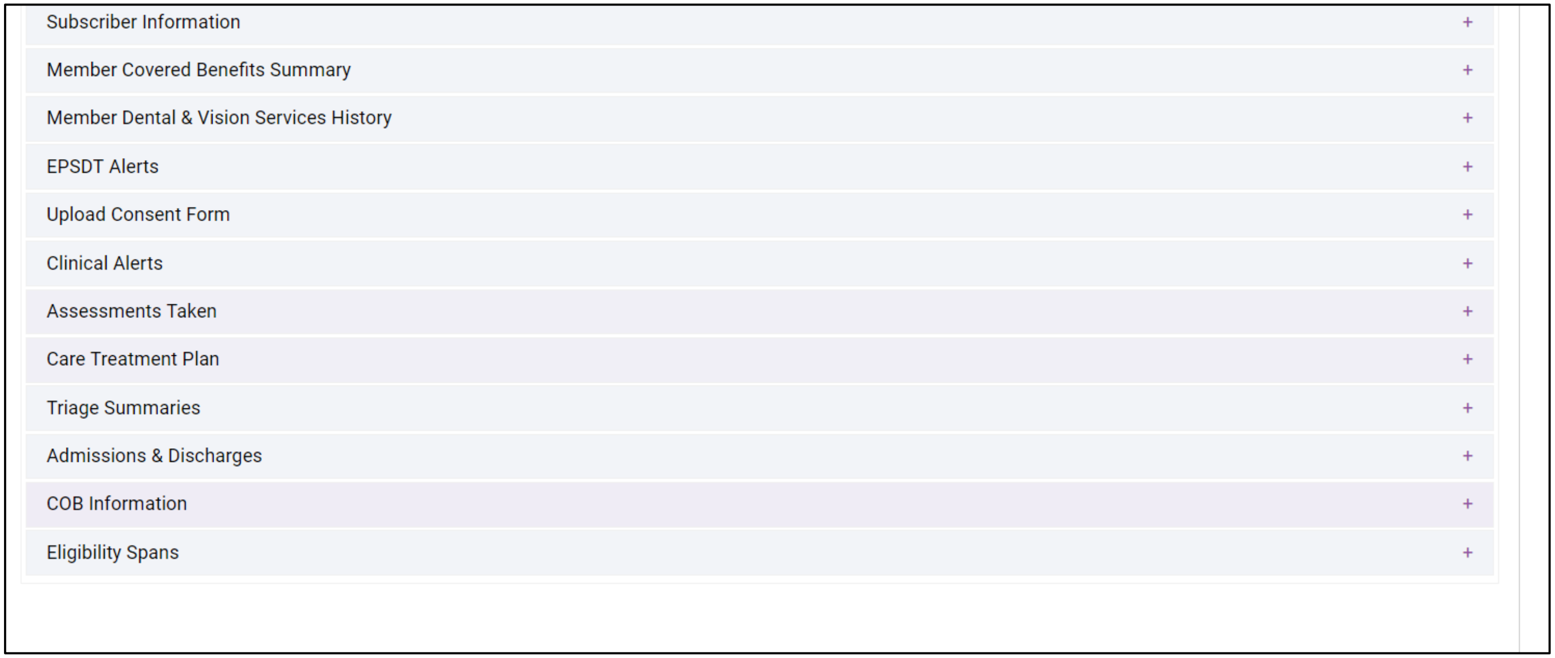
GuidingCare® is a web-based healthcare management system designed to help health plans improve health outcomes and reduce avoidable costs for at-risk populations. The Population Health module helps physicians in monitoring the quality measures that are identified and executed for their patients.

Current state on the Provider Portal

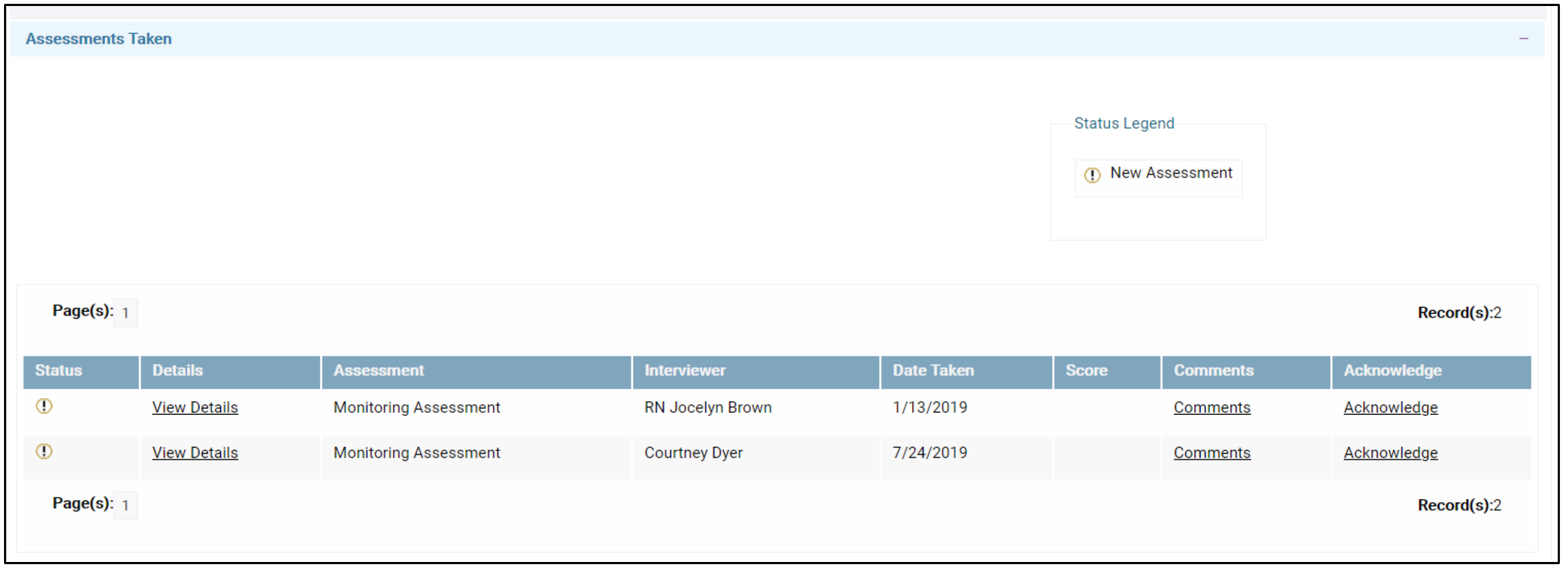
Search for a Member > Member Info Panel and other accordions display:



Scroll down to see that Assessments Taken and Care Treatment Plan accordion panels for the member are flashing purple to notify the Provider that there is new information to address:



Open the Assessments Taken accordion to see the assessment details for this member and have the ability add comments and acknowledge:



Assessments Taken

Status Legend

New Assessment

Page(s): 1 Record(s):2

Status	Details	Assessment	Interviewer	Date Taken	Score	Comments	Acknowledge
	View Details	Monitoring Assessment	RN Jocelyn Brown	1/13/2019		Comments	Acknowledge
	View Details	Monitoring Assessment	Courtney Dyer	7/24/2019		Comments	Acknowledge

Page(s): 1 Record(s):2

Open the Care Treatment Plans accordion for this member to view the Care Treatment Plan and Acknowledge or View and Submit Comments:

Care Treatment Plan

Last Updated:	06/26/19 at 10:18:28
Last Acknowledged:	N/A

Status Legend

- New Care Treatment Plan
- Updated Care Treatment Plan

Export Care Treatment Plan: PDF

2018/10/11 - Monitoring

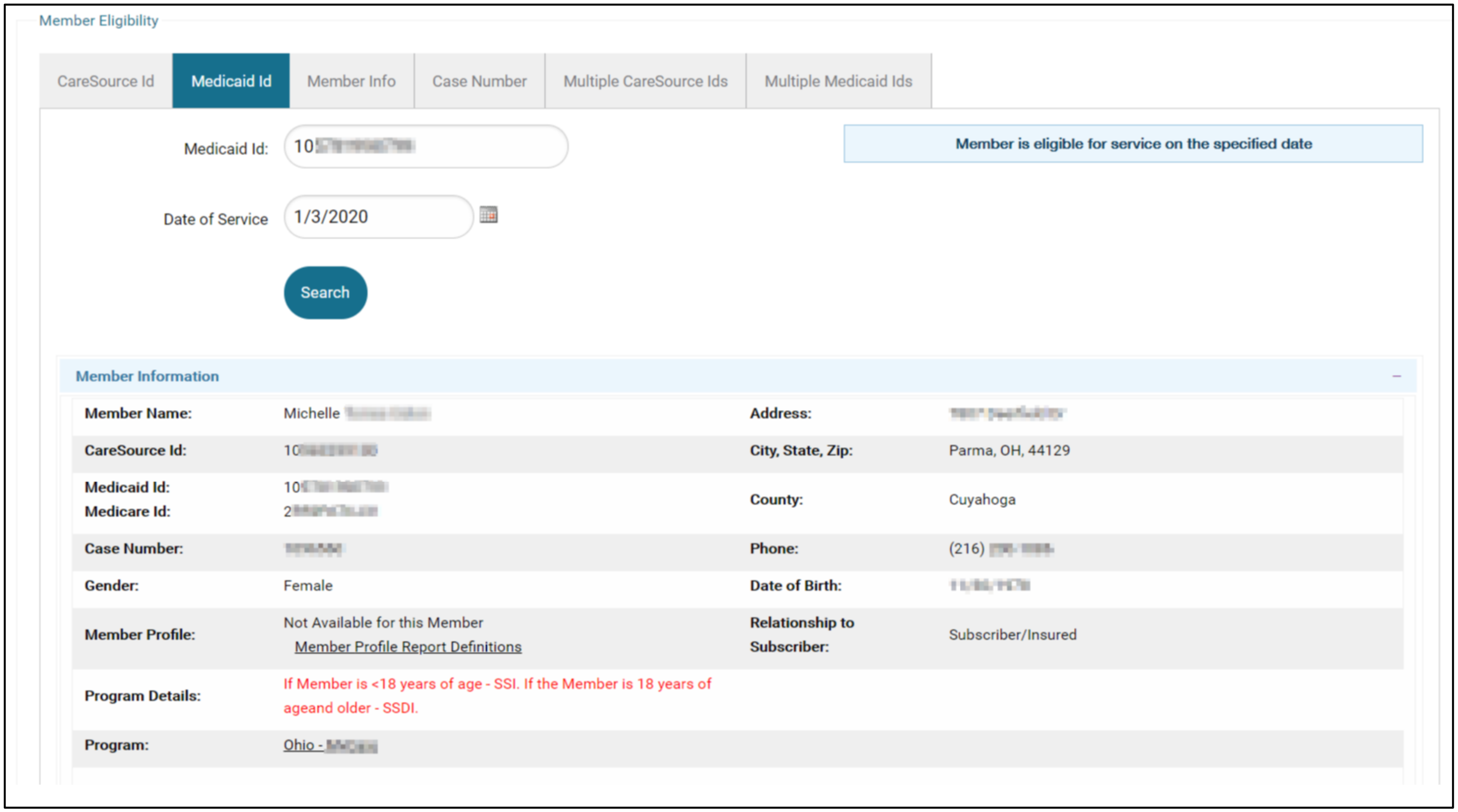
Goal	Interventions	Outcomes
The member will maintain current health status and will follow up with PCP and specialists.	• The CM will review and analyze claims quarterly for PCP, specialist, ER, hospital, DME, outpatient, and other provider claims. - Late • The CM will review the medications the member is prescribed. - Late • The CM will contact the member's appropriate provider(s) to exchange information related to the member's health in order to coordinate care. - Late • The CM will attempt to contact the member, explain case management, and engage in case management. - Late	• CM has analyzed the member's utilization and documented the findings in the appropriate area(s) of the Monitoring Assessment. - Late • CM has reviewed the members prescribed medications from available data, such as Pharmacy Benefits Manager, and then documented the findings in the member's Medications List or Medication Review Form of Clinical Care Advance. - Late • CM has collaborated with the member's appropriate provider(s), and documented the collaboration efforts in the appropriate area(s) of the Monitoring Assessment. - Late • CM has attempted contact with the member and has documented the efforts to contact the member in the appropriate area(s) of the Monitoring Assessment. - Late

