|  |  |  |  |
| --- | --- | --- | --- |
| TYPES OF DATA | SOURCE | REPORT OWNER | NOTES / COMMENTS |
|  | **Practice Management**  |  |  |  |
|  | Demographics (Age, Gender, Preferred Language, Race, Ethnicity) | PM Face |  |  |
|  | Payor  | PM Face |  | Are payor options/dropdown specific- for example Medicare vs Medicare Advantage (MA) and each specific MA plan  |
|  | Primary Care Provider | PM Face |  |  |
|  | Care Manager or Behavioral Health Staff | PM Face |  | Some PM will pull this into the face sheet to allow access for all team members  |
|  | Frequency of visits/touches with PCP  | Billing |  |  |
|  | Frequency of visits/touches with Care Manager | Billing |  | Dependent upon submitting a billing code or dummy code |
|  | Chronic disease distribution | Coding |  |  |
|  | Social determinants | Coding |  |  |
|  | Risk status distribution | PM Face |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **EHR**  |  |  |  |
|  | Care Manager or Behavioral Health Staff | Discrete |  | Typically this is pulled from a CM module  |
|  | Risk status distribution | Discrete |  | May be in EHR clinical summary |
|  | Chronic disease distribution | Problem  |  | Some reports may limit what they pull, clarify this  |
|  | Social determinants screen | Discrete |  |  |
|  | Social determinants positive responses | Discrete |  | Clarify if pulls all positive or a limited number |
|  | Medications – number | Med list |  | Clarify that it pulls only Routine Rx – not PRN |
|  | Medication – High Risk | Med list |  | This can be pulled from coding  |
|  | Substance abuse screening | Discrete |  | Define parameters – rolling 12 mos vs calender year |
|  | Substance abuse screen positive | Discrete |  | Define field for results |
|  | Depression screening | Discrete |  | Define specific screen PHQ 2 vs PHQ 9 |
|  | Depression screen score  | Discrete |  |  |
|  | Test completion – lab, mammogram, colonoscopy, xray | Discrete |  | Confirm workflow to enter completion from external sources into discrete field  |
|  | Test results  | Discrete  |  |  |
|  | Quality measure data  | Various |  | Identify specific measure and where data pulls from |
|  |  |  |  |  |
|  |  |  |  |  |
| TYPES OF DATA | SOURCE | REPORTOWNER | NOTES / COMMENTS |
|  | **Registry or Other Data Aggregator**  |  |  | Define where data is pulling from – PM, EHR, Payor, System, HIE |
|  | Chronic disease distribution |  |  |  |
|  | Mental health condition distribution  |  |  |  |
|  | SDOH data  |  |  |  |
|  | Quality measures |  |  |  |
|  | Utilization / Cost  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Payor** |  |  |  |
|  | Attributed lives / members |  |  |  |
|  | Member demographics |  |  |  |
|  | Primary Care Provider |  |  |  |
|  | Payor Care Management / Disease Management  |  |  |  |
|  | Utilization – Cost |  |  |  |
|  | Total Cost of Care |  |  |  |
|  | Hospital Utilization  |  |  |  |
|  |  Inpatient Medical |  |  |  |
|  |  Inpatient Surgical |  |  |  |
|  |  Mental Health |  |  |  |
|  |  Short Stay |  |  |  |
|  | Emergency Department Utilization |  |  |  |
|  | Skilled Nursing Utilization |  |  |  |
|  | Hospice  |  |  |  |
|  | Durable Medical Equipment |  |  |  |
|  | Specialty  |  |  |  |
|  | Pharmacy |  |  |  |
|  | Radiology |  |  |  |
|  | Physical Therapy |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |