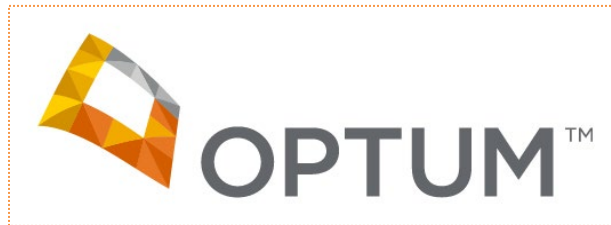




in collaboration with



Potential Right Choices Program (RCP) Report

User Guide

Enterprise Data Warehouse

Version 3
February 2022



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1. The Potential Right Choice Program (RCP) Report

Using the **Potential Right Choice Program (RCP) Report** will identify potential RCP members to the program administrators. There are 6 pages that are available for administrators to use.

1. **Summary** page: The **Summary** page provides a summary view of the data elements for an individual Medicaid recipient.
2. **Paid/Denied Claims** page: The **Paid/Denied Claims** page provides a view of an individual's paid or denied claims at the header level with a 1 year look back.
3. **Paid Claim Detail** paid: The **Paid Claims Detail** page provides a view of an individual's paid claims at the detail level with a 1 year look back.
4. **Primary Code Diagnosis** page: The **Primary Code Diagnosis** page provides a view of a particular claims diagnosis code and diagnosis description for a recipient.
5. **Controlled Substance** page: The **Controlled Substance** page provides a view of a particular recipient's claims for the given 90 day timeframe that contained a dispensed controlled substance.
6. **Historical RCP** page The **Historical RCP** page provides a view of a recipient's information if they have **ever** been in the RCP.

2. Logging in to the FSSA Data and Analytics Cognos Portal

A user must log in to the FSSA Data and Analytics Cognos Portal to access the **Potential RCP Report**.

If a user is already within the State of Indiana firewall, **signing into the FSSA Data and Analytics Cognos Portal will not be required**.

If a user sign in is required for State VPN (working from home), then **use the following directions for a successful login**.

A User must login to their account at least once every 90 days or the User access will be revoked.

To log in to the FSSA Data and Analytics Cognos Portal:

Open **Internet Explorer** and type in the following URL - <https://edwreports.fssa.in.gov/>

In the log in window enter the following:

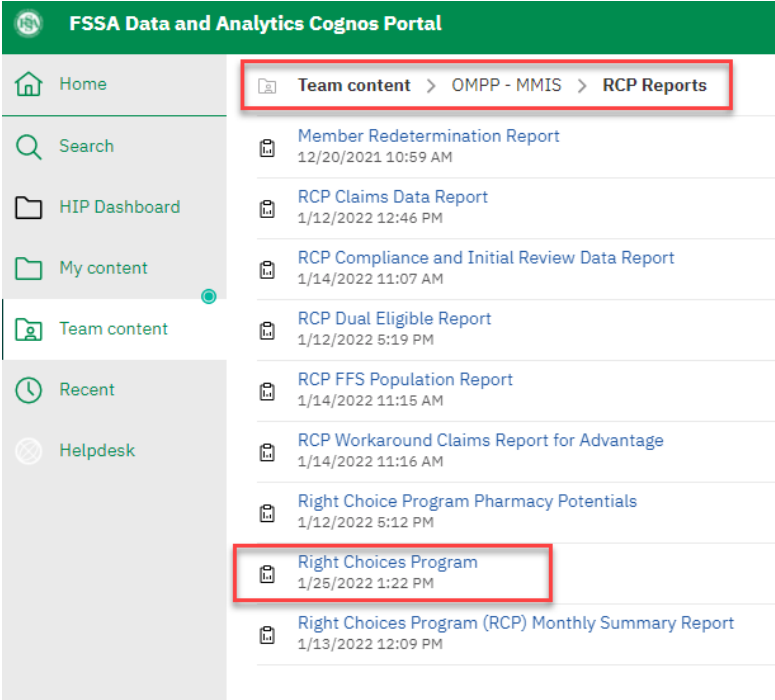
- a. In the **Username** field, enter your standard FSSA login ID.
- b. In the **Password** field, enter your standard FSSA password.
- c. Select **OK**.



Figure 1: Logging in to the FSSA Data and Analytics Cognos Portal

2.1 FSSA Data and Analytics Cognos Portal Home Page

The **Team Content folder** is located on the left of the Home Page. This folder contains the predetermined reports developed by Optum for the State of Indiana. There you will find a folder for the **RCP Reports with in the OMPP-MMIS folder**.



