

## Appendix A-4:

### Data Abstraction Tool: Unexpected Complications in Term Newborns (NEWB-3)

**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 - (RACE) (Select One Option)
  - ☐ 1 White
  - ☐ 2 Black or African American
  - ☐ 3 American Indian or Alaska Native
  - ☐ 4 Asian or Pacific Islander
  - ☐ 7 UTD
7. Hispanic Ethnicity- (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
- ☐ 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 11.30, 11.31, 11.32)

- ☐ At least one on Table 11.30, 11.31, or 11.32 (Review Ends)
- ☐ None on Table 11.30, 11.31, or 11.32

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
- ☐ 08 = Not Documented or Unable to Determine (UTD)

16. What was the weight of the newborn at delivery?

☐ \_\_\_\_\_ grams (150-8165 grams)

(<2500 grams= Review Ends)

(>=2500 grams= continue to Term Newborn)

☐ UTD (Unable to Determine) (Review Ends)

17. Term Newborn

☐ 1 = Yes, there is documentation that the newborn was at term or greater than or equal to 37 completed weeks of gestation at the time of birth.

☐ 2 = No, there is documentation that the newborn was not at term or >= 37 completed weeks of gestation at the time of birth.

☐ 3 = UTD, unable to determine from medical record documentation.