

Browse to the AMC Data Portal, enter your login credentials, and click on **Sign-in**

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**ASSOCIATED MEDICAL CARE**

Sign-in

User Name

Password

Sign-in

Forgot username / password

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Click on **Report Menu**.

Click on **Membership** to view the available reports under that group.

Click on **PCP Capitation Summary**.

**ASSOCIATED MEDICAL CARE**

Report Menu Dashboard Payor(s)-Data Update Downloads Bookmarks User Management User Statistics Help Desk

Trends Top 20 Inpatient Stats MRA Calculator

Dashboard Selection Details

Product: All  
Payor: All  
Group: All  
Center: All  
PCP: All  
Members: All

Dashboard Filters and Document Export

Make Selections Show Active Members Download PDF

Lock Selection Year Not Selected

2019 2020 2021 2022

Quarters for Year Not Selected

Q1 Q2 Q3 Q4

Membership Trend

Month	Membership
Jun 22	5,000
Feb 22	12,500
Mar 22	13,000

Inpatient Claims Trend (PMPMS)

Month	Inpatient Claims (PMPMS)
Jun 22	60
Feb 22	60
Mar 22	100

Report Menu

- Financial Summary
- Utilization
- High Cost
- Membership
- PCP Capitation Report
- PCP Capitation Summary**
- Member List Summary
- ESRD Members with Financial Summary
- Members by Diagnosis with Financial Summary
- Funding Detail PMPM
- Revenue
- Claims
- Specialty
- Pharmacy
- Lookup

Filter: Search/filter reports Clear Expand All Collapse All Close

## Available Filters

Cap Month:	All or Select a Month	▼
Payor:	All or Select a Payor	▼
Product:	All or Select a Product	▼
Group:	Search for Groups	<input type="text"/>
Center:	Search for Centers	<input type="text"/>
<input type="button" value="Run Report"/> <input type="button" value="Save as Preset"/>		

All filters allow for multiple selections. If all options within a specific filter are unchecked, the report will run as if ALL options were selected. The available options for each filter also depend on the other filters already applied and the level of access assigned to the user navigating the report.

Cap Month: This is the month in which the capitation payment was made.

Payor: Allows choosing the health plan that made the capitation payment.

Product: This is the line of business (LOB) applicable to the capitation payment.

Group: Most users will only see the internal AMC group that their practice has been associated with.

Center: Only those users with access to data from multiple practices will see more than one option in this filter.

## Capitation Summary Report


Once all desired filters have been selected, click on **Run Report**. The Reports result window below will contain detail based on the applied filters for the following categories:

Report Results													
<input checked="" type="checkbox"/> Search: <input type="text"/> <input type="button" value="Filter"/> <input type="button" value="Clear"/>													
<input type="checkbox"/>	HealthPlan	LOB	Month	PracticeID	PracticeName	VendorAmount	VendorAmountCurrent	CurrentMembers	VendorAmountRetro	RetroAdditions	RetroDeletions	MemberCountNet	TotalPaymentNet
<input checked="" type="checkbox"/>	x 1	x 2	x 3	x 4	x 5	x 6	x 7	x 8	x 9	x 10	x 11	x 12	x 13
<input type="checkbox"/>	Molina Health	IFP	09/01/2022	82024807	Frank Medical Ctr	-175.00	0.00	0	-175.00	0	7	0	0.00
<input type="checkbox"/>	Molina Health	CAID	09/01/2022	82024807	Justi Center Servs	180.00	180.00	8	0.00	0	0	8	180.00
<input type="checkbox"/>	Bright Healthcare	CARE	09/01/2022	82024807	1st Medical Center	4,500.00	4,500.00	15	0.00	0	0	15	4,500.00
<input type="checkbox"/>	Bright Healthcare	IFP	09/01/2022	82024807	Stema Medical Ctr	1,740.00	1,740.00	87	0.00	0	0	87	1,740.00
<input type="checkbox"/>	Bright Healthcare	CARE	09/01/2022	82024807	Francisco Regional	275.00	275.00	1	0.00	0	0	1	275.00
<input type="checkbox"/>	Bright Healthcare	CARE	09/01/2022	82024807	Luz Medical Center	280.00	280.00	1	0.00	0	0	1	280.00
<input type="checkbox"/>	Bright Healthcare	IFP	09/01/2022	82024807	Washburn Medical Ctr	1,520.00	1,520.00	74	0.00	0	0	74	1,520.00
<input type="checkbox"/>	Sunshine Health	CAID	09/01/2022	82024807	Caplan Medical Ctr	0,800.00	0,800.00	264	0.00	787	786	264	0,800.00
<input type="checkbox"/>	Molina Health	IFP	09/01/2022	22400407	Strom Medical Ctr	400.00	400.00	12	400.00	6	0	12	400.00
<input type="checkbox"/>	Bright Healthcare	CARE	09/01/2022	82024807	Shelburne Family Hlth	400.00	400.00	3	0.00	0	0	3	400.00
<input type="checkbox"/>	Bright Healthcare	CARE	09/01/2022	82024807	Truman Medical Ctr	500.00	500.00	2	0.00	0	0	2	500.00
<input type="checkbox"/>	Bright Healthcare	IFP	09/01/2022	00078000	F and W Provider Hlth	340.00	340.00	43	0.00	0	0	43	340.00
<input type="checkbox"/>	Molina Health	IFP	09/01/2022	42024807	Lutheran Med Ctr	100.00	100.00	3	0.00	3	0	3	100.00

