Ambulatory Encounter Report

User Guide

Last Updated: October 2025

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1. Introduction to the Ambulatory Encounter Report

1.1. What is the Ambulatory Encounter Report?

The PelEX Ambulatory Encounter Report is a report populated with patients with an ambulatory encounter at a connected facility in the past 6 months. Ambulatory encounters are defined as primary care (PC) visits and hospital outpatient (HO) visits. The Ambulatory Encounter Report aims to:

- Improve care coordination
- Access ambulatory care history
- Enable success in value-based care environments

Members can use the Ambulatory Encounter Report to:

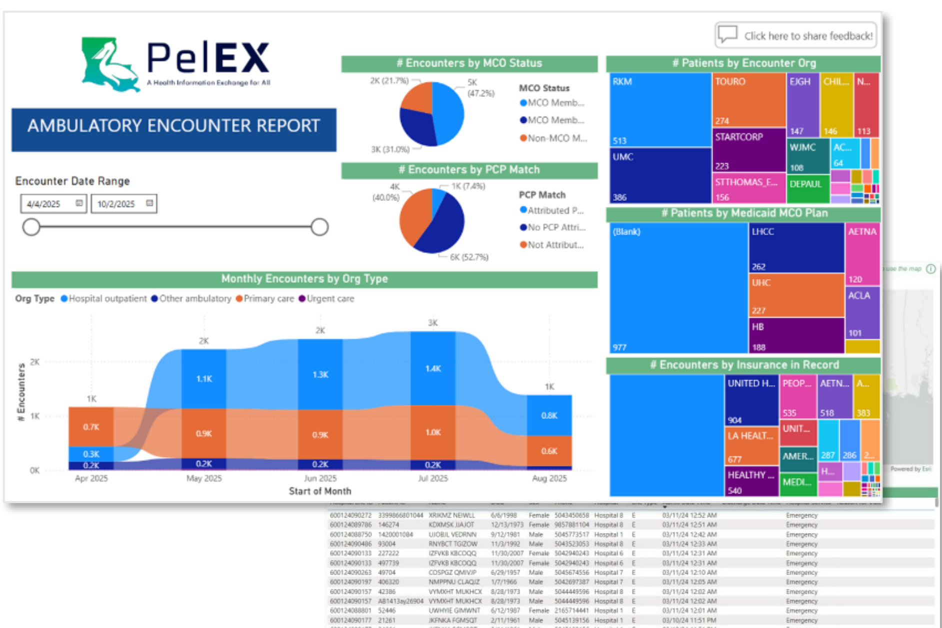
- Support pre-visit planning
- Identify high-need, high-risk patients for additional outreach & support
- Monitor & track utilization trends over time
- Inform population health strategy

Only behavioral health organizations are currently allowed access to the report.

1.2. What is included in the Ambulatory Encounter Report?

The Ambulatory Encounter Report has been optimized to streamline data presentation for all use cases and clinical capacities. The report includes three pages: (1) Summary Dashboard and (2) Encounter Detail.

The Summary Dashboard includes a data overview of patients from the past 6 months within a user specified date range. The Encounter Detail shows patient-level data, including demographics, encounter data, and attribution data. For additional details on the report pages, see Section 3.



1.3. Report Specifications

1.3.1. Report Period

The Ambulatory Encounter Report displays data on ambulatory encounters from the previous 6 months.

1.3.2. Data Sources

The data in the Ambulatory Encounter Report is based on EHR data contributed by ambulatory sites participating in PelEX. For an up-to-date list of participating clinics and the data they are contributing, please visit: https://pelexhie.org/our-network/.

Additionally, the Ambulatory Encounter Report includes information about patient enrollment in Medicaid Managed Care Organizations (MCOs) and attribution to primary care providers, based on weekly data supplied by the Louisiana Department of Health.

Each member's Ambulatory Encounter Report displays ambulatory encounters for their "patient panel." PelEX uses the patient data source provided by each member (i.e., EHR feed, patient list) to identify their patient panel.

> **Note:** Only ambulatory sites that use Athenahealth contribute data to the report due to limitations of other EHRs to send PelEX encounter information. Any future access to ambulatory data will be incorporated into the report.

1.3.3. Data Timeliness

The Ambulatory Encounter Report data is automatically refreshed daily to include all data available, both from real-time EHR data and weekly data extracts. Any new data will be available in the Ambulatory Encounter Report at around 8am Central Time each day. In the event of planned maintenance, there may be some delays. The PelEX team will notify users in advance of planned maintenance that will impact the Ambulatory Encounter Report.

1.4. Email Alerts Options

When new ambulatory encounter data has been added to the report, PelEX can send an automated email alert to users to notify them to check the Ambulatory Encounter Report. Individuals can select email alert preferences in the User Account Request Form based on the organization's operational flow and data needs. Email alert options are described below.

