

## How to use the Blue Shield Promise Health Homes Program (HHP) Provider Portal

The Blue Shield Promise Health Homes Program Provider Portal is the gateway to view, assign, and enter encounters for your CB-CME's HHP members. All information about your HHP members are accessible via the HHP provider portal.

### Guidelines for working in the HHP Provider Portal

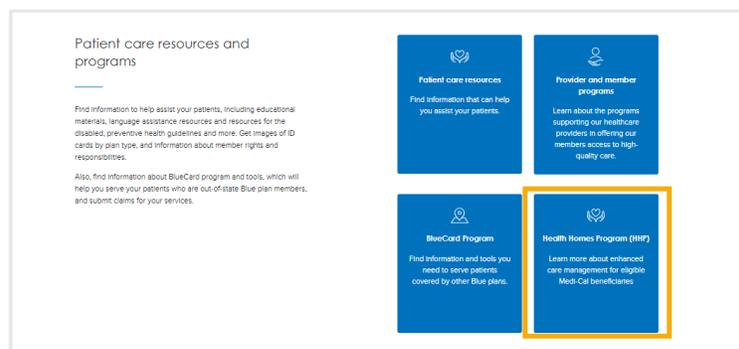
- Use Microsoft Edge as your browser for best results.
- The HHP provider portal/CaseTrakker will time out after 30 minutes of inactivity and will not save any unsubmitted entries.
- All activities/encounters must be entered within 7 days of occurrence. The system cannot accept activities older than 7days.
- Required fields are marked with a **red** bar

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### Access the HHP Provider Portal from Provider Connection

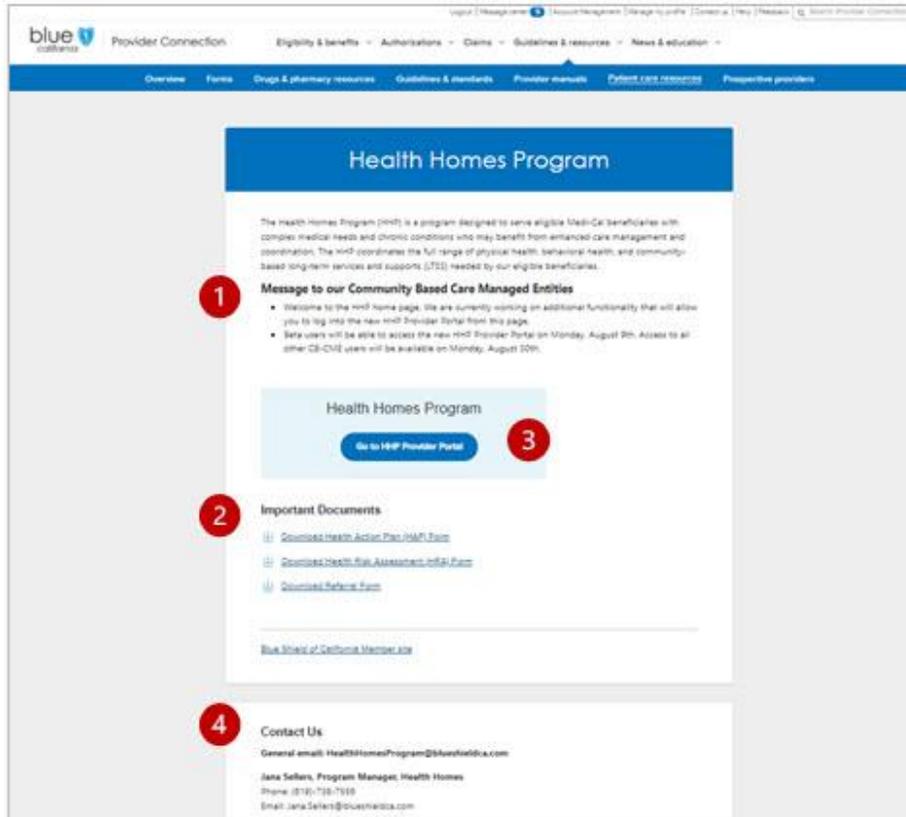
1. Log in to Provider Connection <https://www.blueshieldca.com/provider>
2. Click *Guidelines & resources* on the white navigation bar
3. Scroll down to the *Patient care resources and programs* section



4. Click the Health Homes Program (HHP) blue box to access the HHP resource page.

Resources available on the HHP resource page:

1. Important messages (news and updates)
2. Important documents including forms library and job aids
3. HHP Provider Portal button
4. Contact information



## Navigation and Welcome page

The HHP Provider Portal has two CB-CME roles: HHP Care Coordinator and the HHP Manager/Director. The HHP Manager/Director has all the same rights as the HHP Care Coordinator, plus some additional rights. n members to HHP Care Coordinators, and

download/print member lists.