Acknowledge Plan Updates

View and Submit Comments

Future State for Guiding Care on the Provider Portal

Search for a Member > Member Info Panel and other accordions display:



Scroll down to see that Assessments Taken and Care Treatment Plan accordion panels for the member have a new icon to indicate the functionality is now available in Guiding Care:

Subscriber Information +

Member Covered Benefits Summary +

Member Dental & Vision Services History +

EPSDT Alerts +

Upload Consent Form +

Clinical Alerts +

Assessments Taken +

Care Treatment Plan +

Triage Summaries +

Admissions & Discharges +

COB Information +

Eligibility Spans +

Open the Assessments Taken accordion and see the instructions for how to locate the member and the assessment on the Care Management Tool:

Assessments Taken –

VIEW ASSESSMENTS WITH OUR NEW CARE MANAGEMENT TOOL

STEP 1

From the **Care Management Dashboard**, select a member using the left-hand **My Members** link or by searching for a member at the top of the screen.

STEP 2

Once your member is selected you will be taken to the **Member Info** panel on the **Member Summary** page.

STEP 3

Select **Activity Record** on the left-hand side of the Member Summary page and proceed to the **Activity Summary** tab. The member assessments are found under **Script Activity**.

Visit the Care Management dashboard

Open the Care Treatment Plans accordion for this member and see the instructions for how to locate the member and the care treatment plan on the Care Management Tool:

Care Treatment Plan

VIEW CARE PLANS WITH OUR NEW CARE MANAGEMENT TOOL

STEP 1

From the **Care Management Dashboard**, select a member using the left-hand **My Members** link or by searching for a member at the top of the screen.

STEP 2

Once your member is selected you will be taken to the **Member Info** panel on the **Member Summary** page.

STEP 3

Select **Care Plan** on the left-hand side of the Member Summary page to review care plans for the selected member.

Visit the Care Management dashboard

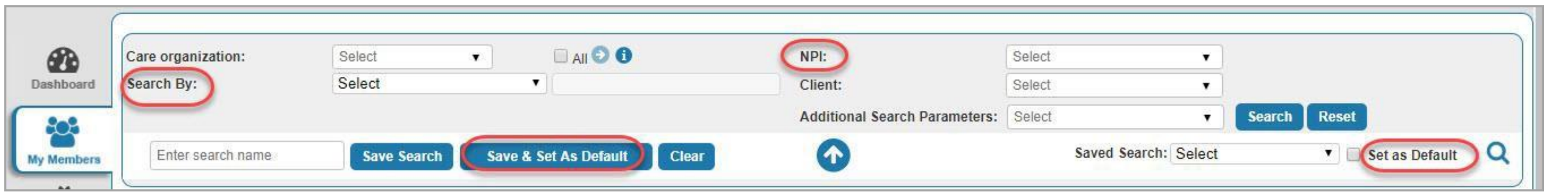
Global Search

Users can perform a Global Search using different search criteria from any page of the application except from the Population tab on the Dashboard.

Membership Navigation

The Configurable Benefit Hierarchy (CBH) feature allows Health Plans to configure the application at various eligibility levels and level values. With CBH, Clients can match eligibility to the claims system and support configurations at any level of the eligibility hierarchy.

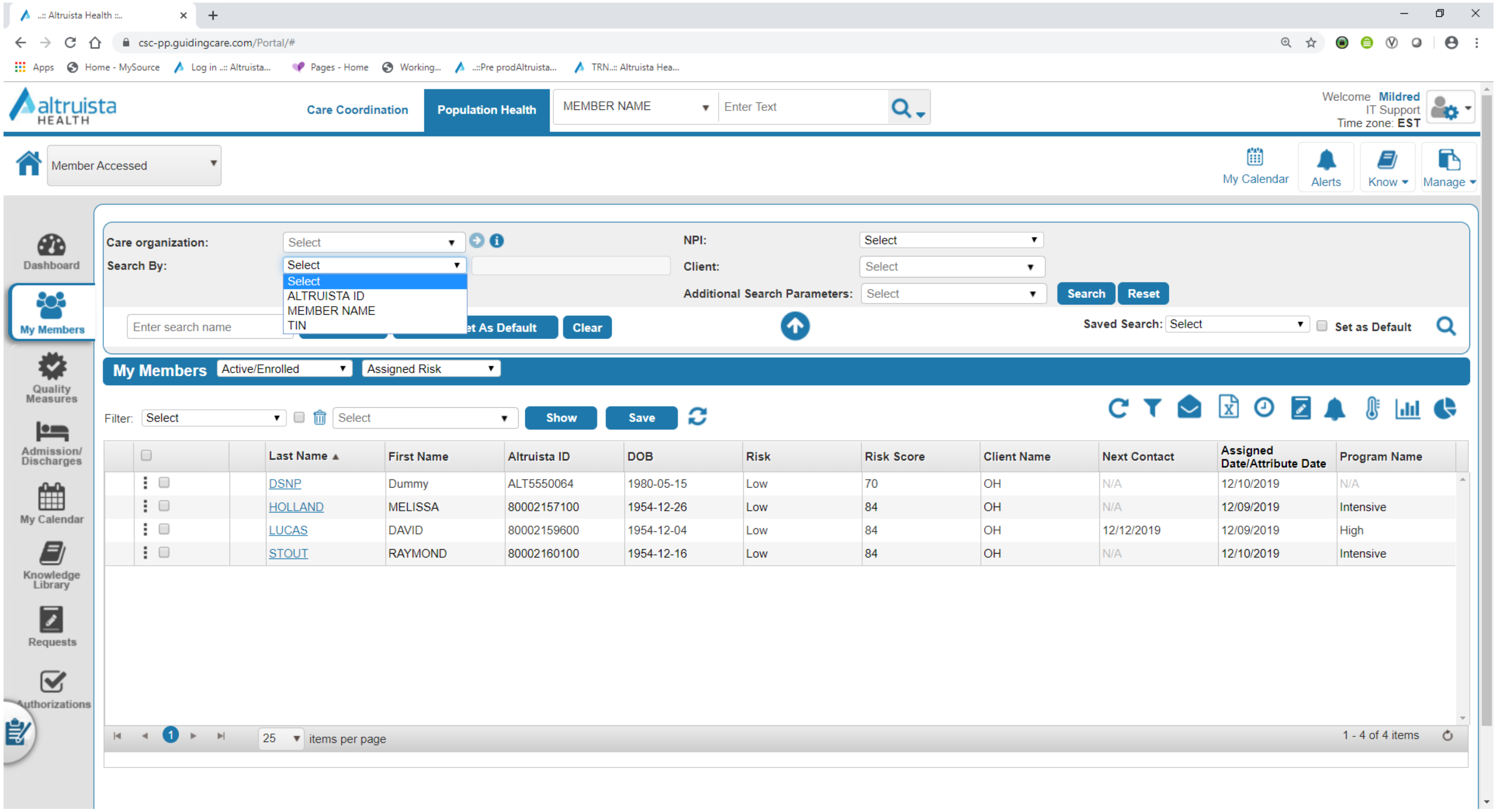
For Users who are logged in as Providers, the Global Search option is displayed as pictured in the image below.



Care Organization: Displays all the active Care Organizations (along with profile types) associated with the logged-in User's current **profile.**

NPI: Displays a list of Provider names associated with the NPI. If multiple Providers are associated with an NPI, the label Multiple Providers is displayed instead of Provider names.

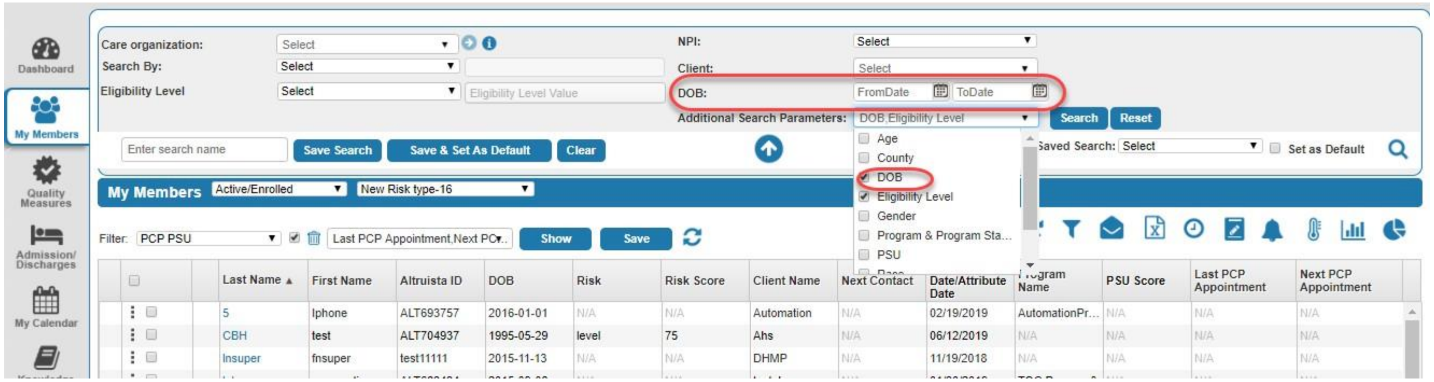
Search By: Displays Member Name, Altruista ID and TIN options in the drop-down. You can select any one option from the list and enter the relevant search text in textbox to filter.



