

APPENDIX B: HCCI Data Availability

Date Updated: 4/30/2010

County Data Submissions:

Received (✓), Expected (E),

Availability Under Investigation (Unk), Data Do Not Exist or Cannot Be Retrieved (DNE)

	Alameda	Contra Costa	Kern	Los Angeles	Orange	San Diego	San Francisco	San Mateo	Santa Clara	Ventura
ENROLLMENT/ELIGIBILITY FILES										
Date range of data provided: Year One	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Year Two	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unique patient ID	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DEMOGRAPHICS										
Date of birth	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gender	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Race/Ethnicity	✓	✓	✓	✓	✓	✓	✓	✓	✓	dne
Language preferred	✓	✓	✓	✓	✓	dne	✓	✓	✓	✓
Citizenship/legal resident status	✓	✓	✓	dne	✓	dne	✓	✓	✓	dne
Household income	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Number of adults in household	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Number of children in household	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Categorical variable for FPL (e.g., <100%, <200%)	dne	✓	dne	dne	✓	✓	✓	✓	✓	✓
Marital status	✓	✓	✓	✓	dne	dne	✓	✓	✓	dne
Employment status	dne	✓	✓	dne	✓	✓	dne	✓	✓	dne
Education	dne	dne	dne	dne	dne	dne	dne	dne	dne	dne
Country of birth, if foreign born	✓	✓	✓	✓	dne	dne	✓	✓	dne	dne
Length of residence in U.S./year of arrival in U.S., if foreign born	dne	dne	dne	dne	dne	dne	✓	✓	dne	dne
Previous insurance status (private, public, uninsured)	dne	✓	dne	✓	dne	dne	dne	dne	dne	dne
Date/month when lost previous insurance	dne	✓	dne	dne	dne	dne	dne	dne	dne	dne
PROGRAM INFORMATION										
Date of application	✓	✓	dne	DNE	✓	✓	✓	✓	✓	✓
Date of eligibility determination	✓	✓	dne	DNE	✓	dne	✓	✓	✓	✓
Date of enrollment	✓	✓	✓	Proxy	✓	✓	✓	✓	✓	✓
Date of re-eligibility determination	✓	✓	dne	DNE	✓	dne	✓	✓	✓	✓
Date of re-enrollment	✓	✓	✓	DNE	✓	✓	✓	✓	✓	✓
Date of disenrollment	✓	✓	✓	DNE	✓	✓	✓	✓	✓	✓

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PROVIDER/MEDICAL HOME INFORMATION										
Provider / medical home ID code (including all data on changes in medical home)	✓	✓	dne	✓	dne	dne	✓	✓	✓	E
Was the medical home assigned or self-selected? (including all data on changes in medical home)	dne	dne	dne	dne	dne	dne	✓	dne	✓	dne
Setting of medical home (is the medical home a private provider, clinic, hospital, etc?) (including all data on changes in medical home)	✓	✓	✓	✓	✓	✓	✓	dne	✓	✓
Did the enrollee have a prior medical home?	✓	✓	dne	dne	✓	✓	✓	✓	✓	E
Was prior medical home same as the one currently assigned?	✓	✓	dne	dne	✓	✓	✓	✓	✓	E
Provider / medical home name(including all data on changes in medical home)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Address of medical home (including all data on changes in medical home)	✓	✓	dne	✓	dne	dne	dne	dne	✓	E
Provider specialty, if applicable (including all data on changes in medical home)	dne	✓	dne	dne	dne	dne	dne	E	✓	dne
Date medical home assigned/chosen	✓	✓	dne	dne	✓	dne	✓	dne	✓	E
Date medical home changed within HCCI period, if applicable	✓	✓	dne	dne	dne	dne	✓	dne	✓	E
Premium amount paid by enrollee	✓	✓	dne	dne	dne	dne	✓	dne	dne	✓
CLAIMS FILES										
Date range of data provided: Baseline	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Year One	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Year Two	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unique patient ID (same as one in Enrollment/Eligibility files)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Claim ID	✓	✓	dne	dne	✓	✓	✓	dne	✓	✓
Diagnoses (e.g. ICD-9 codes)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Procedure codes (ICD-9, CPT, NDC)	✓	✓	dne	✓	✓	✓	✓	✓	✓	✓
Date of service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Site of service (e.g., hospital, hospital department, clinic, physician's office)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Type of service/claim type (ED, inpatient, outpatient, ancillary, pharmacy, etc.)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Provider ID	✓	✓	✓	✓	✓	✓	✓	✓	✓	dne
Type of individual provider (e.g., physician, NP, pharm, PA, dentist, etc.)	dne	✓	✓	dne	✓	dne	✓	E	✓	dne
Provider specialty for MDs only	dne	✓	✓	dne	✓	✓	✓	E	✓	✓
Date of admission -- inpatient claims only	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Date of discharge -- inpatient claims only	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Type/Source of admission (ER, elective, urgent, etc.) -- inpatient claims only	dne	✓	✓	dne	✓	dne	✓	✓	✓	✓
Number of inpatient days	✓	✓	✓	dne	✓	✓	✓	dne	✓	✓
Discharge status (for inpatient claims) or disposition of claim (for outpatient claims) (e.g., hospital admission, referral, etc.)	✓	✓	✓	dne	dne	dne	✓	✓	✓	dne
Date claim filed	✓	✓	dne	dne	✓	✓	dne	dne	✓	✓
Date claim paid	dne	✓	dne	dne	✓	dne	dne	✓	✓	✓
Dollar amount of claim charged	dne	✓		✓	✓	✓	✓	✓	✓	✓
Dollar amount of claim paid	✓	✓	✓	dne	✓	✓	dne	✓	✓	✓
Cost sharing / co-payment amount paid by patient	dne	✓	dne	dne	✓	dne	✓	✓	dne	dne
Adjustment flag (intended to identify if payment of a claim was later adjusted)	dne	dne	dne	dne	✓	✓	dne	✓	✓	dne

