

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. 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) ____ - ____ - ____

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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 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 Allways 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

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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)

☐ Yes

☐ No

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

☐ Yes

☐ No

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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)