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Using the Emergency Department (ED) Database

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INTRODUCTION

This documentation manual consists of two sections General Documentation and Technical Documentation. This documentation manual is for use with the Emergency Department Visit 2014 database. The Fiscal Year 2014 Emergency Department data (ED) was made available in August 2015.

SECTION BREAKDOWN

Section I. General Documentation

The General Documentation for the Fiscal Year 2014 ED data includes background on its development and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process.

Section II. Technical Documentation

The Technical Documentation includes information on the fields calculated by the Center for Health Information and Analysis (CHIA), and a data file summary section describing the hospital data that is contained in the file.

Copies of *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, *Outpatient Emergency Department Visit Data Electronic Records Submission Specification,* and *Regulation 957 CMR 5.00: Health Claims, Case Mix and Charge Data* release procedures may be obtained at the CHIA web site at http://www.chiamass.gov, or by faxing a request to CHIA at 617-727-7662.

Securing CHIA Data Prior to Use

As an approved data recipient, or its agent, you are obliged by your application and confidentiality agreement to secure this data in a manner that protects the confidentiality of the records and complies fully with the terms of CHIA's Data Use Agreement. All data obtained from CHIA should reside on an encrypted hard drive and/or secure network.

Extracting Database Documentation Files from the CD ROM

Hardware Requirements:

To view these files, you will need:

- A CD ROM Device
- A hard drive with 2.50 GB of space available

CD Contents:

This CD contains the Final results for the Fiscal Year 2014 EDD Data Product. It contains a Microsoft Access data base (MDB) files. The ERD Visit file contains one record per ED visit. (See File Naming Conventions: below for additional information.)

File Naming Conventions:

This CD contains self-extracting compressed files, using the file-naming convention below:

> FIPA_ERD_Service_YEAR_Full_NS for the entire fiscal year , and
> FIPA_ERD_Visit_YEAR_Full_LX

YEAR is the Fiscal year and X is the Level (1 6) of the data contained in the file. (See also 3. DATA RELEASE LEVELS)

To extract data from the CD and put it on your hard drive, select the desired CD file and double click on it. You will be prompted to enter the name of the target destination.

SECTION 1: GENERAL DOCUMENTATION

PART A - DATABASE REPORTING PERIOD

1. QUARTERLY REPORTING PERIODS

Massachusetts hospitals are required to file case mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to CHIA on a quarterly basis based on the Federal Fiscal Year. For the 2014 data period, these quarterly reporting intervals were as follows:

- **Quarter 1**: October 1, 2013 – December 31, 2014
- **Quarter 2**: January 1, 2014 – March 31, 2014
- **Quarter 3:** April 1, 2014 – June 30, 2014
- **Quarter 4:** July 1, 2014 – September 30, 2014

2. DEVELOPMENT OF THE FISCAL YEAR DATABASE

The Massachusetts Center for Health Information and Analysis (CHIA) adopted final regulations regarding the collection of emergency department data from Massachusetts' hospitals, effective October 1, 2001. They are contained in *Regulation 114.1 CMR 17.00,* and the *Outpatient Emergency Department Visit Data Electronic Records Submission Specification*, both of which are available on CHIA's website.

The ED database captures data concerning visits to emergency departments in Massachusetts' acute care hospitals and satellite emergency facilities *that do not result in admission to an inpatient or outpatient observation stay*. To avoid duplicate reporting, data on ED patients admitted to observation stays will continue to be reported to the Outpatient Observation Stay database, and ED patients admitted as inpatients will continue to be reported to the inpatient Hospital Discharge Database. CHIA has asked providers to flag those patients admitted from the ED in the inpatient and outpatient observations databases, and to provide overall ED utilization statistics to ensure that all ED patients are accurately accounted for.

3. DATA RELEASE LEVELS

To assure patient privacy, minimum data is released per *957 CMR 5.00: Health Care Claims, Case Mix and Change Data Release Procedures*. Data elements are grouped into six (6) levels as shown below.

LEVEL I   No identifiable data elements and 5 digit ZIP codes have been trimmed to 3 digit ZIP codes)

LEVEL II   Unique Physician Number (UPN) and 5 digit ZIP codes

LEVEL III Unique Health Information Number (UHIN)

LEVEL IV   UHIN and UPN.

