



Client Resource Portal and Consultative Analytical Platform (CAP) Reports Customer Frequently Asked Questions (FAQs)

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GENERAL QUESTIONS

Q: What are CAP reports?

CAP reports are set of reports used to help our customers gain a better understanding of their healthcare and dental utilization by providing information with the goal of improving the health of their employees resulting in minimizing medical and dental costs.

Q: What are the benefits of the CAP package to me as a customer or broker/consultant?

The CAP reports provide a single, consistent view of claim, eligibility, and savings data. It also broadens the scope of reporting provided to customers by enabling better strategic decisions regarding health care benefits and services. Finally, it provides quick access reporting for all customers.

Q: What are the names of the CAP reports I can request?

There are five reports available for you to run:

1. Dental Summary – available for PPO and *Indemnity products*
 2. *Dental Utilization by Type of Service - available for PPO and Indemnity products*
 3. *Healthcare Spend & Trend (incurred)*
 4. *Healthcare Spend & Trend Pharmacy (Incurred)*
 5. *Healthcare Spend & Trend Facilities*
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Q: What does ‘Current’ and ‘Base’ mean on the reports?

Current represents the most recent time period.

Base represents the prior time period.

NOTE: All CAP reports available on the Client Resource Portal are based on incurred dates.

Q: Is normative data available?

Normative data is not currently available on this set of reports and we do not have an estimated time of when such data will be available.

Q: What information is available in the CAP reports?

There are four key components to the five CAP reports available on the Client Resource Portal:

Dental reports include information on membership, demographics, and claims summary information such as cost sharing, savings, discounts, and network utilization for PPO and Indemnity products, as well as detailing utilization by type of service such as preventive, endodontics, and oral surgery on a percent of total basis.

Health Care Spend & Trend (HCST) reports include three of the four components in the five CAP report available; medical, pharmacy, and facilities/admissions information.

The HealthCare Trend & Spend (Incurred) is a financial overview including medical and pharmacy spend, catastrophic claims, membership and demographics, ICD major combined by plan spend, ICD inpatient by number of admits, inpatient maternity and newborns, analysis of medical charges and payments, choice fund summary, network penetration and discounts, medical payments by dollar range, and inpatient, outpatient, and professional spend and utilization,

The pharmacy report includes information on analysis of charges and payments, medical and pharmacy payments by dollar range, minor therapeutic classes, and top drugs by total plan spend, top 25 specific drug therapeutic classes ranked by number of scripts and by ingredient cost, pharmacy scripts by age category, and top 10 drugs for therapeutic classes by number of prescriptions.

The facilities report will show top providers by plan spend for the time period and include both in and out of network information. Information includes admission counts, number of bed days as well as outpatient visit counts.

For fully insured funding, the report details only display if there are 200 or more active employees for the requested reporting dates.

Q: How do I obtain additional data or information not provided in the CAP reports?

Cigna strives for consistency and in order to better serve you, we recommend contacting your client manager/account manager directly for additional information needs.

Q: Who can help me understand the data behind the CAP reports?

Cigna strives for consistency and in order to better serve you, we recommend contacting your client manager/account manager directly for additional information needs.

Q: How often are the CAP reports updated?

CAP reports are updated on a monthly basis, with data for the previous month available for report generation by the 17th of the current month.

Q: How much historical data is available in the CAP reports?

Currently CAP has data back to January 01, 2011.

Q: What does 'incurred' mean?

Incurred means the date the service took place.

Q: What are the guidelines needed for a CAP report to produce?

ASO/self-funded account guidelines: (PHI defaults to 'Y' (yes) for ASO/self-funded accounts)

Medical and Pharmacy Reports	Dental Reports
1. Account has medical and pharmacy products	1. Account has dental products

Fully Insured/guaranteed cost account guidelines:

Medical and Pharmacy Reports	Dental Reports
1. Account has a minimum of 100 subscribers 2. Account PHI election of 'Y' (yes) 3. If PHI election is 'N' (no) or the state of situs is California (CA), then a minimum of 25 subscribers is required (this small numbers check should only be an issue if the requested reports are limited to specific products (i.e. an account has 17 subscribers enrolled in PPO and 79 subscribers enrolled in OAP. The PPO only report will not produce because it fails the minimum subscriber threshold).	1. Account has a minimum of 200 subscribers

Q: Are the CAP reports available through the Client Resource Portal on a 'Paid' or 'Incurred' basis?

CAP utilizes incurred claims data. Meaning the data is based on date of service rather than the date the claim was paid.

Reporting based on incurred dates:

1. Incurred provides a better method for assessing the impact of plan design changes as it allows time periods to be a 1:1 match
 2. Incurred basis increases accuracy by measuring utilization when it happens rather than when the claim is paid
 3. Incurred – Allows you to specify the incurred dates of service. The dates entered here should be the dates you wish to analyze
-

Q: Why are these CAP reports based on 'Incurred' dates?

