

Measurement Period  
 Baseline = 1/1/06 – 12/31/06; PY1 = 7/1/07 - 6/30/08;  
 PY2 = 7/1/08 - 6/30/09; PY3 7/1/09 - 6/30/10

## Data Abstraction Definitions Demographics

DATA ELEMENTS/ VARIABLE NAMES	INSTRUCTIONS (DEFINITIONS, VALID VALUES)	INCLUSIONS/SYNONYMS	EXCLUSIONS
Abstraction Date [ABSTRACTDATE]	Instruction: Enter the date (i.e., today's date) the office/clinic record is abstracted in MM/DD/YYYY format.  <i>This field will automatically populate when you save your entry for the patient if the date field has been left blank.</i>	None	None
Medicare ID Number [PATIDHIC]	Instruction: Enter the patient's Medicare/HIC number if the patient is a Medicare consumer (Medicare/HIC numbers include both alpha AND numeric characters).  <i>This field will be pre-populated with the patient's Medicare HIC.</i>	None	None
First Name [FIRSTNAME]	Instruction: Enter the patient's first name.  <i>This field will be pre-populated with the patient's first name.</i>	None	None
Last Name [LASTNAME]	Instruction: Enter the patient's last name.  <i>This field will be pre-populated with the patient's last name.</i>	None	None
Gender [GENDER]	Instruction: Select the patient's gender. <b>Male (1):</b> Select this option if the patient is male. <b>Female (2):</b> Select this option if the patient is female. <b>Unknown (3):</b> Select this option if the patient's gender is unknown.  <i>This field will be pre-populated with the patient's gender.</i>	<ul style="list-style-type: none"> <li>• <b>Male</b> – symbol for male, he, him, his, M</li> <li>• <b>Female</b> – symbol for female, she, her, F</li> </ul> <b>Abbreviations: WDW</b> equals well developed white male. <b>WDBF</b> equals well developed black female.	None
Birth Date [DATEOFBIRTH]	Instruction: Enter the patient's date of birth in MM/DD/YYYY format.  <i>This field will be pre-populated with the patient's birth date.</i>	None	None
Medical Record Number [MRNUMBER]	Instruction: Enter the patient's medical record number.  <i>This field will be pre-populated with the patient's medical record number.</i>	None	None
Other ID Number [PATIDOTHER]	Instruction: If patient has insurance in addition to Medicare, enter the other insurance ID number.	None	None
Provider Name, Number [PROVIDERNUMBER]	Instruction: Enter the name and numeric identification code of the primary care provider (i.e., NPI - (National Provider Identifier).  <i>This field will be pre-populated with the NPI of the practitioner that has provided the majority of care as shown by submitted claims. This field may be modified by the abstractor.</i>	None	None