APPENDIX A-5: XML Schema Layout for Measures Files (MAT 1, MAT 2a,2b, MAT 3, CCM1, CCM 2, CCM 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.					

APPENDIX A-5: XML Schema Layout for Measures Files (MAT 1, MAT 2a,2b, MAT 3, CCM1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
\<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 o**r** 10 digit national provider ID. Please Note: If the \<npi\> number is NOT provided then a valid \<provider-id\> value is REQUIRED.	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

APPENDIX A-5: XML Schema Layout for Measures Files (MAT 1, MAT 2a,2b, MAT 3, CCM1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
\<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\>**						
	None	Documentation of the patient's race	Race	1,2,3,4,5,7	Numeric	1	Yes
\<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
\<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
\<episode-of-care\> sub-element of the patient element	Opening tag for episode of care	**Example with data:** **\<episode-of-care measure-set ="MAT-1"\>**					
	measure-set	The code for the measure set submitted.	Measure set	MAT-1 MAT-2 MAT-3 CCM	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

APPENDIX A-5: XML Schema Layout for Measures Files (MAT 1, MAT 2a,2b, MAT 3, CCM1, CCM 2, CCM 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#	· 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

APPENDIX A-5: XML Schema Layout for Measures Files (MAT 1, MAT 2a,2b, MAT 3, CCM1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<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
<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.					

Appendix A-5: Table A for All Measures
(MAT 1, MAT 2a,2b, MAT 3, and CCM 1, 2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Admission Time	At what time was the mother admitted to the labor and delivery unit?						
	TIMEADMLABDEL	Time	5	1	User Entered Time (with or without colon, HH:MM Military Time or UTD)	User Entered Time (with or without colon, HH:MM Military Time or UTD)	MAT-1
Advance Care Plan	Does the Transition Record include documentation of an Advance Care Plan?						
	ADVCAREPLN	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Amniotic Membrane Rupture 18 or more hours	Were the amniotic membranes ruptured for 18 or more hours?						
	AMNMEMBRUPT	Alpha	1	1	Y	Yes	MAT-1
					N	No	
Antibiotic Administration Date	What was the date of administration for the antibiotic dose?						
	DTABX	Date	10	1	User Entered Date (MM-DD-YYYY or UTD)	User Entered Date (MM-DD-YYYY or UTD)	MAT-1, MAT 2a
Antibiotic Administration Time	What was the time of administration for the antibiotic dose?						
	TMABX	Time	5	1	User Entered Time (with or without colon, HH:MM Military Time or UTD)	User Entered Time (with or without colon, HH:MM Military Time or UTD)	MAT-1, MAT 2a
Antibiotic Name	MAT-1 What is the name of the IV antibiotic administered for GBS prophylaxis? MAT-2b What is the antibiotic name of the IV antibiotic administered for Cesarean section surgical prophylaxis?						
	NAMEABX	Alpha	2	1	MAT-1 Permitted Values: 1 2 3 5 6 7 MAT-2b Permitted Values: 1 2 3 4 Please Note: You are required to submit the numerical code with no leading zeros from the relevant above list, not the Antibiotic Name. e.g. If the antibiotic administered for a MAT-1 case was Clindamycin, then the NAMEABX value should equal "3".	MAT-1 Permitted Antibiotics: 1 = Ampicillin 2 = Cefazolin 3 = Clindamycin 5 = Penicillin 6 = Vancomycin 7 = Other MAT-2b Permitted Antibiotics: 1 = Ampicillin 2 = Cefazolin 3 = Gentamycin 4 = Other For crosswalk of Trade and Generic Names, consult Table 2.1 of Appendix C of the NHIQM Specifications Manual.	MAT- 1, MAT 2b