The logic to display the Eligibility Level Values in the Eligibility Level Value drop-down in Global search depends on the Levels assigned to the Care Staff.

- **By selecting an Eligibility Level Value in Global Search, Members associated at that Eligibility Level and Level Value selected in the Global Search are displayed as search results, else no records would be displayed.**
- **The Additional Search Parameters list includes: Service Location, Eligibility, DOB, Risk, Program & Program Status, Age, Race, Gender, County and PSU. A combination of these parameters can be used as search criteria when a parameter is selected in the Additional Search.**

From the Parameters drop-down list, the selected parameter appears as a new drop-down in the Search panel. For DOB search criteria, From and To Dates can be given to filter members with DOB within a time frame.



After performing the search, click Save Search to save and retrieve the results for later use.

- **Click Save & Set As Default to save search while also setting the search criteria as default.**
- **You can choose to display the saved searches from the Saved Search drop-down.**
- **The Set as Default checkbox enables you to select / deselect a search as the default saved search.**

Dashboard

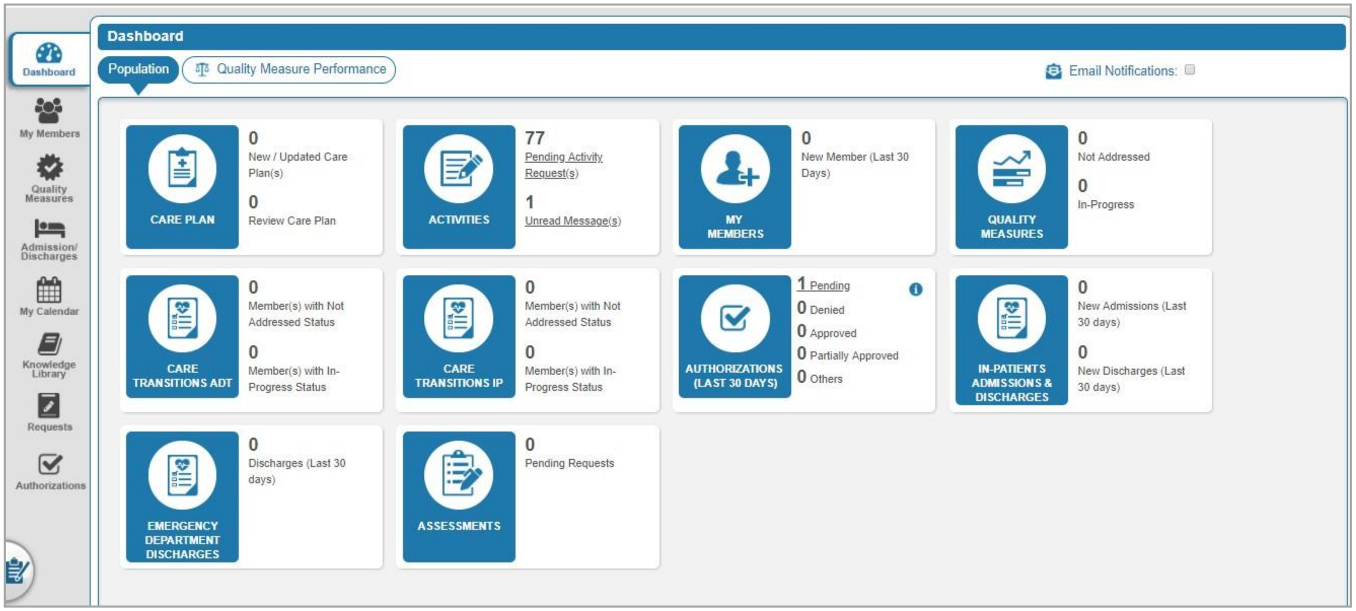
The Dashboard tab 

has the following sections:

- **Population**
- **Quality Measure Performance**

Population

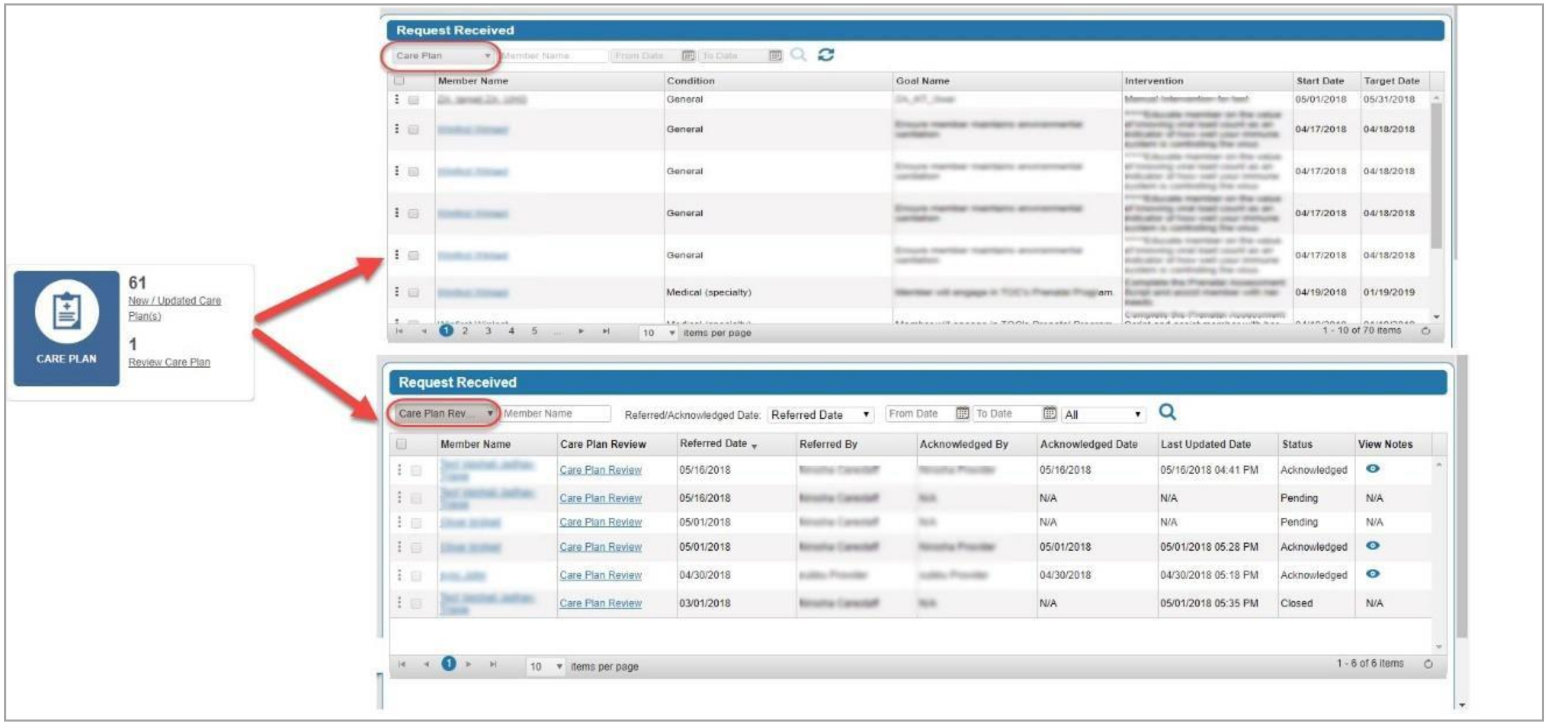
Population section includes the dashboard tiles. Display of each tile in this section depends on the Role configurations. If the User's **role has access to the tile, it is visible, or else not.**



Care Plan

The Care Plan displays the total number of new Care Plans and updated Care Plans in addition to the review Care Plan Activities of the logged in User. Clicking on New/Updated Care Plan(s) navigates you to the Requests Received panel in the Requests left menu tab, which displays list of new and updated Care Plans of Members. The User can View / Sign Off / Reject a Care Plan from this section.

Click on Review Care Plan to navigate to the Requests Received panel in the Requests left menu tab displaying list of members with Care Plan Reviews. To acknowledge a Care Plan, click on the Care Plan Review hyperlink.



Activities

Displays total number of pending Activity requests and unread messages. Clicking on Pending Activity Request(s) and Unread Message(s) redirects the User to the Requests Received panel to view the pending Activity requests and unread messages. The User can Accept / View / Reject a Care Plan from this section.

My Members

The My Members section displays the total number of New Members assigned to the Provider (a Provider is added as part of External Care Team for these Members), within the last 30 days from current date.

- **Clicking on New Member (Last 30 Days) navigates to the My Members left menu tab. My Members grid displays list of new Members assigned to the logged in Provider. The User can perform actions such as Add Activity, Add Appointment, and so on from the My Members page.**

Quality Measures

Displays the total number of Measures (of current reporting year) with In Progress and Not Addressed status applicable on Member(s) for a logged in User's population.

Clicking Count/In Progress/ Not Addressed navigates to Quality Measures left menu tab. The Quality Measures grid is auto populated with the reporting year in Measure Version and Quality Measure Group as the default display for all the Measures in Not Addressed, In Progress status respectively.

Care Transitions ADT

Displays total number of Care Transitions of Members in In-progress and Not Addressed status. User is navigated to the Admissions/Discharges section of Members with Care Transitions ADT or ER Admission and Discharge Transfer information of Members. This ADT data is extracted from the HL7 associated with each member.

Care Transitions IP

Displays total number of Care Transitions of Members in In-progress and Not Addressed status. User is navigated to the Admissions/Discharges section of Members with Care Transitions IP or In-Patient admission/Discharge events of Members.

Authorizations

Authorizations should not be entered here. Please continue to enter them as you have in the past.

In-Patients Admissions & Discharges

Displays the count of New Admissions & New Discharges in the last 30 days. Clicking on the hyperlink of New Admissions (Last 30 Days), User is navigated to IP Authorizations page under Admission & Discharges tab.

