

APPENDIX A-4: XML Schema Layout for MassHealth Specific Measures (NEWB 3 , SUB 2 , and SUB 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
A header is required at the beginning of each XML file as follows: <?xml version="1.0" encoding="UTF-8" ?>							
<submission>	Opening tag is required.						
	type	Describes the setting for which data is being submitted.	N/A	HOSPITAL	Character	20	Yes
	data	Describes the type of data being submitted.	N/A	CLINICAL	Character	20	Yes
	version	The version of the file layout.	N/A	3.0	Character	20	Yes
	action-code	Describes the intended action of the file being submitted.	N/A	ADD	Character	20	Yes
<file-audit-data> sub-element of the submission data element	Opening tag for file audit data	Note: This tag and the entire <file-audit-data> section are optional in the XML document. If submitted, this tag contains no data. Required if sub-elements are included.					
<create-date> sub-element of the file audit data element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <create-date>05-10-2007</create-date>						
	None	The month, day, and year the XML file was created	N/A	MM-DD-YYYY (Must be a valid date)	Date	10	Yes
<create-time> sub-element of the file audit data element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <create-time>23:01</create-time>						
	None	The hour and minutes representing the time the file was created	N/A	HH:MM (military format with or without colon)	Time	5	Yes
<create-by> sub-element of the file audit data element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <create-by>VendorA</create-by>						
	None	The entity that created the file	N/A		Character	50	Yes
<version> sub-element of the file audit data element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <version>1.0</version>						
	None	The version of the file being submitted	N/A		Character	20	Yes
<create-by-tool> sub-element of the file audit data element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <create-by-tool>CART4.1</create-by-tool>						
	None	Tool used to create the XML file	N/A		Character	50	Yes
</file-audit-data>	Closing tag for file audit data	Note: This tag and the entire <file-audit-data> section are optional in the XML document, but if the opening tag of <file-audit-data> is provided, then this closing tag is required as well.					
<provider> Sub-element of the submission data element	Opening tag for provider	Note: This tag is required in the XML document. However, it contains no data.					

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<provider-id> sub-element of the submission element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <provider-id>1234567890</provider-id>						
	None	Used to identify the provider. This will be either a valid 6-digit Medicare or 10-digit Medicaid provider ID.	Provider ID	Valid 6 or 10 digit ID	Character	10	Yes (Conditionally)
<npi> sub-element of the provider element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <npi>1234567890</npi>						
	None	National Provider Identifier as assigned by CMS Please Note: If the <provider-id> value is NOT provided then a valid <npi> number is REQUIRED.	National Provider Identifier (NPI)	Valid 10 digit NPI Number	Character	10	Yes (Conditionally)
<hcoid> sub-element of the provider element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <hcoid>123456</hcoid>						
	None	Used to identify the healthcare organization	Health Care Organization Identifier	See ORYX Technical Implementation Guide	See ORYX Technical Implementation Guide	See ORYX Technical Implementation Guide	No
<patient> sub-element of the provider element	Opening tag for patient	Note: This tag is required in the XML document. However, it contains no data.					
<first-name> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <first-name>John</first-name>						
	None	The patient's first name	First Name	Patient's First Name	Character	30	Yes
<last-name> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <last-name>Doe</last-name>						
	None	The patient's last name	Last Name	Patient's Last Name	Character	60	Yes
<birthdate> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <birthdate>08-06-1964</birthdate>						
	None	The month, day, and year the patient was born	Birthdate	MM-DD-YYYY (Must be a valid birthdate and cannot equal UTD)	Date	10	Yes
<sex> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <sex>M</sex>						
	None	The patient's sex	Sex	M,F,U	Character	1	Yes
<race> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <race>1</race>						

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XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
	None	Documentation of the patient's race	Race	1,2,3,4,5,7	Numeric	1	Yes

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XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<ethnic> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <ethnic>Y</ethnic>						
	None	Documentation that the patient is Hispanic/Latino/Spanish	Hispanic Indicator	Y,N	Character	1	Yes
<episode-of-care> sub-element of the patient element	Opening tag for episode of care Example with data: <episode-of-care measure-set ="MAT-4">						
	measure-set	The code for the measure set submitted.	Measure set	SUB-2 SUB-3 NEWB-3	Character	22	Yes
<admit-date> sub-element of the episode-of-care element	measure-set						
	None	The month, day, and year of admission for inpatient care	Admission Date	MM-DD-YYYY (Must be a valid date and cannot equal UTD)	Date	10	Yes
<discharge-date> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <discharge-date>04-06-2007</discharge-date>						
	None	The month, day, and year the patient was discharged from acute care, left against medical advice, or expired during this stay.	Discharge Date	MM-DD-YYYY (Must be a valid date and cannot equal UTD)	Date	10	Yes
<pthic> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <pthic>123456789A</pthic>						
	None	HIC# of the patient The patient's Medicare health insurance claim number.	Patient HIC#	· No embedded dashes or spaces or special characters · Must have both alpha and numeric characters · Alpha characters must be upper case · Length cannot be more than 12 or less than 7 characters · For alphanumeric, do not allow all numeric values to be 9's. For example, do not allow 1 alpha + 999999999, etc.	Character	7-12	No

