APPENDIX A-6: XML Schema Layout for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, 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	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.					

APPENDIX A-6: XML Schema Layout for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
\<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
\<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 elected then no other value should be selected.*						
	None	The patient's sex	Sex	*1,2,3,4,5,6*	Character	1	Yes

APPENDIX A-6: XML Schema Layout for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
\<race\> sub-element of the patient element	**Example with data:** **\<race\>1\</race\>**	Each element must have a closing tag that is the same as the opening tag but with a forward slash.					
	None	Documentation of the patient's race	Race	1,2,3,4,5,7	Numeric	1	Yes

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	CCM 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
\<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

APPENDIX A-6: XML Schema Layout for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 3)

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	Yes Default to 0. For mulitple answer options, add 1 to the row number for each additional answer

APPENDIX A-6: XML Schema Layout for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 3)

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

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

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code
Alcohol Use Status	What is the patient's alcohol use status?				
	ALCSTATUS	Alpha	1	1	1
					2
					3
					4
					5
					6
					7
Advance Care Plan	Does the Transition Record include documentation of an Advance Care Plan?				
	ADVCAREPLN	Alpha	1	1	Y
					N
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
Brief Intervention	Did patients with a positive screening result for unhealthy alcohol use or alcohol use disorder (abuse or dependence)				
	BRFINTVTN	Alpha	1	1	1
					2
					3
Comfort Measures Only	When is the earliest physician/APN/PA documentation of comfort measures only?				
	COMFORTMX	Alpha	1	1	1
					2
					3
					4
Contact Information 24 hrs/ 7 days	Does the Transition Record include 24 hr/ 7 day Contact Information for questions, concerns, or emergencies related				
	CONTINFOHRDY	Alpha	1	1	Y
					N
Contact Information for Studies Pending at Discharge	Does the Transition Record include Contact Information for obtaining results of studies pending at discharge or docum				
	CONTINFOSTPEND	Alpha	1	1	Y
					N
Current Medication List	Does the Transition Record include a Current Medication List or documentation of no medications?				
	MEDLIST	Alpha	1	1	Y
					N
Discharge Diagnosis	Does the Transition Record include the Discharge Diagnosis?				
	PRINDXDC	Alpha	1	1	Y
					N
Discharge Disposition	What was the patient's discharge disposition on the day of discharge?				
	DISCHGDISP	Alpha	1	1	1

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code
					2
					3
					4
					5
					6
					7
					8
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".

Appendix A-6: Table A for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 3)
Effective for Q3-2023 discharges

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
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

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code
Patient Instructions	Does the Transition Record include Patient Instructions?				
	PATINSTR	Alpha	1	1	Y
					N
Patient Refusal	Is there documentation in the medical record of patient refusal of transmission to the next site of care, physician, or ot				
	PATROT	Alpha	1	1	Y
					N
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

Appendix A-6: Table A for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 3)
Effective for Q3-2023 discharges

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code
Plan for Follow Up Care	Does the Transition Record include a Plan for Follow-Up Care related to inpatient stay OR documentation by a physic				
	PLANFUP	Alpha	1	1	Y
					N
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
					2
					3
					4
Previous Births	Did the patient experience a birth prior to the current hospitalization?				
	NUMPB	Alpha	1	1	Y
					N
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 desig				
	PPFUP	Alpha	1	1	Y
					N
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
Reason for Inpatient Admission	Does the Transition Record include the Reason for Inpatient Admission?				
	INPTADMREAS	Alpha	1	1	Y
					N
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
					N
Referral for Addictions Treatment	Was a referral for addictions treatment made for the patient prior to discharge?				
	REFADDTX	Alpha	1	1	1
					2
					3
					4
					5
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

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code
					N
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
					2
					3
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
					N
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)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code
					Retire
Admission to the NICU	Was the newborn admitted to the NICU at this hospital at any time during the hospitalization?				
	ADMNICU	Alpha	1	1	Y
					N
Born in this Facility	Was the newborn born in this facility?				
	BORNFAC	Alpha	1	1	Y
					N
Comfort Measures Only	Is there documentation for comfort measures only?				
	CMO	Alpha	1	1	Y
					N
DVT Prophylaxis for Cesarean Delivery	Was DVT prophylaxis administered to the patient prior to Cesarean delivery?				
	DVTP	Alpha	1	1	Y
					N
Exclusive Breast Milk Feeding	Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization?				
	EXBRSTFD	Alpha	1	1	Y
					N
Ethnicity	What is the patient's self-reported ethnicity?				
	ETHNICCODE	Alpha	6	1	Alpha 6 characters or numeric is 5 numbers with a hyphen after the 4th number (####-#) (see Table B)
Hospital Bill Number	What is the patient's hospital bill number?				
	HOSPBILL#	Alpha	20	1	Hospital internal billing number. This is a required field.
Newborn Bilirubin Screening	Is there documentation the infant received a serum or transcutaneous bilirubin screen prior to discharge?				
	BILISCRN	Alpha	1	1	1
					2
					3
Previous Live Births	Did the patient experience a live birth prior to the current hospitalization?				
	NUMPLB	Alpha	1	1	Y
					N
Sample	Does this case represent part of a sample?				
	SAMPLE	Alpha	1	1	Y
					N