Email Alert Option	Trigger Event for Email Alert
Send me a weekly summary email with the # of PC and HO encounters during the prior week	Weekly alert scheduled for every Tuesday morning
No email alerts at all	N/A

2. Getting Started

2.1. Requesting a User Account

The Ambulatory Encounter Report is built using Microsoft Power BI. To access the report, members will need a Power BI user account, which the PelEX team will create and manage. Each member organization is permitted up to 6 user accounts. Due to the cost of the Power BI license per user, PelEX cannot accommodate more than 6 users per organization at this time. An annual licensing fee of $96 per additional user is required for more than 6 users.

To request a user account, please complete our User Request Form by following the hyperlink. Depending on user permissions determined by your organization, users can access other PelEX reports through their Power BI user account in addition to the Ambulatory Encounter Report.

> **Note:** Only behavioral health organizations are currently allowed access to the report. Other organizations may receive future access once a use case/reason has been identified and vetted.

2.2. Logging into Power BI

A user guide to get you started on the login process can be found through our Power BI Quick User Guide (with accompanying video) which can also be found on our website's User Support page.

2.3. Ongoing Security Requirements

The PelEX team has several ongoing security measures and requirements, described below, to ensure the privacy and security of protected health information contained in the Ambulatory Encounter Report.

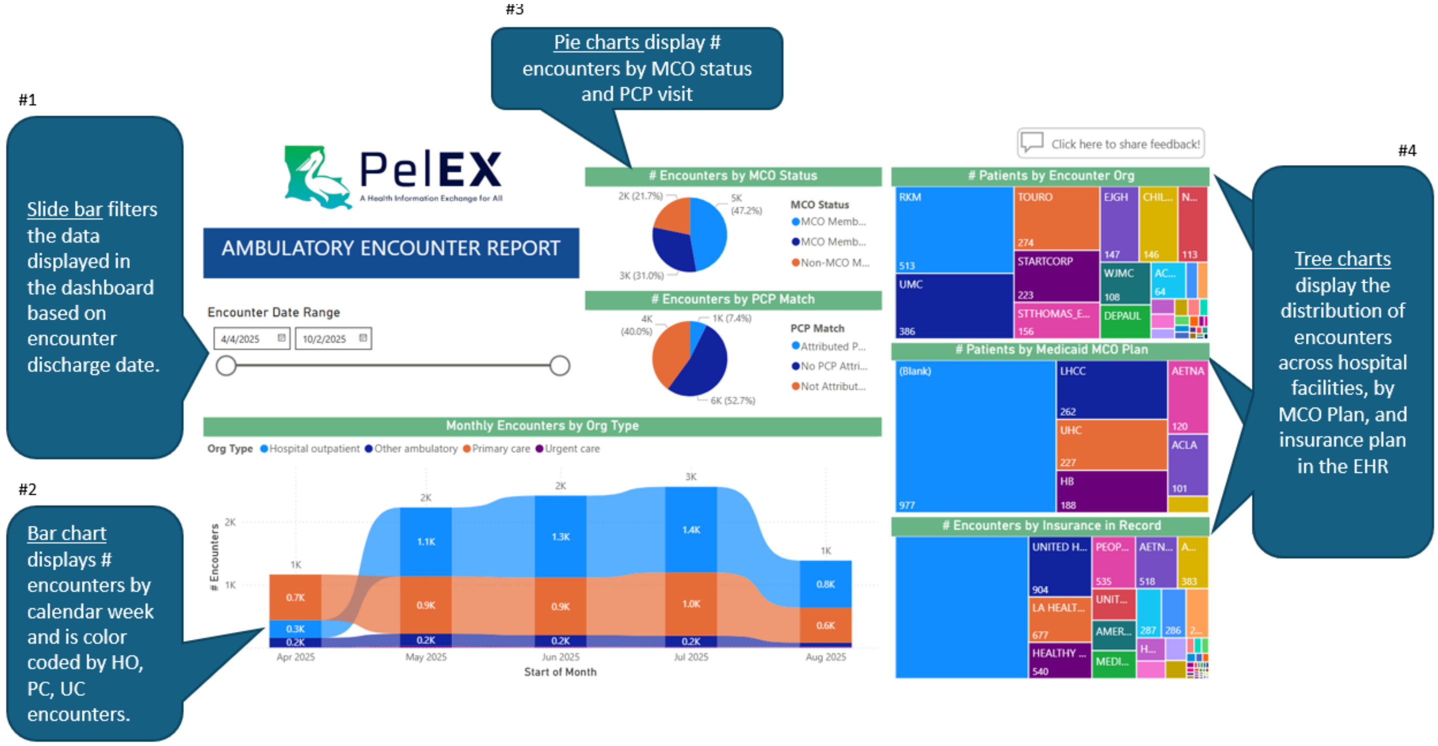
- **Two-Factor Authentication:** All users will be required to set up two-factor authentication upon logging in for the first time. This will prompt users to verify their identity every 7 days or whenever logging in on a new device. Detailed instructions and user tips are provided in Section 2.2 of this user guide.
- **Password Update Every 90 Days:** All users will be required to update their password every 90 days. When your password is about to expire, you will receive an email from Microsoft informing you of the expiration date and prompting you to update your password.
- **Notify PelEX within 7 Days of User Transitions:** Member organizations should promptly inform the PelEX team if a user is leaving your organization or transitioning to a different role that does not require access to the Ambulatory Encounter Report. In accordance with the PelEX user access control policy, members must notify the PelEX team within 7 business days of a user's employment or contract ending. The PelEX team will promptly deactivate the user account to prevent unnecessary or unauthorized access to the Ambulatory Encounter Report.

