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) ___ ___-___ ___-___ ___ ___ ___
12. What was the patient’s discharge disposition on the day of discharge? (DISCHARGDISP)

(Select One Option)

- 01 = Home
- 02 = Hospice- Home
- 03 = Hospice- Health Care Facility
- 04 = Acute Care Facility
- 05 = Other Health Care Facility
- 06 = Expired
- 07 = Left Against Medical Advice / AMA
- 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 Always 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

14. What is the patient’s MassHealth Member ID? (MHRIDNO)

_______________________________

(All alpha characters must be upper case)
15. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.09)
   □ At least one on Table 11.09 (Review Ends)
   □ None on Table 11.09

16. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.08)
   □ None on Table 11.08 (Review Ends)
   □ At least one on Table 11.08

17. How many weeks of gestation were completed at the time of delivery? (GESTAGE)
   Weeks: ____ ____
   (in completed weeks; do not round up)(enter 2 digit numeric value with no leading 0, or UTD)
   UTD ____ (if UTD or if gestational age is <37 weeks, Review Ends)

18. How many deliveries resulting in a live birth did the patient experience prior to current hospitalization?
   (NUMPLB) __________ (if > 0 or UTD, Review Ends)

19. ICD-10-PCS Principal or Other Procedure Codes (Table 11.06)
   □ None on Table 11.06
   □ At least one on Table 11.06