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XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<vendor-tracking-id> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <vendor-tracking-id>123456789012</vendor-tracking-id>						
	None	Used by the vendor to identify the episode of care	Vendor Tracking ID	Up to 100 characters	Character	Up to 100	No
<patient-id> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <patient-id>74185296374185296385</patient-id>						
	None	Identifier used to identify the patient at the hospital	Patient Identifier	Up to 40 characters	Character	Up to 40	Yes
<detail> sub-element of the episode-of-care element	Since this is the opening element, the closing tag for this element will be at the end of the record. Attributes describe the element and are included within the opening and closing <> Example of Yes/No question (refer to Table A for valid answer codes): For discharges 4/1/2007 and forward: <detail answer-code="Y" row-number="0" question-cd="ASPRNRXDIS"> Example of multiple choice question (refer to Table A for valid answer codes): <detail answer-code="3" row-number="0" question-cd="ANTIBIRCVD"> Example of a user-entered code: <detail answer-code="001.9" row-number="0" question-cd="OTHRDX#">						
	answer-code	ID number of the answer	Not a data element itself; each possible answer has its own unique ID	Refer to Table A for valid values	Character	20	Yes
	question-cd	The field name of the question	Not a data element itself; each data element is a question code	Refer to Table A for valid values	Character	20	Yes
	row-number	Used to group answers together for multi-row, multi-column answers	Not a data element itself; used for grouping answers only	0-75 Depending on the number of rows allowed per question. i.e. Antibiotic Name, Date, Time and Route would have rownumber 0 for the first antibiotic, 1 for the second antibiotic, and so on.	Integer		2

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XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<answer-value> Sub-element of detail	The answer value Example: <answer-value>No</answer-value>	The description of the answer-code	Not a data element itself; each answer has a value	Place the answer text here. Examples: Yes No Male Female 01-01-2006 Note: All Dates in this field should be formatted as MM-DD-YYYY	Character	2000	No

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XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
</detail>	Closing tag for detail	Note: This tag is required in the XML document. However, it contains no data.					
</episode-of-care>	Closing tag for episode of care	Note: This tag is required in the XML document. However, it contains no data.					
</patient>	Closing tag for patient	Note: This tag is required in the XML document. However, it contains no data.					
</provider>	Closing tag for provider	Note: This tag is required in the XML document. However, it contains no data.					
</submission>	Closing tag for submission	Note: This tag is required in the XML document. However, it contains no data.					

Retired Elements Effective (v12.0)

<postal-code> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <postal-code>50266</postal-code>						
	None	The postal code of the patient's residence. For USA zip codes, the hyphen is implied. If the patient is determined to not have a permanent residence, then the patient is considered homeless.	Postal Code	(5 or 9 digit without hyphen, "HOMELESS", or Non-US)	Character	9	Yes

Appendix A-4: Table A for MassHealth Specific Measures (NEWB-3, SUB-2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code
<u>Alcohol Use Status</u>	<u>What is the patient's alcohol use status?</u>				
	<u>ALCSTATUS</u>	<u>Alpha</u>	<u>1</u>	<u>1</u>	<u>1</u>
					<u>2</u>
					<u>3</u>
					<u>4</u>
					<u>5</u>
					<u>6</u>
				<u>7</u>	
<u>Birth Weight</u>	<u>What was the weight of the newborn at delivery?</u>				
	<u>BRTHWGT</u>	<u>Alpha</u>	<u>4 or UTD</u>	<u>1</u>	<u>150 through 8165 grams</u> <u>UTD = Unable to Determine</u>
<u>Brief Intervention</u>	<u>Did patients with a positive screening result for unhealthy alcohol use or alcohol use disorder (abuse or dependence) re</u>				
	<u>BRFINTVTN</u>	<u>Alpha</u>	<u>1</u>	<u>1</u>	<u>1</u>
					<u>2</u>
				<u>3</u>	
<u>Comfort Measures Only</u>	<u>When is the earliest physician/APN/PA documentation of comfort measures only?</u>				
	<u>COMFORTMX</u>	<u>Alpha</u>	<u>1</u>	<u>1</u>	<u>1</u>
					<u>2</u>
					<u>3</u>
				<u>4</u>	
Discharge Disposition	<u>What was the patient's discharge disposition on the day of discharge?</u>				
	<u>DISCHGDISP</u>	<u>Alpha</u>	<u>1</u>	<u>1</u>	<u>1</u>
					<u>2</u>
					<u>3</u>
					<u>4</u>
					<u>5</u>
					<u>6</u>
					<u>7</u>
				<u>8</u>	