	HHP Care Coordinator	HHP Manager/Director
Enroll a member	X	X
View member details	X	X
Add attachments to member record (HAP, HRA, etc.)	X	X
Add activities/log encounters	X	X
Cover another Care Coordinator's load, if needed	X	X
Assign/re-assign members to Care Coordinators		X
Download/print member lists		X

## Welcome page

The screenshot displays the HHP Provider Portal interface. At the top, there are two tabs: 'Welcome' (selected) and 'Members by Care Coordinator'. A 'PortalTest6' dropdown menu is visible on the right. The main content area includes a welcome message, navigation instructions, and a 'My Members' section showing two members assigned to the user. Each member's details are presented in a table format.

MEMBERA, NORA CB-CME Assign Date: 6/18/2021						
CIN	Subscriber ID	DOB	Member Phone Number	Gender	Mbr City	SPA
54323	111111140000	8/26/1939		Female	San Diego	SPA 1 - PHYS-SUD
Case Status	HHP Member Status	Coordinator Name	Homeless Status	PCP		PCP Phone
Pending	Outreached	PortalTest6	Not Homeless	356 Smiths food and drug		(775) 885-9922

MEMBERA, PATTARIN CB-CME Assign Date: 6/15/2021						
CIN	Subscriber ID	DOB	Member Phone Number	Gender	Mbr City	SPA
54331	111111190000	7/19/1951		Male		SPA 1 - PHYS-SUD
Case Status	HHP Member Status	Coordinator Name	Homeless Status	PCP		PCP Phone
Pending	Assigned	PortalTest6				

Upon logging into the HHP Provider Portal, the Welcome page appears.

1. There are 2 tabs for Care Coordinators: Welcome (default) and Members by Care Coordinator. Note that HHP Manager/Directors will have additional tabs, see the HHP Manager/Director section for details.
2. **My Members** - a list of members assigned to you appear with the most recently assigned to CB-CME on top. Summary information for each member is visible from this screen.

3. **Filter** - to filter the list, click the funnel icon at the top right of the table. You may filter by case status, city or other criteria.
4. **Refresh** - click the refresh icon at the top right of the table to refresh the list.
5. **Person icon** - click the person icon to the left of the Member name to view details about that member
6. **Flag** – to notify case owner that member requires immediate attention for an overdue item and the case at risk of being out of compliance.
  - Blue – 30-60 days
  - Orange – 60-90 days
  - Red – greater than 90 days, case is out of compliance
7. **Members by Care Coordinator tab** – allows you to view other Care Coordinator's members. This is helpful if you need to cover for another Care Coordinator or need to look up another Care Coordinator's member.

## View member details

The member details screen is divided into three (3) sections:

1. Member information
2. Contact and Eligibility information
3. Activities

Welcome Members by Care Coordinator

Promise Health Plan

PortalTest6 ▾

**EXCASE-MEMBERA**

**NORA MEMBERA - 11111114000000FE19390826**

CIN	DOB/Age	Gender	Language	Current Chronic Conditions
54323	8/26/1939 (81)	Female	English	<input checked="" type="checkbox"/> Asthma <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Chronic Congestive Heart Failure (CHF) <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Chronic Liver Disease <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) <input type="checkbox"/> Coronary Artery Disease (C. <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input type="checkbox"/> Major Depression Disorder <input type="checkbox"/> Psychotic Disorders
<b>HHP Initial Enrollment Date</b>	<b>Case Status</b>	<b>HHP Status</b>		
06/07/2021	Pending	Assigned - CB-CME is assigned, outreach has not begun		
<b>Homeless Status</b>	<b>Housing Agency/Provider/Resource Name</b>	<b>Housing Service</b>	<b>Housing Notes</b>	
Not Homeless	Not Entered	Not Entered	Not Entered	
<b>Concurrent Care Program</b>	<b>Duplicative Care Program</b>	<b>Care Coordinator</b>		<p>Asthma • Hypertension</p> <p><a href="#" style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">Save Chronic Conditions</a></p>
Not Entered	Not Entered	PortalTest6		
<b>CB-CME</b>				
Blue Shield Demo Org 2800 Entrada Dr San Diego, CA 91911	PG26547890 Ph: 89866868768 Fx:			

