

## APPENDIX A-1:

### 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. Updated text throughout this tool is marked by the use of the Emphasis font style. 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)

☐ Male

☐ Assigned/Designated Male at Birth

☐ Female

☐ Assigned/Designated Female at Birth

☐ LGBTQ

☐ Unknown

7. 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

8. Hispanic Indicator (ETHNIC)

☐ Yes

☐ No

9. Patient ID i.e. Medical Record Number (PATIENT-ID) \_\_\_\_\_  
(Alpha/Numeric)

10. Admission Date (ADMIT-DATE) \_\_\_\_-\_\_\_\_-\_\_\_\_

11. Discharge Date (DISCHARGE-DATE) \_\_\_\_-\_\_\_\_-\_\_\_\_

12. 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)

13. 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 (former Boston Medical Center HealthNet Plan)
- ☐ 7 Medicaid Managed Care: Tufts Health Plan
- ☐ 311 Medicaid Other ACO
- ☐ 4 Fallon Health-Atrius Health Care Collaborative (former Tufts Health Together with Atrius Health)
- ☐ 4 Berkshire Fallon Health Collaborative
- ☐ 4 Fallon 365 Care
- ☐ 24 Be Healthy Partnership with Health New England
- ☐ 288 East Boston Neighborhood Health WellSense Alliance (new)
- ☐ 288 WellSense Beth Israel Lahey Health (BILH) Performance Network ACO (former Tufts Health Together with BIDCO)
- ☐ 288 WellSense Boston Children's ACO (former Tufts Health Together with Boston Children's)
- ☐ 288 WellSense Care Alliance (new)
- ☐ 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 (former MGB Healthcare Choice)
- ☐ 323 Steward Health Choice (ACO)
- ☐ 7 Tufts Health Together with UMass Memorial Health (new)
- ☐ 7 Tufts Health Together with Cambridge Health Alliance
- ☐ 328 Tufts Medicine (ACO)

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

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15. Did the patient/ caregiver(s) or the next site of care for a transfer receive a Reconciled Medication List at the time of discharge? (RECONMEDLIST)

- ☐ Yes
- ☐ No

16. 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. If the patient is a transfer, abstract from documentation provided to the next site of care) (TRREC)

- ☐ Yes
- ☐ No (Skip to Question #28)

17. Does the Transition Record include the Reason for Inpatient Admission? (Note: Must be documented separately from the discharge diagnosis) (INPTADMREAS)

- ☐ Yes
- ☐ No

18. Does the Transition Record include the Medical Procedure(s) and Test(s) and a Summary of Results or documentation of no procedures and tests? (PROCTEST)

- ☐ Yes
- ☐ No

19. Does the Transition Record include the Discharge Diagnosis? (Note: Must be documented separately from the Reason for Inpatient Admission) (PRINDXDC)

- ☐ Yes
- ☐ No

20. Does the Transition Record include a Current Medication List or documentation of no medications? (MEDLIST)

☐ Yes

☐ No

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

☐ Yes

☐ No

22. Does the Transition Record include Patient Instructions? (PATINSTR)

- ☐ Yes
- ☐ No

23. 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

24. Does the Transition Record include 24 hr/ 7 day Contact Information for questions, concerns, or emergencies related to the inpatient stay? (CONTINFOHRDY)

- ☐ Yes
- ☐ No

25. 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

26. 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

27. 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

28. Is there documentation in the medical record of patient refusal of transmission to the next site of care, physician, or other health care professional designated for follow-up care? (PATROT)

- ☐ Yes. If yes, review ends.
- ☐ No

29. 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, document the date of discharge) (TRDATE)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ (MM-DD-YY or UTD)