3. Review of the Ambulatory Encounter Report Contents

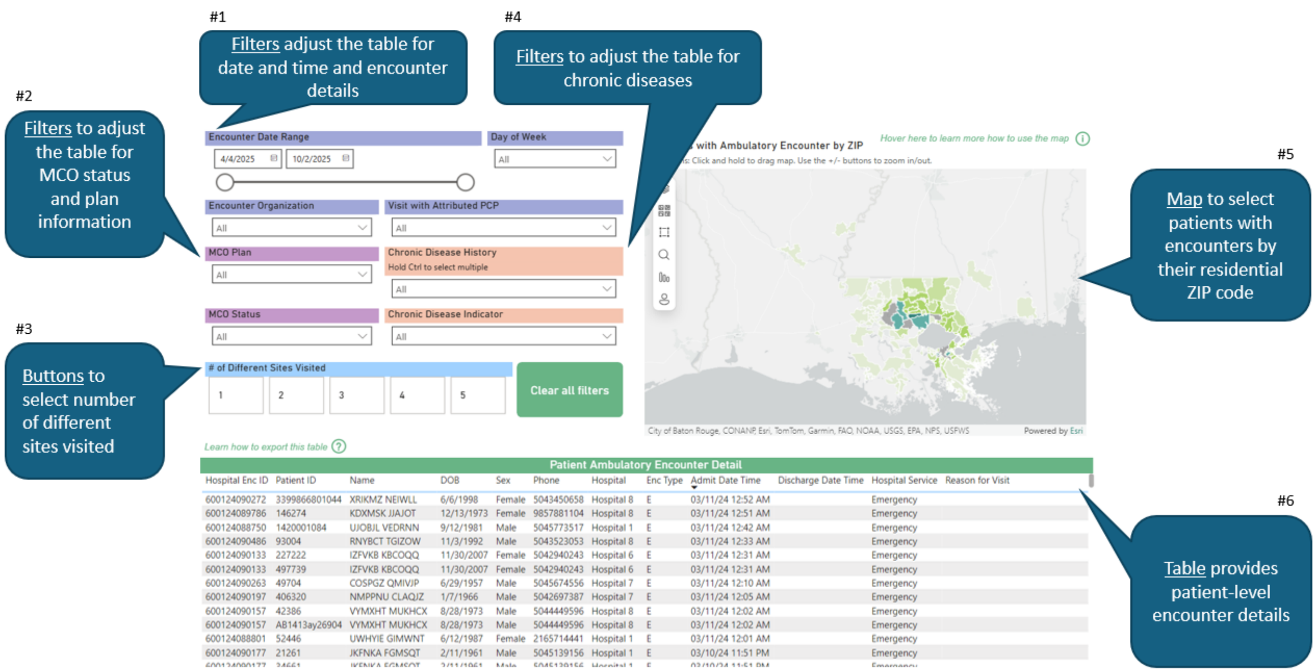
3.1. Overview of the Ambulatory Encounter Report Contents

The Ambulatory Encounter Report contains three pages: (1) Summary Dashboard and (2) Encounter Detail. The sections below provide an overview of each page. The blue comment boxes describe the charts and other contents on each page of the Report. The numbers above each comment box represent the recommended order for reviewing the information to help you get oriented to the Report contents.

3.1.1. Summary Dashboard



3.1.2. Encounter Details

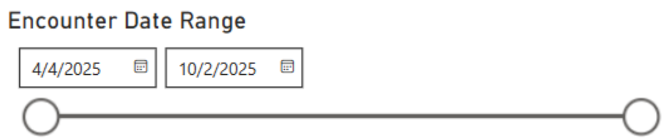


3.2. Detailed Review of Ambulatory Encounter Report Summary Data Visualizations

The sections below provide a deeper dive into the summary data visualization contents of the Ambulatory Encounter Report.