**Contact Information**
Eligibility Information
Initial HHP Eligible Information

Do Not Contact	Pref Call Time	Pref Phone	Email
Y - Willing To Be Contacted	Not Entered	Home	Not Entered
<b>CT Home Phone</b>	<b>CT Work Phone</b>	<b>CT Cell Phone</b>	<b>Alt Email</b>
Not Entered	Not Entered	Not Entered	Not Entered
<b>Prim Elig Address</b>	<b>Prim Elig City State Zip</b>	<b>County</b>	<b>Region</b>
1000 Windplay Dr	San Diego, CA 91942	East	Not Entered

Activities Attachments Case History					
Enter Activity					
Date of Contact	Intervention	Intervention Details	Contact Method	Notes	Consultant
07/22/2021	Member agrees to participate in HHP/Enrolled in HHP		Phone Call	Test HHP Outreach Attempt #2. User contacted member successfully. Member provided consent to enroll into HHP. HAP and HRA completed at time of call. Transportation and food resources provided to member. Member advised that all needs were currently met and agreed to a follow up call in two weeks. Plan: User will follow up with member 8/2/2021 to review goals/resources/provider options and appts.	PortalTest8 Director of Operations
07/16/2021	Engagement/Outreach		Phone Call	Test HHP Outreach Attempt #1. User contacted member who requested call back later today, 7/22/21, to discuss HHP. Plan: User will follow up with member in the afternoon on 7/22/21	PortalTest8 Director of Operations

## Member Information

Welcome Members by Care Coordinator

PortalTest6

EXCASE-MEMBERA

NORA MEMBERA - 11111114000000FE19390826

CIN	DOB/Age	Gender	Language	Current Chronic Conditions
54323	8/26/1939 (81)	Female	English	<input checked="" type="checkbox"/> Asthma <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Chronic Congestive Heart Failure (CHF) <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Chronic Liver Disease <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)
HHP Initial Enrollment Date	Case Status	HHP Status		<input type="checkbox"/> Coronary Artery Disease (C. <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input type="checkbox"/> Major Depression Disorder <input type="checkbox"/> Psychotic Disorders
06/07/2021	Pending	Assigned - CB-CME is assigned, outreach has not begun		Asthma • Hypertension
Homeless Status	Housing Agency/Provider/Resource Name	Housing Service	Housing Notes	
Not Homeless	Not Entered	Not Entered	Not Entered	
Concurrent Care Program	Duplicative Care Program	Care Coordinator		
Not Entered	Not Entered	PortalTest6		
CB-CME				

Blue Shield Demo Org PG26547890  
2900 Entrada Dr Ph: 61966868768  
San Diego, CA 91911 Fx:

This section displays details about the member including demographic information, Initial HHP Enrollment Date, Case Status, HHP Status and Current Chronic Conditions. Current Chronic Conditions can be updated if the Case Status is pending or open. Note that changing the Current Chronic Conditions does NOT change the Initial HHP Eligible Information (as shown in the Contact and Eligibility information section).

To view history, hover over any Clock icon. The following fields have history:

1. HHP Status (assigned, outreached, enrolled, disenrolled, excluded)
2. Care Coordinator
3. CB – CME
4. Current Chronic Conditions can be updated only when case is in pending/open status.