After clicking the report name, the report will open

3. Using the Potential RCP Report

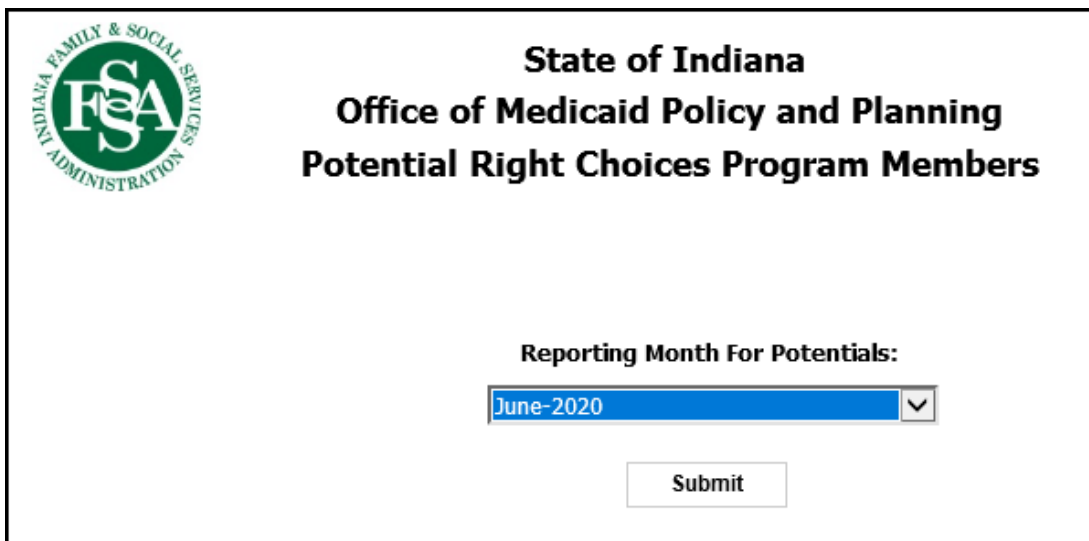
The prompt window will display. This is a prompt page where you will select the month and year for the report you will generate.

Note: The report will be generated from the most completed month, back 90 days. For example: selecting December 2020 from the **Reporting Month For Potentials** drop down will return data from October 1, 2019 thru December 31, 2019.

1. Using the drop down next to the **Reporting Month For Potentials** field, select the Month-Year you want to gather information for.



2. Click Submit. The **Summary** page will display.



4. Summary Page

The **Summary** page will be the first to display. It will open in a new tab at the top. You can navigate back to the **Summary** page at any time by clicking on the **Summary** page tab at the top.

The **Summary** page provides a summary view of the data elements for an individual Medicaid recipient.

Once the **Summary** page opens you will see the **Analysis Date** and the **RCP Potential Month** displayed under the title of the page.

Note: Views are tied to a user's ID. A user will only see recipient information for the Managed Care Entity (MCE) your user ID is tied to.

Note: Any [blue](#) highlighted text is a link to another page.

Recipient ID	Recipient Name	Date of Birth	MCE	Change in PMP Count	Number of Prescribers	Number of Pharmacies	Number of Office Visits	Number of Emergency Department or Urgent Care Visits	Controlled Substance Claim Count	Avg Daily Morphine Pkg Equivalent (DPE)	Substance Abuse Indicator	Alcohol Abuse Indicator	Tobacco Abuse Indicator	Pregnancy Indicator	Cancer Indicator	Seizure Indicator	Trauma Indicator	Social Cdb Indicator	Historical RCP Enrollment	
55576310	HCVISE - HSP - HSPHC	0	HCVISE - HSP - HSPHC	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
499254630	ANTHEM - HCC	2	ANTHEM - HCC	2	3	5	0	1	0	138	N	N	N	N	N	N	N	N	N	N
455701400	ANTHEM - HSP - HSPHC	0	ANTHEM - HSP - HSPHC	0	3	2	1	0	20	30.67	N	N	N	N	Y	N	N	N	N	N
499254630	ANTHEM - HCC	0	ANTHEM - HCC	0	1	3	0	0	15	0	Y	N	N	N	N	N	N	N	N	N
455701400	ANTHEM - HSP - HSPHC	1	ANTHEM - HSP - HSPHC	1	7	3	4	0	12	0	Y	N	N	N	N	N	N	N	N	N
499254630	ANTHEM - HCC	0	ANTHEM - HCC	0	5	2	10	0	14	0	Y	Y	N	N	N	N	N	N	N	N
499254630	ANTHEM - HCC	0	ANTHEM - HCC	0	2	1	0	0	12	80	N	N	N	N	N	N	N	N	N	N