3.2.1. Slide Bar for Filtering the Date Range

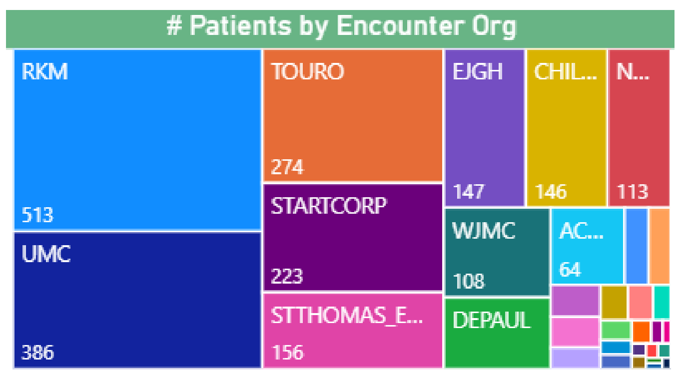
The slide bar is available on both the Summary Dashboard and Encounter Detail. It allows users to adjust the report period and focus on ambulatory encounters during a specific date range of interest, based on the encounter admit date. The default report period is 6 months. When users adjust the slide bar, the contents of the page will be filtered to display encounters from the selected date range. Users can adjust the slide bar or manually enter the start and end dates of interest.



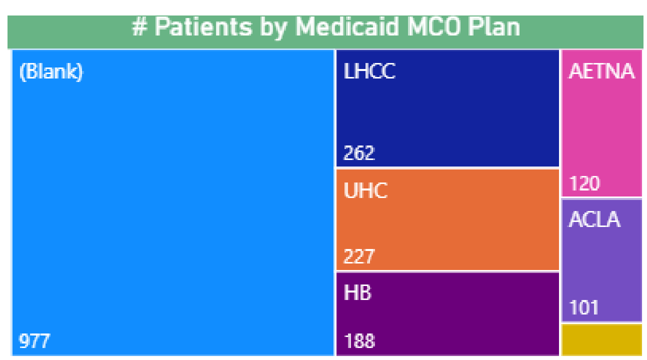
Note that the slide bar will modify the date range of all contents on the Summary Dashboard page *except* for the Key Metrics Cards.

3.2.2. Distribution Tree Charts

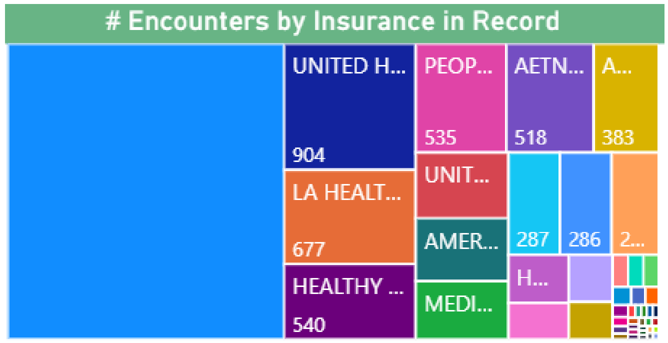
Users can hover over each segment of the Encounter Org tree chart to see the number of patients that visited a participating organization during the report period. Users can also click on a specific organization in the chart to filter the contents of the page to display encounters from the selected organization only.



Likewise, users can view the Medicaid MCO Plan Distribution chart to see number of patients attributed to the respective MCO plan during the report period. Clicking on the specific MCO plan will filter the contents of the page to display ambulatory encounters for patients enrolled in the selected MCO plan only. Patients who are not enrolled in a Medicaid plan are categorized as “Blank” (i.e., not applicable).