Appendix A-4: Table A for MassHealth Specific Measures (NEWB-3, SUB-2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code
ICD-10-CM Other Diagnosis Codes	What were the ICD-10-CM other diagnosis codes selected for this medical record?				
	OTHRDX#	Character	3-7	24	ICD-10-CM Diagnosis code, without decimal point or dot, upper or lower case
ICD-10-PCS Other Procedure Codes	What were the ICD-10-PCS code(s) selected as other procedure(s) for this record?				
	OTHRPX#	Character	3-7	24	ICD-10-PCS Procedure code, without decimal point or dot, upper or lower case
ICD-10-PCS Other Procedure Dates	What were the date(s) the other procedure(s) were performed?				
	OTHRPX#DT	Date	10	24	User Entered (MM-DD-YYYY)
ICD-10-CM Principal Diagnosis Code	What was the ICD-10-CM code selected as the principal diagnosis for this record?				
	PRINDX	Character	3-7	1	ICD-10-CM Diagnosis code, without decimal point or dot, upper or lower case
ICD-10-PCS Principal Procedure Code	What was the ICD-10-PCS code selected as the principal procedure for this record?				
	PRINPX	Character	3-7	1	ICD-10-PCS Procedure code, without decimal point or dot, upper or lower case
ICD-10-PCS Principal Procedure Date	What was the date the principal procedure was performed?				
	PRINPXDATE	Date	10	1	User Entered (MM-DD-YYYY)
MassHealth Member ID	What is the patient's MassHealth Member ID?				
	MHRIDNO	Alpha	20	1	All alpha characters must be upper case
Payer Source	What is the patient's primary source of Medicaid payment for care provided?				
	PMTSRCE	Alpha	3	1	103
					103
					118
					147
					288
					7
					311
					4
					24
					4
					288
					288
288					
288					

Appendix A-4: Table A for MassHealth Specific Measures (NEWB-3, SUB-2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code
					320
					322
					323
					<u>910</u>
					<u>Z</u>
					<u>Z</u>
					<u>Z</u>
					<u>Z</u>
					328
<u>Prescription for Alcohol or Drug Disorder Medication</u>	<u>Was one of the FDA approved medications for alcohol or drug disorder prescribed at discharge?</u> <u>RXALCDRGMED</u>	<u>Alpha</u>	<u>1</u>	<u>1</u>	<u>1</u>
					<u>2</u>
					<u>3</u>
					<u>4</u>
Provider Name	What is the name of the provider of acute care inpatient services? PROVNAME	Alpha	60	1	User Entered
Race	What is the patient's self-reported race? MHRACE	Alpha	2-6	1	R1
					R2
					R3
					R4
					R5
					R9
					UNKNOW
<u>Referral for Addictions Treatment</u>	<u>Was a referral for addictions treatment made for the patient prior to discharge?</u> <u>REFADDTX</u>	<u>Alpha</u>	<u>1</u>	<u>1</u>	<u>1</u>
					<u>2</u>
					<u>3</u>
					<u>4</u>
					<u>5</u>
<u>Term Newborn</u>	<u>Is there documentation that the newborn was at term or >= 37 completed weeks of gestation at the time of birth?</u> <u>TRMNB</u>	<u>Alphanumeric</u>	<u>1</u>	<u>1</u>	<u>1</u>
					<u>2</u>
					<u>3</u>

Appendix A-4: Table A for MassHealth Specific Measures (NEWB-3, SUB-2,3)

Answer Value

<u>1- Validated Tool, No/Low Risk</u>
<u>2 - Validated Tool, Moderate/High Risk</u>
<u>3- Non-validation tool, No/Low Risk</u>
<u>4- Non-validation tool, Moderate/High Risk</u>
<u>5- Patient Refused</u>
<u>6- Not Screened/ UTD</u>
<u>7- Cognitive Impairment</u>

<u>150 through 8165 grams</u>
<u>UTD = Unable to Determine</u>

<u>ceive a brief intervention prior to discharge:</u>
<u>The patient received the components of a brief intervention.</u>
<u>The patient refused/declined the brief intervention.</u>
<u>Brief counseling was not offered to the patient during the hospital stay or unable to determine if a brief intervention was provided from medical record documentation.</u>

