APPENDIX A-4:
Data Abstraction Tool: Cesarean Birth, NTSV (MAT-4)

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 represent 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. 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

7. Hispanic Indicator- (ETHNIC)
   - ☐ Yes
   - ☐ No

8. Patient ID (i.e. Medical Record Number) (PATIENT-ID) __ __ __ __ __ __ __ __ __ __ __ (Alpha/Numeric)

9. Admission Date (ADMIT-DATE)   ___ ___-___ ___-___ ___ ___ ___

10. Discharge Date (DISCHARGE-DATE)   ___ ___-___ ___-___ ___ ___ ___

11. 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)

12. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)
   - ☐ 103   MassHealth FFS Network, MassHealth Limited Plans
   - ☐ 103   Primary Care Clinician Management (PCCM) Plan
   - ☐ 118   Medicaid Managed Care: Massachusetts Behavioral Health Partnership
   - ☐ 103   Medicaid Managed Care: Other (not listed elsewhere)
   - ☐ 288   Medicaid Managed Care: WellSense Health Plan
   - ☐ 7   Medicaid Managed Care: Tufts Health Plan
   - ☐ 311   Medicaid Other ACO
   - ☐ 4   Fallon Health-Atrius Health Care Collaborative
   - ☐ 4   Berkshire Fallon Health Collaborative
   - ☐ 4   Fallon 365 Care
   - ☐ 24   Be Healthy Partnership with Health New England
   - ☐ 288   East Boston Neighborhood Health WellSense Alliance
   - ☐ 288   WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
   - ☐ 288   WellSense Boston Children's ACO
   - ☐ 288   WellSense Care Alliance
   - ☐ 288   WellSense Community Alliance
   - ☐ 288   WellSense Mercy Alliance
   - ☐ 288   WellSense Signature Alliance
   - ☐ 288   WellSense Southcoast Alliance
   - ☐ 320   Community Care Cooperative
   - ☐ 322   Mass General Brigham Health Plan with Mass General Brigham ACO with Mass General Brigham (ACO)
   - ☐ 323   Steward Health Choice (ACO)
   - ☐ 7   Tufts Health Together with UMass Memorial Health
   - ☐ 7   Tufts Health Together with Cambridge Health Alliance
   - ☐ 328   Tufts Medicine (ACO)

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

   _____

   (All alpha characters must be upper case)

14. 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

15. 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

16. *ICD-10-CM Principal or Other Diagnosis Codes (Table 11.10)*
   ☐ *None on Table 11.10*
   ☐ *At least one on Table 11.10*

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. Did the patient experience a birth prior to the current hospitalization? (NUMPB)
   ☐ Yes (Review Ends)
   ☐ No

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