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)
   - Female
   - Male
   - 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 is the patient’s primary source of Medicaid payment for care provided? (PMTSRCE)

- □ 103 Medicaid: Includes MassHealth FFS and MassHealth Limited
- □ 104 Medicaid: Primary Care Clinician (PCC) Plan
- □ 208 Medicaid Managed Care – Boston Medical Center HealthNet Plan
- □ 116, 274 Medicaid Managed Care – Tufts Health Together Plan
- □ 118 Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership
- □ 119 Medicaid Managed Care - Other (not listed elsewhere)
- □ 312 Medicaid: Fallon 365 Care (ACO)
- □ 313 Medicaid: Be Healthy Partnership with Health New England (ACO)
- □ 314 Medicaid: Berkshire Fallon Health Collaborative (ACO)
- □ 315 Medicaid: BMC HealthNet Plan Community Alliance (ACO)
- □ 316 Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)
- □ 317 Medicaid: BMC HealthNet Plan Signature Alliance (ACO)
- □ 318 Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)
- □ 321 Medicaid: My Care Family with Always Health Partners (ACO)
- □ 324 Medicaid: Tufts Health Together with Atrius Health (ACO)
- □ 325 Medicaid: Tufts Health Together with BIDCO (ACO)
- □ 326 Medicaid: Tufts Health Together with Boston Children’s (ACO)
- □ 327 Medicaid: Tufts Health Together with CHA (ACO)
- □ 328 Medicaid: Wellforce Care Plan (ACO)
- □ 320 Medicaid: Community Care Cooperative (ACO)
- □ 322 Medicaid: Partners Healthcare Choice (ACO)
- □ 323 Medicaid: Steward Health Choice (ACO)
- □ 311 Medicaid: Other ACO

13. What is the patient’s MassHealth Member ID? (MHRIDNO) _____________________
(Alpha characters must be upper case)

14. What was the patient’s discharge disposition on the day of discharge? (DISCHARGEDISP)

(Select One Option)

- □ 01 = Home
- □ 02 = Hospice- Home
- □ 03 = Hospice- Health Care Facility
- □ 04 = Acute Care Facility (Review Ends)
- □ 05 = Other Health Care Facility (Review Ends)
- □ 06 = Expired (Review Ends)
- □ 07 = Left Against Medical Advice / AMA
- □ 08 = Not Documented or Unable to Determine (UTD)
15. Is there documentation that the newborn was at term or &ge; 37 completed weeks of gestation at the time of birth? (TRMNB)
   □ Yes
   □ No (Review Ends)

16. Was the newborn admitted to the NICU at this hospital at any time during the hospitalization? (ADMNICU)
   □ Yes (Review Ends)
   □ No

17. Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization? (EXBRSTFD)
   □ Yes
   □ No