## Contact and Eligibility information

This section is read-only and serves as a reference. There are 3 tabs:

- Contact Information
- Eligibility Information
- Initial HHP Eligible Information

Do Not Contact	Pref Call Time	Pref Phone	Email
Y - Willing To Be Contacted	Not Entered	Home	Not Entered
CT Home Phone	CT Work Phone	CT Cell Phone	All Email
Not Entered	Not Entered	Not Entered	Not Entered
Prim Elig Address	Prim Elig City State Zip	County	Region
1000 Windplay Dr	San Diego, CA 91942	East	Not Entered

**Activities** Attachments Case History

[Enter Activity](#)

There are no Health Homes activity logs entered on this case.

- **Contact Information** – shows if the member has requested Do Not Contact, contact phone numbers, address, email, as well as Pref Call Time.

Contact Information	<u>Eligibility Information</u>	Initial HHP Eligible Information	
<b>Eligibility Span</b>		<b>Referral Type</b>	
01/01/2019		Health Homes	
<b>Group Number</b>		<b>Group Name</b>	<b>Landmark</b>
E0001001 -		BSC PROMISE HEALTH PLAN MEDI-CAL	Not Entered
<b>PCP</b>		<b>Provider Group</b>	
Not Entered		Blue Shield Of California Promise Health Plan 601 Potrero Grande Dr Monterey Park, CA 91755	IPOCPLCHLDR1 Phone: (800) 544-0088 Fax:

- **Eligibility information** – shows insurance eligibility status, eligibility dates, GROUP NO, PCP, Referral type, Group Name, Provider Group information and if the member is enrolled in LANDMARK.

Contact Information	Eligibility Information	<u>Initial HHP Eligible Information</u>	
<b>Referral Source</b>		<b>Inpatient Stays</b>	<b>HHP Eligible</b>
Internal Reports		0	Y
<b>SPA</b>		<b>ER Visits</b>	<b>Initial Chronic Conditions</b>
SPA 1 - PHYS-SUD		0	Coronary Artery Disease, Diabetes, Hypertension
<b>Member Prioritization</b>			
Secondary			

- **Initial HHP Eligible Information** – shows the member's initial Chronic Conditions as well as Referral Source, SPA, Member Prioritization, Inpatient Stays, ER Visits, HHP Eligible (and HHP Eligible date). This information is static and provides a historical reference for the member.

## Adding Activities (encounters) and Attachments

The third/bottom section is Activities and this is where you will enter activities (encounters), add attachments and view case history.

Activities Attachments Case History					
Enter Activity					
Date of Contact	Intervention	Intervention Details	Contact Method	Notes	Consultant
07/22/2021	Member in Duplicative Care Program	Cal MediConnect	Phone Call		PortalTest6 Clinical Coordinator
07/22/2021	Member agrees to participate in HHP/Enrolled in HHP		Phone Call	Test	PortalTest6 Clinical Coordinator
06/22/2021	Engagement/Outreach		Phone Call		PortalTest6 Clinical Coordinator

There are three(3) tabs:

- **Activities**
- **Attachments**
- **Case History**

### Activities tab

Activities/encounters are listed in reverse chronological order, with the most recent on top, to view details about an activity, click the date. Activities/encounters must be entered within **7 days** of the encounter for the system to accept it and activities can be added to pending, open or closed cases as long as it is within 7 days.

To enter an activity/encounter:

1. Click the **Enter Activity** button. The Activities form appears.
2. Fill in all required fields as indicated in **RED**, optional fields are indicated in GRAY.

The screenshot shows a web form for entering an activity. At the top, there's a header with the Blue Shield of California logo and 'Welcome Members by Care Coordinator'. Below that, the form title is 'Health Homes Activity Log for NORA MEMBERA'. The main form area is titled 'Activity for NORA MEMBERA' and contains several fields: 'Consultant' (PortalTest6 Clinical Coordinator), 'Date of Contact' (with a calendar icon), 'Time Engaged (minutes)' (with a clock icon), 'Activity Type' (dropdown menu), 'Activity Outcome' (dropdown menu), 'Activity Intervention' (dropdown menu), 'Method of Contact' (dropdown menu), 'Homeless Status' (dropdown menu with 'Not Homeless' selected), and 'Notes' (text area). At the bottom, there are three buttons: 'Cancel', 'Add more activity', and 'Submit'.