Reporting is based on incurred dates because:

1. Incurred provides a better method for assessing the impact of plan design changes as it allows time periods to be a 1:1 match
 2. Incurred basis increases accuracy by measuring utilization when it happens rather than when the claim is paid
 3. Incurred – Allows you to specify the incurred dates of service. The dates entered here should be the dates you wish to analyze
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Q: What does products XXXXX represent (i.e. DPPO0004, MOAP0003, RPER008, etc.)?

At a high level, the first character represents if the product is for Dental (D), Medical (M) or Pharmacy (R) and the next three characters represent the type such as Open Access Plus (OAP) or Performance (PER). The remaining four numbers are plan/benefit specific, please contact your client manager/account manager for additional details.

If you want to run reports for separate products such as PPO or HRA you need to know what product structure or group of product structures to select (i.e. PPO would be MPPO0001, MPPO0002, etc. and HDP would be MHDP0001, MHDP002, etc.). The default selects all available products which will combine into single reports.

NOTE: The product structure is account specific, we recommend contacting your client manager/account manager directly for additional information needs.

TECHNICAL/NAVIGATION

Q: Where are the CAP reports and how do I request them?

- Step 1 – Log into the Client Resource Portal using your username and password
- Step 2 - Click on the Reports link located on the left side of the main welcome page
- Step 3 – Click on the Consultative Analytics Reports
- Step 4 – Click on Create a new CAP Request

From this point, you will begin to build your report package: creating a report name (something meaningful to you), selecting the products such as PPO dental or performance pharmacy, selecting the reports such as Dental Summary, entering the date range, and submitting your request.

Q: Do I have to change the Report Request Name?

No, you do not have to change the Report Request Name if you choose not to. If you do want to change it to something more meaningful to you, then you can click inside the field box and type what you want.

Q: What does 'Current' and 'Base' mean to me when I am selecting a date range?

Current represents the most recent time period such as January 2013 through December 2013.

Base represents the prior time period such as January 2012 through December 2012.

NOTE: Date ranges cannot overlap such as, the current period is January 2013 through December 2013 and the base period is January 2012 through December 2013. Doing this will stop the reports from processing and an error will be seen in the Status column of the My Request Queue section.

Q: How long does it take for the reports to produce?

The reports normally take anywhere from 24 to 48 hours to generate.

Q: What does this 'Alert' mean?

Please refer to the Alerts section within the Consultative Analytical Platform Client Resource Portal User Guide for additional details about these alerts.

Alert Notifications Message – Product and Report Selection does not Correspond

The report selection does not correspond to the products selection i.e. The Healthcare Spend and Trend (Incurred) report was selected and the product structure was limited to DPPO0001 – Dental.

Alert Notifications Messages – Guaranteed Cost

Fully insured/guaranteed cost accounts must have a minimum of 100 subscribers to produce medical and pharmacy Healthcare Spend and Trend reports and a minimum of 200 subscribers for dental reports to produce.

Alert Notifications Messages – Minimum Subscriber Threshold

This fully insured/guaranteed cost account has a PHI selection of 'N' (no) or the state of situs is California (CA); a minimum of 25 subscribers is required (this small numbers check should only be an issue if the requested reports are limited to specific products (i.e. an account has 17 subscribers enrolled in PPO and 79 subscribers enrolled in OAP. The PPO only report will not produce because it fails the minimum subscriber threshold).

Alert Notifications Messages – Overlapping Dates

Date ranges cannot overlap such as, the current period is January 2013 through December 2013 and the base period is January 2012 through December 2013.

Q: How do I get the finished reports?

Step 1 – Log into the Client Resource Portal using your username and password

Step 2 - Click on the Reports link located on the left side of the main welcome page

Step 3 – Click on the Consultative Analytics Reports

Step 4 – Click on My Request Queue

Step 5 – Click on the Pickup report icon to launch the download pop-up window and click on the Report View Icon to open the reports or click on the Download button to save the reports. You can save the reports like you save other documents.

Q: What does My Request Queue Report Status Not Available mean?

The requested report did not produce due to insufficient data.

Q: How do I view Report Parameters?

Go into My Request Queue and click on the icon under the Parameters section to the right of the screen.

Q: What does My Request Queue Report Status Error mean?

CRP Request Id	Request Date	Report Title	Status	Comments	Report Pickup	Parameters
1437	02/07/2014	ABC Company .02/07/2014 07:44:07 AM	Error			

Comments X

02/12/2014 11:00 PM - This request is invalid and reports cannot be produced due XYZ Reason. This request id has been cancelled. You should create and submit a new request selecting all medical and pharmacy product structure.

View Request For: Last 30 Days

Comments	Report Pickup	Parameters

Q: What is in the Posted Reports Queue?

CAP reports posted by internal Cigna team members for an account.

Q: How do I get the posted reports?

- Step 1 – From the main welcome page, click on the consultative Analytics Reports
- Step 2 – Click on Posted Reports Queue and click the dropdown to select desired views
- Step 3 – Click the Report Pickup icon to open the report