

Disease Management Report: Detailed Log INSTRUCTIONS:

1. Report for Disease Management members who are in ACTIVE Disease Management only. This refers to members who receive some sort of Disease Management intervention via telephone or in person. DO NOT report on members who only receive pamphlets or other informational material via mail or email.
2. For reporting purposes, use field names EXACTLY as shown in the specifications. Do NOT change spelling or add spaces to field names.
3. For fields with an Acceptable Values list, include ONLY items from that list. Be sure they are spelled EXACTLY as given in the specifications. Even minor deviations in spelling may result in your submission being rejected.
4. Submit report in a pipe-delimited file format.
5. The first row of the pipe-delimited file MUST contain the field names. • The first row of the pipe-delimited file MUST contain the field names, EXACTLY as indicated in the specifications. Do NOT change spelling or add spaces to field names.
6. DO NOT INCLUDE THE PIPE CHARACTER (“|”) IN YOUR ACTUAL DATA. The pipe character is ONLY to be used as a delimiter between fields. If you include pipes in your descriptions of events or elsewhere in your data, your file will not import properly and will need to be corrected and resubmitted. It’s a good idea to search your data for pipes and replace any that are found BEFORE saving your data as a pipe-delimited file. Good replacement characters for pipes are dashes, underscores, backslashes, and forward-slashes. (But it’s a better idea to simply not use them in your data in the first place!)
7. Include ALL inpatient events where the DISCHARGE DATE occurred during the designated quarter. DON’T include inpatient stays that are currently ongoing, and don’t include inpatient stays that STARTED in the designated quarter but ENDED in a later quarter – report these in the quarter where the Discharge Date falls.

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FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
CalYear	Number		Report 4-digit calendar year.
CalQuarter	Text	Jan-Mar Apr-Jun Jul-Sep Oct-Dec	Report the quarter using only the Acceptable Values.
HealthPlanName	Text	HomeState MissouriCare UnitedHealthcare	Report the Health Plan Name using only the Acceptable Values. NOTE that there are NO SPACES in the plan names in the Acceptable Values list.
HealthPlanRegion	Text	Eastern Central Western Southwestern	Report the Health Plan Region using only the Acceptable Values.
MemberDCN	Text		The Health Plan member's 8-digit MHD identification number. Format as text to retain any leading zeros.
MemberLast	Text		The member's last name.
MemberFirst	Text		The member's first name.
MemberDOB	Date		The member's date of birth. Format date as mm/dd/yyyy.
MemberGender	Text	M F M->F F->M U	Report the MemberGender using only the Acceptable Values. If gender is unknown, enter "U".
Disease	Text	Depression Asthma Obesity Diabetes CAD COPD CHF Other	Report the condition/disease using only the Acceptable Values.
Disease_ExplanationOfOther	Text		A description of the disease for any 'Disease' of 'Other'.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
RiskLevel	Text	Low Medium High	Report the RiskLevel using only the Acceptable Values.
EREventsThisQuarter	Number		The count of ER visits for this member during the designated quarter.
InpatientEventsThisQuarter	Number		The count of inpatient events for this member during the designated quarter. Include all events where the Discharge Date falls within the designated quarter. Do not include events that started this quarter but ended in the following quarter (or are still open). Conversely, DO include events that started last quarter and ended this quarter.
SuccessfulContactThisQuarter	Text	Y-InPerson Y-Telephone N	Report whether or not successful contact was made with the member during the designated quarter, using only the Acceptable Values. Contacts must be by phone or in person; any other type of contact is not reported in this field. If the member was contacted BOTH by phone and in person, record 'Y-InPerson'.

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Added "REQUIRED" to required fields.