1. Health Plan: These plans correspond to the Payor(s) selected in the filter.
2. LOB: These LOBs correspond to the Product(s) selected in the filter.
3. Month: This is the month in which the capitation payment was made, corresponds to the Month(s) selected in the filter.
4. Practice ID: Internal Practice ID used by AMC to identify the practice.

5. Practice Name: Name of the practice that received the capitation payment.
6. Vendor Amount: This is the original capitation payment received by the practice for the plan and LOB during the month indicated in the same row.
7. Vendor Amount Current: This is the portion of the Vendor Amount from the prior column that corresponds to payments only for current members. If there was no retroactivity in the payment month, the Vendor Amount and Vendor Amount Current will be the same.
8. Current Members: Number of members considered as current when the original payment for the month was received. The Vendor Amount Current reflects the payment made to the practice solely for these members.
9. Vendor Amount Retro: This is the portion of the Vendor Amount from the prior column that corresponds to payments for retroactivity only. If there was no retroactivity, this amount will be 0.
10. Retro Additions: Number of member months included in the payment that are applicable as additions to prior months instead of the current month. This is the catch-up mechanism used by health plans to make up for historical missed attribution.
11. Retro Deletions: Number of member months included in the payment that are applicable as deletions to prior month. This is the catch-up mechanism used by health plans to indicate erroneous attribution to the practice was applied in previous months.
12. Member Count Net: This is the reconciliation of the number of members for the capitation month after retroactivity is applied to the original current members to true-up the net number. The formula used for this from the report columns **IS NOT** [Current Members] + [Retro Additions] – [Retro Deletions] because the retroactivity applies to other months. Please use the PCP Capitation report to identify where retroactivity for a given month would come from and to obtain details for those members. For the most recent cap month, this number will always match the number of current members.
13. Total Payment Net: This is the net dollar amount received for a given month after using retroactivity to true-up the corresponding payments. It is driven by the net count of members for the month.

Please see the example below to help interpret the report results:

Month	CurrentMembers	RetroAdditions	RetroDeletions	MemberCountNet
x 	x	x	x	x
01/01/2022	0	0	0	1
02/01/2022	2	2	0	4
03/01/2022	4	3	2	5
04/01/2022	5	1	0	8
05/01/2022	8	4	1	9
06/01/2022	9	2	1	7
07/01/2022	9	1	1	6
08/01/2022	9	2	2	5
09/01/2022	5	0	9	5

- The practice did not receive any capitation payment in January (Current and Retro were all blank)
- In February, there were 2 additions to prior months (January). However, the net for January is not 2 because there are also retrodeletions in March that apply to both January and February.
- In March, the 3 retroadds do apply to February, but the retrodeletes apply to both January and February, causing those net numbers to shift once again.

The retroactivity that comes in any month can apply to one or multiple prior months, so using this report to tell the story for a particular member is not recommended. Instead, the user should run the PCP Capitation report to obtain that level of detail.

In the end, adding up all current members (51 in the example) plus the retro additions (15) and subtracting the retro deletions (16) would correspond to the total net member count (50)

The best use of this report is to easily add up all the payments received via the Vendor Amounts column, and to support budgeting activities by analyzing the variance between the original current members (and the payment for them) versus the reconciled net members for the month. The trued-up counts and amounts tell the full story of what happened, instead of being a snapshot in time as reflected by current capitation figures each month.