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. Any field with a data type of "Text" is limited to a maximum of 255 characters. Any characters beyond that will be truncated. (It is very unlikely that you will ever need that many characters for the fields requested for this report. Most Text fields are limited to an Acceptable Values list anyway.)

5. Submit report in a pipe-delimited file format.

6. The first row of the pipe-delimited file MUST contain the field names.

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FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
Year	Number		Report 4-digit calendar year.
Quarter	Text	Jan-Mar Apr-Jun Jul-Sep Oct-Dec	Report the quarter using only the Acceptable Values.
HealthPlanName	Text	AetnaBetterHealth HomeState MissouriCare	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	Report the MemberGender using only the Acceptable Values.
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'.
RiskLevel	Text	Low Medium High	Report the RiskLevel using only the Acceptable Values.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
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. 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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