Appendix A-6: Table A for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 3)
Effective for Q3-2023 discharges

Answer Value	Applicable Measure(s)
Validated Tool, No/Low Risk	SUB-2, SUB-3
Validated Tool, Moderate/High Risk	
Non-validation tool, No/Low Risk	
Non-validation tool, Moderate/High Risk	
Patient Refused	
Not Screened/ UTD	
Cognative Impairment	
Yes	CCM-2
No	
150 through 8165 grams UTD = Unable to Determine	NEWB-3
receive a brief intervention prior to discharge?	
The patient received the components of a brief intervention.	SUB-2
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.	
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 arr	SUB-2, SUB-3
Day 2 or after: The earliest day the physician/APN/PA documented comfort measures only was two or more days after arrival day (Da	
Timing unclear: There is physician/APN/PA documentation of comfort measures only during this hospital stay, but whether the earlies	
Not Documented/UTD: There is no physician/APN/PA documentation of comfort measures only, or unable to determine from medica	
to the inpatient stay?	
Yes	CCM-2
No	
nentation that there were no studies pending at discharge?	
Yes	CCM-2
No	
Yes	CCM-2
No	
Yes	CCM-2
No	
Home	CCM, NEWB-3, SUB-3

Appendix A-6: Table A for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 3)
Effective for Q3-2023 discharges

Answer Value	Applicable Measure(s)
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)	
In completed weeks; do not round up. Two digit number with no leading zero or "UTD".	MAT-4

Appendix A-6: Table A for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 3)
Effective for Q3-2023 discharges

Answer Value	Applicable Measure(s)
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-PCSProcedure code,without decimal point or dot Allows up to 24 rows	All Records with more than one Procedure Code
User Entered (MM-DD-YYYY). Allows up to 24 rows	All Records with more than one Procedure Code
ICD-10-CM Diagnosis code, without decimal point or dot	All Records
ICD-10-PCS Procedure code,without decimal point or dot	All records with a principal procedure
User Entered (MM-DD-YYYY). All records with a principal procedure	All records with a principal procedure
All alpha characters must be upper case	All Records
Yes	CCM-2
No	

Answer Value	Applicable Measure(s)
Yes	CCM-2
No	
her health care professional designated for follow-up care?	
Yes	CCM-3
No	
MassHealth FFS Network, MassHealth Limited Plans	All Records
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)	

Appendix A-6: Table A for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 3)
Effective for Q3-2023 discharges

Answer Value	Applicable Measure(s)
ian of no follow-up care required OR patient is a transfer to another site of care?	
Yes	CCM-2
No	
Yes	SUB-3
Patient Refused	
Discharge outside US/court/jail/law enforcement	
No/ UTD	
Yes	MAT- 4
No	
nated for follow-up care?	
Yes	CCM-2
No	
User Entered	All Records
American Indian or Alaska Native	All Records
Asian	
Black/African American	
Native Hawaiian or Pacific Islander	
White	
Other Race	
Unknown	
Yes	CCM-2
No	
Yes	CCM-1
No	
Yes	SUB-3
No Appointment Made	
Patient Refused/ No Referral Made	
Discharge outside US/court/jail/law enforcement	
No/ UTD	
Yes	CCM-2

Appendix A-6: Table A for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 3)
Effective for Q3-2023 discharges

Answer Value	Applicable Measure(s)
No	
Yes	NEWB-3
No	
UTD	
Yes	CCM-2
No	
User Entered Date (MM-DD-YYYY or UTD)	CCM-3

Answer Value	Applicable Measure(s)
ed Elements	
Yes	NEWB-1
No	
Yes	NEWB-2
No	
Yes	NEWB-2
No	
Yes	MAT-5
No	
Yes	NEWB-1
No	
Alpha 6 characters or numeric is 5 numbers with a hyphen after the 4th number (####-#) (see Table B)	All Records
Hospital internal billing number. This is a required field.	All Records
1-Yes	NEWB-2
2- Parental Refusal	
3- No or UTD	
Yes	MAT-4
No	
Yes	Required minimum demographic- All Records
No	

Appendix A-6: Table B for MassHealth Specific Measures (CCM 1, CCM 2, CCM 3, SUB 2, SUB 3, MAT 4, NEWB 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