



PCC Plan High-Risk Member Report Users Guide

Overview of Report

The Primary Care Clinician (PCC) Plan is pleased to provide you with the attached report to assist you in managing the care of your PCC Plan Members. The report highlights PCC Plan Members on your panel who have a high medical or behavioral health illness burden (referred to as “high risk”), and who therefore may benefit from MBHP’s Integrated Care Management Program (ICMP) or from additional outreach or coordination from you and others in your practice.

This report will be provided to your practice on a quarterly basis and will be distributed via encrypted e-mail (Zix Select) in Excel format. This report includes only PCC Plan Members that were assigned to your practice as of the end of the reporting period.

This report is derived from DST Health Solutions Care Analyzer® using the Johns Hopkins Adjusted Clinical Groups® System. The report include claims-based indicators sourced from medical, behavioral health and pharmacy claims for a rolling 12-month retrospective period. Because the report is based on claims data, some services may not be reported due to a lapse of time between claims submission and payment.

The reporting period for the current report is October, 2018 through September, 2019.

Report Specifications

PCC Plan High-Risk Members

This report identifies PCC Plan Members who are considered high risk based on the DST algorithm.

The report includes the following fields:

- The Member’s name, date of birth, address and phone number.
- Chronic Condition Count: the number of unique medical and behavioral health chronic conditions with significant expected duration and resource requirements.
- Outpatient Mental Health Utilization: an indicator showing whether a Member had any outpatient and/or ED claims or encounters in conjunction with a principal mental health diagnosis.
- Current Risk Score: an indicator of the cost expectation of an individual compared to the total population during the reporting period. Example: A Member with a Current Risk Score of 2.5 has a higher illness burden more likely to cost 2.5 times more than the population average. The report is sorted from highest to lowest Current Risk Score.
- ER_No_Visit_PCC: Indicates Members that have been to the ER but not seen their PCC during the measurement period.
- ER Visit Count: the number of ER visits that did not lead to a subsequent acute care inpatient hospitalization.
- ICMP Engaged PCC Plan Members: PCC Plan Members who are currently engaged in MBHP’s ICMP.

Actionable Ways to Utilize the Reports

- Educating Members with high ED utilization on alternative options for non-emergent care, including urgent care centers, after-hour availability options and the use of the Emergency Service Program for individuals experiencing a behavioral health crisis. For information on the ESP programs, you can go to <https://www.masspartnership.com/provider/ESP.aspx>, contact MBHP's Clinical Access Line at 1-800-495-0085 or contact your PCC Support Manager for assistance.
- The ICMP field can be used to identify those PCC Plan Members who are not engaged in MBHP's ICMP but who might benefit from the program. The PCC can refer these Members to ICMP by going to <https://www.masspartnership.com/provider/ICMP.aspx>.
- Some PCC Plan Members on your report could benefit from utilizing Community Support Programs (CSPs). CSPs assist PCC Plan Members in obtaining services that will help them better address their complex needs. CSP are available to all PCC Plan Members who meet medical necessity criteria. CSPs can assist Members in obtaining services by:
 - Providing service coordination and linkages to community services and behavioral health providers.
 - Providing temporary assistance with transportation to medical appointments
 - Assisting with obtaining benefits, housing, and health care

PCCs can identify CSPs in their region by:

- Contacting MBHP's Clinical Access Line at 1-800-495-0086
- Going to Find a Behavioral Health Provider on MBHP's website at www.masspartnership.com/member/FindBHProvider.aspx and choosing Community Support Program in the Contracted Services search field.

PCC Support Managers (SMs) are available to answer any questions you have about these reports. Please contact the PCC SM in your region for assistance or additional information.

Region	PCC Support Manager	Phone	Email
Boston/Metro Boston, Northeast, Southeast	Kelly McMullin	(617) 790-4106	Kelly.Mcmullin@beaconhealthoptions.com
Central, West	Sarah Drenzek	(413) 250-3902	Sarah.Drenzek@beaconhealthoptions.com