Instructions for Running Reports in the Ramsell Interface

Three reports are available to users within the Ramsell User Interface. These reports will show only the clients assigned to your agency (via the Identification tab in a client record).
To access the reports, click on the **Reports** tab in the upper left of the Ramsell interface.

All reports are best viewed using Internet Explorer set to Compatibility View. To make sure Compatibility View is enabled: navigate to the Ramsell Secure Portal. Go to the "Tools" icon in the top right of the browser and click on "Compatibility View settings." Select "Add" when the URL appears.

For your convenience in running reports, a Plan/Group key is available here.

E4 Clients with Expiring Eligibility

The E4 will produce a list of clients with expiring eligibility, sorted by case worker. This report may be used, for example, to identify all clients who are due for recertification.

Running the E4:

1. Complete the Query Options, Other Options, and Display Options sections. If you are exporting your report ("File Output") then you do not need to complete the Display Options.

   a. Query Options *(all except for Date are optional)*:

      i. **Date:** Select either "Eligibility Periods Ending" or "Core Eligibility Periods Ending" (in most cases these dates will be the same) and enter a date range for the END dates you are looking at. For instance, if you are looking for clients with eligibility ending in November 2016 you would enter 11/01/2016-11/30/2016. "Eligibility Periods Ending" refers to the Plan End Date and "Core Eligibility Periods Ending" refers to the Core Eligibility End Date.

      ii. **Jurisdiction:** can select all or a single parish

      iii. **Treatment Center:** not applicable; can default to "All Treatment Centers"

      iv. **Case Workers:** can select all or a single case worker

      v. **Region:** can select all or a single region

   b. Other Options:

      i. **All Groups** is the default selection and includes all groups (18005, 18002, etc.)

      ii. **Only Group** can also be selected to run the report to only include *one* LA HAP group. Enter the last three digits of the group number. For example, Medicare Part D clients (18902) would be entered 902.

   c. Display Options (used only if reporting in Print Preview):

      i. **Omit Client Names/DOBs:** this removes all client names and DOBs from the report results if you are using Print Preview. URNs are still visible, so this does not mean the report has been de-identified.

      ii. **Group By:** Allows for a different grouping selection for the client list. Defaults to Case Worker.

      iii. **Sort By:** Allows for a different sorting method. Defaults to Last Name of client.

      iv. **Page Break by Treatment Center:** not applicable; default to blank.

2. Select your Reporting Option to tell the system how to produce the report. "Print Preview" will open the report in a new browser tab or window; "File Output" will create a file that can be opened in Excel. **Be careful about where you save this file; it contains PHI.**

E5 Clients with Specified Group Number

The E5 will produce a list of clients belonging to a specific LA HAP group and/or plan. This report may be used, for example, to identify all your insured or uninsured clients. Users can select multiple plans for the report. Date range for the start of a client's eligibility must be provided, as well as a group number.

Running the E5:

1. Complete the Query Options, Other Options, and Display Options sections. If you are exporting your report ("File Output") then you do not need to complete the Display Options.
   a. Query Options *(all except for Date are optional)*:
      i. **Plans:** This defaults to All Plans. With "All Plans" selected, the report will include all LA HAP plans that are in the group you enter in the next field. To select a specific plan within a group (e.g. if you only want the truly uninsured LA NI clients from 18005), scroll and select that plan. Multiple plans may be selected by using the Ctrl button.
      ii. **Group:** The report must be run to include *one* LA HAP group. Enter the last three digits of the group number. For example, Medicare Part D clients (18902) would be entered 902.
      iii. **Date:** This date field refers to the ***beginning*** of an eligibility period. To be included, a client must have had an eligibility period that started within the date range you enter. For best results, enter a wide date range.

Remember that all clients must be recertified every 6 months, so every client should have the beginning of a new eligibility period entered at least twice in a year.

    iv. **Include Non-Current Eligibility Periods:** When the box is checked, this report will generate a list of clients with a specific group number for clients with an eligibility start date range based on the current eligibility start date and eligibility start date in eligibility history.

    v. **Jurisdiction:** can select all or a single parish

    vi. **Treatment Center:** not applicable; can default to "All Treatment Centers"

    i. **Case Workers:** can select all or a single case worker

b. Display Options (used only if reporting in Print Preview):

    i. **Omit Client Names/DOBs:** this removes all client names and DOBs from the report results if you are using Print Preview. URNs are still visible, so this does not mean the report has been de-identified.

    ii. **Sort Elig Worker Clients By:** Allows for a different sorting method. Defaults to Last Name of client.

2. Select your Reporting Option to tell the system how to produce the report. "Print Preview" will open the report in a new browser tab or window; "File Output" will create a file that can be opened in Excel. **Be careful about where you save this file; it contains PHI.**

R1 Patient List

The R1 will produce a list of clients. Users can select multiple plans for the report. Date range for the start of a client's eligibility must be provided, as well as a group number. Results include client's current or most recent eligibility period.

Running the R1:

1. Complete the Query Options, Other Options, and Display Options sections. If you are exporting your report ("File Output") then you do not need to complete the Display Options.
    a. Query Options *(all except for Date are optional)*:
        i. **Plans:** This defaults to All Plans. With "All Plans" selected, the report will include all LA HAP plans. To select a specific plan, scroll and select that plan. Multiple plans may be selected by using the Ctrl button.

ii. **Patient ID/Newly Added/Newly Enrolled/With Fill Date:** This report may be filtered by either patient ID **OR** the date a client was added to the Ramsell system **OR** the date a client was enrolled (original enrollment) in LA HAP **OR** clients who have had a medication fill via Ramsell. Once a decision is made on which of these to use, the member ID or date span is entered in the corresponding field.

iii. **Active Patients:** Check this box to include only clients who were actively enrolled in LA HAP on the date entered. This is only for a *single* date, for example, on the date you run the report.

iv. **Application status:** The R1 includes only one client status. **This field is mislabeled in the report parameters. This is the Plan Enrollment Status for the client, not Application status.** To run the report to include active (currently enrolled) clients, select "Enrolled receive services."

i. **Jurisdiction:** can select all or a single parish

v. **Site:** if your account has access to more than one site (for example, your organization has several physical locations), you may specify which site you want results for. *The majority of users will leave this as "All enrollment sites."*

vi. **Region:** can select a specific state region if desired.

vii. **Group:** If you choose, this report can be filtered down to *one* group instead of all groups. Enter the last three digits of the group number. For example, Medicare Part D clients (18902) would be entered 902. Only one group can be entered.

b. Display Options (used only if reporting in Print Preview):

i. **Group Patients By:** select the desired grouping for the results

ii. **Omit Client Names/DOBs:** this removes all client names and DOBs from the report results if you are using Print Preview. URNs are still visible, so this does not mean the report has been de-identified.

iii. **Sort Clients By:** Allows for a different sorting method. Defaults to Last Name of client.

c. Other Options

i. **Brief:** produces client list without any prescription activity

ii. **Include Rx Activity:** produces client list with the number of fills within the time period and the client's last fill date.

iii. **State Dollars:** Includes cost of fills with the Rx activity

iv. **Omit Pricing:** Omits pricing information from the Rx activity.

2. Select your Reporting Option to tell the system how to produce the report. "Print Preview" will open the report in a new browser tab or window; "File Output" will create a file that can be opened in Excel. **Be careful about where you save this file; it contains PHI.**