The **Summary** page contains the data elements of an individual member as follows:

- **Recipient ID** – Medicaid recipient's identification number, this is a link to the **Paid Claim Page**
- **Recipient Name** – Medicaid recipient's name
- **Date of Birth** – Medicaid recipient's date of birth (DD/MM/YYYY)
- **MCE** – Name of the Managed Care Entity administrator
- **Change in PMP Count** – The count of times a member has changed PMP's with a look back period of 180 days.
- **Number of Prescribers** – The number of prescribers an individual has used during the reporting period with a look back period of 180 days.
- **Number of Pharmacies** – The number of pharmacies an individual has filled prescriptions at during the reporting period with a look back period of 180 days.
- **Number of Office Visits** – Number of office visits for the Medicaid recipient with a look back period of 180 days.
- **Number of Emergency Department or Urgent Care Visits** - The number of paid claims to the Emergency Department an individual has accumulated during the reporting period with a look back period of 180 days.
- **Controlled Substances Claim Count** – The number of paid claims for a controlled substance, this is a link to the **Controlled Substance** page with a look back period of 90 days.

- **Avg. Daily Morphine Milligram Equivalency (MME)** - Morphine equivalency for an individual within the given 90 day period across all pharmacy claims with a look back period of 90 days.
- **Substance Abuse Indicator** - report a Yes (Y) or No (N) if an individual has a Diagnosis code that is defined as substance abuse with a look back period of 180 days.
- **Alcohol Abuse Indicator** - report a Yes (Y) or No (N) if an individual has a Diagnosis code that is defined as alcohol abuse with a look back period of 180 days.
- **Tobacco Abuse Indicator** - report a Yes (Y) or No (N) if an individual has a Diagnosis code that is defined as tobacco abuse with a look back period of 180 days.
- **Pregnancy Indicator**—report a Yes (Y) or No (N) if an individual is pregnant with a look back period of 180 days.
- **Cancer Indicator** –report a Yes (Y) or No (N) if an individual has Cancer with a look back period of 180 days.
- **Seizure Indicator** –report a Yes (Y) or No (N) if an individual has Seizures with a look back period of 180 days.
- **Trauma Indicator** –report a Yes (Y) or No (N) if an individual has endured Trauma with a look back period of 180 days.
- **Sickle Cell Indicator** - report a Yes (Y) or No (N) if an individual has Sickle Cell with a look back period of 180 days.
- **Historical RCP Enrollment** –report a Yes (Y) or No (N) if an individual has ever been a part of the Right Choices Program previously, if there is a Yes (Y) in this column on the **Summary** page, then the Y is a link to the **Historical RCP Enrollment** page.

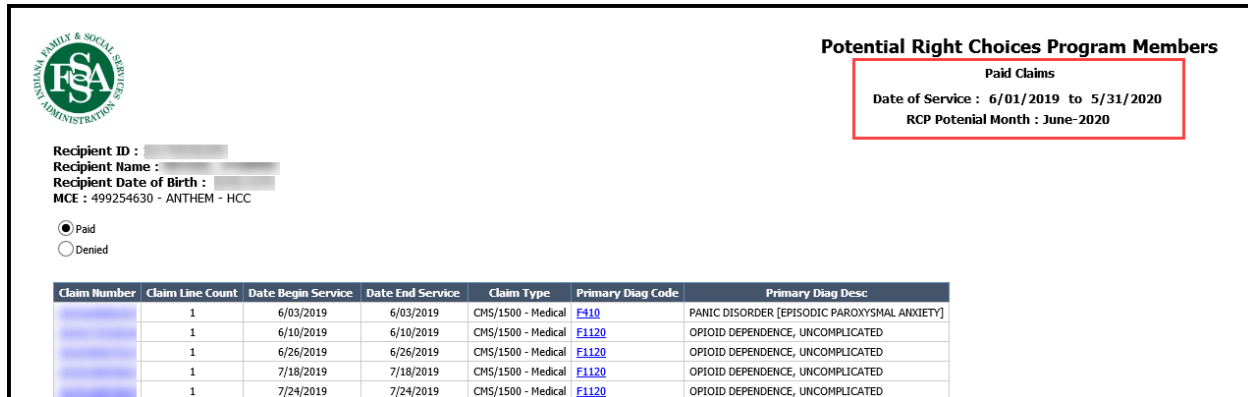
Note: The 90-Day lookback is to analyze the utilization of controlled substances, including opioids. Since pharmacy claims have a short claims lag between dispense, billing, and receipt of that claim in the Enterprise Data Warehouse, the 90-Day lookback will include claims 90-Days prior to the end of the most recently completed month. For example, if the Report Period is for August 2018 the look back period is from May through July 2018.

