

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
- ☐ 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 Revere 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)
(Twelve (12) digit number)

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.