

APPENDIX A-3:

Data Abstraction Tool: Elective Delivery < 39 Weeks Gestation (MAT-3)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Use of ***italic and underlined font*** throughout this tool indicates updated text has been inserted. 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. Postal Code What is the postal code of the patient's residence? (POSTAL-CODE) _____
(Five or nine digits, HOMELESS, or Non-US)
8. 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
9. Ethnicity Code - (ETHNICODE) _____
(Alpha 6 characters, numeric is 5 numbers with – after 4th number)
10. Hispanic Indicator- (ETHNIC)
 - Yes
 - No
11. Hospital Bill Number (HOSPBILL#) _____
(Alpha/Numeric – field size up to 20)
12. Patient ID (i.e. Medical Record Number) (PATIENT-ID) _____ (Alpha/Numeric)
13. Admission Date (ADMIT-DATE) ____ - ____ - _____
14. Discharge Date (DISCHARGE-DATE) ____ - ____ - _____
15. 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

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08 = Not Documented or Unable to Determine (UTD)

16. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

<input type="checkbox"/> 103	Medicaid (includes MassHealth)	<input type="checkbox"/> 282	<u>BMC- MassHealth CarePlus</u>
<input type="checkbox"/> 104	Medicaid Managed Care – Primary Care Clinician (PCC) Plan	<input type="checkbox"/> 283	<u>Fallon- MassHealth CarePlus</u>
<input type="checkbox"/> 108	MCD Managed Care - Fallon Community Health Plan	<input type="checkbox"/> 284	<u>NHP- MassHealth CarePlus</u>
<input type="checkbox"/> 110	MCD Managed Care - Health New England	<input type="checkbox"/> 285	<u>Network Health- MassHealth CarePlus</u>
<input type="checkbox"/> 113	MCD – Neighborhood Health Plan	<input type="checkbox"/> 286	<u>Celticare- MassHealth CarePlus</u>
<input type="checkbox"/> 118	MCD Managed Care - Mass Behavioral Health Partnership Plan	<input type="checkbox"/> 287	<u>MassHealth CarePlus</u>
<input type="checkbox"/> 207/274	MCD Managed Care- Network Health (Cambridge Health Alliance)	<input type="checkbox"/> 119	Medicaid Managed Care Other
<input type="checkbox"/> 208	MCD Managed Care - HealthNet (Boston Medical Center)	<input type="checkbox"/> 178	Children's Medical Security Plan (CMSP)

17. What is the patient's MassHealth Member ID? (MHRIDNO)

_____ (All alpha characters must be upper case)

18. Does this case represent part of a sample? (SAMPLE)

- Yes
 No

19. ICD-9-CM Principal or Other **Diagnosis** Codes (Table 11.07)

- At least one on Table 11.07 (Review Ends)
 None on Table 11.07

20. Was the patient involved in a clinical trial during this hospital stay relevant to the measure set for this admission (CLNCLTRIAL)

- Yes (Review Ends)
 No

21. What was the infant's gestational age 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 or >= 39 weeks, Review Ends)

22. ICD-9-CM Principal or Other Diagnosis Codes (Table 11.06.1)

- At least one on Table 11.06.1 (Review Ends)
 None on Table 11.06.1

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23. ICD-9-CM Principal or Other Procedure Codes (Table 11.05)

- At least one on Table 11.05 (Review Ends)
- None on Table 11.05

24. ICD-9-CM Principal or Other Procedure Codes (Table 11.06)

- At least one on Table 11.06
- None on Table 11.06 (Review Ends)

25. Is there documentation by the clinician that the patient was in labor?

- Yes (Review Ends)
- No

26. **Is there documentation that the patient had undergone prior uterine surgery? (PRIORUTSURG)**

Note: see data dictionary for inclusion definitions and terms

Yes

No