Note: The 180-Day lookback is to analyze various non-pharmacy utilization, disease states, and enrollment information. These data tend to require a much longer time until the data become stable. Normally, a three-month lag is used to account for this delay in claims and enrollment.

This means that the most recent three months are typically not considered but the three months prior to that period is used. Instead of excluding claims and enrollment information during the most recent three-month lag period, it was decided to use that timeframe as well as the three months prior to the lag period. When using both of these periods it results in a full 180-Day lookback. This approach allows RCP Administrators to see all current activity as it may prove useful in their assessment.

5. Paid Claims Page

The **Paid Claims** page is accessed by clicking on a **Recipient ID** (in blue) from the **Summary** page.



Potential Right Choices Program Members

Paid Claims
Date of Service : 6/01/2019 to 5/31/2020
RCP Potential Month : June-2020

Recipient ID : [REDACTED]
Recipient Name : [REDACTED]
Recipient Date of Birth : [REDACTED]
MCE : 499254630 - ANTHEM - HCC

Paid
 Denied

Claim Number	Claim Line Count	Date Begin Service	Date End Service	Claim Type	Primary Diag Code	Primary Diag Desc
	1	6/03/2019	6/03/2019	CMS/1500 - Medical	F410	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]
	1	6/10/2019	6/10/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED
	1	6/26/2019	6/26/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED
	1	7/18/2019	7/18/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED
	1	7/24/2019	7/24/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED

The **Paid Claims** page will open in a new tab. This tab will remain open and can be accessed at the top anytime, simply by clicking on the **Paid Claims** page tab.

The **Paid Claims** page provides a view of an individual's paid or denied claims at the header level with a 1 year look back.

The **Date of Service** time span, along with the **RCP Potential Month** will display under the title of the report.

The **Recipient ID**, **Recipient Name**, **Recipient Date of Birth** and the **MCE** information will display under the FSSA logo on the left side of the report.


The **Paid Claims** page contains the following data elements:

- **Claim Number** – represents the unique Internal Control Number (ICN) for a Medicaid claim
- **Claim Line Count** – represents the total number of details associated with the Claim Header
- **Date Begin Service** – represents the first date that services were rendered for a Medicaid recipient as it relates to the recipient's claim
- **Date End Service** – represents the date on which the statement period on the claim ended or could also again represent the Date Begin Service Date
- **Claim Type** - represent the type of claim tied to a claim number
- **Primary Diag Code** – represents the primary diagnosis reason for the visit

- **Primary Diag Desc** – represents the description associated with the Primary Diagnosis indicator

5.1 Denied Claims Page

Note: Click the radio button for the **Denied Claims** page. This page does not open in a new tab but can be accessed from the **Paid Claims** page anytime. The **Denied Claims** page contains the same data elements as the **Paid Claims** page.



Recipient ID : [REDACTED]
Recipient Name : [REDACTED]
Recipient Date of Birth : [REDACTED]
MCE : 455701400 - ANTHEM - HIP - HIPMC

Paid
 Denied

Potential Right Choices Program Members

Denied Claims

Date of Service : 6/01/2019 to 5/31/2020

RCP Potential Month : June-2020

Claim Number	Claim Line Count	Date Begin Service	Date End Service	Claim Type	Primary Diag Code	Primary Diag Desc
	1	6/11/2019	6/11/2019	CMS/1500 - Medical	Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
	1	6/11/2019	6/11/2019	CMS/1500 - Medical	C3492	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG
	1	6/11/2019	6/11/2019	CMS/1500 - Medical	Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
	1	6/11/2019	6/11/2019	CMS/1500 - Medical	C3492	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG
	1	6/19/2019	6/19/2019	CMS/1500 - Medical	C3492	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG
	1	6/19/2019	6/19/2019	CMS/1500 - Medical	C3492	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG

6. Paid Claim Detail Page

The **Paid Claim Detail** page can be accessed by clicking on the **Claim Number** from the **Paid Claim** page. This page will open in a new tab. This tab will remain open and can be accessed at the top anytime, simply by clicking on the **Paid Claims** page tab.

