

DATA AND REPORTING JOB AID

HCSC | LUMINARE HEALTH

Explaining Reporting Changes When Moving to Luminare Health
Internal Use Only



Key Message for Internal Teams

HCSC claims and stop-loss reports from Blue Insights should not be used for Luminare Health clients. Referencing HCSC reporting and data can lead to conflicting results due to differences in logic and data availability. To ensure accuracy, rely solely on Luminare Health reporting for claims and stop-loss reporting.

Exceptions:

- When a client has split business (part of the account is with Luminare Health and the remainder is with HCSC). In this situation, reports from both organizations will likely be used (Blue Insights for the HCSC population and Luminare Health reporting for the Luminare Health population). When eligible, HCSC will continue to work collaboratively with Luminare Health but combined HCSC and Luminare Health account-level reporting is not available (not all Tableau reports can combine HCSC legacy platform and Luminare Health reporting).
- Accounts on Luminare Health with the Coupe Health product will be supported by Coupe Health and HCSC.
- A subset of CAPA Tableau reports are available for ADM clients (for use by the SAM team and not direct client access) however, their scope is limited (e.g. Advanced Payment Review, Member Centric Dashboard, Network Reports/Tools).
- Exception cases for continued access to Blue Insights outside of the above examples need VP approval.

1. Core Capabilities That Remain the Same

Speaking Points

- Clients and consultants retain the core reporting capabilities they rely on today, though some reports may look different or use different data sources within Luminare Health.
 - Financial Dashboard and Month over Month spend
 - Top 20 Reporting (e.g., Diagnosis, Procedure, Place of Service, Provider)
 - Utilization Reporting (e.g., Emergency Room, Urgent Care, Inpatient, Outpatient, Office Visit)
 - Chronic Conditions and Quality Metrics
 - Pharmacy (e.g., Top Drugs, Therapeutic Drug Classes, Specialty Drugs)
 - Trend analysis
- This transition does change where and how reports are delivered, with the understanding that certain functions may differ in the Luminare Health environment. Reports are accessed through a single-sign on portal. Reports are scheduled and you'll receive email notifications when they are available. Reports in the Analytics Reporting application are also available on-demand.

2. New Capabilities with Luminare Health

Speaking Points

- Luminare Health provides a flexible reporting environment.
- The employer portal becomes the central access point for reporting application access.
- The application is designed to work with a wide range of PBMs, supporting more complex client setups.

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3. Key Differences to Set Expectations

Speaking Points

- Customization is intentionally narrower to maintain data integrity.
- During client implementation, historic data needs should be reviewed. If a client wishes to pursue this option, the Luminare Health Reporting Consultants should be engaged to initiate the process at reportingconsultants@luminarehealth.com.
 - Historic data can be loaded to support high-level trend analysis; however, due to variations in legacy plan designs and data structures, some historical fields may not align with ongoing data.
 - Loading historic data may also incur additional fees and will only proceed after further discussion and completion of a defined intake process. Fees vary based on the types of data requested (eligibility, medical, dental, vision, pharmacy) and the number of ongoing files required for run-out.