LEVEL V   Date(s) of Admission; Discharge; Significant Procedures

LEVEL VI   Date of Birth; Medical Record Numbers; Billing Number

PART B - DATA

1. DATA QUALITY STANDARDS

DATA EDITS

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit emergency department data to CHIA 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in the *Outpatient Emergency Department Visit Data Electronic Records Submission Specification*.

The standards employed for rejecting data submissions from hospitals are based upon the presence of Category A or B errors as listed for each data element under the following conditions.

All errors are recorded for each patient Record and for the Submission as a whole. An Edit Report is provided to the hospital, displaying detail for all errors found in the submission.

> A patient Record is rejected if there is:
>
> - Presence of one or more errors for Category A elements.
> - Presence of two or more errors for Category B elements.
>
> A hospital data Submission will be rejected if:
>
> - 1% or more of discharges are rejected; or
> - 50 consecutive records are rejected.

Each hospital received a quarterly error report displaying invalid discharge information. Quarterly data that does not meet the one percent compliance standard must be resubmitted by the individual hospital within 30 days, until the standard is met.

> **Note: Supplement I on page 25 contains a Table of Field Names and Error Types. The Data Elements section contains descriptions of fields.**

VERIFICATION REPORT PROCESS

The Verification Report process is intended to present hospitals with a profile of their individual data as reported and retained by CHIA. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to CHIA and to affirm its accuracy. The Verification Report itself is a series of frequency reports covering selected data elements. Please refer to Supplement III for a description of the Verification Report contents.

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within

the report. Hospitals need to affirm to CHIA that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing an Emergency Department Verification Report Response Form.

The Verification Report Response Form allows for two types of responses as follows:

"A" Response: Checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital's case mix profile.

"B" Response: Checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any data discrepancies exist (e.g., a "B" response), CHIA requests that hospitals provide written explanations of the discrepancies. Verification reports are available for review. Please direct requests to the attention of Public Records via fax to 617-727-7662, or by emailing a request to **Public.Records@state.ma.us**.

2. GENERAL DEFINITIONS

Before turning to a description of the specific data elements, several basic definitions (as contained *in* Regulation 114.1 CMR 17.02) should be noted.

EMERGENCY DEPARTMENT (ED)

The emergency department is defined as a department of a hospital or an off-site health care facility that provides emergency services as defined in *105 CMR 130.020*. The Emergency department must listed on the license of the hospital, and qualify as a Satellite Emergency Facility as defined in 105 *CMR 130-820* through *130.836*.

Emergency services are further defined in the Hospital Uniform Reporting Manual (HURM). This Manual established by *114.1 CMR 42.10,* sets forth the requirements for uniform reporting of income, expenses, and statistics on a functional basis. Such functional reporting permits comparisons among hospitals with varied organizational structures. (See *HURM, Chapter III, s. 3242.*)

EMERGENCY DEPARTMENT VISIT

Any visit by a patient to an emergency department (ED) for which the patient is registered at the ED, but which results in neither an outpatient observation stay nor the inpatient admission of the patient at the reporting facility. An ED visit occurs even if the only service provided to a registered patient is triage or screening. An ED visit is further defined in the HURM Chapter III, s. 3242.

3. DATA LIMITATIONS

Information may not be entirely consistent from hospital to hospital due to the following differences.

- Collection and verification of patient supplied information at the time of arrival;
- Medical Record coding, consistency, and/or completeness;
- Extent of hospital data processing capabilities;
- Extent of hospital data processing systems;
- Varying degrees of resources committed to quality of emergency department data;
- Non-comparability of data collection and reporting.

The emergency department data is derived from information gathered upon arrival, or from information entered by attending physicians, nurses, and other medical personnel into the medical record. The quality of the data is dependent upon hospital data collection policies and coding practices of the medical record staff

4. SPECIFIC DATA ELEMENTS

The purpose of the following section is to provide the user with an explanation of some of the specific data elements included in the ED database, and to give a sense of their reliability.

PATIENT RACE

There are three fields to report race (Race 1, Race 2, and Other Race (a free text field for reporting any additional races). Please see the Data Codes section for a listing of values. These are consistent with both the federal Office of Budget and Management (OMB) standards and code set values, and the EOHHS Standards for Massachusetts. This element instituted as of October 1, 2006.