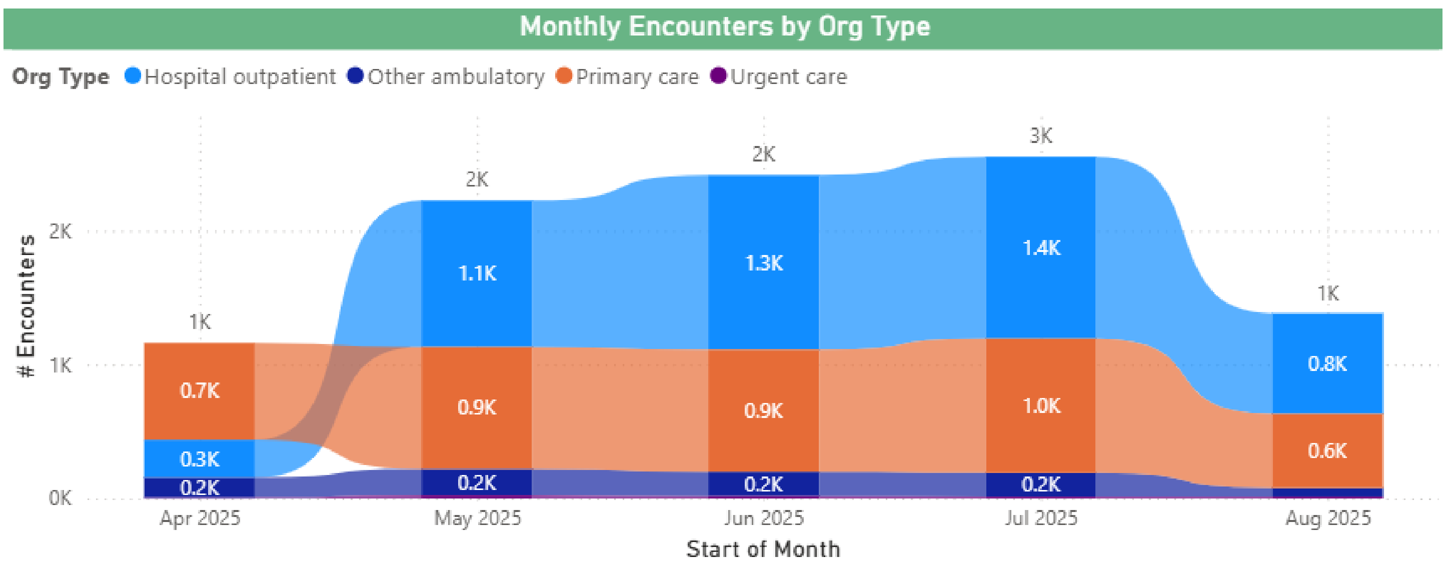


Users can also see the number of encounters based on the insurance in the patient's EHR record. This may include patients that are part of non-Medicaid plans, like those provided by private insurance and Medicare.



3.2.3. *Ribbon Chart of AMB Encounters by Month*

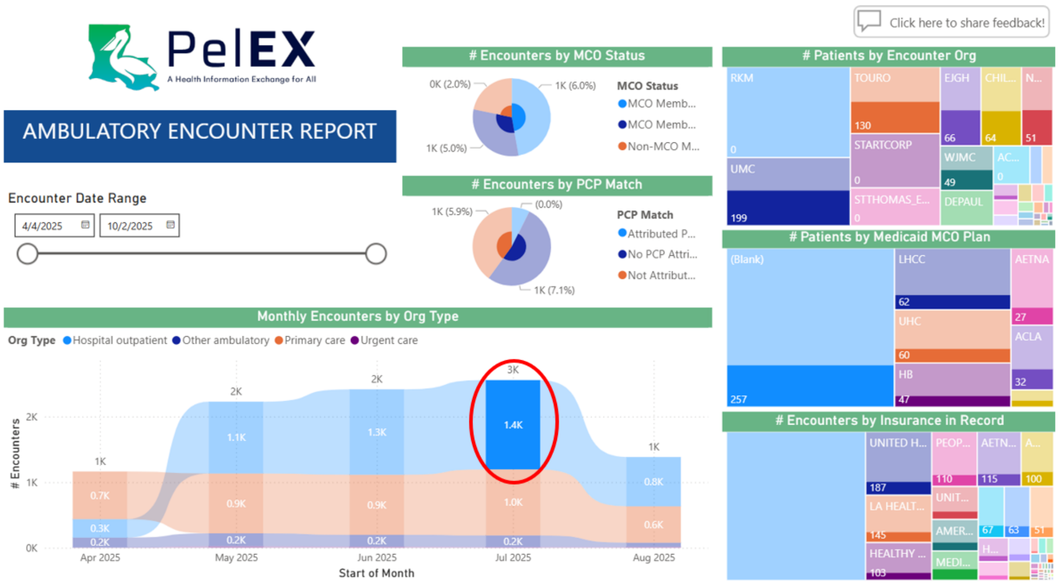
It displays the number of ambulatory encounters by month and color-coded by encounter location type (hospital outpatient, primary care, urgent care, or other ambulatory). Users can hover over each colored segment of a bar to view the exact number of ED or IP encounters that occurred in a given week, as shown in the black box below. The total number of encounters is displayed at the top of each bar.



