

**APPENDIX A-1:**  
**Data Abstraction Tool: Substance Use Treatment (SUB-2)**

**INSTRUCTIONS:** Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Updated text throughout this tool is marked by the use of the Emphasis font style. The capital letters in parenthesis represent 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. Race Code - (MHRACE) (Select One Option)
  - ☐ 1 White
  - ☐ 2 Black or African American
  - ☐ 3 American Indian or Alaska Native
  - ☐ 4 Asian or Pacific Islander
  - ☐ 7 UTD
7. Hispanic Ethnicity- (ETHNIC)
  - ☐ Yes
  - ☐ No
8. Patient ID (i.e. Medical Record Number) (PATIENT-ID) \_\_\_\_\_  
(Alpha/Numeric)
9. Admission Date (ADMIT-DATE) \_\_\_\_ - \_\_\_\_ - \_\_\_\_
10. Discharge Date (DISCHARGE-DATE) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

11. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

- ☐ 103 MassHealth FFS Network, MassHealth Limited Plans
- ☐ 103 Primary Care Clinician Management (PCCM) Plan
- ☐ 118 Medicaid Managed Care: Massachusetts Behavioral Health Partnership
- ☐ 103 Medicaid Managed Care: Other (not listed elsewhere)
- ☐ 288 Medicaid Managed Care: WellSense Health Plan
- ☐ 7 Medicaid Managed Care: Tufts Health Plan
- ☐ 311 Medicaid Other ACO
- ☐ 4 Fallon Health-Atrius Health Care Collaborative
- ☐ 4 Berkshire Fallon Health Collaborative
- ☐ 4 Fallon 365 Care
- ☐ 24 Be Healthy Partnership with Health New England
- ☐ 288 East Boston Neighborhood Health WellSense Alliance
- ☐ 288 WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
- ☐ 288 WellSense Boston Children's ACO
- ☐ 288 WellSense Care Alliance
- ☐ 288 WellSense Community Alliance
- ☐ 288 WellSense Mercy Alliance
- ☐ 288 WellSense Signature Alliance
- ☐ 288 WellSense Southcoast Alliance
- ☐ 320 Community Care Cooperative
- ☐ 322 Mass General Brigham Health Plan with Mass General Brigham ACO
- ☐ 323 Steward Health Choice (ACO)
- ☐ 7 Tufts Health Together with UMass Memorial Health
- ☐ 7 Tufts Health Together with Cambridge Health Alliance
- ☐ 328 Tufts Medicine (ACO)

12. What is the patient's MassHealth Member ID? (MHRIDNO)

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(All alpha characters must be upper case)

13. When is the earliest physician/APN/PA documentation of comfort measures only?

- ☐ 1 Day 0 or 1: The earliest day the physician/APN/PA documented comfort measures only was the day of arrival (Day 0) or day after arrival (Day 1). (Review ends)
- ☐ 2 Day 2 or after: The earliest day the physician/APN/PA documented comfort measures only was two or more days after arrival day (Day 2+). (Review ends)
- ☐ 3 Timing unclear: There is physician/APN/PA documentation of comfort measures only during this hospital stay, but whether the earliest documentation of comfort measures only was on day 0 or 1 OR after day 1 is unclear. (Review ends)
- ☐ 4 Not Documented/UTD: There is no physician/APN/PA documentation of comfort measures only, or unable to determine from medical record documentation.

14. What is the patient's alcohol use status?

- ☐ 1 The patient was screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems. (Review Ends)

- ☐ 2 The patient was screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.
  - ☐ 3 The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems. (Review Ends)
  - ☐ 4 The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.
  - ☐ 5 The patient refused the screen for alcohol use within the first day of admission (by end of Day 1). (Review Ends)
  - ☐ 6 The patient was not screened for alcohol use within the first day of admission (by end of Day 1) or unable to determine from medical record documentation. (Review Ends)
  - ☐ 7 The patient was not screened for alcohol use within the first day of admission (by end of Day 1) because of cognitive impairment. (Review Ends)
15. Did patients with a positive screening result for unhealthy alcohol use or alcohol use disorder (abuse or dependence) (alcohol use status =2) receive a brief intervention prior to discharge?
- ☐ 1 The patient received the components of a brief intervention.
  - ☐ 2 The patient refused/declined the brief intervention.
  - ☐ 3 Brief counseling was not offered to the patient during the hospital stay or Unable to Determine (UTD) if a brief intervention was provided from medical record documentation.