

APPENDIX A-5: XML Schema Layout for MassHealth Specific Measures (SUB 2, SUB 3, MAT 4, NEWB 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 | 4.0 | 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. | | | | | |
| | | | | | | | |

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|--|--|--|-------------------------------------|---|---|---|----------------------------|
| <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. | | | | | |
| <provider-id> 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: <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 |
| <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 |
| <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> | | | | | | |
| | None | Documentation of the patient's race | Race | 1.2.3.4.7 | Numeric | 1 | Yes |

APPENDIX A-5: XML Schema Layout for MassHealth Specific Measures (SUB 2, SUB 3, MAT 4, NEWB 3)

| 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 <i>Ethnicity</i> 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 ="SUB"> | | | | | | |
| | measure-set | The code for the measure set submitted. | Measure set | SUB MAT-4 NEWB-3 | Character | 22 | Yes |
| <admit-date> 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): | | | | | | |
| | 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 |

APPENDIX A-5: XML Schema Layout for MassHealth Specific Measures (SUB 2, SUB 3, MAT 4, NEWB 3)

| XML Element | Attributes | Description | Data Element | Valid Values | Data Types | Field Size | Data Required (MassHealth) |
|--|---|--|---|---|------------|------------|----------------------------|
| <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# | <ul style="list-style-type: none"> 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 |
| <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 |

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| XML Element | Attributes | Description | Data Element | Valid Values | Data Types | Field Size | Data Required (MassHealth) |
|---|--|--|---|---|------------|------------|--|
| | 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 | Yes Default to 0. For multiple answer options, add 1 to the row number for each additional answer |
| <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 |
| </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. | | | | | |
| | | | | | | | |
| <i>Retired Elements Effective (v2.1)</i> | | | | | | | |
| <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> NOTE: There are 6 valid values and they can select all that apply. Can occur up to 5 times but the field size for each occurrence is "1." If value "6" is selected then no other value should be selected. | | | | | | |
| | None | The patient's sex | Sex | 1,2,3,4,5,6 | Character | 1 | Yes |

Appendix A-5: Table A for MassHealth Specific Measures (SUB 2, SUB 3, MAT 4, NEWB 3)
Effective for Q1-2025 discharges

| Element Name | QUESTION/ Field Name | Data Type | Length | Occurrence | Answer Code | Answer Value | Applicable Measure(s) |
|----------------------------------|---|-----------|----------|------------|---|--|---|
| Alcohol Use Status | What is the patient's alcohol use status? ALCSTATUS | Alpha | 1 | 1 | 1 2 3 4 5 6 7 | Validated Tool, No/Low Risk Validated Tool, Moderate/High Risk Non-validation tool, No/Low Risk Non-validation tool, Moderate/High Risk Patient Refused Not Screened/ UTD Cognitive Impairment | SUB-2, SUB-3 |
| Birth Weight | What was the weight of the newborn at delivery? BRTHWGT | Alpha | 4 or UTD | 1 | 150 through 8165 grams UTD = Unable to Determine | 150 through 8165 grams UTD = Unable to Determine | NEWB-3 |
| Brief Intervention | Did patients with a positive screening result for unhealthy alcohol use or alcohol use disorder (abuse or dependence) receive a brief intervention prior to discharge? BRFINTVTN | Alpha | 1 | 1 | 1 2 3 | The patient received the components of a brief intervention. The patient refused/declined the brief intervention. 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. | SUB-2 |
| Comfort Measures Only | When is the earliest physician/APN/PA documentation of comfort measures only? COMFORTMX | Alpha | 1 | 1 | 1 2 3 4 | 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). 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+). 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. Not Documented/UTD: There is no physician/APN/PA documentation of comfort measures only, or unable to determine from medical record documentation. | SUB-2, SUB-3 |
| Discharge Disposition | What was the patient's discharge disposition on the day of discharge? DISCHGDISP | Alpha | 1 | 1 | 1 2 3 4 5 6 7 8 | 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) | NEWB-3, SUB-3 |
| Gestational Age | How many weeks of gestation were completed at the time of delivery? GESTAGE | Alpha | 3 or UTD | 1 | In completed weeks; do not round up. Two digit number with no leading zero or "UTD". | In completed weeks; do not round up. Two digit number with no leading zero or "UTD". | MAT-4 |
| 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-CM Diagnosis code, without decimal point or dot. Allows up to 24 rows | All Records with more than one Diagnosis Code |
| 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 Procedure code, without decimal point or dot. Allows up to 24 rows | All Records with more than one Procedure Code |
| 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) | User Entered (MM-DD-YYYY). Allows up to 24 rows | All Records with more than one Procedure Code |