4. Useful Features & Tips

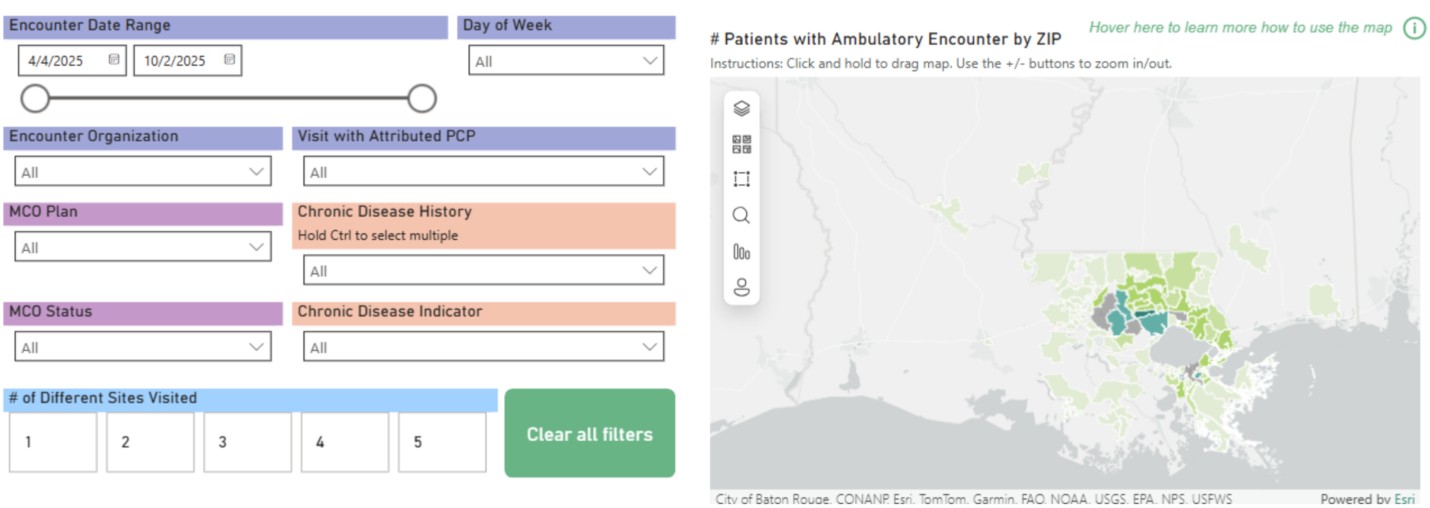
4.1. Interactive Summary Dashboard

The Summary Dashboard is a highly interactive dashboard that can allow you to click on various pieces of the dashboard to highlight and manipulate data displayed on this page. Users can select a data visual on the bar chart, encounter table, or either tree chart to highlight and manipulate data based on that selection.



4.2. Using the Filters Toolbar

The filters toolbar is only available on the Encounter Detail page. This toolbar features an array of filters used for sorting, identifying, and narrowing the encounter list to a pertinent set of patients. Users have multiple options for filtering the data, from left to right:



Left side:

1. **"Encounter Date Range"** uses a slide bar filter to select a date range by dragging the circular indicators or manually entering the Start and End for Encounter Dates.
2. **"Day of the Week"** dropdown to select a day of the week.
3. **"Encounter Organization"** dropdown to select the location where the encounter occurred.

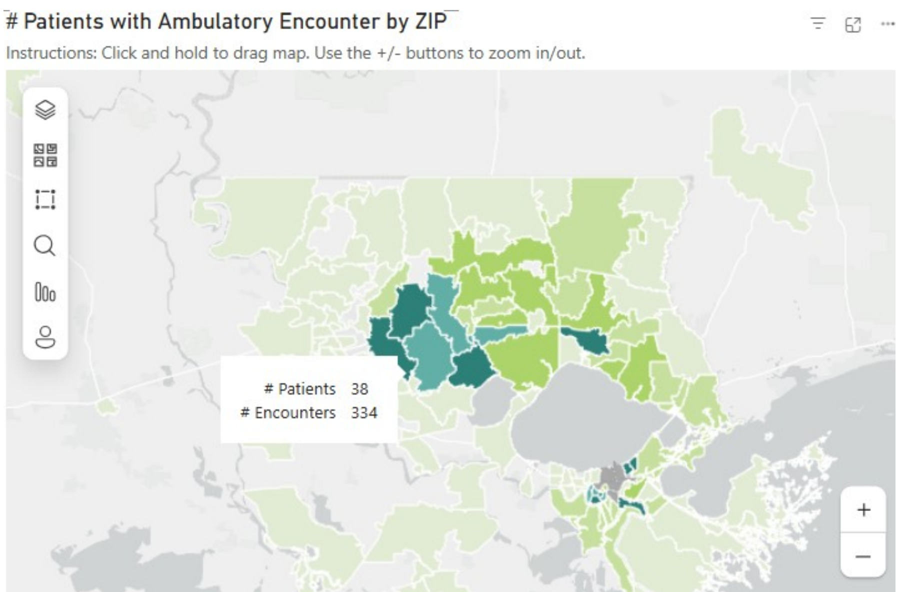
4. **"Visit with Attributed PCP"** dropdown to select whether the encounter was with the patient's attributed PCP or not
5. **"MCO Plan"** dropdown to select one of the Managed Care Organizations that patients are attributed to
6. **"MRN Status"** dropdown to select patients who have an MRN at your organization or do not have an MRN but are attributed to your organization.
7. **"Chronic Disease History"** dropdown to select any one or combination of five chronic diseases that the patients has been diagnosed with *ever before*, which include hypertension, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), diabetes, and depression.
8. **"Chronic Disease Indicator"** dropdown to select either "Yes" or "No" if a patient has had a historical chronic disease diagnosis.
9. **"# of Different Sites Visited"** buttons to select the number of different sites a patient visited within the selected date range and identify patients with multiple ambulatory encounters.

