

Tribal Health Improvement Program (T-HIP) Tier 1 Monthly Example Reporting

MemberID	Last Name	First Name	Birth Dt	Risk Score	Status	Date of visit	Has a Care Plan Been Created	Has the Care plan been sent to PCP	Time spent with member (in minutes)	Outcome of Visit	Number of Letters Sent	Number of Texts	Number of Phone Calls	Number of in-person visits	Date of most recent in person visit	Notes
X000000	White	Betty	1/17/1922	30	Active	10/24/2022	Yes	Yes	15	Suicide Screening, Anxiety Screening, Referral - Primary Care, Referral -Specialist, Referral- T-HIP Tier 2 Program , Resource Connection – State Health Insurance Assistance Program	3	0		3	6/15/2023	
x000010	Price	Robert	5/20/1985	0.61	Pending		No	No	0		4	2	2	0		3rd month of reaching out to member with no response. After 6 month will move to CANNOT Contact
X000055	Portman	Natalie	4/20/1990	0.35	Do Not Contact		Yes	No								Member indicated that they do not want contact, did not sign Opt-Out