Appendix A-5: Table A for MassHealth Specific Measures (SUB 2, SUB 3, MAT 4, NEWB 3)
Effective for Q1-2025 discharges

| Element Name | QUESTION/ Field Name | Data Type | Length | Occurrence | Answer Code | Answer Value | Applicable Measure(s) |
|--|---|-----------|--------|------------|--|---|--|
| 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-CM Diagnosis code, without decimal point or dot | All Records |
| | | | | | | | |
| 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 Procedure code,without decimal point or dot | All records with a principal procedure |
| | | | | | | | |
| ICD-10-PCS Principal Procedure Date | What was the date the principal procedure was performed? | | | | | | |
| | PRINPXDATE | Date | 10 | 1 | User Entered (MM-DD-YYYY) | User Entered (MM-DD-YYYY). All records with a principal procedure | All records with a principal procedure |
| | | | | | | | |
| MassHealth Member ID | What is the patient's MassHealth Member ID? | | | | | | |
| | MHRIDNO | Alpha | 20 | 1 | All alpha characters must be upper case | All alpha characters must be upper case | All Records |
| | | | | | | | |
| Payer Source | What is the patient's primary source of Medicaid payment for care provided? | | | | | | |
| | PMTSRCE | Alpha | 1 to 3 | 1 | 103 103 118 103 288 7 311 4 4 4 24 288 288 288 288 288 288 288 288 320 322 323 7 7 328 | 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: WellSense Health Plan Medicaid Managed Care: Tufts Health Plan Medicaid Other ACO Fallon Health-Atrius Health Care Collaborative Berkshire Fallon Health Collaborative Fallon 365 Care Be Healthy Partnership with Health New England East Boston Neighborhood Health WellSense Alliance WellSense Beth Israel Lahey Health (BILH) Performance Network ACO WellSense Boston Children's ACO WellSense Care Alliance WellSense Community Alliance WellSense Mercy Alliance WellSense Signature Alliance WellSense Southcoast Alliance Community Care Cooperative Mass General Brigham Health Plan with Mass General Brigham ACO with Mass General Brigham (ACO) Steward Health Choice (ACO) Tufts Health Together with UMass Memorial Health Tufts Health Together with Cambridge Health Alliance Tufts Medicine (ACO) | All Records |
| | | | | | | | |
| Prescription for Alcohol or Drug Disorder Medication | Was one of the FDA approved medications for alcohol or drug disorder prescribed at discharge? | | | | | | |
| | RXALCDRGMED | Alpha | 1 | 1 | 1 | Yes | SUB-3 |
| | | | | | 2 | Patient Refused | |
| | | | | | 3 | Discharge outside US/court/jail/law enforcement | |
| | | | | | 4 | No/ UTD | |
| | | | | | | | |
| Provider Name | What is the name of the provider of acute care inpatient services? | | | | | | |
| | PROVNAME | Alpha | 60 | 1 | User Entered | User Entered | All Records |
| | | | | | | | |

Appendix A-5: Table A for MassHealth Specific Measures (SUB 2, SUB 3, MAT 4, NEWB 3)
Effective for Q1-2025 discharges

| Element Name | QUESTION/ Field Name | Data Type | Length | Occurrence | Answer Code | Answer Value | Applicable Measure(s) |
|-----------------------------------|---|--------------|--------|------------|-------------|---|-----------------------|
| Previous Births | Did the patient experience a birth prior to the current hospitalization? | | | | | | |
| | NUMPB | Alpha | 1 | 1 | Y | Yes | MAT- 4 |
| | | | | | N | No | |
| | | | | | | | |
| Referral for Addictions Treatment | Was a referral for addictions treatment made for the patient prior to discharge? | | | | | | |
| | REFADDTX | Alpha | 1 | 1 | 1 | Yes | SUB-3 |
| | | | | | 2 | No Appointment Made | |
| | | | | | 3 | Patient Refused/ No Referral Made | |
| | | | | | 4 | Discharge outside US/court/jail/law enforcement | |
| | | | | | 5 | No/ UTD | |
| | | | | | | | |
| Term Newborn | Is there documentation that the newborn was at term or >= 37 completed weeks of gestation at the time of birth? | | | | | | |
| | TRMNB | Alphanumeric | 1 | 1 | 1 | Yes | NEWB-3 |
| | | | | | 2 | No | |
| | | | | | 3 | UTD | |
| | | | | | | | |

