

APPENDIX A-3:

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. 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)

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

<input type="checkbox"/> 103	Medicaid: Includes MassHealth FFS and MassHealth Limited	<input type="checkbox"/> 318	Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)
<input type="checkbox"/> 104	Medicaid: Primary Care Clinician (PCC) Plan	<input type="checkbox"/> 321	Medicaid: My Care Family with Neighborhood Health Plan (ACO)
<input type="checkbox"/> 208	Medicaid Managed Care – Boston Medical Center HealthNet Plan	<input type="checkbox"/> 324	Medicaid: Tufts Health Together with Atrius Health (ACO)
<input type="checkbox"/> 116, 207, 274	Medicaid Managed Care – Tufts Health Together Plan	<input type="checkbox"/> 325	Medicaid: Tufts Health Together with BIDCO (ACO)
<input type="checkbox"/> 119	Medicaid Managed Care - Other (not listed elsewhere)	<input type="checkbox"/> 326	Medicaid: Tufts Health Together with Boston Children's (ACO)
<input type="checkbox"/> 312	Medicaid: Fallon 365 Care (ACO)	<input type="checkbox"/> 327	Medicaid: Tufts Health Together with CHA (ACO)
<input type="checkbox"/> 313	Medicaid: Be Healthy Partnership with Health New England (ACO)	<input type="checkbox"/> 328	Medicaid: Wellforce Care Plan (ACO)
<input type="checkbox"/> 314	Medicaid: Berkshire Fallon Health Collaborative (ACO)	<input type="checkbox"/> 320	Medicaid: Community Care Cooperative (ACO)
<input type="checkbox"/> 315	Medicaid: BMC HealthNet Plan Community Alliance (ACO)	<input type="checkbox"/> 322	Medicaid: Partners Healthcare Choice (ACO)
<input type="checkbox"/> 316	Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)	<input type="checkbox"/> 323	Medicaid: Steward Health Choice (ACO)
<input type="checkbox"/> 317	Medicaid: BMC HealthNet Plan Signature Alliance (ACO)	<input type="checkbox"/> 311	Medicaid: Other ACO

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

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)

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- ☐ 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. 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)