Long Term Care data sharing report

What are they?

The LTC/CCO data sharing list is an Excel spreadsheet sent the first week of every month with updated client CCO information. Updates include:

- List sorted by branch;
- Instructions on how to sort branch lists down to the right CCO;
- Reminder to send the list **via secure email**;
- A data key describing the contents of each column of data in the report.

Where do they come from?

Reports are generated by the Office of Business Intelligence in DHS Central Office based on current information on client Medicaid enrollment.

What action does the field need to take?

- Sort the list to just the members of a specific CCO in your area.
- The information for these enrolled members may be sent to the CCO via secure email.
- Other actions depending upon the terms of your local LTC/CCO Memorandum of Understanding.

See attached pages for:

- LTC CCO report instructions;
- Report data key;
- CCO data sharing page – used to change local office contacts.

Sending data to CCOs:

IMPORTANT: ONLY SEND DATA TO CCOS RELATED TO INDIVIDUALS ENROLLED IN THAT CCO!
SEND VIA SECURE EMAIL: (use #secure# in subject line)

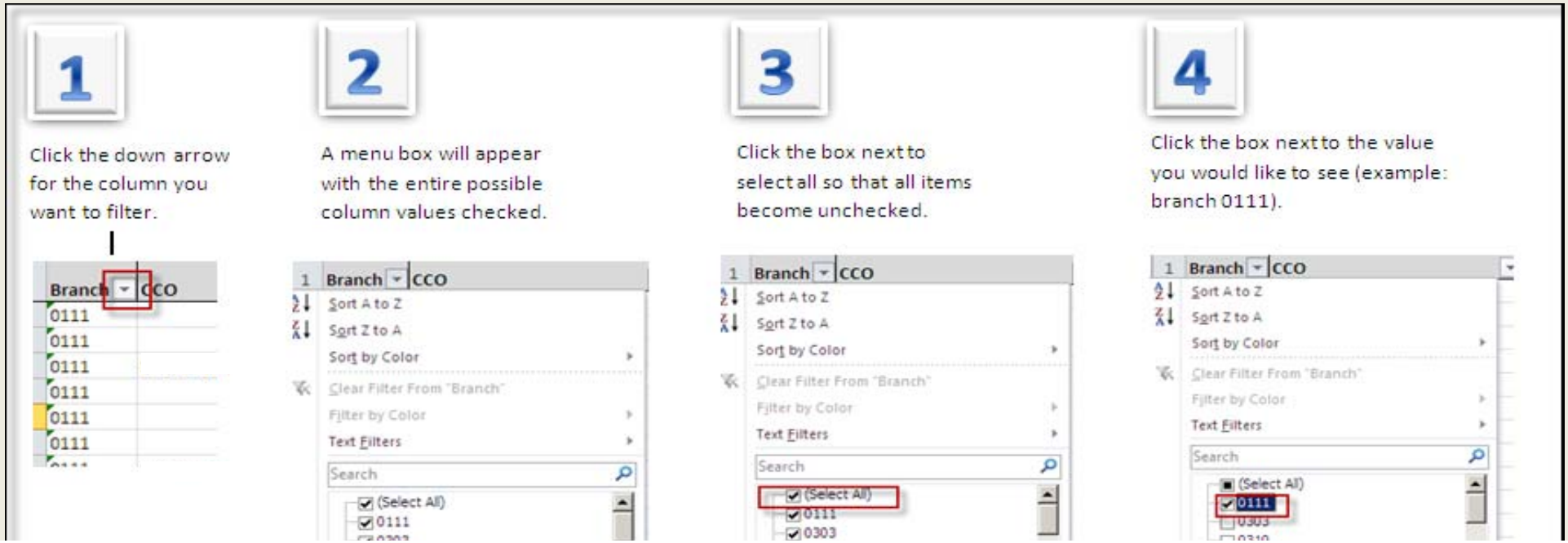
1. Sort your branch data by CCO enrollment (see below on how to sort data).