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Effective for Q1-2025 discharges

| Element Name | QUESTION/ Field Name | Data Type | Length | Occurrence | Answer Code | Answer Value | Applicable Measure(s) |
|---|--|-----------|--------|------------|-------------|-------------------------------------|-----------------------|
| Retired Elements effective v3.0 | | | | | | | |
| Advance Care Plan | Does the Transition Record include documentation of an Advance Care Plan? | | | | | | |
| | ADVCAREPLN | Alpha | 1 | 1 | Y N | Yes No | CCM-2 |
| Contact Information 24 hrs/ 7 days | Does the Transition Record include 24 hr/ 7 day Contact Information for questions, concerns, or emergencies related to the inpatient stay? | | | | | | |
| | CONTINFOHRDY | Alpha | 1 | 1 | Y N | Yes No | CCM-2 |
| Contact Information for Studies Pending at Discharge | Does the Transition Record include Contact Information for obtaining results of studies pending at discharge or documentation that there were no studies pending at discharge? | | | | | | |
| | CONTINFOSTPEND | Alpha | 1 | 1 | Y N | Yes No | CCM-2 |
| Current Medication List | Does the Transition Record include a Current Medication List or documentation of no medications? | | | | | | |
| | MEDLIST | Alpha | 1 | 1 | Y N | Yes No | CCM-2 |
| Discharge Diagnosis | Does the Transition Record include the Discharge Diagnosis? | | | | | | |
| | PRINDXDC | Alpha | 1 | 1 | Y N | Yes No | CCM-2 |
| Medical Procedures and Tests | Does the Transition Record include the Medical Procedure(s) and Test(s) and a Summary of Results? | | | | | | |
| | PROCTEST | Alpha | 1 | 1 | Y N | Yes No | CCM-2 |
| Patient Instructions | Does the Transition Record include Patient Instructions? | | | | | | |
| | PATINSTR | Alpha | 1 | 1 | Y N | Yes No | CCM-2 |
| Patient Refusal | 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 | Alpha | 1 | 1 | Y N | Yes No | CCM-3 |
| Plan for Follow Up Care | Does the Transition Record include a Plan for Follow-Up Care related to inpatient stay OR documentation by a physician of no follow-up care required OR patient is a transfer to another site of care? | | | | | | |
| | PLANFUP | Alpha | 1 | 1 | Y N | Yes No | CCM-2 |
| Primary Physician / Health Care Professional for Follow Up Care | Does the Transition Record include the name of the Primary Physician or other Health Care Professional or site designated for follow-up care? | | | | | | |
| | PPFUP | Alpha | 1 | 1 | Y N | Yes No | CCM-2 |
| Race | What is the patient's self-reported race? | | | | | | |
| | MHRACE | Alpha | 2-6 | 1 | R1 | American Indian or Alaska Native | All Records |
| | | | | | R2 | Asian | |
| | | | | | R3 | Black/African American | |
| | | | | | R4 | Native Hawaiian or Pacific Islander | |
| | | | | | R5 | White | |
| | | | | | R9 | Other Race | |
| | | | | | UNKNOW | Unknown | |

Appendix A-5: Table A for MassHealth Specific Measures (SUB 2, SUB 3, MAT 4, NEWB 3)
Effective for Q1-2025 discharges

| Element Name | QUESTION/ Field Name | Data Type | Length | Occurrence | Answer Code | Answer Value | Applicable Measure(s) |
|--------------------------------|---|-----------|--------|------------|--|---------------------------------------|-----------------------|
| Reason for Inpatient Admission | Does the Transition Record include the Reason for Inpatient Admission? | | | | | | |
| | INPTADMREAS | Alpha | 1 | 1 | Y | Yes | CCM-2 |
| | | | | | N | No | |
| | | | | | | | |
| Reconciled Medication List | Did the patient/caregiver receive a copy of the reconciled medication list at the time of discharge? | | | | | | |
| | RECONMEDLIST | Alpha | 1 | 1 | Y | Yes | CCM-1 |
| | | | | | N | No | |
| | | | | | | | |
| Studies Pending at Discharge | Does the Transition Record include documentation of Studies Pending at Discharge or that no studies were pending? | | | | | | |
| | STUDPENDDC | Alpha | 1 | 1 | Y | Yes | CCM-2 |
| | | | | | N | No | |
| | | | | | | | |
| Transition Record | Did the patient/ caregiver(s) or next site of care for a transfer receive a transition record at the time of discharge? | | | | | | |
| | TRREC | Alpha | 1 | 1 | Y | Yes | CCM-2 |
| | | | | | N | No | |
| | | | | | | | |
| Transmission Date | What is the date documented in the medical record that the Transition Record was transmitted? | | | | | | |
| | TRDATE | Date | 10 | 1 | User Entered Date (MM-DD-YYYY or UTD) | User Entered Date (MM-DD-YYYY or UTD) | CCM-3 |
| | | | | | | | |