Emergency Department Discharges

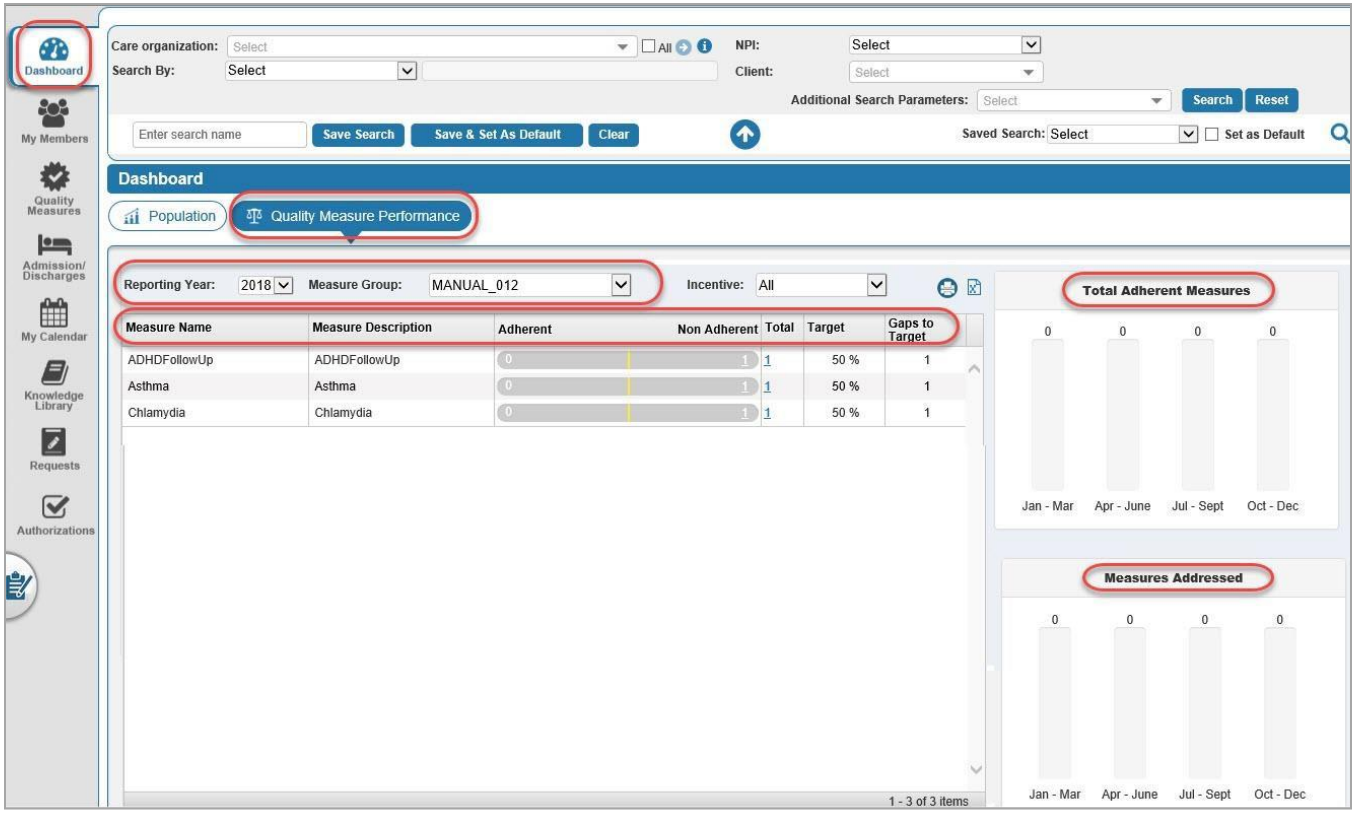
Displays the counts of discharge records for the last 30 days with event type A03 with a hyperlink to the Admission & Discharges section.

Assessments

Displays the pending Assessment count (Script Forms) due for a Provider's review. Care Staff can now send **Assessments (Script Forms) for review to one or more Providers (External Providers). The Completed/Pending Script Form on a member can be sent for review. Clicking on the hyperlink navigates the User to the Request Received >> Assessments section.**

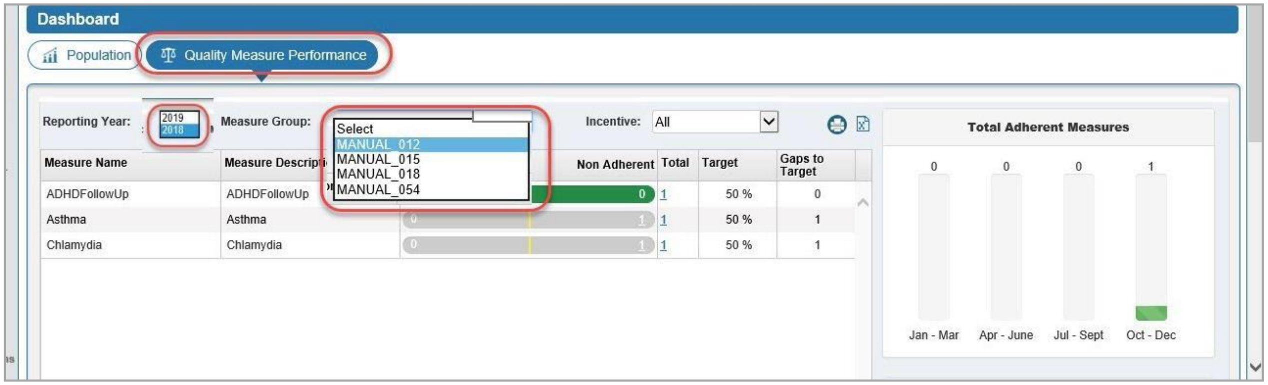
Quality Measure Performance

The Quality Measure Performance 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.



Search Quality Measure Groups

You can search for Quality Measure Groups using the Global Search criteria:



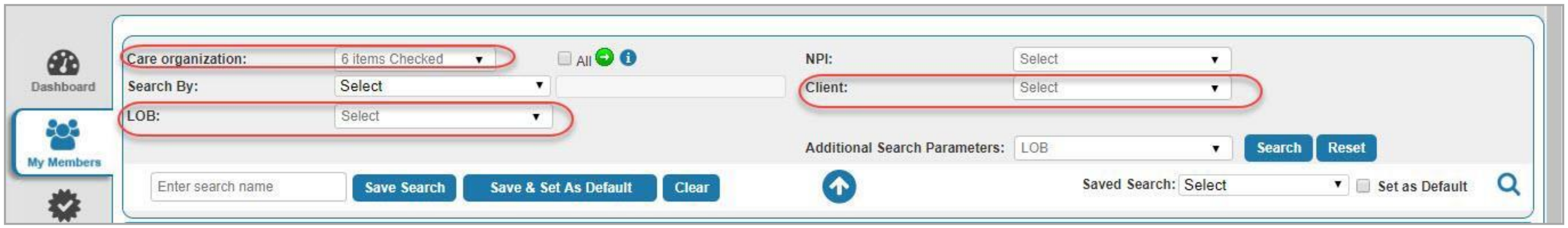
For Provider Users:

- **Select TIN value from the Care Organization drop-down. States are associated with TINs.**
- **Click Search.**

The Measure Groups associated with selected TIN and State will populate in the Measure Group drop-down as shown above.

For Internal Users:

- **Select Client / TIN / LOB and click Search.**



The Measure Groups associated with selected TIN and/or LOB, and/or Client will populate in the Measure Group drop-down.

Click **to print the Measure Group data. Click** **to export Measure Group data in excel format.**

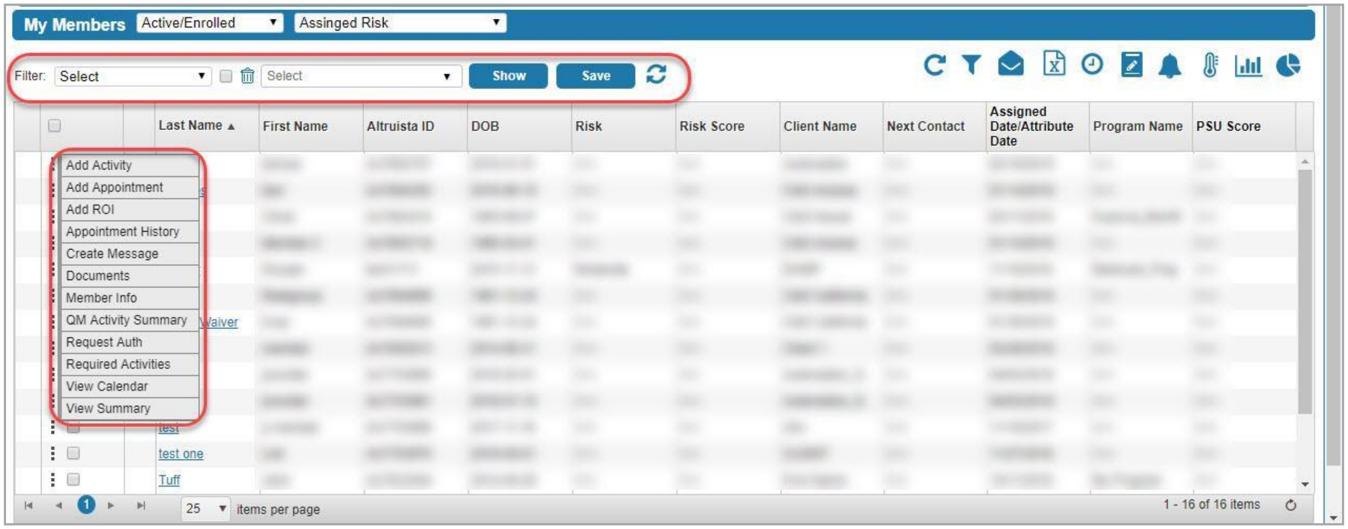
-Users can opt in/out of receiving an email notification using the E-mail Notifications check-box.

-If the E-mail Notifications check-box is selected, system displays a confirmation message “Notifications successfully opt in for email”. Upon hovering E**-mail Notifications with the check-box selected, the system displays a text** “Notifications to be sent to **test@gmail.com**”

-If the E-mail Notifications check-box is unselected, then system displays a confirmation message “Notifications **successfully opt** out for email.” Upon hovering E**-mail Notifications with the check-box selected, system displays a text** “To receive email notifications to **test@gmail.com**”