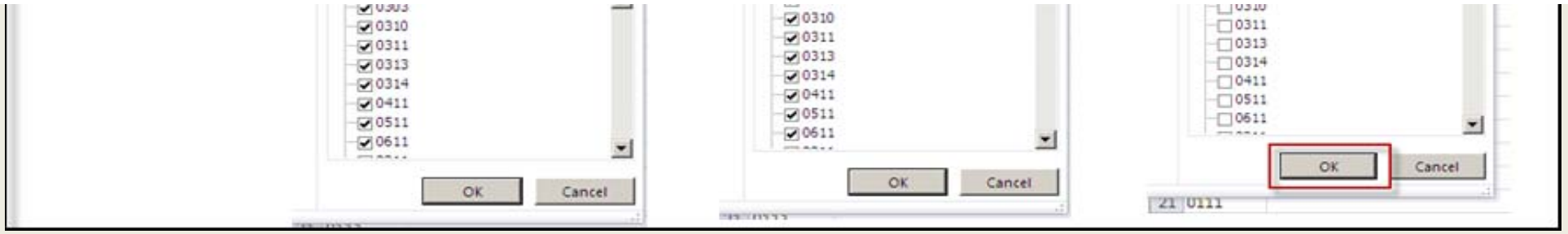
2. Open a completely new Excel spreadsheet and paste the sorted list into the spreadsheet.

3. Copy and paste the data key information (located in the next tab) into fresh tab of the new spreadsheet.

4. Save the new report and send to your designated CCO contact via secure email.
Double check that you are only sending information about individuals that are enrolled into their CCO.

How to sort your data: MS Excel 2010

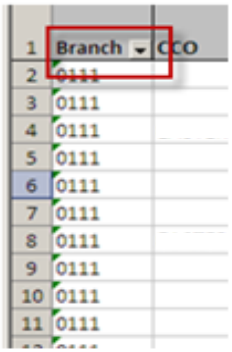




MS Excel 2003

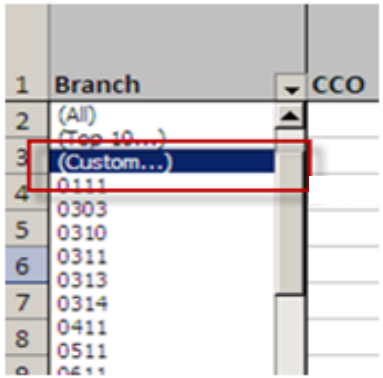
1

Click the down arrow for the column you want to filter.



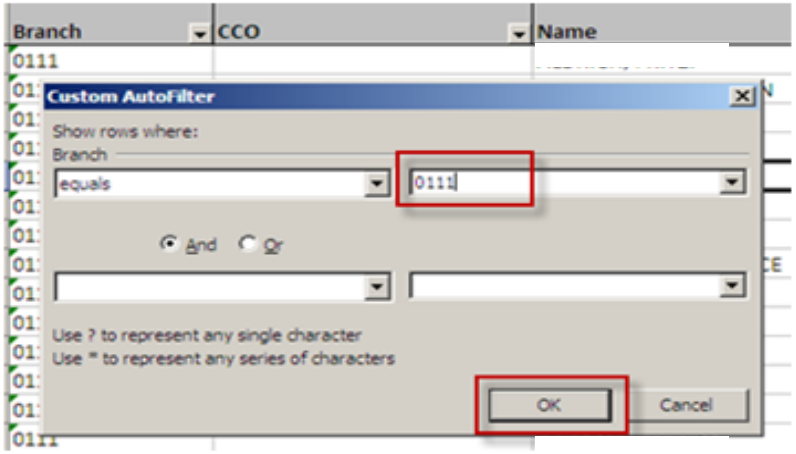
2

Choose "(Custom)" from the drop-down menu.



3

Enter the value which you would like to see (example: branch 0111).



Column Heading:	Description of data	More information online:
Branch	Unique 4 digit identifier for a local long term care office.	Follow this link for office name, address, phone.
Name	Name of individual receiving long term care services: last name, first name.	
Prime	Unique, person specific Medicaid identification number.	
SSN	Social Security Number	
DOB	Date of Birth	
Telephone	Phone number for individual receiving long term care services.	
CCO	Coordinated Care Organization	
LivingSituation	What type of residence the individual lives in.	
SPL	Service Priority Level	Follow this link for information about service priority levels (OAR 411-015-0010).
AsmtDate	Date the last long term care service eligibility assessment was performed.	
TemporaryLine1	Temporary address: street address line 1	
TemporaryLine2	Temporary address: street address line 2	
TemporaryCity	Temporary address: city	
TemporaryState	Temporary address: state	
TemporaryZip	Temporary address: Zip code	
MailingLine1	Mailing address: street address line 1	
MailingLine2	Mailing address: street address line 2	
MailingCity	Mailing address: City	
MailingState	Mailing address: State	
MailingZip	Mailing address: Zip code	
ResidenceLine1	Residence address: street address line 1	