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Cesarean Delivery	Is there documentation that a Cesarean Delivery prior to Onset of Labor with Intact Membranes performed?						
	CDELIVERY	Alpha	1	1	Y	Yes	MAT-1
					N	No	
Cesarean Section Incision Time	At what time was the initial incision made for the Cesarean Section?						
	INITINCISIONTIME	Time	5	1	User Entered Time (with or without colon, HH:MM Military Time or UTD)	User Entered Time (with or without colon, HH:MM Military Time or UTD)	MAT-2a
Cesarean Section Start Date	On what date did the Cesarean Section procedure start?						
	CSECTDATE	Date	10	1	User Entered Date (MM-DD-YYYY or UTD)	User Entered Date (MM-DD-YYYY or UTD)	MAT-2a
Clinical Trial	During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied?						
	CLNCLTRIAL	Alpha	1	1	Y	Yes	All Records
					N	No	
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	Yes	CCM-2
					N	No	
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	Yes	CCM-2
					N	No	
Current Medication List	Does the Transition Record include a Current Medication List *or documentation of no medications?*						
	MEDLIST	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Delivery Date	On what date was the Infant delivered?						
	INFDELDATE	Date	10	1	User Entered Date (MM-DD-YYYY or UTD)	User Entered Date (MM-DD-YYYY or UTD)	MAT-1
Delivery Time	At what time was the infant delivered?						
	INFDELTIME	Time	5	1	User Entered Time (with or without colon, HH:MM Military Time or UTD)	User Entered Time (with or without colon, HH:MM Military Time or UTD)	MAT-1
Discharge Diagnosis	Does the Transition Record include the Discharge Diagnosis?						
	PRINDXDC	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Discharge Disposition	What was the patient's discharge disposition on the day of discharge?						
	DISCHGDISP	Alpha	1	1	1	Home	All Records
					2	Hospice - Home	
					3	Hospice - Health Care Facility	
					4	Acute Care Facility	
					5	Other Health Care Facility	
					6	Expired	
					7	Left Against Medical Advice/AMA	
					8	Not Documented or Unable to Determine (UTD)	

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
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)	Alpha 6 characters or numeric is 5 numbers with a hyphen after the 4th number (####-#) (see Table B)	All Records
GBS Bacteriuria	Did the mother have GBS bacteriuria at any time during this pregnancy?						
	GBSBACTPREG	Alpha	1	1	Y	Yes	MAT-1
					N	No	
GBS Screening	Documentation of results of the mother's vaginal and rectal screening culture for GBS performed at 35 weeks 0 days – 37 weeks 6 days gestation or within 5 weeks prior to birth.						
	GBSRSLTS	Alpha	1	1	P	Positive	MAT-1
					N	Negative	
					U	UTD (Unknown)	
Gestational Age	What was the infant's gestational age at the time of delivery?						
	GESTAGE	Alpha	3	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-1, MAT-3
Gestational Age < 37 weeks	Is there documentation that the gestational age of the infant at the time of delivery was less than 37 weeks?						
	GESTAGEWEEKS	Alpha	1	1	Y	Yes	MAT-1
					N	No	
Hospital Bill Number	What is the patient's hospital bill number?						
	HOSPBILL#	Alpha	20	1	Hospital internal billing number. This is a required field.	Hospital internal billing number. This is a required field.	All Records
ICD-9-CM Other Diagnosis Codes	What were the ICD-9-CM other diagnosis codes selected for this medical record?						
	OTHRDX#	Alpha	6	24	ICD-9-CM Diagnosis code, with or without decimal	ICD-9-CM Diagnosis code, with or without decimal. Allows up to 24 rows	All Records with more than one Diagnosis Code
ICD-9-CM Other Procedure Codes	What were the ICD-9-CM code(s) selected as other procedure(s) for this record?						
	OTHRPX#	Alpha	5	24	ICD-9-CM Procedure code, with or without decimal	ICD-9-CM Procedure code, with or without decimal. Allows up to 24 rows	All Records with more than one Procedure Code
ICD-9-CM 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
ICD-9-CM Principal Diagnosis Code	What was the ICD-9-CM code selected as the principal diagnosis for this record?						
	PRINDX	Alpha	6	1	ICD-9-CM Diagnosis code, with or without decimal	ICD-9-CM Diagnosis code, with or without decimal	All Records
ICD-9-CM Principal Procedure Code	What was the ICD-9-CM code selected as the principal procedure for this record?						
	PRINPX	Alpha	5	1	ICD-9-CM Procedure code,	ICD-9-CM Procedure code, with or without decimal	All records with a principal procedure