<u>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).</u>
<u>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+).</u>
<u>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.</u>
<u>Not Documented/UTD: There is no physician/APN/PA documentation of comfort measures only, or unable to determine from medical record documentation.</u>

Home
Hospice - Home
Hospice - Health Care Facility
Acute Care Facility
Other Health Care Facility
Expired
Left Against Medical Advice/AMA
Not Documented or Unable to Determine (UTD)

Appendix A-4: Table A for MassHealth Specific Measures (NEWB-3, SUB-2,3)

Answer Value
ICD-10-CM Diagnosis code, without decimal point or dot. Allows up to 24 rows
ICD-10-PCS Procedure code, without decimal point or dot. Allows up to 24 rows
User Entered (MM-DD-YYYY). Allows up to 24 rows
ICD-10-CM Diagnosis code, without decimal point or dot
ICD-10-PCS Procedure code, without decimal point or dot
User Entered (MM-DD-YYYY). All records with a principal procedure
All alpha characters must be upper case

MassHealth FFS Network, MassHealth Limited Plans
Primary Care Clinician Management (PCCM) Plan
Medicaid Managed Care: Massachusetts Behavioral Health Partnership
Medicaid Managed Care: Other (not listed elsewhere)
Medicaid Managed Care: Boston Medical Center HealthNet Plan
Medicaid Managed Care: Tufts Health Together Plan
Medicaid Other ACO
Fallon 365 Care
Be Healthy Partnership with Health New England
Berkshire Fallon Health Collaborative
<u>Well Sense Community Alliance</u> (former BMC Health Net Community Alliance)
<u>Well Sense Mercy Alliance</u> (former BMC Health Net Mercy Alliance)
<u>Well Sense Signature Alliance</u> (former BMC Health Net Signature Alliance)
<u>Well Sense Southcoast Alliance</u> (former BMC Health Net Southcoast Alliance)

Appendix A-4: Table A for MassHealth Specific Measures (NEWB-3, SUB-2,3)

Answer Value
Community Care Cooperative
<u>MGB Healthcare Choice (former Partners Healthcare Choice)</u>
Steward Health Choice
My Care Family – <u>MGB Health Plan (former Always Health Partners)</u>
Tufts Health Together with Atrius Health
Tufts Health Together with BIDCO
Tufts Health Together with Boston Children's
Tufts Health Together with Cambridge Health Alliance
Tufts Medicine Care Plan (former Tufts Wellforce Care Plan)

<u>1- Yes</u>
<u>2- Patient Refused</u>
<u>3- Discharge outside US/court/jail/law enforcement</u>
<u>4 - No/ UTD</u>

User Entered

American Indian or Alaska Native
Asian
Black/African American
Native Hawaiian or Pacific Islander
White
Other Race
Unknown

<u>1- Yes</u>
<u>2- No Appointment Made</u>
<u>3- Patient Refused/ No Referral Made</u>
<u>4-Discharge outside US/court/jail/law enforcement</u>
<u>5- No/ UTD</u>

<u>Yes</u>
<u>No</u>
<u>UTD</u>

Appendix A-4: Table A for MassHealth Specific Measures (**NEWB-3**, **SUB-2,3**)

Applicable Measure(s)
<u>SUB-2, SUB-3</u>
<u>NEWB-3</u>
<u>SUB-2</u>
<u>SUB-2, SUB-3</u>
<u>SUB-3, NEWB-3</u>

Appendix A-4: Table A for MassHealth Specific Measures (**NEWB-3**, **SUB-2,3**)

Applicable Measure(s)
All Records with more than one Diagnosis Code
All Records with more than one Procedure Code
All Records with more than one Procedure Code
All Records
All records with a principal procedure
All records with a principal procedure
All Records
All Records

Appendix A-4: Table A for MassHealth Specific Measures (**NEWB-3**, **SUB-2,3**)

Applicable Measure(s)
<u>SUB-3</u>
All Records
All Records
<u>SUB-3</u>
<u>NEWB-3</u>

Appendix A-4: Table B for MassHealth Specific Measures (MAT 4, NEWB 3, and CCM 1, 2,3,SUB 2, 3)

Question	Field Name	Valid Values	Value Descriptions
MH Race	MHRACE	R1	American Indian or Alaska Native
		R2	Asian
		R3	Black/African American
		R4	Native Hawaiian or Pacific Islander
		R5	White
		R9	Other Race
		UNKNOW	Unknown