

Domain 1 Patient Engagement Data Request

Suffolk Care Collaborative 2bix Observation Projects

Request: Please return the attached SCC excel template via BOX by the SCC Quarterly Report Due Date listed in the table below.

For BOX questions or access related inquiries, please contact Janine Muccio, Janine.Muccio@stonybrookmedicine.edu

Patient Group: Medicaid Patient Data (Medicaid may be Primary, Secondary or Tertiary Insurance)

Time Period:

SCC Quarterly Report Due Date	Reporting Time Period
July 12, 2019	April 1, 2019 – June 30, 2019
October 11, 2019	April 1, 2019 – September 30, 2019
January 17, 2020	April 1, 2019 – December 31, 2019
April 17, 2020	April 1, 2019 – March 31, 2020

Project 2bix: Hospital Observation Program Development

Patient Engagement Definition: As per the definition of actively engaged, patient engagement refers to the number of participating patients who are utilizing the OBS services that meet project requirements. Duplicate counts of patients are not allowed within 1 DSRIP measurement year. Counts are not additive across DSRIP years.

The following constitutes one utilization unit of the observation services, all patients with an APG rate code 1402 billed with CPT/HCPCS code G0378 (without regard to units [hours] attached to the G0378). It should not be limited to this code, since this code will vary by hospital. Please assure in the report specifications this was an “OBS” patient.

Patients transferred to an Inpatient Status from the Observation Status will NOT count, and should not be reported.

In addition to Medical Observation patients, Psychology Observation patients “Psych OBS” or “POB” may be included.

Please see excel template for formatting specifications.

Requested Data Elements:

1. CIN #
2. Patient Last Name
3. Patient First Name
4. DOB
5. Patient Resident Zip Code
6. Location/Site Name
7. Service Site Zip Code
8. Arrival date
9. Discharge date
10. Primary Payor Name
11. Primary Payor Patient ID Number
12. Secondary Payor Name
13. Secondary Payor Patient ID Number

14. Tertiary Payor Name
15. Tertiary Payor Patient ID Number
16. Encounter Type (Observation Program patients only)

Please note the patient engagement metrics and definitions are subject to change.