Right side:

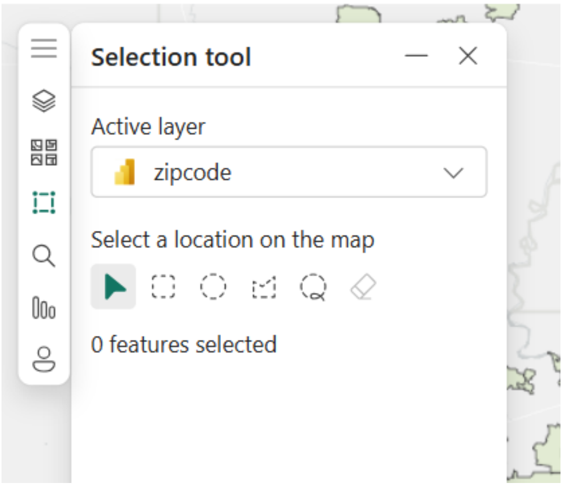
10. "# Patients with Ambulatory by ZIP" map shows ZIP codes of patients that have had ambulatory encounters. The darker the ZIP code, the more patients with an ambulatory encounter in that ZIP code. See Section 4.3 for how to use the map.

4.3. Using the ZIP code map

The ZIP code map shows patients with an ambulatory encounter by their residential ZIP code. The darker the color of the ZIP code, the more patients with ambulatory encounters reside in that ZIP code. Hovering over the ZIP code reveals a tooltip of details, like total number of patients and total number of encounters.



Selecting a ZIP code will update the patient list, which can be an effective tool to look at patient populations by their geographic location. You can select more than one ZIP code by holding Control/Command and clicking on each bubble.

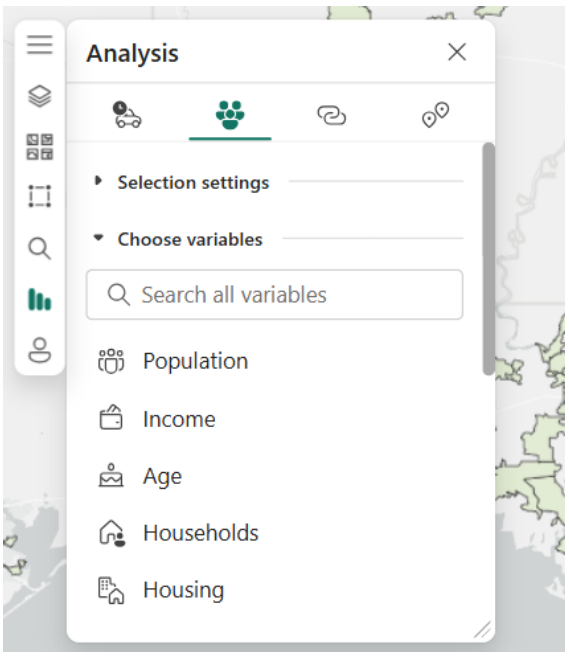


Users can find the “Selection tool” in the sidebar and use a variety of selection methods:

- Rectangle select
- Circle select
- Polygon select
- Freehand select

To deselect the current selection, use the “Clear selection” tool indicated by the eraser icon.

To deselect a ZIP code, click the ZIP code again while holding Control/Command.



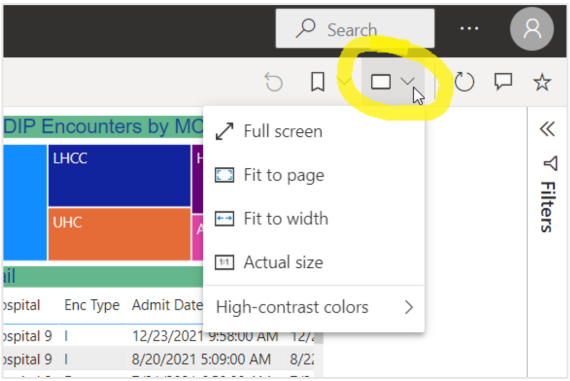
Users can find the “Analysis” feature in the sidebar and overlay census-related statistics based on ZIP code using the “Information tool” tab. Variables include:

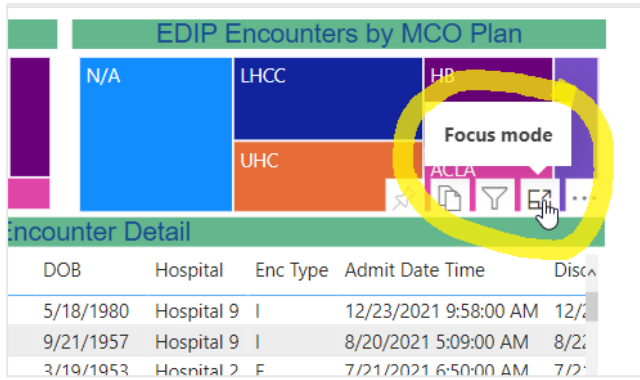
- Population
- Income
- Age
- Households
- Housing
- Health
- Education
- Race
- Marital Status
- At Risk
- Key Facts
- Retail Demand
- Policy
- Crime

PelEX has no control over data included in this feature as it’s sourced from Esri. For more information, visit https://doc.arcgis.com/en/microsoft-365/latest/excel/interact-with-infographics-cards.htm.

