

## Report 8 – High Cost High Need (HCHN) Population

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Purpose:

The High Cost High Needs (HCHN) Population captures enrollees in HCHN Categories to identify the Rate Cell used in the monthly per member per month (PMPM) payments to the Contractor. The report shall provide information on all HCHN Enrollees that are identified by the Contractor following the procedures established in Attachment 28 of the Contract. ASES will perform a validation of the conditions identified per Enrollee utilizing the monthly claims data submitted by the Contractor to ASES.

Submission Requirement:

The report is due monthly and monitors the requirements 18.2 of the contract.

Parameters: All fields are required if no other specific instructions are detailed for each field.

For more information regarding the process see HCHN SOP.

PARAMETER	DEFINITION AND SPECIFICATION
<b>8.A HCHN Population Report Layout (Reference B)</b>	
General	Include all enrollees with changes in the HCHN information during the reporting period.
<b>Section – Transaction Information</b>	
Transaction Type	<p>Enter the Transaction Type related to the enrollee HCHN condition, Valid options are:  <b>N</b> = Notification                      <b>W</b> = Withdrawal                      <b>A</b> = Amendment</p> <p><b>Notification:</b> This option is used to inform ASES on the following situations:            (a) The enrollee has been identified as having a HCHN Category for the first time.            (b) The enrollee keeps having the HCHN Category based on a Last Encounter that may extend the effective end date.</p> <p><b>Withdrawal:</b> This option is used to remove a previous Notification for an Enrollee on a specific HCHN Category.</p> <p><b>Amendment:</b> This option is used to change the details associated to a previous Notification with no changes in the HCHN Category and Service Date.</p> <p><b>Data Format:</b> 1 character alphabetic  <b>Rule Validations:</b> Required. For a Withdrawal or Amendment, the following fields should match the initial Notification: Notification Date, MPI, Service Date, HCHN Category.</p>

PARAMETER	DEFINITION AND SPECIFICATION
Notification Date	Enter the notification date. For a Notification use the Month when this transaction is reported to ASES. For a Withdrawal or Amendment use the Month on the original Notification.  <b>Data Format:</b> YYYYMM 6 digits numeric <b>Rule Validations:</b> Required
<b>Section – Enrollee Information</b>	
MPI	Enter the Master Patient Index (MPI) of the enrollee for which the HCHN condition has been identified.  <b>Data Format:</b> Refer to Data Field section associated with MPI field <b>Rule Validations:</b> Required. Must be a valid MPI number.
<b>Section – High Cost High Need Information</b>	
HCHN Category	Enter the enrollee’s HCHN Category: Valid options are: - Cancer - Renal - High Cardio - Diabetes - Low Cardio - Pulmonary When multiple categories have been identified for a single enrollee, send one transaction per each category. The HCHN Category with the highest priority will be the one used to assign the Rate Cell.  <b>Data Format:</b> 5-11 characters alphabetic <b>Rule Validations:</b> Required. For Pharmacy Claims the HCHN Category must include conditions treated by the reported medication or drug. For other Identification Sources, the HCHN Category must match the ICD-10 according to the HCHN Reference Table.
HCHN Sub-Category	Enter the HCHN Sub-Category.  <b>Data Format:</b> 5-12 characters alphabetic <b>Rule Validations:</b> Required. For Pharmacy Claims the HCHN Sub-Category must include conditions treated by the reported medication or drug. For other Identification Sources, the HCHN Sub-Category must match the ICD-10 according to the HCHN Reference Table.
Identification Source	Enter the Identification Source used to establish the HCHN Category for the enrollee.  Valid options are: <b>P:</b> Pharmacy Claims <b>D:</b> Certification of Diagnosis <b>I:</b> Inpatient Admission <b>E:</b> Encounter