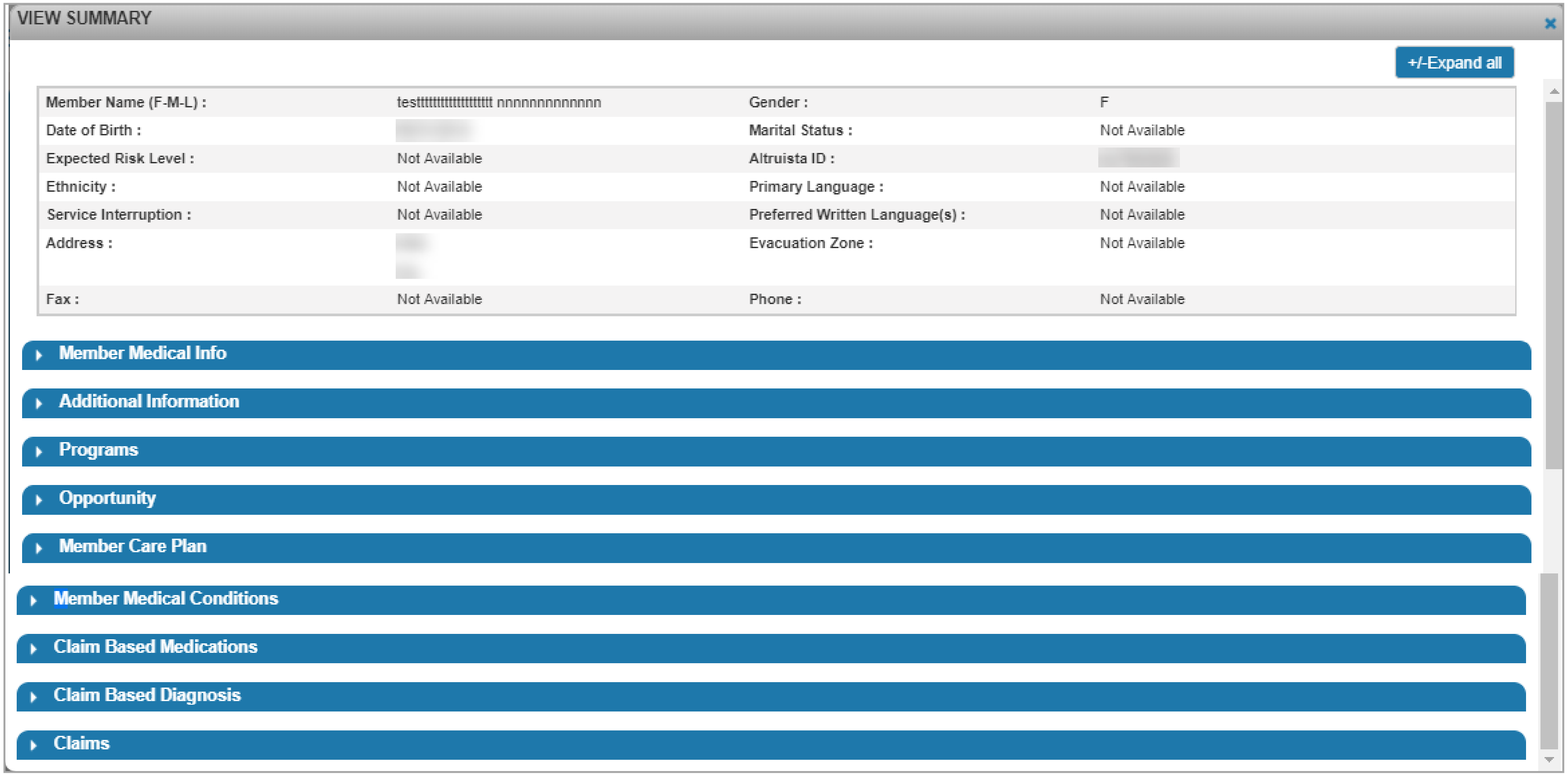
My Members

This page displays the list of members assigned to the logged-in User.



Select a member record to perform the following functions:

- **Add Activity – You can add an Activity for the Member from ADD ACTIVITY pop-up window.**
- **Add Appointment – Appointments are added for the Member with the required Provider.**
- **Add ROI – You can add ROI for the Member.**
- **Appointment History – Displays Appointment history of the Member.**
- **Create Message – Allows you to send a HISP-direct or internal message to another Provider, Care Staff or Member.**
- **Documents– Allows you to attach a C-CDA file or document in ATTACH FILE/ DOCUMENT pop-up window.**
- **Member Info – Allows you to view the Member Information in single view.**
- **QM Activity Summary: Displays list of Quality Measure Activity Details.**
- **Required Activities – Displays list of mandatory Activities that must be performed for the Member.**
- **View Calendar** – You can view a Member’s calendar for scheduled **Activities.**
- **View Summary** – Displays summary of Member’s care details in **VIEW SUMMARY pop-up window.**



In My Members sections, Context menu options are alphabetized.

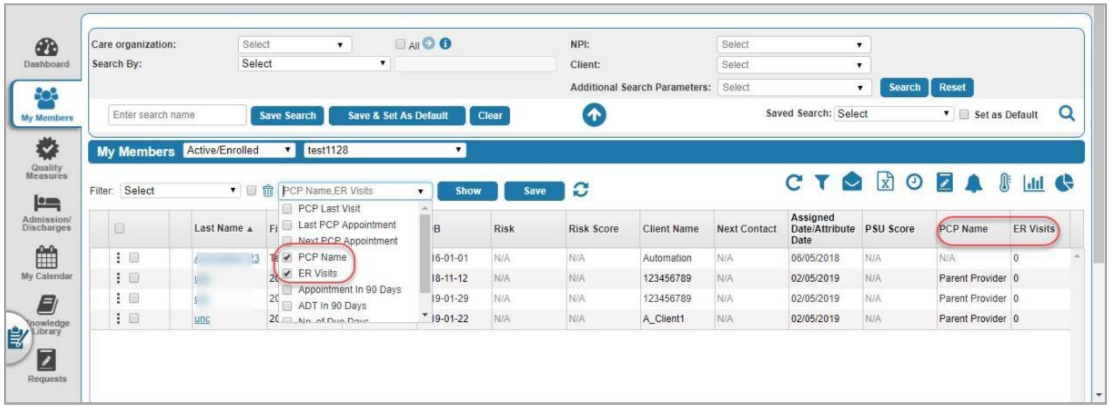
You can View previoulsy uploaded documents for a Member record whose Sensitive Diagnosis flag is set as ‘Yes’ **from MyMembers >> Context Menu options >> Documents.**

Configuring Columns in My Members Grid

The User can select required columns from Select drop-down and click Show to display the selected columns in the grid. User can also set the selected filter as a default view by selecting the check box next to the filter drop-down.

My Members – Font Color of Member Records

Member records whose eligibility is expired is shown with a red icon and orange icon for the alert time configured for Required Activities.



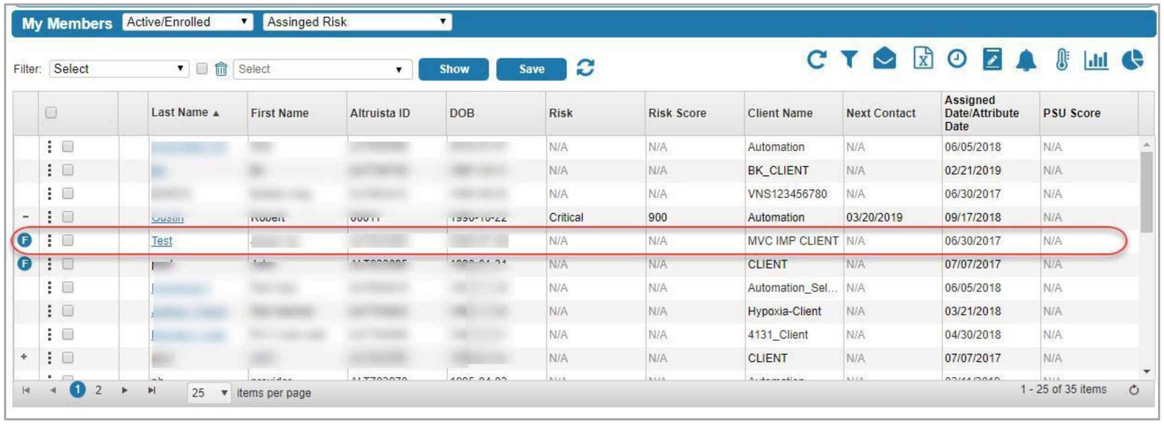
-Member records in My Members widget turns red when the only active record in Member's Programs section turns **inactive and there are no other active records in programs for that Member which has Required Activities configured.**

-If the Member is enrolled in multiple lines of business, and Member has termed eligibility for one LOB, the record will not turn red since Member has another active LOB(s).

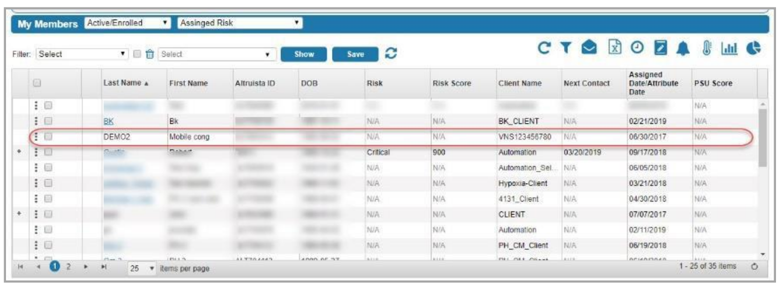
-The Required Activities configured for Care Transition in Population Health (Member records in ADT section) against Program enrollment LOB/Plan/Program are not considered for the logic of turning Member record to orange or red.

Viewing Member's Family Member Records

To view the family member records of a member in My Members grid, click + icon seen next to a Member record. The records are displayed if the family member records are available for the selected member as shown:



For members that are marked as Sensitive Diagnosis, the logged in User cannot access the member record. The last name hyperlink to Member Summary is disabled for such records as shown.



-When there is sensitive data for the Member record, External Care Staff with the role permissions to Activities /

-Request can Complete the activities that are assigned to either the User or Care Organization.

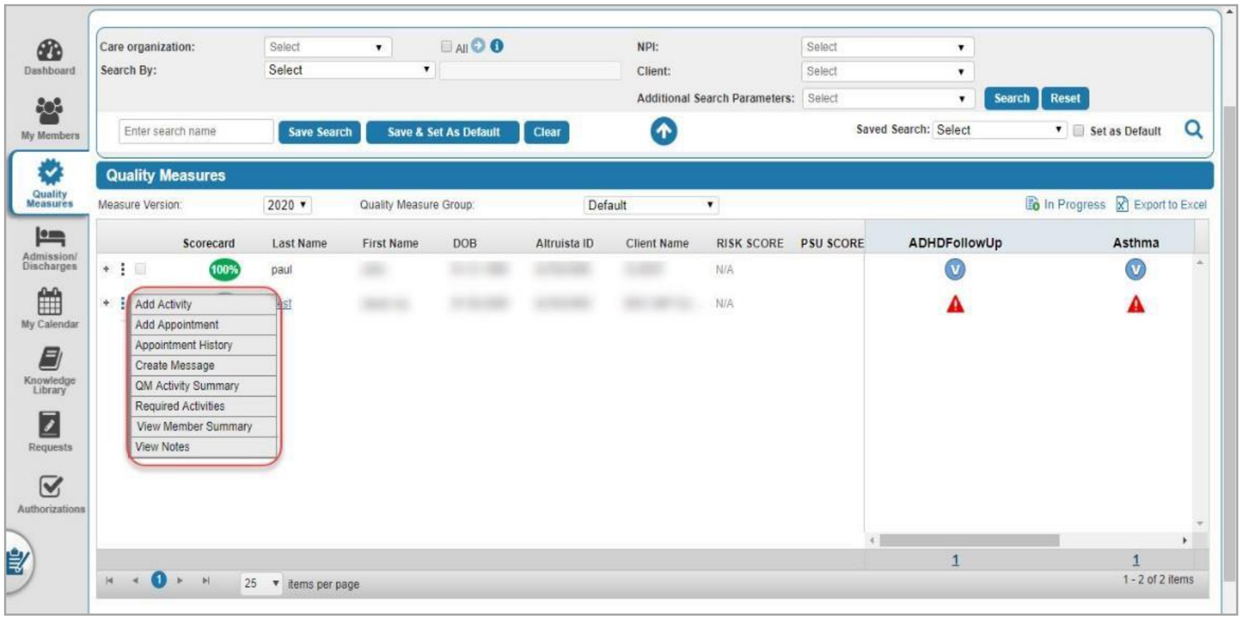
-Users can add only the Completed Activity when there is sensitive data for the Member record.