4.4. Changing the Page View or Size

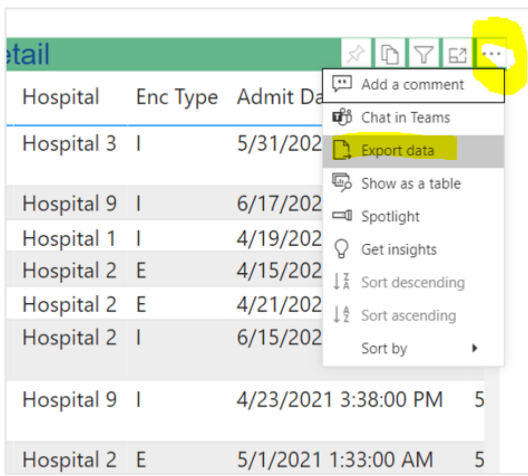
To modify the size of the Ambulatory Encounter Report, click on the “View” icon in the top right corner of the webpage and choose from a range of view options (as pictured below on the left). Users can also enlarge a specific chart within the Ambulatory Encounter Report by hovering over the chart and clicking on the “Focus mode” icon (as pictured below on the right).





4.5. Exporting tables to Excel, PDF, or PowerPoint

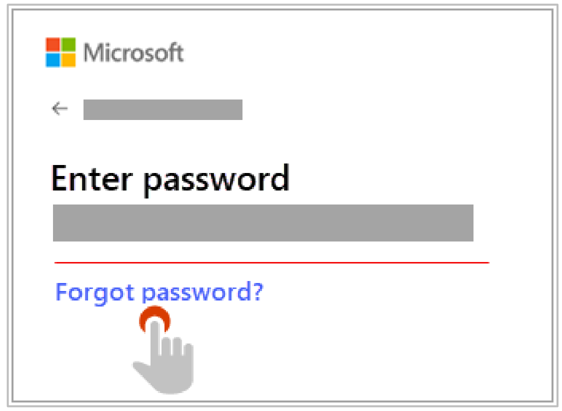
Users can export individual tables (such as the Patient Ambulatory Encounter Detail) can be exported to Excel. Hover over the top-right corner of the chart title, click on the icon with the three dots labeled “More options,” and then click “Export data” (as pictured below). The data displayed in the chart can be exported in .xls or .csv format.



5. Troubleshooting

5.1. I forgot my password

If you have forgotten your password, then you will need to reset your password. To reset your password, open the login page and at the bottom of the dialog box click the link that says, "Forgot my password." Then, Microsoft will ask you to verify your identity through the multi-factor authentication (MFA) methods that you set up initially. Once you have been verified, then you can create a new password.

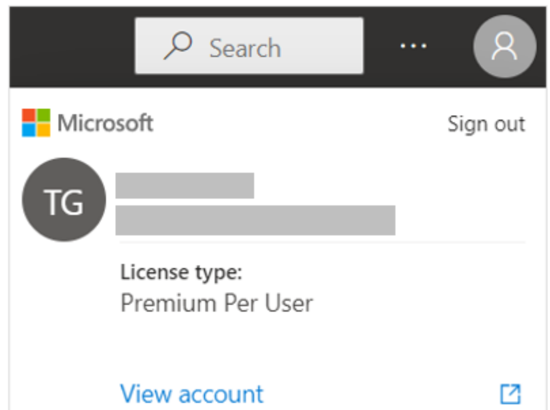


5.2. My verification or authentication failed/did not work

If you encounter an error message during the authentication process, then it's likely that there is an issue with the multi-factor authentication methods. Please contact support@pelexhie.org to troubleshoot the error.

5.3. I don't see my report in Workspaces

After logging into Microsoft Power BI, sometimes you might not see your report(s) in the Workspaces. This is commonly due to Microsoft automatically logging in users using a different account than the PelEX account. Check the user profile in the top right corner (as seen to the right). The PelEX account email should end with @pelexhie.lphi.org.



If you have confirmed that you're signed into the correct account but still do not see the report(s) in Workspaces, please contact support@pelexhie.org.

To avoid this happening in the future, the team recommends creating a dedicated browser profile for PelEX reports to easily switch Microsoft accounts through your preferred internet browser. The setup guide can be found here.

5.4. My report is not updated/does not show updated information

There may be instances where data entries are not updated on your report. Please try these steps to resolve the issue.

1. Refresh the page and data cache by pressing F5 to reload the report
2. Terminate the application by pressing "Ctrl+Alt+Delete" together and it will close the browser. Reopen the report and try again.
3. If neither solution works, please contact support@pelexhie.org.

6. Contact Us

The PelEX team is available to answer your questions and troubleshoot any issues that may arise. Please contact support@pelexhie.org with any questions or issues.

We want to hear from you! If you have feedback or suggestions on how we can improve the Ambulatory Encounter Report, you can press the “Click here to share feedback” button to complete a three-question survey.The feedback button is found in the top right corner of the Summary Dashboard page, as pictured below.