Potential Right Choices Program Members
Paid Claims
 Date of Service : 6/01/2019 to 5/31/2020
 RCP Potential Month : June-2020

Recipient ID : [REDACTED]
 Recipient Name : [REDACTED]
 Recipient Date of Birth : [REDACTED]
 MCE : 499254630 - ANTHEM - HCC

Paid
 Denied

Claim Number	Claim Line Count	Date Begin Service	Date End Service	Claim Type	Primary Diag Code	Primary Diag Desc
[REDACTED]	1	6/03/2019	6/03/2019	CMS/1500 - Medical	F410	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]
[REDACTED]	1	6/10/2019	6/10/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED
[REDACTED]	1	6/26/2019	6/26/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED
[REDACTED]	1	7/18/2019	7/18/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED
[REDACTED]	1	7/24/2019	7/24/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED

The **Paid Claims Detail** page provides a view of an individual’s paid claims at the detail level with a 1 year look back.

The **Date of Service** time span, along with the **RCP Potential Month** will display under the title of the report.

The **Recipient ID, Recipient Name, Recipient Date of Birth** and the **MCE** information will display under the FSSA logo on the left side of the report.

The **Paid Claim Detail** page will display.

Potential Right Choices Program Members
Paid Claim Detail
 RCP Potential Month : February-2021

Recipient ID : [REDACTED]
 Recipient Name : [REDACTED]
 Recipient Date of Birth : [REDACTED]
 MCE : 455701400 - ANTHEM - HIP - HIPMC

Claim Number	Claim Line	Date Begin Service	Date End Service	Claim Type	NDC Code	NDC Desc	Drug Class ID	Drug Class Desc	Drug Quantity	Drug Strength	Revenue Code	Revenue Code Desc	Proc Code	Procedure Description
[REDACTED]	1	3/24/2020	3/24/2020	CMS/1500 - Medical			0000		0			SYSTEM GENERATED	99214	Established patient outpatient visit, total time 30-39 minutes

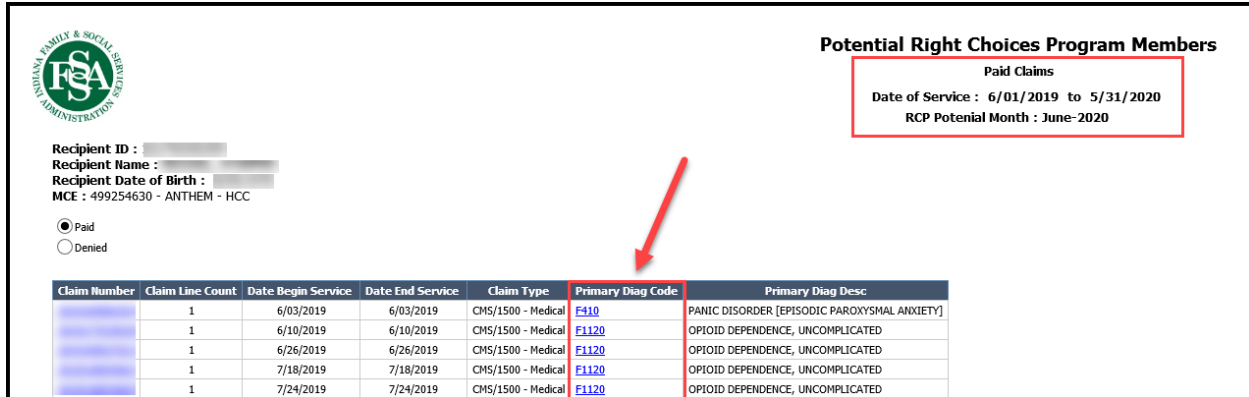
The **Paid Claims Detail** page contains the following data elements:

- **Claim Number** - represents the unique Internal Control Number (ICN) for a Medicaid claim
- **Claim Line** – represents the claim line number associated to the claim detail record
- **Date Begin Service** - represents the first date that services were rendered for a Medicaid recipient as it relates to the recipient’s claim