-Activity Outcome and Outcome Type are mandatory fields when an Activity is completed.

In My Members section, when the User clicks Export Excel icon, a description line “**Choose columns of My Members to Export files to Excel**” **is added as shown. This line is to help the Users find where documents are exported and should be noted to help Users can find the records.**

Quality Measures

The Quality Measures section displays open Opportunities, or prospective gaps-in-care, that currently exist for members assigned to a Provider across all relevant Quality Measures. To address the Quality Measures for the members in the Provider’s case load, you **can perform steps such as adding Activities / Appointments, Create Message etc. The scorecard count in Quality Measures grid includes the Measures marked as Is Sensitive. For member records marked as Is Sensitive, the User cannot access the Member Details page and view the Measure performance under the Quality Measure Performance tab in the Dashboard.**



Based on the proportion of Opportunities resolved for each Member, a Scorecard is calculated as follows:

SCORECARD = Opportunities resolved & closed {Total Opportunities – Opportunities Not Applicable}

The Quality Measures can be in different statuses based on whether they are addressed or not by the Provider.

 : **Not Applicable**

**: Not Addressed**

 **: In Progress**

: Completed

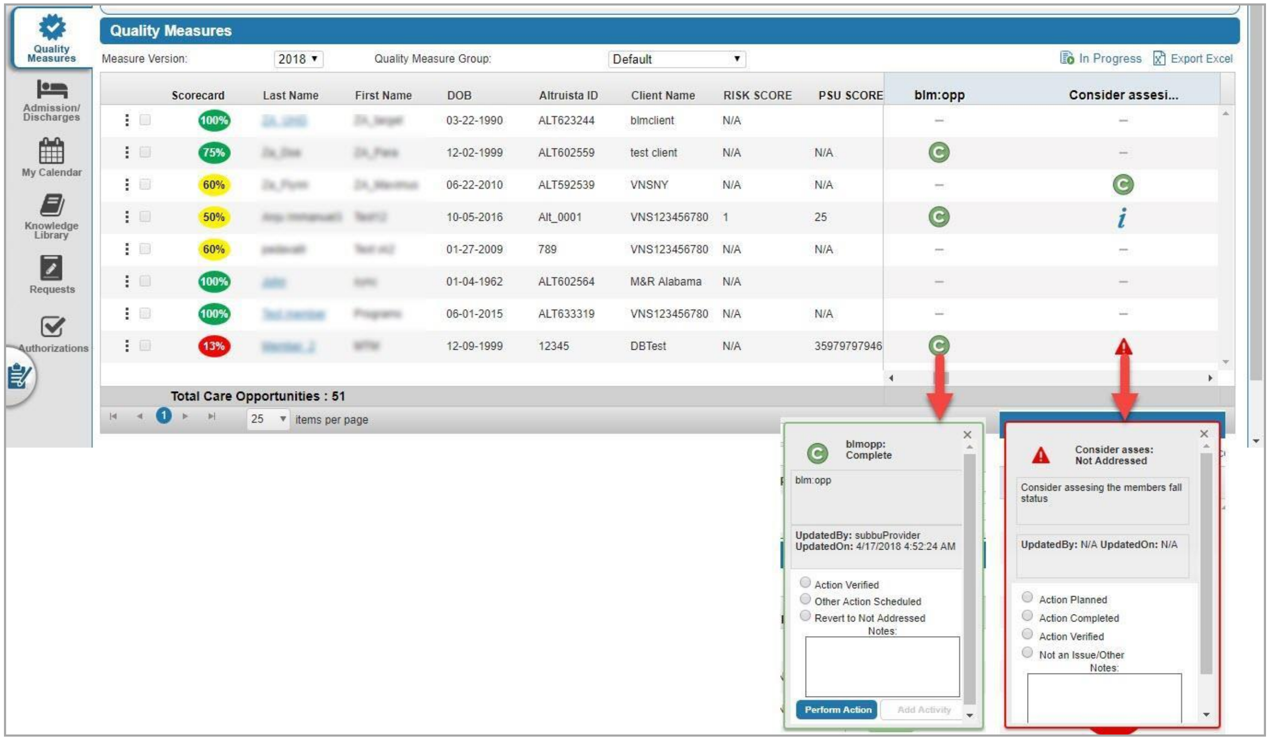
: Verified

: Compliance

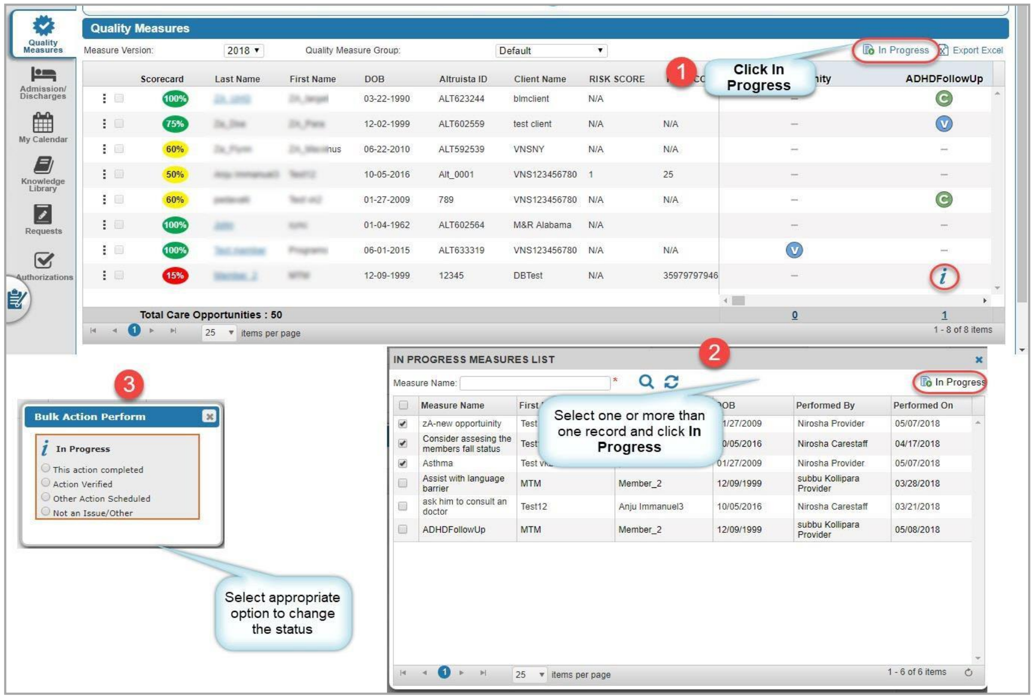
Status of Opportunities is indicated as shown:

Initial Status	Action Performed by User	Status Updated To
Alert (Opportunity not Addressed)	Action Planned	In Progress
	Action Completed	Opportunity is resolved
	Not an Issue/Other	Opportunity is not applicable
	Action Verified	Verified
In Progress	This action completed	Opportunity is resolved
	Action Verified	In Progress
	Not an Issue/Other	Opportunity is not applicable
	Other action scheduled	Verified
	Revert to Not Addressed	

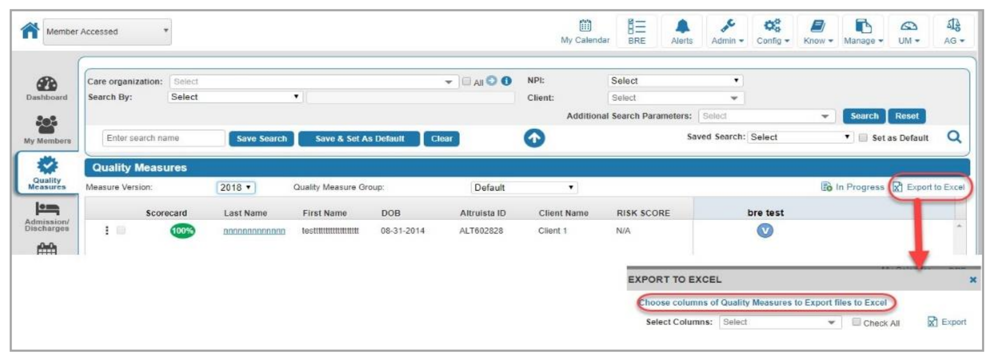
- **In the Quality Measures section, you can view and update the status of each open and addressed Opportunity for a member.**
- **Select Revert to Not Addressed, to revert decisions.**
- **To address all the gaps for a member:**
  - **Click on the Scorecard.**
  - **Select Resolve Gaps for this Member**
  - **Select all the gaps within the Progress/Not Addressed Status**
  - **Click Perform Action.**
  - **Select the required option in the Bulk Action Perform window.**
  - **Click Perform Action.**



- **To change the status for all Gaps with In Progress status for all Members, perform the following steps:**