- Most fields have a drop down menu to help you quickly enter the encounter activity and minimize errors.
  - Date of Contact, Time, Time Engaged (minutes). Time is defaulted to 12:00am, so be sure to update. Time engaged is in increments of 15 minutes.
  - Activity type – select an option from the drop down menu. Options will display based on member’s HHP status.
  - Activity Outcome field value will be auto-populated based on the Activity Type selected.
  - Activity Intervention
  - Please note that specific activity interventions will change a member's HHP status. If the selection changes the member's HHP status to Disenrolled or Excluded, then the case will automatically close when the activity is submitted. You will receive a message before submission, and will have the opportunity to back out of adding the activity if this is not the intention. See Appendix for details.

**Activity Interventions for unenrolled member**

- Engagement/Outreach
- Member agrees to participate in HHP/Enrolled in HHP
- Member condition cannot be improved
- Member declines to participate in HHP
- Member does not fit the HHP Eligibility criteria
- Member environment or behavior is unsafe for CB-CME staff

**Activity Interventions for enrolled member**

- In Person Provided by Clinical Staff - Member/Authorized Rep Present
- In-Person Provided by Clinical Staff - Member/Authorized Rep NOT Present
- Phone/Telehealth Provided by Clinical Staff - Member/Authorized Rep Present
- Phone/Telehealth Provided by Clinical Staff - Member/Authorized Rep NOT Present
- Other Health Home Services: Message attempted/left by Clinical Staff
- In-Person: Provided by Non-Clinical Staff - Member/Authorized Rep Present

**Method of Contact:** Options display in the drop down menu. Please see Appendix.

**Homeless Status:** Additional required fields may display based on the value selected in the Homeless Status field. Please see Appendix.

**Notes:** Use this field to enter more details; there is no character limit.

**Add more activity button:** If the activity entered does not result in change to member's HHP status, the *Add more activity* button will appear allowing you to enter additional encounter activity for the member.

**Submit button:** click the submit button when all encounter information is entered and you will be taken back to the Activities list. Note that all encounters must be submitted within 7 days of occurrence.

Activities Attachments Case History					
Enter Activity					
Date of Contact	Intervention	Intervention Details	Contact Method	Notes	Consultant
06/22/2021	Engagement/Outreach		Phone Call	Demo-add additional notes here	PortalTest6 Clinical Coordinator
06/22/2021	Engagement/Outreach		Phone Call		PortalTest6 Clinical Coordinator

## Activities List

After submitting the encounter, the Activity form closes and the Activities list will appear. The most recent Activity will display on top.

## Attachments

Click the Attachments tab to view or add attachments. Existing attachments display at the bottom. Attachment types are shown in boxes.

1. Click the attachment type to select (Health Action Plan (HAP), HHP HRA, HHP Consent, Member Communication, Clinical Records, Other)
2. Add attachment
  - a. Drag and drop
  - b. OR select your document from the file list, then click Open and Save.

Please note: the HAP and the HHP HRA are required attachments for the Health Homes Program. Sample forms may be downloaded from the [HHP Resource page](#).

The screenshot shows a web application interface for managing attachments. At the top, there are tabs for 'Attachments' and 'Case History'. Below the tabs is a grid of six attachment type buttons: 'Health Action Plan', 'HHP HRA', 'HHP Consent', 'Member Communication', 'Clinical Records', and 'Other'. A red circle with the number '1' is placed over the 'Health Action Plan' button. An 'Open' file dialog box is overlaid on the grid, showing a list of files in a folder named 'TEST DOCS'. The files are 'test\_pdf.pdf' (28 KB) and 'test\_Provider Portal.docx' (12 KB). A red circle with the number '2' is placed over the 'test\_pdf.pdf' file in the dialog. Below the grid is a table of existing attachments. A red box highlights the table, which has columns for 'Date', 'Attachment Type', and 'Title'. The table contains one row with the following data:

Date	Attachment Type	Title
6/22/2021	Health Action Plan	test_pdf.pdf

Buttons for 'View Attachment' and 'Void Attachment' are located at the bottom of the table row.

