**2020 Innovation/IDS Improvement Fund**

**Data Request Form**

**Instructions**

To assist your organization’s proposal for the 2020 Innovation/IDS Improvement Fund, CNYCC is offering the opportunity to request data that may provide insight into the populations that you wish to serve. Data elements available include demographic information, attribution and clinical data.

For each data set you would like to receive from CNYCC, please fill out a separate Data Request Form.Please submit all data requests to [cnyccsalesforce@gmail.com](mailto:cnyccsalesforce@gmail.com). CNYCC will provide any and all data requests in Microsoft Excel.In order to receive data, all appropriate legal agreements must be in place and on file with CNYCC. If the appropriate agreements are not in place, this will delay the request.

Questions in regards to Data Requests may be sent to [Michele.Jacobson@cnycares.org](mailto:Michele.Jacobson@cnycares.org).

**Please Note: depending on the volume of requests, please allow three (3) weeks turnaround timeframe.**

1. Partner Organization Name: Click or tap here to enter text.
2. Contact Information - Data Requestor – CNYCC will reach out to the person indicated below with any questions and confirmation of the data request
   1. Name: Click or tap here to enter text.
   2. Email: Click or tap here to enter text.
   3. Phone Number: Click or tap here to enter text.
3. Contact Information – Data Receiver if Different than Data Requestor
   1. Name: Click or tap here to enter text.
   2. Email: Click or tap here to enter text.
   3. Phone Number: Click or tap here to enter text.

**Data Requested**Please select the following data elements that you would like included in your data set. There is no limit on the number of data elements that can be selected. **Specify exact details where indicated**

|  |  |
| --- | --- |
| Data Element | Check Box to include in Data Set |
| **Timeframe** | |
| Specific Timeframe: Click or tap here to enter text. |  |
| **Please use whole months – ex. 01/18 to 12/2018** |  |
| **Population Level** | |
| Aggregate (de-identified totals) |  |
| Patient Level\* |  |
|  |  |
| **CNYCC Attribution Model (if Applicable)** | |
| Primary Care |  |
| Behavioral Health |  |
| Health Home |  |
| Developmental Disability/Long Term Care |  |
|  |  |
| **Demographics** | |
| Age: Click or tap here to enter text. |  |
| Gender: Click or tap here to enter text. |  |
| Zip Code: Click or tap here to enter text. |  |
| County: Click or tap here to enter text. |  |
| Race: Click or tap here to enter text. |  |
|  |  |
| **Clinical Data** | |
| Managed Care Assigned PCP |  |
| Diagnoses: Click or tap here to enter text. |  |
| Medications: Click or tap here to enter text. |  |
| Allergies: Click or tap here to enter text. |  |
| Procedures: Click or tap here to enter text. |  |
| ED Visit Count |  |
| PCP Visit Count |  |
| Admission Count |  |
| Location of Services: Click or tap here to enter text. |  |

1. Please provide a description of the data you would like to receive from CNYCC. Please be as specific as possible: Click or tap here to enter text.
2. If requesting Patient Level\* Information, secure file transfer access is required. CNYCC will provide information on how to access the data.