PHARMACY (RX) or PBM DATA

Date range of data provided: Baseline	✓	✓	E	DNE	✓	✓	✓	✓	Unk	DNE
Year One	✓	✓	E	DNE	✓	✓	✓	✓	✓	✓
Year Two	✓	✓	E	DNE	✓	✓	✓	✓	✓	✓
Unique patient ID	✓	✓			✓	✓	✓		✓	✓
Prescription ID	dne	✓			✓	✓	dne		✓	E
Claim ID	✓	✓			✓	✓	dne		dne	dne
Prescribing provider name or ID	✓	✓			✓	✓	dne		✓	E
Medication name / NDC code	dne	✓			✓	✓	✓		✓	✓

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Type / class of medication	dne	dne			✓	dne	dne		✓	✓
Dosage (in mg, mL, etc.)	✓	✓			✓	✓	✓		✓	✓
Quantity (e.g. # of pills, fluid oz, etc), if applicable	✓	✓			✓	✓	✓		✓	✓
Frequency of dosage (1x per day, 2x per day, etc.)	✓	✓			dne	dne	✓		✓	E
Type of administration (oral, injected, etc)	✓	✓			✓	dne	✓		✓	dne
Date filled	✓	✓			✓	✓	✓		✓	✓
Fill location pharmacy ID (or mail order, if applicable)	dne	✓			✓	✓	dne		✓	E
Is this a refill?	dne	✓			✓	✓	dne		✓	E
TAR (treatment authorization) flag	dne	dne			✓	✓	dne		dne	dne
Cost-sharing / co-payment amount for patient	dne	✓			dne	dne	dne		✓	✓

LABORATORY FILES:

Date range of data provided: Baseline	✓	✓	Unk	✓	✓	DNE	✓	✓	Unk	DNE
Year One	✓	✓	✓	✓	✓	✓	✓	✓	Unk	E
Year Two	✓	✓	✓	✓	✓	✓	✓	✓	Unk	E
Unique patient ID	✓	✓	✓	✓	✓	✓	✓	✓		
Claim ID	✓	dne	dne	dne	✓	dne	dne	✓		
Ordering physician ID	dne	✓	✓	dne	✓	dne	dne	dne		
Laboratory ID	dne	dne	✓	dne	✓	dne	dne	dne		
Date of service	✓	✓	✓	✓	✓	✓	✓	✓		
ICD-9 code	✓	dne	✓	✓	✓	dne	dne	dne		
CPT code / test name or type	✓	✓	✓	✓	✓	✓	✓	✓		
Value / reading	✓	✓	✓	✓	✓	✓	✓	✓		From Registry

DISEASE/CASE MANAGEMENT

Date range of data provided: Baseline	DNE	Unk	DNE	DNE	DNE	DNE	DNE	✓	Unk	DNE
Year One	DNE	Unk	DNE	E	DNE	DNE	DNE	✓	Unk	DNE