Recommended file naming convention: HAP\_Initial\_20210819

blue california  
Welcome Members by Care Coordinator  
Promise Health Plan

EXCASE-MEMBERA

1000 Windplay Dr San Diego, CA 91942 East Not Entered

Activities **Attachments** Case History

Health Action Plan HHP HRA

11.8 KB  
test\_Provider ...

Title  
test\_Provider Portal.docx  
Cancel Save

Member Communication Clinical Records Other

Date	Attachment Type	Title
6/22/2021	Health Action Plan	test_pdf.pdf

View Attachment Void Attachment

Attachments will display on Member Screen.

**View Attachments** - upon upload, review attachments by clicking the View Attachments button.

**Void Attachment** – if you uploaded an incorrect or duplicate document, click the Void Attachment button, then confirm by choosing Yes.

Date	Attachment Type	Title
6/23/2021	HRA	test_pdf.pdf

View Attachment Void Attachment

Are you sure you want to Void this attachment?  
Yes No

**Case History**- is located on the last tab. The member's case history is listed in reverse chronological order with the most recent item on top. To review details, click the status. Please note only members' HHP cases that were assigned to your CB-CME will display. The Blue Shield Promise Health Homes Program Management team can assist with facilitating communication between providers if requested.

Status	Care Coordinator	Create Date	Enrollment Date	Close Date	Exclusion Reason
Closed	PortalTest6	6/18/2021	6/7/2021	6/18/2021	Declined HH
Closed	PortalTest6	6/7/2021	6/7/2021	6/18/2021	Declined HH

## HHP Manager/Director Tasks

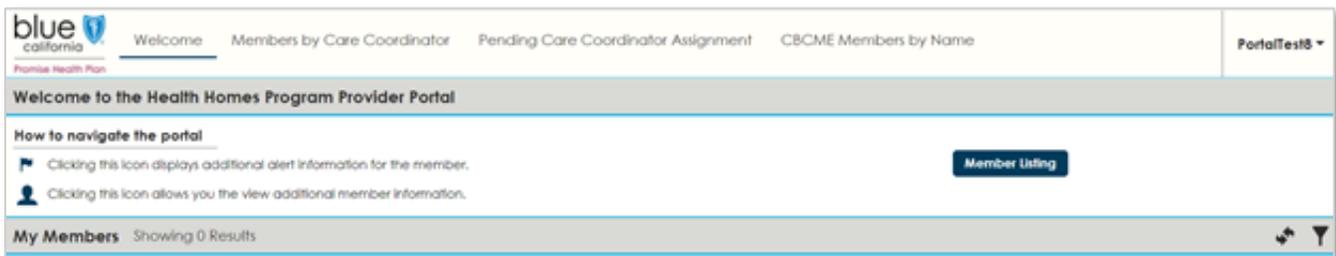
The HHP Manager/Director role has all the rights as an HHP Care Coordinator plus additional rights:

- Assign and re-assign members to Care Coordinators
- Download and print member listing

	HHP Care Coordinator	HHP Manager/Director
Enroll a member	X	X
View member details	X	X
Add attachments to member record (HAP, HRA, etc.)	X	X
Add activities/log encounters	X	X
Cover another Care Coordinator's load, if needed	X	X
Assign/re-assign members to Care Coordinators		X
Download/print member lists		X

The HHP Manager/Director has an expanded view with two (2) additional tabs (4 tabs total) vs. 2 tabs for the HHP Care Coordinator.

1. Welcome
2. Members by Care Coordinator
3. **Pending Care Coordinator Assignment**
4. **CBCME Members by Name**



## Assign members to a Care Coordinator

When new members are assigned to your CB-CME, you will receive an email notification from your Blue Shield Promise HHP Program Manager. Log in to the HHP provider portal to view the newly assigned members.

1. Click the Pending Care Coordinator Assignment tab
2. All members pending care coordinator assignment appear in a list, with the most recent on top
3. To assign a member to a case coordinator. Select the member from your list by clicking the person icon at the left of the member's name.
4. The member details screen appears.
5. Locate the Care Coordinator field and type the Care Coordinator's name. Note there is a type-ahead feature. Note that the CB\_CME name may display first: MyOrg-FirstName\_LastName. Select the Care Coordinator from the drop down list.

Care Coordinator 

6. 
7. Use the Search option when you need to conduct a more advanced search.
  - a. Click the magnifying glass open the search options
  - b. A list of Care Coordinators appears
  - c. You may sort by column, filter results or enter a search Prompt
  - d. Click the Care Coordinator name, then click OK
  - e. Then click Save Care Coordinator
8. To assign another member, click the Pending Care Coordinator tab.

TIP: Use the filter (funnel icon) to filter the Pending Care Coordinator Assignment list by any criteria in the member summary such as *Mbr City*.

## **Search for CBCME Members by Name**

The HHP Manager/Director can search for any member assigned to their CB-CME.

1. Click the CBCME Members by Name tab
2. Enter at least two letters for the Last Name Starts With field
3. Enter at least two letters for the First Name Starts With field
4. Click the Search button to initiate your search

## **Download and print a Member Listing**

The HHP Manager/Director has rights to generate a Member Listing Report. This is the list of members assigned to the CB-CME.

1. From the Welcome screen, click the Member Listing button
2. The HHP Provider Portal Member Listing dialog box displays
3. Click Finish to initiate the report
4. The green Report Queued message box will appear at the bottom, right corner of the screen
5. When the report available message appears, it is ready to be downloaded
6. Once the report is downloaded, you may view the report in Excel where you can sort and/or print.

## **For additional help:**

Please contact your Blue Shield Promise Health Homes Program Manager or Blue Shield Promise provider services at [\(800\) 468-9935](tel:8004689935).

## APPENDIX

### **Activity Options for Pending case (HHP Status Assigned or Outreach)/Closed case (HHP Status Disenrolled or Excluded)**

#### **Activity type options**

Engagement Services - Member/Authorized Rep Present  
Engagement Services - Member/Authorized Rep Not Present

#### **Activity Intervention Options**

Engagement/Outreach  
Member Agrees to participate in HHP/Enrolled in HHP  
Member condition cannot be improved  
Member declines to participate in HHP  
Member does not fit the HHP Eligibility criteria  
Member environment or behavior is unsafe for CB-CME staff  
Member in Concurrent Care Program  
Member in Duplicative Care Program  
Member is deceased  
Member is more appropriate for an alternative Care Management Program  
Member moved out of the service area  
Member sufficiently well managed  
Unable to contact member after multiple attempts  
Other (Description field will populate for user)

#### **Method of Contact**

Phone Call  
E-Mail  
Fax  
In-Person  
Mail  
Text Message  
Video Call  
Not Applicable

## **Homeless Status**

Not Homeless  
No Longer Homeless  
Unknown  
Homeless  
Chronically Homeless  
At Risk for Homelessness

## **Activity Options for Open Cases (HHP Status Enrolled)**

### **Activity Types**

In-Person Provided by Clinical Staff - Member/Authorized Rep Present  
In-Person Provided by Clinical Staff - Member/Authorized Rep NOT Present  
Phone/Telehealth Provided by Clinical Staff - Member/Authorized Rep Present  
Phone/Telehealth Provided by Clinical Staff - Member/Authorized Rep NOT Present  
Other Health Home Services: Message attempted/left by Clinical Staff  
In-Person: Provided by Non-Clinical Staff - Member/Authorized Rep Present  
In-Person: Provided by Non-Clinical Staff - Member/Authorized Rep NOT Present  
Phone/Telehealth Provided by Non-Clinical Staff - Member/Authorized Rep Present  
Phone/Telehealth Provided by Non-Clinical Staff - Member/Authorized Rep NOT Present  
Other Health Home Services: Message attempted/left by Non-Clinical Staff

### **Activity Intervention**

Assisted with Transition Discharge Planning  
Care Coordination with Community Resource  
Care Coordination with MCP  
Care Coordination with PCP  
Care Coordination with Specialty Provider  
Case Rounds Completed  
Chronic Conditions Education Provided  
Consent Obtained  
Coordination Tenancy Sustaining Services  
Engagement/Outreach

HAP Initiated  
HAP Shared with PCP  
HAP Updated  
Initial HAP Completed  
Housing Services  
Member condition cannot be improved  
Member does not fit the HHP Eligibility criteria  
Member environment or behavior is unsafe for CB-CME staff  
Member is deceased  
Member is more appropriate for an alternative Care Management Program  
Member moved out of service area  
Member sufficiently well managed  
Referred to Community Resource  
Scheduled Appointment  
Scheduled Transportation  
Unable to contact member after multiple attempts  
Other (Description field will populate for user)

