

## Appendix A-5: 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. Sex (SEX)
  - ☐ 1 Male
  - ☐ 2 Assigned/Designated Male at Birth
  - ☐ 3 Female
  - ☐ 4 Assigned/Designated Female at Birth
  - ☐ 5 LGBTQ
  - ☐ 6 Unknown
7. 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
8. Hispanic Indicator- (ETHNIC)
  - ☐ Yes
  - ☐ No

9. Patient ID (i.e. Medical Record Number) (PATIENT-ID) \_\_\_\_\_  
(Alpha/Numeric)
10. Admission Date (ADMIT-DATE) \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_
11. Discharge Date (DISCHARGE-DATE) \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_
12. 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)
13. 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)

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

\_\_\_\_\_  
(All alpha characters must be upper case)

15. 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

16. 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)

17. 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)

18. 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.