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 represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____

2. ID (PROVIDER-ID) _____ (AlphaNumeric)

3. First Name (FIRST-NAME) _____

4. Last Name (LAST-NAME) _____

5. Birthdate (BIRTHDATE) ___ ___ -___ ___ - ___ ___ ___ ___

6. Sex (SEX)

    ☐ *Male*
    ☐ *Assigned/Designated Male at Birth*
    ☐ *Female*
    ☐ *Assigned/Designated Female at Birth*
    ☐ *LGBTQ*
    ☐ *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

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

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

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

8. 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 (former Boston Medical Center HealthNet Plan)*
☐	7	Medicaid Managed Care: Tufts Health Plan
☐	311	Medicaid Other ACO
☐	*4*	*Fallon Health-Atrius Health Care Collaborative (former Tufts Health Together with Atrius Health)*
☐	4	Berkshire Fallon Health Collaborative
☐	4	Fallon 365 Care
☐	24	Be Healthy Partnership with Health New England
☐	*288*	*East Boston Neighborhood Health WellSense Alliance (new)*
☐	*288*	*WellSense Beth Israel Lahey Health (BILH) Performance Network ACO (former Tufts Health Together with BIDCO)*
☐	*288*	*WellSense Boston Children's ACO (former Tufts Health Together with Boston Children's)*
☐	*288*	*WellSense Care Alliance (new)*
☐	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 (former MGB Healthcare Choice)*
☐	323	Steward Health Choice (ACO)
☐	*7*	*Tufts Health Together with UMass Memorial Health (new)*
☐	7	Tufts Health Together with Cambridge Health Alliance
☐	*328*	*Tufts Medicine (ACO)*

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

_____ (All alpha characters must be upper case)

10. 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

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. ICD-10-PCS Principal or Other Diagnosis Codes (Table 11.36, 11.37, 11.38, 11.39, 11.40, 11.41)

    ☐ At least one on Table 11.36, 11.37, 11.38, 11.39, 11.40, or 11.41
    ☐ None on Table 11.36, 11.37, 11.38, 11.39, 11.40, or 11.41

13. ICD-10-CM Principal or Other Procedure Codes (Table 11.42, 11.43, 11.44)

    ☐ At least one on Table 11.42, 11.43, or 11.44
    ☐ All missing or none on Table 11.42, 11.43, or 11.44

14. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.45)

    ☐ At least one on Table 11.45
    ☐ None on Table 11.45

15. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.46, 11.47)

    ☐ At least one on Table 11.46 or 11.47
    ☐ None on Table 11.46 or 11.47

16. ICD-10-CM Principal or Other Procedure Codes (Table 11.48)

    ☐ At least one on Table 11.48
    ☐ None on Table 11.48

17. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.20.2)

    ☐ At least one on Table 11.20.2
    ☐ None on Table 11.20.2

18. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.49, 11.50, 11.53)

☐ At least one on Table 11.49, 11.50, or 11.53
☐ None on Table 11.49, 11.50, or 11.53

19. ICD-10-CM Principal or Other Procedure Codes (Table 11.51, 11.52)

☐ At least one on Table 11.51 or 11.52
☐ None on Table 11.51 or 11.52

20. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.33, 11.35)

☐ At least one on Table 11.33 or 11.35
☐ None on Table 11.33 or 11.35

21. ICD-10-CM Principal or Other Procedure Codes (Table 11.34)

☐ At least one on Table 11.34
☐ None on Table 11.34

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

☐ _____ grams (150-8165)
☐ UTD (Unable to Determine)

23. 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.