Column Heading:	Description of data	More information online:
ResidenceLine2	Residence address: street address line 2	
ResidenceCity	Residence address: City	
ResidenceState	Residence address: State	
ResidenceZip	Residence address: Zip code	
MedicareStatus	N/A = No Medicare, Fully dual = Yes Medicare	
Type	Long term care service setting	
LTCProvider	Long term care provider business name OR Last name, first name when no business name. In-home care providers not listed.	For in-home care services, the individual receiving care (or the auth. Rep/Guardian/POA) is the employer of the home care worker. The home care worker may only be contacted at the discretion of the individual receiving care.
LTCProviderPhone	Phone number of long term care provider (except in-home care providers).	
AuthRepName	Name of Authorized Representative of individual receiving care, if there is one. Last name, first name.	Click here for more information about Authorized Representatives (OAR 461-115-0090).
AuthRepPhone	Phone number of Authorized Representative.	
GuardianName	Name of Guardian, if there is one. Last name, first name.	Click here for more information about Guardians (ORS 125.3 through ORS 125.330)
GuardianPhone	Phone number of Guardian.	
PowerAttyName	Name of Power of Attorney, if there is one. Last name, first name.	Click here for more information about Power of Atrorney (ORS 12.002 through 127.045).
ServiceCaseWorkerName	Name of long term care case manager. First name last name.	

Column Heading:	Description of data	More information online:
ServiceCaseWorkerPhone	Phone number of long term care case manager.	
Risk Assessment Results: The data entries below are related to the results of the long term care risk assessment. All long term care clients will have a completed risk assessment by fall of 2013. Blank entries indicate that a risk assessment has not yet been completed.		
Access to Care/Services	High, medium, low or no risk related to access to care/services.	Click here for more information about risk assessments.
Adequacy/Availability of Natur	High, medium, low or no risk related to adequacy/availability of natural supports.	Click here for more information about risk assessments.
Behavioral Issues	High, medium, low or no risk related to behavioral issues.	Click here for more information about risk assessments.
Cognitive Functioning	High, medium, low or no risk related to cognitive functioning.	Click here for more information about risk assessments.
Income/Financial Issues	High, medium, low or no risk related to income/financial issues.	Click here for more information about risk assessments.
Mental/Emotional Functioning	High, medium, low or no risk related to mental/emotional functioning.	Click here for more information about risk assessments.
Natural Disasters/Extreme wea	High, medium, low or no risk related to natural disasters/extreme weather.	Click here for more information about risk assessments.
Other - Identify in plan	High, medium, low or no risk related to other issues identified in plan.	Click here for more information about risk assessments.
Physical Functioning	High, medium, low or no risk related to physical functioning.	Click here for more information about risk assessments.
Power Outage	High, medium, low or no risk related to power outage.	Click here for more information about risk assessments.

Column Heading:	Description of data	More information online:
Safety/Cleanliness of Residenc	High, medium, low or no risk related to safety/cleanliness of residence.	Click here for more information about risk assessments.
Service Plan meets Mental/Emot	High, medium, low or no risk related to the service plan and how well it meets mental/ emotional/behavioral needs.	Click here for more information about risk assessments.
Service Plan meets Physical/Me	High, medium, low or no risk related to the service plan and how well it meets physical/medical needs.	Click here for more information about risk assessments.

District/s:_____

_____

District Manager/AAA Director:

_____

Phone: _____

Email: _____

CCO: _____

CCO: _____

CCO: _____

CCO: _____

CCO: _____

Please fill out this form and send back to:

Selina.hickman@state.or.us

CCO Data Sharing: sign-up sheet

Please indicate who needs to receive the monthly CCO/LTC data list for your district and/or branch offices:

District contact name: _____

Email: _____

Branch contact name: _____

Email: _____

Branch contact name: _____

Email: _____

Branch contact name: _____

Email: _____

Branch contact name: _____

Email: _____

Branch contact name: _____

Email: _____

What version of MS Excel are you using?

2003 ☐ 2010 ☐

Please indicate what type of secure email you will be using to send the report to your CCO contact:

Outlook (#secure#): _____

CCO secure email system: _____

CareAccord secure email: _____

Other: _____