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Year Two	DNE	Unk	DNE	E	✓	✓	DNE	✓	Unk	DNE
Unique PID					✓	✓		✓		
DM/CM Variables As Available					✓	✓		✓		
NURSE HOTLINE	DNE	Unk	DNE	✓	✓	DNE	DNE	DNE	Unk	DNE
Unique patient ID				dne	dne					
Date of call				✓	✓					
Time of call (time of initiation and end, or length of call if calculated)				dne	dne					
Diagnosis / primary condition				dne	dne					
Reason for call				✓	dne					
Nurse recommendations				✓	✓					
Outcome of call (e.g., ER, hospital admission, etc.)				dne	✓					

DISEASE REGISTRIES

Date range of data provided: Baseline	Unk	Unk	Unk	DNE	DNE	✓	DNE	✓	E	DNE
Year One	Unk	Unk	Unk	E	DNE	✓	DNE	✓	E	✓
Year Two	Unk	Unk	Unk	E	DNE	✓	DNE	✓	E	✓
Unique patient ID						✓		✓		✓
Registry Variables As Available						✓		✓		✓

APPOINTMENT/SCHEDULING DATABASE

Date range of data provided: Baseline	DNE	Unk	Unk	✓	✓	Unk	✓	✓	E	DNE
Year One	DNE	Unk	✓	✓	✓	Unk	✓	✓	E	DNE
Year Two	DNE	Unk	✓	✓	✓	Unk	✓	✓	E	DNE
Unique patient ID			✓	✓	✓		✓	✓		
Referral made (consequence of appointment)			dne	dne	dne		dne	dne		
Referring physician			✓	✓	✓		✓	dne		
Reason for appointment			✓	✓			dne	dne		
Reminder sent			dne	dne	dne		dne	dne		
Date appointment made			✓	✓	✓		✓	✓		
Date of appointment			✓	✓	✓		✓	✓		

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Type of referral (e.g., to specialist, urgent care, etc.)			✓	dne	✓		✓	dne		
Referral flag (is the appointment the result of a referral)			dne	dne	✓		✓	✓		
"No show" flag			✓	✓	dne		✓	dne		

ELECTRONIC MEDICAL RECORD

Date range of data provided: Baseline	DNE	Unk	DNE	DNE	DNE	✓	✓	Unk	DNE	DNE
Year One	DNE	✓	DNE	DNE	DNE	✓	✓	Unk	DNE	DNE
Year Two	DNE	✓	DNE	DNE	DNE	✓	✓	Unk	DNE	DNE
Unique patient ID		✓				✓	✓			
Weight		✓				✓	dne			
Height		✓				✓	dne			
Blood pressure		✓				✓	dne			
Flu shot received in past year?		✓				✓	✓			
Pneumococcal vaccine received in past 5 years?		✓				✓	✓			
Tobacco use		✓				✓	✓			
Levels / types of physical activity		dne				dne	dne			
Dilated retinal exam within past year		✓				✓	dne			
Annual foot exam (microfilament)		✓				✓	dne			
Pap smear within 1 to 3 years		✓				dne	✓			
Mammogram within 1 to 2 years		✓				dne	✓			
Fecal occult blood screening within past year		dne				dne	✓			
Health history (re: heart disease, cancer, diabetes, etc.)		✓				✓	dne			
Other variables or data available in EMR		dne				dne	✓			

PATIENT SATISFACTION / QUALITY OF LIFE DATA

Date range of data provided: Baseline	DNE	Unk	DNE	DNE	DNE	DNE	DNE	DNE	DNE	DNE
Year One	DNE	Unk	DNE	DNE	DNE	DNE	DNE	DNE	DNE	DNE

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Year Two	DNE	Unk	✓	DNE	✓	✓	✓	DNE	DNE	DNE
Unique patient ID and / or visit ID			-		✓	dne	dne			
Date of administration			✓		✓	dne	dne			
Any patient satisfaction or quality of life measures collected			✓		✓	Aggregate	Aggregate			
PROVIDER LISTING	✓	Unk	✓	E	E	✓	✓	✓	E	E
Provider ID codes	✓		dne			✓	✓	✓		
Name	✓		✓			✓	✓	✓		
Address	✓		dne			dne	✓	dne		
Practice facility name/ID	✓		dne			✓	✓	dne		
Practice setting	dne		✓			✓	dne	✓		
Specialty	dne		✓			✓	✓	✓		
Languages spoken in practice	dne		dne			dne	aggregate	dne		
HCCI participation start date	dne		dne			dne	dne	dne		
HCCI participation end date, if applicable	dne		dne			dne	dne	dne		
# of HCCI patients in practice	dne		dne			dne	aggregate	dne		
# of uninsured patients in practice	dne		dne			dne	aggregate	dne		
ALL OTHER DATA SOURCES / VARIABLES AVAILABLE										
Chart Reviews	✓			✓						
Patient reported medical history/status questionnaire							✓	✓		✓