4. Paid Date Definitions (Medical & Pharmacy)

Speaking Points

- Paid dates are the biggest driver of report variances. Paid date differences are expected and are a common source of variation.
- Medical claim paid dates show when a claim is fully processed in the Luminare Health system. The actual date on which funds are withdrawn may vary, as some claims (in network and Blue Card claims) are additionally processed through the HCSC claims systems before withdrawal occurs. Fund withdrawal dates may also follow a set schedule, such as weekly. HCSC and Luminare Health are enhancing the data loading process to introduce an additional date field, Vendor Paid Date (completion estimate in 2027), which more closely aligns with the HCSC medical paid date. This field will be available in the Administrative Reports Claims Summary, Claims Summary by Product Code and Lag Reports.
- Pharmacy data is loaded by Luminare Health to support stop-loss reporting and the paid date for pharmacy claims is the date the client was invoiced for claim. This will apply when viewing specific member details in stop-loss reporting.
- Pharmacy data for Luminare Health's Analytics Reporting is sent by the PBM in a separate file to load into the application. In this application, pharmacy paid dates usually match the prescription fill date or occur shortly after. Each PBM has different data criteria, and the dates are dependent on what the specific PBM provides.
- Pharmacy paid dates differ depending on the Luminare Health reporting application used.
 - Pharmacy data is ingested by Luminare Health to support stop-loss reporting and the paid date for pharmacy claims is the date the client was invoiced for claim.
 - Pharmacy data for Luminare Health's Analytics Reporting is sent directly to the reporting application team. In this application, pharmacy paid dates usually match the prescription fill date or occur shortly after.
- Because Luminare Health also has out of market business it drives some of the data header names.

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5. Lag Triangle & IBNR Differences

Speaking Points

- Lag triangles from LH will not match prior lag triangles from HCSC. This is expected due to paid date differences between reporting applications.
- Differences in IBNR logic can shift trend lines slightly.

6. Stop-Loss & Large Claims Reporting

Speaking Points

- Only Luminare Health stop-loss reports should be used for stop-loss data.
- Exception: Stop-loss Policy is not with Luminare Health: When a client's stop-loss policy is not with Luminare Health, the stop-loss reporting would not come from Luminare Health.

7. Reporting Availability Timeline (Plan Year Starting Jan 1)

Speaking Points

- PBM data load timing naturally lags due to loading and validation. This delay is expected and occurs only during the first-year load or when transitioning to a new PBM.
- Data-sharing agreements between the Client, the PBM and Luminare Health's reporting application partner (Cedar Gate) must be completed timely to avoid delays.
- If PBM reporting is needed earlier, clients/consultants must work directly with the PBM.

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Purpose of the Material

The *Data and Reporting HCSC vs Luminare Health* document is designed to serve as a **supporting tool** that helps clients and consultants understand how reporting changes when transitioning to Luminare Health. It provides a structured reference for key differences, timelines, and expectations. It is **not** intended to replace ongoing dialogue — it reinforces it.

How Internal Teams Should Use It

1. Use the document as a Leave-Behind, Not the Conversation

- The document gives clients/consultants something concrete to review after discussions.
- It reinforces what was explained verbally and helps prevent misinterpretation.
- It ensures consistent messaging across teams.

2. Anchor Conversations in a Consultative Approach

- Use the content to guide discussions, not read through it line-by-line.
- Focus on understanding the client's and consultant's reporting needs, concerns, and expectations. It is important to continue asking questions the help to outline how the data will be used or what problem they are trying to solve.
- Tailor the conversation to their situation, then reference the document to support your explanation.

3. Set Expectations Early and Often

- Use the material to proactively explain differences in paid dates, data availability, and reporting logic.
- Revisit these topics regularly, especially during implementation and early plan year months.
- Reinforce that some variances between HCSC and Luminare Health reporting are expected and normal.

4. Use the Tool to Build Client and Consultant Confidence

- Highlight what remains the same to reduce anxiety.
- Emphasize new capabilities and the value of the Luminare Health reporting application.
- Clarify why certain reporting differences exist so clients and consultants feel informed, not surprised.

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When to Use This Material

During Implementation

- Introduce the document when discussing reporting expectations.
- Use it to walk clients/consultants through timelines, especially PBM data loading.

During Regular Check-Ins

- Reference it when clients/consultants ask why reports differ between applications.
- Use it to explain timing differences, lag triangles, or stop-loss reporting logic.

When Addressing Reporting Variances

- Bring it into conversations where clients/consultants question discrepancies or timing issues.
- Use it to reinforce that differences are normal and tied to application logic.

When Onboarding New Client or Consultant Contacts

- Share the document to quickly bring new stakeholders up to speed.
- Use it as a foundation for explaining how reporting works across applications.