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	<p>Pharmacy: Pharmacy Claim containing a medication or drug that is used in the treatment of a condition corresponding to a HCHN Category and HCHN Sub-Category.</p> <p>Certification of Diagnosis: PCP/Specialist Diagnosis Certification and Treatment Plan used as identification for the enrollee's condition for the reported HCHN Category and HCHN Sub-Category. The MCO must have the evidence supporting the Diagnosis Certification and Treatment Plan reported readily available for ASES audit purposes.</p> <p>Inpatient Admission: Information related to an Inpatient Admission that is used as identification for the enrollee's condition for the reported HCHN Category and HCHN Sub-Category. The MCO must have the evidence supporting the Inpatient Admission reported readily available for ASES audit purposes.</p> <p>Encounter: Encounter with a PCP/Specialist which confirms the diagnosis that determines the enrollee's condition for the reported HCHN Category and HCHN Sub-Category.</p> <p><b>Data Format:</b> 1 character alphabetic  <b>Rule Validations:</b> Required.</p>
Service Date	<p>Use the following guidance depending on the Identification Source:</p> <ul style="list-style-type: none"> <li>- Pharmacy: Prescription Date</li> <li>- Certification of Diagnosis: Issue Date for the <i>Diagnosis Certification and Treatment Plan</i>.</li> <li>- Inpatient: Inpatient Admission Date.</li> <li>- Encounter: Service Date for the Last Encounter.</li> </ul> <p><b>Data Format:</b> Refer to Data Field section associated to Date fields  <b>Rule Validations:</b> Required.</p>
NPI	<p>Enter the National Provider Identifier. Use the following guidance depending on the Diagnosis Source:</p> <ul style="list-style-type: none"> <li>• Pharmacy: Attending Provider</li> <li>• Certification of Diagnosis: NPI for the PCP/Specialist performing the Diagnosis Certification and Treatment Plan.</li> <li>• Inpatient: NPI for the Inpatient Admission Facility.</li> <li>• Encounter: NPI for the PCP or Specialist in the Last Encounter used to identify the HCHN condition.</li> </ul> <p><b>Data Format:</b> Refer to Data Field section associated to NPI fields  <b>Rule Validations:</b> Required.</p>
ICD-10	<p>Enter the ICD-10 code used for identifying the enrollee as presenting a HCHN condition in the reported HCHN Category and HCHN Sub-Category.</p> <p><b>Data Format:</b> 3-7 characters alphanumeric  <b>Rule Validations:</b> Required if the Identification Source is not Pharmacy Claims. Must be a valid ICD-10 code without any decimal points and be carried to highest degree of detail.</p>

PARAMETER	DEFINITION AND SPECIFICATION
Claim ID	<p>Enter the Claim ID for the transaction used to identify the HCHN Category for the enrollee.</p> <p><b>Data Format:</b> alphanumeric  <b>Rule Validations:</b> Required if the Identification Source is a Pharmacy Claim or Encounter. Must be a valid Claim ID present on a .CLM file. Except for Inpatient Admission, claims containing service lines for laboratory or radiology should not be included.</p>
Service Line	<p>Enter the Service Line Number for the transaction used to identify the HCHN Category for the enrollee.</p> <p><b>Data Format:</b> alphanumeric  <b>Rule Validations:</b> Required if the Identification Source is Pharmacy Claim or Encounter. Must be a valid Service Line Number present on a .CLM file for the Claim ID above. If the Identification Source is Encounter the Service Line Number being referenced must contain the ICD-10 code reported. With the exception of Inpatient Admission. Service Lines based on laboratory or radiology services should not be included.</p>
<b>8.B Summary</b>	
General	<p>Include all enrollees by HCHN Category registered at the end of the month. This is a unique count and the enrollee shall be included only in one category based on the hierarchy methodology specified in attachment 28.</p>
<b>8.C Notes</b>	
Notes	<p>ASES requests, in no prescribed format, narrative notes to provide pertinent information to the reports, including explanations of any abnormalities within the reported data or reasons for unusual increases or decreases, as applicable to each of the submitted reports. Providing comprehensive notes will limit any necessary follow-up inquiries with the Contractor. If necessary, please attach any additional documentation referencing the applicable reports as a means of providing further explanation.</p>