Domain 1 Patient Engagement Data Request
Suffolk Care Collaborative 3ci Diabetes Project

Request: Please return the attached SCC excel template via BOX by July 14, 2017
For BOX questions or access related inquiries, please contact Kelly Tamburello, Kelly.Tamburello@stonybrookmedicine.edu

Patient Grouper: Medicaid Patient Data (Medicaid may be Primary, Secondary or Tertiary Insurance)
Time Period: July 1, 2016 – June 30, 2017

Project 3ci: Diabetes Wellness & Self-Management Program
Patient Engagement Definition: As per the definition of actively engaged, patient engagement refers to the number of participating patients with at least one hemoglobin A1c test within the four most recent quarters. Duplicate counts of patients are not allowed within 1 DSRIP measurement year. Counts are not additive across DSRIP years.

The target population should include individuals:

Age Range: 18 years old and older

1) Who have diabetes based on a principal or secondary ICD-9 diagnosis code of 250.00-250.93 or ICD-10 diagnosis code of E08.____ or E09.____E10.____ or E11.____ or E13.____ (inclusive of all 4th, 5th, 6th, 7th digits)
   OR
2) A1C > 6.5
   OR
3) Are "at-risk" for diabetes based on Table 2.2 of the ADA’s Diabetes Care website indicating the criteria for testing for diabetes or pre-diabetes in asymptomatic adults. It should be noted that to be considered a patient "at-risk" the individual would have to demonstrate sufficient risk factors or clear cut symptoms prior to official diagnosis as outlined in Table 2.2. (http://care.diabetesjournals.org/content/suppl/2015/12/21/39.Supplement_1.DC2/2016-Standards-of-Care.pdf)

Please note the patient engagement metrics and definitions are subject to change by NYS DOH.
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. Arrival Date
11. Discharge Date
12. Visit Date (Practice Only)
13. Primary Payor Name
14. Primary Payor Patient ID Number
15. Secondary Payor Name
16. Secondary Payor Patient ID Number
17. Tertiary Payor Name
18. Tertiary Payor Patient ID Number
19. Diabetes ICD9 Diagnosis Code (if applicable)
20. Diabetes ICD10 Diagnosis Code (if applicable)
21. Date of most recent Hemoglobin A1c Test
22. Hemoglobin A1c test result $\geq 6.5$ (Y/N)
23. Criteria as defined in Table 2.2 (Y/N)

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