Appendix A-5: Table A for All Measures
(MAT 1, MAT 2a,2b, MAT 3, and CCM 1, 2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
ICD-9-CM 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
Infection Prior to Cesarean Section	Is there documentation that the patient had a confirmed or suspected infection during this hospitalization prior to the Cesarean section or that the patient's amniotic membranes were ruptured for 18 or more hours?						
	CONFSUSPINFECT	Alpha	1	1	Y	Yes	MAT-2a, MAT-2b
					N	No	
Intrapartum Antibiotics	Is there documentation that the patient received IV antibiotics for GBS prophylaxis in the intrapartum period?						
	ABXINTRAPARTUM	Alpha	1	1	Y	Yes	MAT-1
					N	No	
Intrapartum Temperature	Is there documentation that a temperature taken on the mother during the intrapartum period was greater than or equal to 100.4 F (38.0 C)?						
	INTRAPARTTEMP	Alpha	1	1	Y	Yes	MAT-1
					N	No	
IV Antibiotic for Cesarean Section Prophylaxis	Is there documentation that the patient received an IV antibiotic for Cesarean section surgical prophylaxis?						
	ABXCSECTION	Alpha	1	1	Y	Yes	MAT-2a, MAT-2b
					N	No	
IV Antibiotic (Non-GBS)- MAT-1	Is there documentation that the patient received an IV antibiotic for a reason other than GBS or cesarean section prophylaxis within 24 hours prior to delivery?						
	PRENINFANTIB	Alpha	1	1	Y	Yes	MAT-1
					N	No	
IV Antibiotic (Non-GBS)- MAT-2a,2b	Is there documentation that the patient received an IV antibiotic for a reason other than GBS or Cesarean section prophylaxis within 24 hours prior to surgical incision time?						
	PROPHYLAXCSECT	Alpha	1	1	Y	Yes	MAT-2a, MAT-2b
					N	No	
Labor	Is there documentation by the clinician that the patient was in labor?						
	ACTLABOR	Alpha	1	1	Y	Yes	MAT-3
					N	No	
Live Newborn	Is there documentation that the mother delivered a live newborn?						
	DELLIVENB	Alpha	1	1	Y	Yes	MAT-1
					N	No	
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
Maternal Allergies	Is there documentation that the patient has allergies, sensitivities, or intolerances to any of the recommended antibiotic classes for this measure?						
	ANTIALLERGY	Alpha	1	1	Y	Yes	MAT-1, MAT-2b
					N	No	
MedicalProcedures and Tests	Does the Transition Record include the Medical Procedure(s) and Test(s) and a Summary of Results?						
	PROCTEST	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Other Surgeries	Were there any other procedures requiring general or spinal anesthesia that occurred within three days prior to or after the principal procedure during this hospital stay?						
	OTHERSURG	Alpha	1	1	Y	Yes	MAT-2a, MAT-2b
					N	No	
Patient Instructions	Does the Transition Record include Patient Instructions?						
	PATINSTR	Alpha	1	1	Y	Yes	CCM-2
					N	No	

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Payer Source	What is the patient's primary source of Medicaid payment for care provided?						
	PMTSRCE	Alpha	3	1	103	103-Medicaid (includes MassHealth)	All Records
					104	104-Medicaid Managed Care - Primary Clinicians (PCC)	Effective with Q1- 2012 discharges, measures data collection and reporting files must include all the allowable Medicaid payer source code values in bolded text in addition to 103 and 104.
					108	108- Medicaid Managed Care- Fallon Community Health Plan	
					110	110- Medicaid Managed Care- Health New England	
					113	113- Medicaid Managed Care- Neighborhood Health Plan	
					118	118- Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership	
					207	207- Network Health Alliance MCD Program	
					208	208- HealthNet- Boston medical Center MCD Program	
					119	119- Medicaid Managed Care Other	
					98	98- Healthy Start	
					178	178- Children's Medical Security Plan (CMSP)	
Physician 1							
	PHYSICIAN_1	Alpha	50	1	User Entered	User Entered	Optional
Physician 2							
	PHYSICIAN_2	Alpha	50	1	User Entered	User Entered	Optional
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	Yes	CCM-2
					N	No	
Previous Infant with Invasive GBS	Is there documentation that the patient delivered a previous infant with invasive GBS disease?						
	PREVINFGBS	Alpha	1	1	Y	Yes	MAT-1
					N	No	
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	Yes	CCM-2
					N	No	
Prior Uterine Surgery	Is there documentation that the patient had undergone prior uterine surgery?						
	PRIORUTSURG	Alpha	1	1	Y	Yes	MAT-3
					N	No	
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 All Measures
(MAT 1, MAT 2a,2b, MAT 3, and CCM 1, 2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
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	
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	
Sample	Does this case represent part of a sample?						
	SAMPLE	Alpha	1	1	Y	Yes	Required minimum demographic- All Records
					N	No	
Spontaneous Rupture of Membranes	Is there documentation that the patient had spontaneous rupture of membranes (SROM) before medical induction and/ or cesarean section?						
	SPONTRUPTMEMB	Alpha	1	1	Y	Yes	MAT-3
					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