**Method of Contact**

Phone Call  
E-Mail  
Fax  
In-Person  
Mail  
Text Message  
Video Call  
Not Applicable

**Homeless Status**

Not Homeless  
No Longer Homeless  
Unknown  
Homeless  
Chronically Homeless  
At Risk for Homelessness

## Auto-close options

### Pending cases (HHP Status Assigned or Outreached) closing options

#### Member/Authorized Rep not present

- Member agrees to participate in HHP/Enrolled in HHP- **auto open**
- Mbr condition cannot be improved- **auto close**
- Member declines to participate in HHP- **auto close**
- Mbr does not fit the HHP Eligibility Criteria- **auto close** (doesn't have Blue Shield of Californiae Medi-Cal, does not have HHP conditions or acuity/has an exclusion/duplication/CCM/LTC/MSSP, Hospice)
- Member environment or behaviors is unsafe for CB-CME staff- **auto close**
- Member is deceased- **auto close**
- Member is more appropriate for an alternative Case Management Program- **auto close** (not a duplicate program but happy with that program)
- Member moved out of service area (moved out of SD/LA county/state)- **auto close**
- Member sufficiently well managed- **auto close** (ex Mbr declines because stating they have all the help or care they need/don't have to say they are in another program)
- Unable to contact member after multiple attempts (UTC/phone disconnected)- **auto close**

#### Member/Authorized Rep present

- **HAP and initial assessment completed**) - **auto open**
- **Open date needs to match hap/initial assessment complete date**
- Mbr condition cannot be improved - **auto closes**
- Member declines to participate in HHP -**auto close**
- Mbr does not fit the HHP Eligibility Criteria - **auto close** (no Blue Shield of California Medi-Cal, doesn't have the conditions or acuity/has an exclusion/duplication/CCM/MSSP,LTC)
- Member environment or behaviors is unsafe for CB-CME staff - **auto close**
- Member in Concurrent Care Program - **auto close**
- Member in Duplicative Care Program(CCM/MSSP/waiver programs)- **auto close**
- Member is deceased - **auto close**
- Member is more appropriate for an alternative Case Management Program- **auto close** (not a duplicate program and satisfied with that program)
- Member moved out of service area - **auto close**
- Member sufficiently well managed - **auto close** (example: Mbr declines, stating they have all the help or care they need)
- Unable to contact member after multiple attempts (UTC/phone disconnected)- **auto close**

## Open Cases (HHP Status Enrolled) closing options

### Member/Authorized Rep not present

- Mbr condition can't be improved - **auto close**
- Mbr does not fit the HHP Eligibility criteria - **auto close** = select when member no longer meets the HHP criteria
- (No IP/ER admissions, no longer homeless/should be checking/documenting every 6 months on the HAPS)
- Mbr environment or behavior is unsafe for CBCME staff-**auto close**
- Mbr is deceased- **auto close**
- Mbr is more appropriate for an alternative care management program- **auto close**
- Mbr moved out of service area - **auto close**
- Mbr sufficiently well managed (goals met/partially met/max gain)- **auto close**
- Unable to contact Mbr after multiple attempts (lost contact/haven't done much work on goals) - **auto close**

### Member/Authorized Rep Present

- Mbr condition can't be improved - **auto close**
- Mbr declines to participate - **auto close**
- Mbr declines to continue to participate and no work/limited work on goals have been done
- if any work has been done on goals etc can select sufficiently well managed
- Mbr does not fit the HHP Eligibility criteria - **auto close** = select when member no longer meets the HHP criteria (*no IP/ER admissions, no longer homeless*)
- Mbr environment or behavior is unsafe for CB-CME staff-**auto closes**
- Mbr in concurrent care program - **auto close**
- Mbr in duplicate care program- **auto close**-(CCM/MSSP/waiver programs)
- Mbr is deceased- **auto close**
- Mbr is more appropriate for an alternative care management progra - **auto close**
- Mbr moved out of service area - **auto closes**
- Mbr sufficiently well managed (goals met/partially met/max gain)- **auto close**