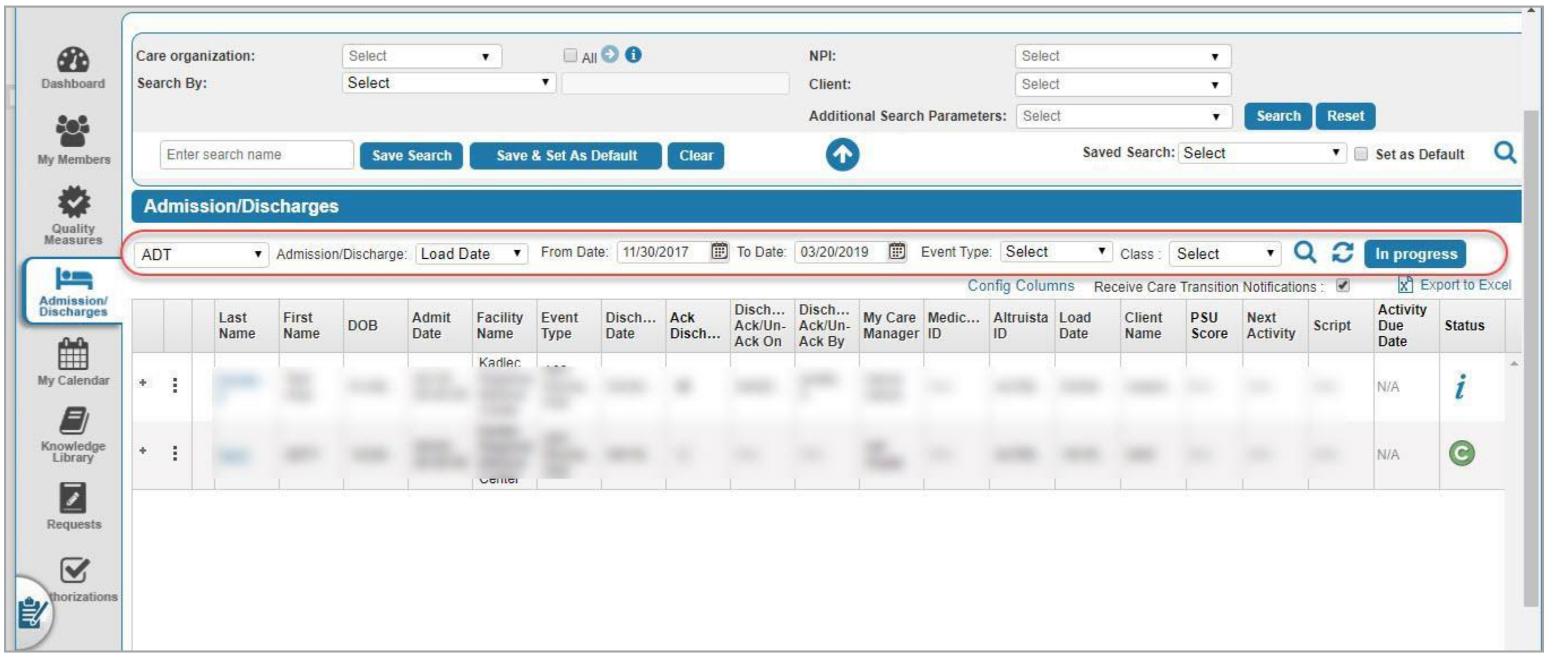
In the Quality Measures section, when a User clicks Export Excel icon, a description line ‘Choose columns of Quality Measures to Export files to Excel’ is added as shown. This line is to help Users locate where the documents are exported.



Admissions/Discharges – Coming Soon!

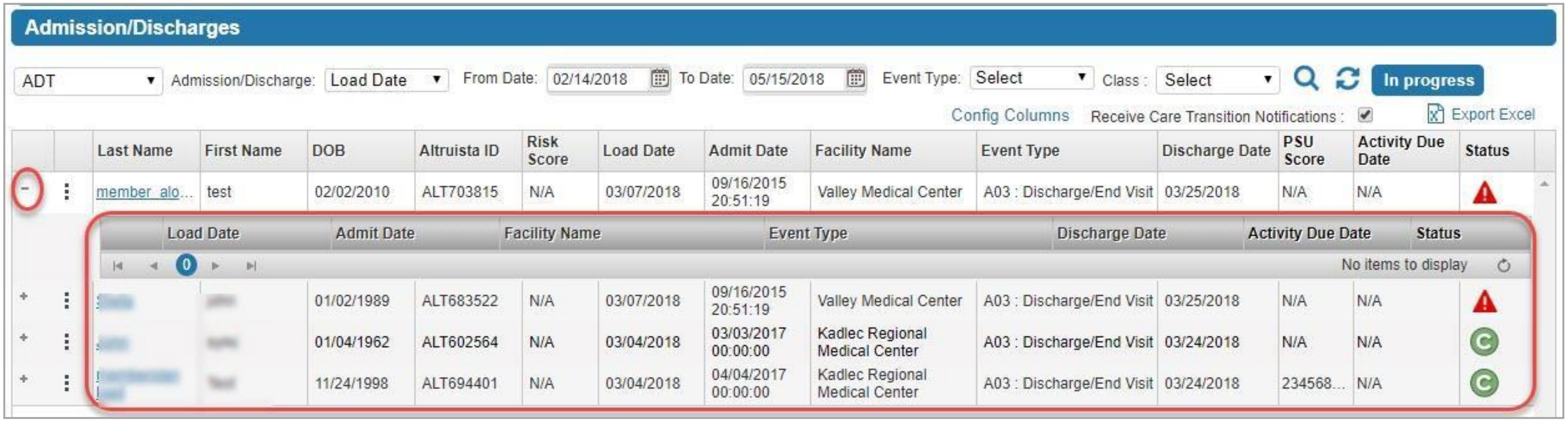
This section displays the In-patient and ER admission and discharge transfer (ADT) information of Members. This data is extracted from the HL7 associated with each Member. It displays enrolled Members in the Care Transition program for the past three months by default.

- **You can view information in this panel from two different sources: Admission/Discharge Transfer (ADT) or Inpatient (IP) Authorizations.**
- **Select the appropriate option from the drop-down list at the top of the grid as shown below.**



- **ADT displays list of members within the records type.**

- **Click to view the list of ADT records and their statuses with respect to each member as shown.**



You can also update the status of an ADT record.

- **User can perform functions like adding an appointment, sending messages, etc. at the level of record of a Member in Admission/Discharges page by clicking the**
- **When you select the drop-down icon next to Last Name of a member on the Admission/Discharges page, a context menu opens as shown.**

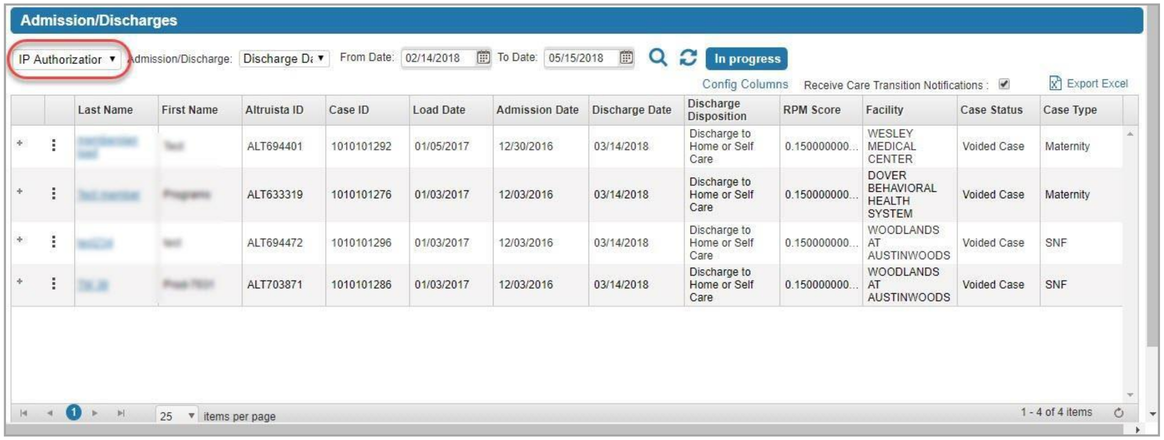
-Refer My Members section for context menu details.

-Using ADT Summary option, you can view Member's EMR **details.**

-User can add Additional columns to the grid by selecting the columns from the Config Columns button

-In Admission/Discharges >> ADT section, when the User clicks Export Excel icon, a description line "**Choose columns of ADT to Export files to Excel" is added to help the Users find where Documents are exported to and where Users can find the records.**

When you select IP Authorizations from the drop-down list, it displays the details of Inpatient Admission/Discharge events of Members.

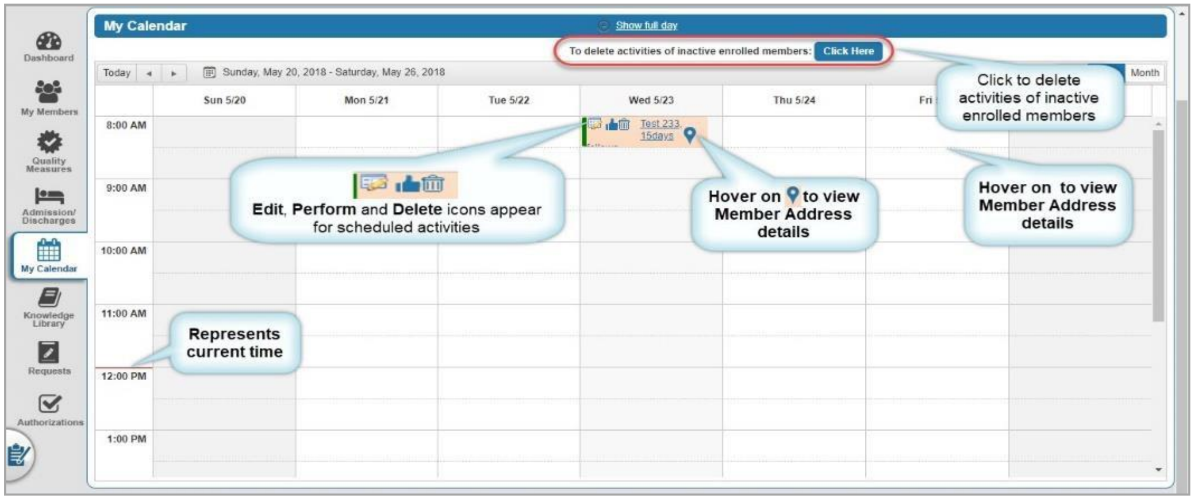


In Admission/Discharges >> IP section, when the User clicks Export Excel icon, a description line "**Choose columns of IP to Export files to Excel" is added to help the Users find where Documents are exported to and where Users can find the records.**

Altruista ID, RPM Score, Case ID, Load Date values are added in the Export to Excel drop-down Admission/ Discharges >> IP Authorizations.