- **Date End Service** - represents the date on which the statement period on the claim ended
- **Claim Type** - represent the type of claim tied to a claim number.
- **NDC Code** – represents the National Drug Code (NDC) identifying the product associated with the transaction
- **Drug Class ID** – represents the four-character Drug Class that identifies specific drug classes designed to accommodate more detailed market research
- **Drug Class Desc** – represents the description associated with the Drug Class Type Code
- **Drug Quantity** – represents the quantity dispensed for a specific drug as it relates to the claim header
- **Drug Strength** – represents the unit of measure associated with the product
- **Revenue Code** – represents a code that is used to identify a specific accommodation or ancillary service that is associated with an inpatient claim line
- **Revenue Code Desc** – represents the description associated with the revenue code
- **Proc Code** – represents a code used to identify a medical, dental, or DME procedure
- **Procedure Description** – represents the description associated with the procedure and procedure type

7. Primary Diagnosis Code Page

The **Primary Code Diagnosis** page can be accessed by clicking on Primary Diag Code (in blue) from the **Paid Claim** page.



Potential Right Choices Program Members

Paid Claims
Date of Service : 6/01/2019 to 5/31/2020
RCP Potential Month : June-2020

Recipient ID : [REDACTED]
Recipient Name : [REDACTED]
Recipient Date of Birth : [REDACTED]
MCE : 499254630 - ANTHEM - HCC

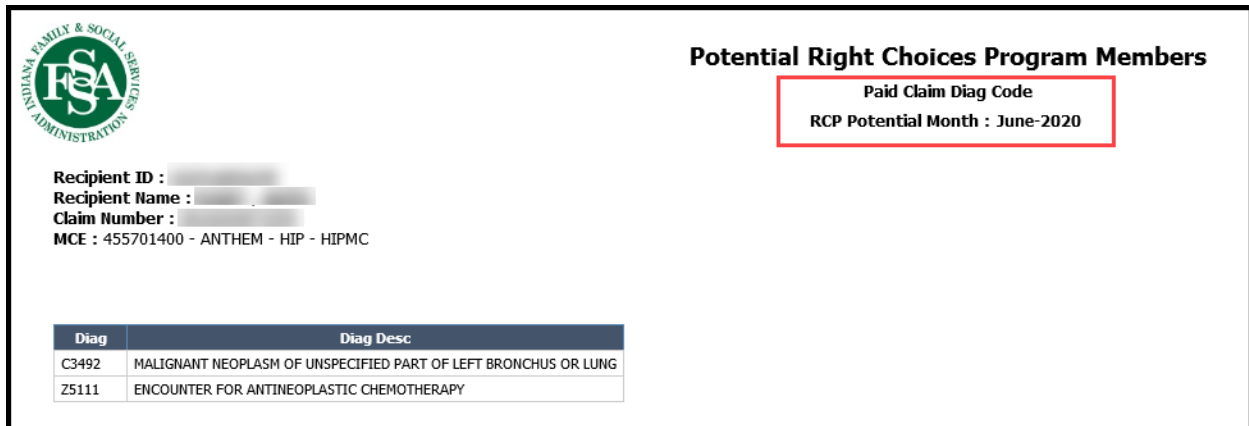
Paid
 Denied

Claim Number	Claim Line Count	Date Begin Service	Date End Service	Claim Type	Primary Diag Code	Primary Diag Desc
	1	6/03/2019	6/03/2019	CMS/1500 - Medical	F410	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]
	1	6/10/2019	6/10/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED
	1	6/26/2019	6/26/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED
	1	7/18/2019	7/18/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED
	1	7/24/2019	7/24/2019	CMS/1500 - Medical	F1120	OPIOID DEPENDENCE, UNCOMPLICATED

This page will open in a new tab. This tab will remain open and can be accessed at the top anytime, simply by clicking on the **Paid Claims** page tab.

The **Recipient ID, Recipient Name and Claim Number** will display under the FSSA logo on the left side of the report.

The **Primary Code Diagnosis** page provides a view of a particular claims diagnosis code and diagnosis description for a recipient.



