APPENDIX A-5:
Data Abstraction Tool: Care Coordination Measures (CCM-1, CCM-2, CCM-3)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Use of italic and underlined font throughout this tool indicates updated text has been inserted. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) ____________________________________________
2. Provider ID (PROVIDER-ID) ___________________________ (AlphaNumeric)
3. First Name (FIRST-NAME) ____________________________________________
4. Last Name (LAST-NAME) ____________________________________________
5. Birthdate (BIRTHDATE) ____ __ __ - ____ __ __ __
6. Sex (SEX) □ Female □ Male □ Unknown
7. Postal Code What is the postal code of the patient’s residence? (POSTAL-CODE) __ __ __ __ __ __ __ __ __ __
Five or nine digits, HOMELESS, or Non-US
8. Race Code – (MHRACE) Select One Option
   □ R1 American Indian or Alaska Native
   □ R2 Asian
   □ R3 Black/African American
   □ R4 Native Hawaiian or other Pacific Islander
   □ R5 White
   □ R9 Other Race
   □ UNKNOW Unknown/not specified
9. Ethnicity Code – (ETHNICCODE) __ __ __ __ __ __ __ __ __ __ (Alpha 6 characters, numeric is 5 numbers with – after 4th number)
10. Hispanic Indicator- (ETHNIC)
    □ Yes
    □ No
11. Hospital Bill Number (HOSPBILL#) ___________________________ (Alpha/Numeric – field size up to 20)
12. Patient ID i.e. Medical Record Number (PATIENT-ID) __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ (Alpha/Numeric)
13. Admission Date (ADMIT-DATE) ___ - ___ - ___ ___ ___ ___
14. Discharge Date (DISCHARGE-DATE) ___ - ___ - ___ ___ ___ ___
15. Was the patient involved in a clinical trial during this hospital stay relevant to the measure set for this admission? (CLNCLTRIAL)
    □ Yes  (Note: Review continues- there is no exclusion for clinical trial)
    □ No
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16. What was the patient’s discharge disposition on the day of discharge? (DISCHGDISP) (Select One Option)
   - 01 = Home
   - 02 = Hospice - Home
   - 03 = Hospice - Health Care Facility
   - 04 = Acute Care Facility
   - 05 = Other Health Care Facility
   - 06 = Expired (Review Ends)
   - 07 = Left Against Medical Advice / AMA (Review Ends)
   - 08 = Not Documented or Unable to Determine (UTD)

17. What is the patient’s primary source of Medicaid payment for care provided? (PMTSRCE)
   - 103 = Medicaid (includes MassHealth)
   - 104 = Medicaid Managed Care – Primary Care Clinician (PCC) Plan
   - 108 = MCD Managed Care - Fallon Community Health Plan
   - 110 = MCD Managed Care - Health New England
   - 113 = MCD – Neighborhood Health Plan
   - 118 = MCD Managed Care - Mass Behavioral Health Partnership Plan
   - 207/274 = MCD Managed Care - Network Health (Cambridge Health Alliance)
   - 208 = MCD Managed Care - HealthNet (Boston Medical Center)
   - 282 = BMC - MassHealth CarePlus
   - 283 = Fallon - MassHealth CarePlus
   - 284 = NHP - MassHealth CarePlus
   - 285 = Network Health - MassHealth CarePlus
   - 286 = Celticare - MassHealth CarePlus
   - 287 = MassHealth CarePlus
   - 119 = Medicaid Managed Care Other
   - 178 = Children’s Medical Security Plan (CMSP)

18. What is the patient’s MassHealth Member ID? (MHRIDNO) All alpha characters must be upper case

19. Does this case represent part of a sample? (SAMPLE)
   - Yes
   - No

20. Did the patient/ caregiver(s) or the next site of care for a transfer receive a Reconciled Medication List at the time of discharge? (RECOMMEDLIST)
   - Yes
   - No

21. Did the patient/ caregiver(s) or the next site of care for a transfer receive a Transition Record at the time of discharge? (Note: Only abstract from documents given to the patient) (TRREC)
   - Yes
   - No (Skip to Question #33)

22. Does the Transition Record include the Reason for Inpatient Admission? (Note: Must be documented separately from the discharge diagnosis) (INPTADMREAS)
   - Yes
   - No
23. Does the Transition Record include the Medical Procedure(s) and Test(s) and a Summary of Results or documentation of no procedures and tests? Note- If the patient is a transfer to another site of care and copies of procedures and tests were transmitted with the patient, select Yes. (PROCTEST)
   □ Yes
   □ No

24. Does the Transition Record include the Discharge Diagnosis? (Note: Must be documented separately from the Reason for Inpatient Admission) (PRINDXDC)
   □ Yes
   □ No

25. Does the Transition Record include a Current Medication List or documentation of no medications? (MEDLIST)
   □ Yes
   □ No

26. Does the Transition Record include documentation of Studies Pending at Discharge or that no studies were pending? (STUDPENDDC)
   □ Yes
   □ No

27. Does the Transition Record include Patient Instructions? Note- If the patient is a transfer to another site of care and the instructions will be determined at the time of discharge from that site, select Yes. (PATINSTR)
   □ Yes
   □ No

28. Does the Transition Record include documentation of an Advance Care Plan? (ADVCAREPLN) Note: Patients < 18 years of age are excluded from Advance Care Plan.
   □ Yes
   □ No

29. Does the Transition Record include 24 hr/ 7 day Contact Information for questions, concerns, or emergencies related to the inpatient stay? Note- If the patient is a transfer to another site of care, select Yes. (CONTINFOHRDY)
   □ Yes
   □ No

30. Does the Transition Record include Contact Information for obtaining results of Studies Pending at Discharge or documentation that no studies were pending? Note- If documentation of “no studies pending”, select Yes. (CONTINFOSTPEND)
   □ Yes
   □ No

31. Does the Transition Record include a Plan for Follow-up Care related to the inpatient stay OR documentation by a physician of no follow-up care required OR patient is a transfer to another inpatient site of care? (PLANFUP)
   □ Yes
   □ No
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32. Does the Transition Record include the name of the Primary Physician or other Health Care Professional or site designated for follow-up care? (PPFUP)
   - Yes
   - No

33. What was the date documented in the medical record that the Transition Record was transmitted to the next provider or site of care? (Note: For patients transferred to another site of care, the date of discharge may be documented) (TRDATE)

___ ___-___-___-___-___-___-___-___ (MM-DD-YY or UTD)