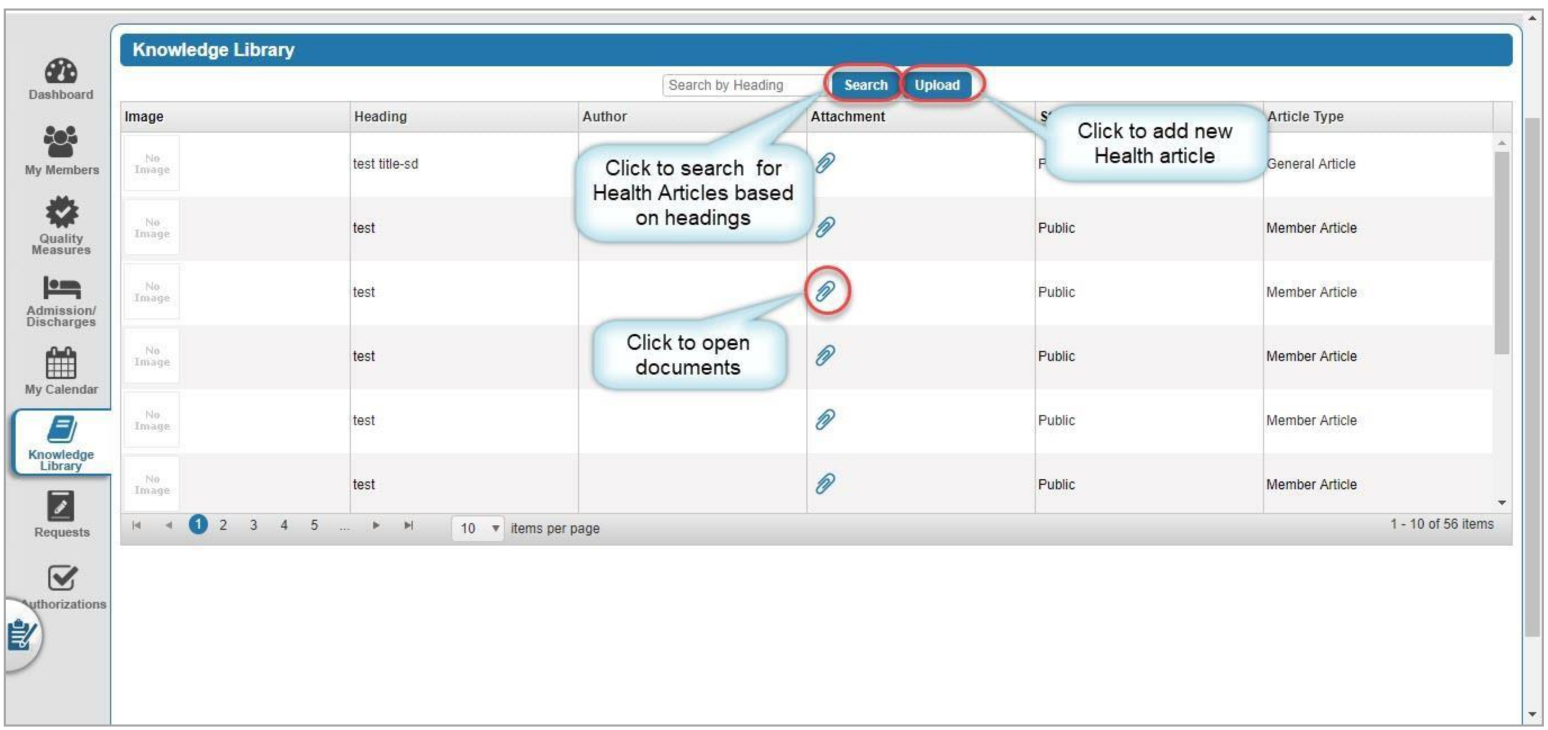
My Calendar

This page displays scheduled Activities/Appointments for members. The logged-in User performs the scheduled Activities from the Calendar by clicking. 



Knowledge Library

This page enables the logged-in User to view and upload the educational material/health articles.



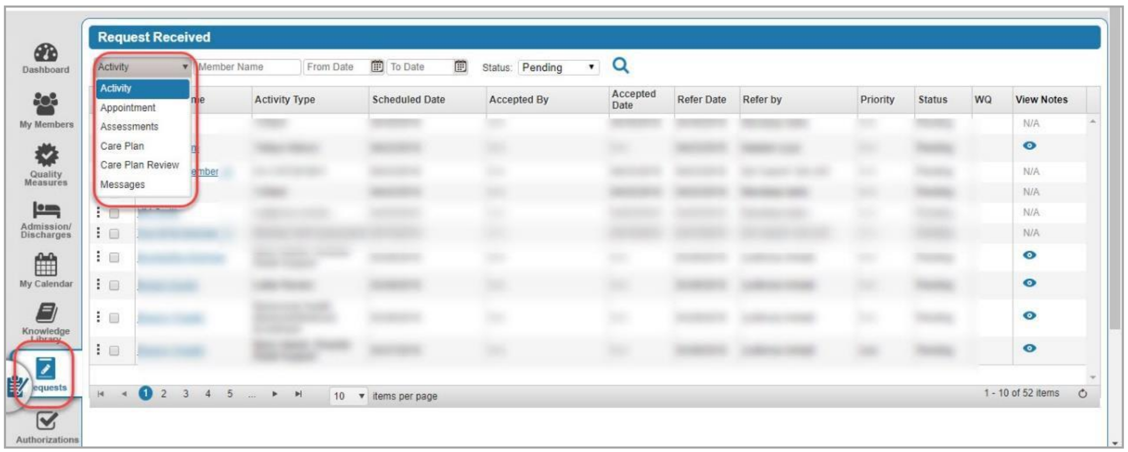
Requests

This tab displays the requests for Activity, Appointments, Assessments, Care Plan Review and Message that are referred by other Provider Users or Care Staff.

Request Received

To view the requests, click the Requests tab.

REQUEST RECEIVED tab appears as shown:



The types of Requests a logged-in User can receive are:

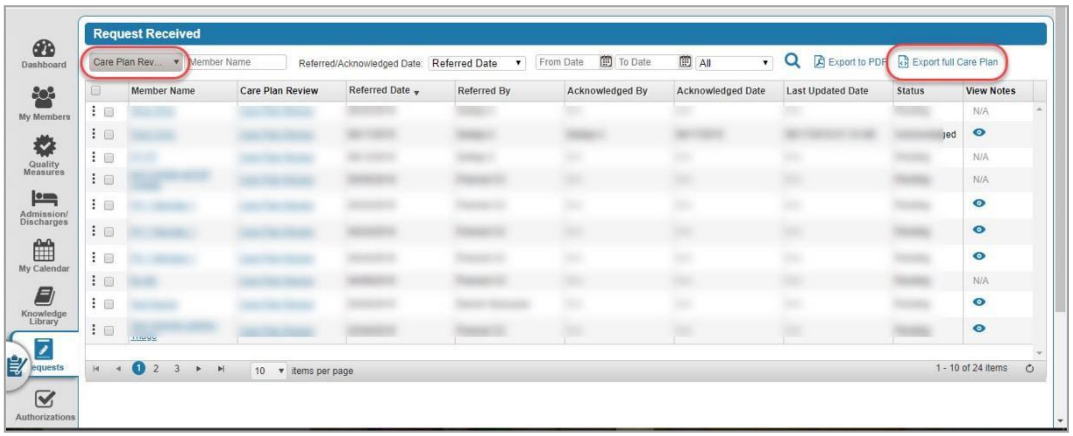
- **Activity**
- **Appointment**
- **Assessments**
- **Care Plan**
- **Care Plan Review**
- **Messages**

-Context menu options are added to the Care Plan Review section.

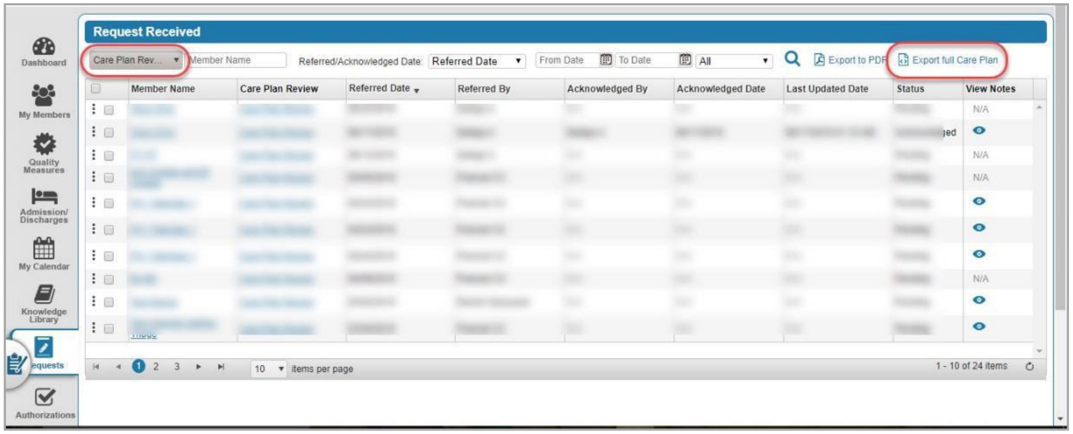
-Context menu options are role based, they can be enabled/disabled based on the role permission given to the logged in User.

-Users can select one or more Member records from Request Received >> Care Plan Review section and export the Care.

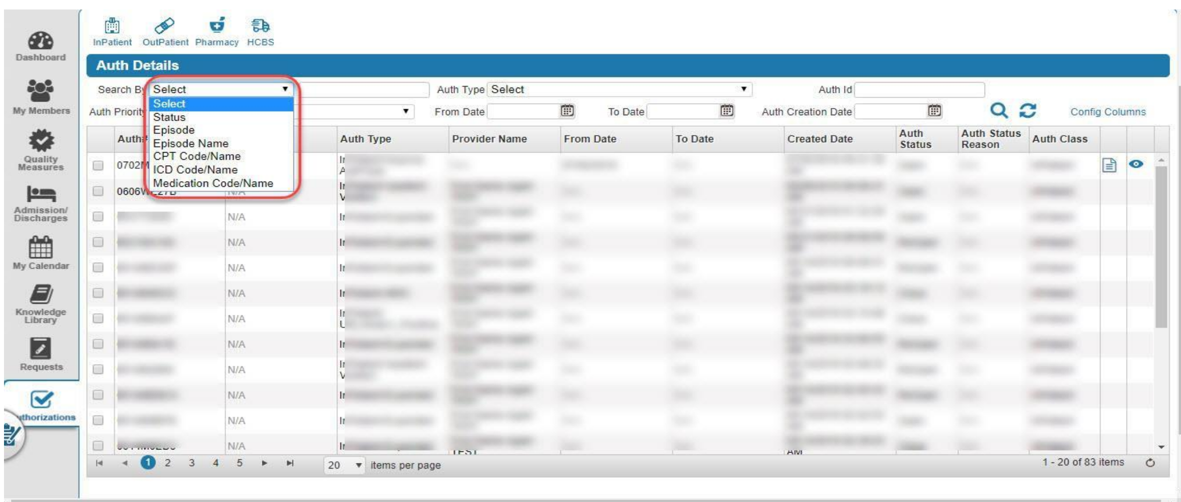
-Plan(s) of the selected Member records to PDF as shown.



- The Comments/Notes section in the Care Plan Review section is a non-mandatory field. The User can acknowledge the Care Plan Review record without entering any comments/notes.
- Users can 'Export Full Care Plan' while reviewing the Care Plan Request details in Request section as shown:



- Targeted Interventions' is added in the Review Care Plan pop-up when the User clicks on Review Care Plan hyperlink to acknowledge the Care Plan. This accordion appears between Care Team and Clinical Interventions accordions.
- You can accept multiple Pending Activities with Acceptance notes.
- You can view Pending Activities assigned to External Care Team Provider in the Requests Received section.



- On clicking Pending Activity Requests, system navigates you to Request Received section with Activity as pre-selected drop- down value in the Request Received section.