Potential Right Choices Program Members

Paid Claim Diag Code
RCP Potential Month : June-2020

Recipient ID : [REDACTED]
Recipient Name : [REDACTED]
Claim Number : [REDACTED]
MCE : 455701400 - ANTHEM - HIP - HIPMC

Diag	Diag Desc
C3492	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG
Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY

The **Primary Code Diagnosis** page contains the following data elements:

- **Diagnosis** – a unique diagnosis type that represents a collection of diagnosis codes
- **Diagnosis Description** – description of the recipient's diagnosis

8. Controlled Substance Page

The **Controlled Substance** page can be accessed by clicking on **Summary** page tab at the top and then clicking the link in the **Controlled Substance Claim Count data** element.

Recipient ID	Recipient Name	Date of Birth	MCE	Change in PWP Count	Number of Prescribers	Number of Pharmacies	Number of Office Visits	Number of Emergency Department Or Urgent Care Visits	Controlled Substance Claim Count	Avg Daily Morphine PPG Equivalent (HHE)	Substance Abuse Indicator	Alcohol Abuse Indicator	Tobacco Abuse Indicator	Pregnancy Indicator	Cancer Indicator	Seizure Indicator	Trauma Indicator	Sickle Cell Indicator	Historical RCP Enrollment
555763410	MDWISE - HIP - HIPMC			0	1	1	0	0	9	0	N	N	N	N	N	N	N	N	N
499254630	ANTHEM - HCC			2	3	5	0	1	2	158	N	N	N	N	N	N	N	N	N
45571400	ANTHEM - HIP - HIPMC			0	3	2	1	0	20	30.67	N	N	N	N	Y	N	N	N	N
499254630	ANTHEM - HCC			0	1	3	0	0	15	0	Y	N	N	N	N	N	N	N	N
45571400	ANTHEM - HIP - HIPMC			1	7	1	4	0	12	0	Y	N	N	N	N	N	N	N	N
499254630	ANTHEM - HCC			0	5	2	10	0	14	0	Y	Y	N	N	N	N	N	N	N
499254630	ANTHEM - HCC			0	2	1	0	0	12	89	N	N	N	N	N	N	N	N	N

This page will open in a new tab. This tab will remain open and can be accessed at the top anytime, simply by clicking on the **Summary** page tab.

The **Recipient ID** and **Recipient Name** will display under the FSSA logo on the left side of the report.

The **Controlled Substance** page provides a view of a particular recipient’s claims for the given 90 day timeframe that contained a dispensed controlled substance.

Recipient ID : [REDACTED]
Recipient Name : [REDACTED]
MCE : 555763410 - MDWISE - HIP - HIPMC

Date Dispensed	Claim Number	NDC Codes	NDC Desc
3/02/2020	[REDACTED]	00185084201	Amphetamine-Dextroamphetamine
3/02/2020	[REDACTED]	00555097302	Amphetamine-Dextroamphetamine
3/08/2020	[REDACTED]	51991070505	ALPRAZolam
4/01/2020	[REDACTED]	00527150237	Amphetamine-Dextroamphetamine
4/01/2020	[REDACTED]	68382095501	Amphetamine-Dextroamphetamine
4/05/2020	[REDACTED]	51991070505	ALPRAZolam
4/29/2020	[REDACTED]	68382095501	Amphetamine-Dextroamphetamine
4/29/2020	[REDACTED]	68382095201	Amphetamine-Dextroamphetamine
5/04/2020	[REDACTED]	51991070505	ALPRAZolam

The **Controlled Substance** page contains the following data elements:

- **Dispensed Date** – represents the date the drug was dispensed by the pharmacy

- **Claim Number** – represents the unique Internal Control Number (ICN) for a Medicaid claim
- **NDC Codes** – represents the National Drug Code (NDC) identifying the product associated with the transaction
- **NDC Description** – represents the description associated with the NDC code

9. Historical RCP Page

The **Historical RCP** page can be accessed by clicking on the **Summary** page tab at the top and then clicking the 'Y' link in the **Historical RCP** data element. This page will open in a new tab at the top. This tab will remain open and can be accessed at any time.

