

# Domain 1 Patient Engagement Data Request

## Suffolk Care Collaborative Project 3ai Primary & Behavioral Health Integrated Care Program

*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

Counting criteria for all models: A count of patients who meet the criteria over a 1-year measurement period. Duplicate counts of patients are not allowed. The count is not additive across DSRIP year.

### **Project 3ai: Model 1 or 3 – Outpatient Primary Care Practice**

*Patient Engagement Definition:*

The total number of patients receiving appropriate preventive care screenings that include mental health /substance abuse.

Screening tools include:

- PHQ2 or PHQ9
- Edinburgh Postnatal Depression Scale
- SBIRT tools including AUDIT C, DAST and CRAFFT
- Pediatric Symptom Checklist (PSC-Y, PSC-17)

*Data Collection:*

**Preferred Method:** Data abstracted from the clinical EHR

**Alternative Method:** Data can be pulled from CPT codes (96127, 99408, 99409, 96160, 3016F, G0444, G0442, G0396, G0397, H0049, G8431, G8940, G8510, G8511).

**Partners pulling CPT codes 96127, 96160, G0444 must verify patients meet the patient engagement definition prior to submitting their file because these codes are not exclusively assigned to the screening tools listed above.**

**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. Provider Name
9. Provider NPI Number
10. Visit Date
11. Primary Payor Name
12. Primary Payor Patient ID Number
13. Secondary Payor Name
14. Secondary Payor Patient ID Number
15. Tertiary Payor Name
16. Tertiary Payor Patient ID Number

**Patient Engagement metrics and definitions are subject to change by the NYS DOH.**

## **Project 3ai: Model 2 - Behavioral Health Site (mental health or substance abuse site):**

### *Patient Engagement Definition:*

Patient (age 13 and up) received \*primary care services at a Behavioral Health Site (mental health or substance abuse site) from a Primary Care Provider (PCP, NP, PA working closely with PCP).

\*Primary care services are defined as any primary care service provided to the patient (indicated through registered \*\*CPT codes) or any of these primary care screenings:

- Screenings for metabolic syndromes (Diabetes, CVD, High Blood Pressure) including A1C, BMI, waist circumference
- HIV test
- Hepatitis C test
- COPD diagnostic testing (Pulmonary Function Test)
- Pain Assessment
- Health History

*(Data can be abstracted from the clinical EHR or based on \*\*CPT codes as defined by SCC. Refer to 3ai Model 2 Patient Engagement Excel Workbook for CPT Codes located on [www.suffolkcare.org/forpartners/datarequest](http://www.suffolkcare.org/forpartners/datarequest))*

### **Please see excel template for formatting specifications.**

#### Requested Data Elements:

- |                              |                                       |
|------------------------------|---------------------------------------|
| 1. CIN #                     | 10. Primary Payor Patient ID Number   |
| 2. Patient Last Name         | 11. Secondary Payor Name              |
| 3. Patient First Name        | 12. Secondary Payor Patient ID Number |
| 4. DOB                       | 13. Tertiary Payor Name               |
| 5. Patient Resident Zip Code | 14. Tertiary Payor Patient ID Number  |
| 6. Location/Site Name        | 15. Provider Name                     |
| 7. Service Site Zip Code     | 16. Provider NPI Number               |
| 8. Visit Date                | 17. Physician Specialty               |
| 9. Primary Payor Name        | 18. Encounter Medical Service         |