Appendix A-5: Table A for All Measures
(MAT 1, MAT 2a,2b, MAT 3, and CCM 1, 2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Retired Elements Effective (v 5.0)							
Point of Origin for Admission or Visit	ADMSNSRC	Alpha	1	1	1	1 Non-Health Care Facility Point of Origin	Optional
					2	2 Clinic	
					4	4 Transfer From a Hospital (Different Facility)	
					5	5 Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)	
					6	6 Transfer from another Health Care Facility	
					7	7 Emergency Room (this facility)	
					8	8 Court/Law Enforcement	
					9	9 Information Not Available	
					D	D Transfer from one distinct unit of the hospital to another in the same hospital (separate claims)	
					E	E Transfer from Ambulatory Surgery Center	
					F	F Transfer from Hospice	
What is the patient's Social Security number?	SOCSEC#	Alpha	9	1	No dashes	No dashes	MAT-1, MAT-2, MAT-2a, MAT-2b
What is the unique measurement system-generated number that identifies this episode of care?	CID	Numeric	9	1	User entered	Value greater than (0) assigned by the system	All Records (Optional)
Was there a Maternity Delivery ICD-9-CM diagnosis code selected for this record?	ICD9MATDELCODE	Alpha	1	1	Y	Yes	MAT-1 (Optional)
					N	No	
Was there a Cesarean Delivery ICD-9-CM procedure code selected for this record?	ICD9CSECTDELCODE	Alpha	1	1	Y	Yes	MAT-2a, MAT-2b (Optional)
					N	No	
Was a planned Cesarean Delivery performed?	PLANCSECTION	Alpha	1	1	Y	Yes	MAT-1
					N	No	
Was there a principal or secondary ICD-9-CM diagnosis code indicating a birth weight of	LWBRTHWGTORGESTAGE	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Was the mother's age less then 18 years old?	LT18YEARS	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Was mother transferred in?	TRANSFIN	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Was mother transferred out?	TRANSFOUT	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Was there documentation of one or more of the following contraindications to administer	CTRAANTENATSTR	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Maternal thyrotoxicosis	MATTHYROTOX	Alpha	1	1	Y	Yes	NICU-1
					N	No	

Appendix A-5: Table A for All Measures
(MAT 1, MAT 2a,2b, MAT 3, and CCM 1, 2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Maternal cardiomyopathy	MATCARDIOM	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Active maternal infection or choriamnionitis	MATINFORCHORIAM	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Ruptured membranes and imminent delivery within 6-12 hours	RUPTMEMANDDEL	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Fetal demise	FETALDEMISE	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Mother with tuberculosis	MOTHTUBERCULOS	Alpha	1	1	Y	Yes	NICU-1
					N	No	
Other reasons as documented by physician, nurse practitioner, or physician assistant	OTHRREASNDOC	Alpha	1	1	Y	Yes	NICU-1
					N	No	
What was the infant's birth weight in grams?	BIRTHWEIGHT	Alpha	4	1	No leading zeros or UTD	No leading zeros or UTD	NICU-1
What was the infant's gestational age? (in	GESTAGEDAYS	Numeric	1	1	In completed days, 0-6	In completed days, 0-6	NICU-1
Did the mother receive antenatal steriods (corticosteroids administered IM or IV) during	RECVANTENATSTR	Alpha	1	1	Y	Yes	NICU-1
					N	No	
<td colspan="8" align="center">Retired Elements Effective (v 3.0)</td>
Was "other" antibiotic selected?	OTHERABX	Alpha	1	1	Y	Yes	MAT-1, MAT-2
					N	No	
If yes, was "other" antibiotic specifically documented as being used for prophylaxis?	DOCPROPHYLAX	Alpha	1	1	Y	Yes	MAT-1, MAT-2
					N	No	

Appendix A-5: Table B for MAT-1, MAT-2a, 2b, MAT 3, and CCM 1, 2,3 Measures

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
Ethnicity Code	ETHNICCODE	2182-4	Cuban
		2184-0	Dominican
		2148-5	Mexican, Mexican American, Chicano
		2180-8	Puerto Rican
		2161-8	Salvadoran
		2155-0	Central American (not specified)
		2165-9	South American (not specified)
		2060-2	African
		2058-6	African American
		AMERCN	American
		2028-9	Asian
		2029-7	Asian Indian
		BRAZIL	Brazilian
		2033-9	Cambodian
		CVERDN	Cape Verdean
		CARIBI	Caribbean Island
		2034-7	Chinese
		2169-1	Columbian
		2108-9	European
		2036-2	Filipino
		2157-6	Guatemalan
		2071-9	Haitian
		2158-4	Honduran
		2039-6	Japanese
		2040-4	Korean
		2041-2	Laotian
		2118-8	Middle Eastern
		PORTUG	Portuguese
		RUSSIA	Russian
		EASTEU	Eastern European
		2047-9	Vietnamese
		OTHER	Other Ethnicity
		UNKNOW	Unknown / not specified