Recipient ID	Recipient Name	Date of Birth	PACE	Change in HIP Count	Number of Prescribers	Number of Pharmacies	Number of Other Visits	Number of Emergency Department or Urgent Care Visits	Controlled Substance Claim Count	Avg Daily Morphine POC Equivalent (PME)	Substance Abuse Indicator	Alcohol Abuse Indicator	Tobacco Abuse Indicator	Pregnancy Indicator	Cancer Indicator	Seizure Indicator	Trauma Indicator	Sick Indicator	Cell tar	Historical RCP Enrollment
55701410	HOWISE - HIP - HIPMC			0	1	1	0	0	9	0	N	N	N	N	N	N	N	N	N	N
499254630	ANTHEM - HCC			2	3	5	0	1	9	138	N	N	N	N	N	N	N	N	N	N
455701400	ANTHEM - HIP - HIPMC			0	3	2	1	0	20	30.67	N	N	N	N	Y	N	N	N	N	N
499254630	ANTHEM - HCC			0	1	3	0	0	15	0	Y	N	N	N	N	N	N	N	N	N
455701400	ANTHEM - HIP - HIPMC			1	7	1	4	0	12	0	Y	N	N	N	N	N	N	N	N	N
499254630	ANTHEM - HCC			0	5	2	10	0	14	0	Y	Y	N	N	N	N	N	N	N	N
499254630	ANTHEM - HCC			0	2	1	0	0	10	80	N	N	N	N	N	N	N	N	N	N
455701400	ANTHEM - HIP - HIPMC			0	5	1	6	1	9	0	Y	N	N	N	N	N	N	N	N	Y
399243310	MANAGED HEALTH SERVICES - HCC			0	4	3	2	7	11	23.5	N	N	Y	N	N	N	N	N	N	N

The **Historical RCP Report** provides a view of a recipient’s information if they have **ever** been in the RCP.

Recipient ID : [redacted]
Recipient Name : [redacted]
MCE : 455701400 - ANTHEM - HIP - HIPMC

Member ID	Recipient Name	Date Effective	Date End
[redacted]	[redacted]	4/12/2010	8/12/2012

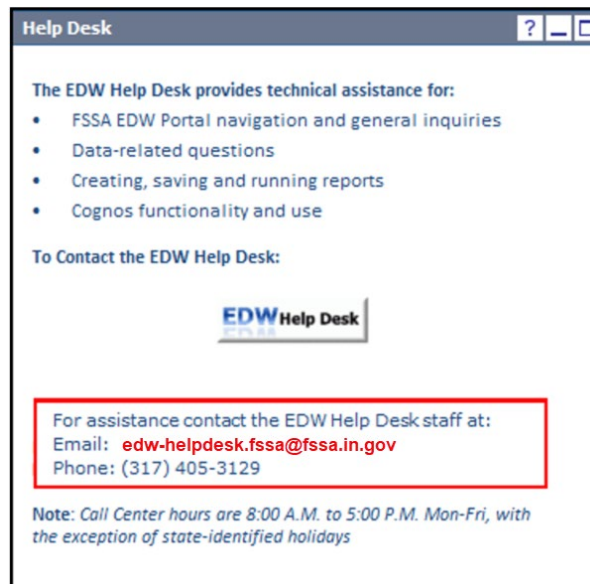
The **Historical RCP Report** contains the following data elements:

- **Member ID**
- **Recipient Name** – Medicaid recipient’s name
- **Date Effective**
- **Date End**

10. Help Desk

The **Help Desk** is a single point of contact for the purpose of obtaining responses to **questions, concerns, and requests**. The **Help Desk** provides an *extensive support experience* from initial submission of a request through to the resolution of the issue.

The Help Desk staff is available during the State of Indiana business hours from 8am-5pm. Help Desk requests may be submitted 24/7 and will be acted upon when received or if received after hours, the next business day.



The screenshot shows a web browser window titled "Help Desk". The content includes a list of services provided, contact information, and a note about call center hours. A red box highlights the contact information.

Help Desk

The EDW Help Desk provides technical assistance for:

- FSSA EDW Portal navigation and general inquiries
- Data-related questions
- Creating, saving and running reports
- Cognos functionality and use

To Contact the EDW Help Desk:

EDW Help Desk

For assistance contact the EDW Help Desk staff at:
Email: edw-helpdesk.fssa@fssa.in.gov
Phone: (317) 405-3129

Note: Call Center hours are 8:00 A.M. to 5:00 P.M. Mon-Fri, with the exception of state-identified holidays

Document Information and Revision History

This section establishes the **FSSA EDW Portal and Query Studio Training** revision log that summarizes changes to the document. It provides a historical record and perspective of the project.

Version	Date	Author/Approver	Action/Notes
1	February 2018	Optum	New Document Created for the State of Indiana
2	02/2021	Optum	Updated images
3	08/2021	Optum/LR	Updated images