HISPANIC INDICATOR

This data element is a flag used for patients of Cuban, Mexican. Puerto Rican, South or Central American, or other Spanish places of origin regardless of race.

ETHNICITY

These fields are not a part of the patient's race. This element is used to report patient ethnicity. (Ethnicity 1, Ethnicity 2, and Other Ethnicity (a free text field for reporting additional ethnicities).

Please see the Data Codes section for a listing of the 33 ethnicities. Effective October 1, 2006

CONDITION PRESENT ON ADMISSION INDICATOR

This is a qualifier for each diagnosis code (Primary I-V, and primary E-Code field) that indicates onset of diagnosis preceded or followed ED visit. Effective October 1, 2006.

PERMANENT & TEMPORARY US PATIENT ADDRESS

Patient address includes the following fields:

- Patient City/Town
- Patient State
- Permanent Patient Country (ISO-3166)

ORGANIZATION IDENTIFIERS (ORG ID)

CHIA FY2014 contains four organization identifier fields which is a CHIA assigned unique code for each Massachusetts hospital:

- Massachusetts Filer Organization ID (**IdOrgFiler**) – The Organization ID for the hospital that submitted the inpatient discharge data to CHIA.
- Massachusetts Site Organization ID (**IdOrgSite**) - The Organization ID for the site where the patient received inpatient care.
- Massachusetts Hospital Organization ID (**IdOrgHosp**) - The Organization ID for the main hospital affiliation. For example 3108 (Cambridge Health Alliance) is the **IdOrgHosp** for the **IdOrgSite** 142 (Whidden Hospital).
- Massachusetts Transfer Hospital Organization ID (**IdOrgTransfer**) - The Organization ID for the hospital from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the **IdOrgTransfer** will be 9999999.

TYPE OF VISIT

This is the patient's type of visit: Emergency, Urgent, Non-Urgent, Newborn, or Unavailable. Please note it is expected that Newborn will not be a frequently used value for Type of Visit in the ED database (in contrast to its frequent use as a Type of Admission in the Inpatient database), since few babies are born in emergency rooms,. however, it would be appropriately reported as a Type of Visit for an ED visit if there were a precipitous birth that actually occurred in the ED, or if the baby was born out of the hospital but it was brought immediately thereafter to the ED for care. Reporting patterns vary widely from hospital to hospital and may not be reliable.

EMERGENCY SEVERITY INDEX

The Emergency Severity Index (ESI) is a system for triaging patients using an algorithm developed by researchers at Brigham & Women's and Johns Hopkins Hospitals. It employs a five-level scale. It may be reported on Record Type 20 as an alternative to, or in addition to, the Type of Visit (Field 17), which is basically a three-level triage scale. The ESI is described in the following article: Wuerz, R. et al., Reliability and Validity of a New Five-Level Triage Instrument, Academic Emergency Medicine 2000; 7:236-242. Regardless of whether the ESI or the Type of Visit is reported, it should reflect the initial assessment of the patient, and not a subsequent revision of it due to information gathered during the course of the ED visit. Only a small number of hospitals report this data element.

SOURCE OF VISIT

This is the patient's originating, referring, or transferring source of visit in the ED. It includes Direct Physician Referral, Within Hospital Clinic Referral, Direct Health Plan Referral/HMO Referral, Transfer from an Acute Care Hospital, Transfer from a Skilled

Nursing Facility, Transfer from an Intermediate Facility, and Walk-In/Self-Referral. Newborn Source of Visits includes Normal Delivery, Premature Delivery, Sick Baby, and Extramural Birth. Reporting patterns may vary widely from hospital to hospital and may not be reliable.

SECONDARY SOURCE OF VISIT

This is the patient's secondary referring, or transferring source of visit in the ED. This is infrequently reported for ED Visits.

CHARGES

This is the grand total of charges associated with the patient's ED visit. The total charge amount should be rounded to the nearest dollar. A charge of $0 is not permitted unless the patient has a departure status of eloped, left against medical advice, or met personal physician in the ED.

PHYSICIAN NUMBER (UPN)

This is the state license number (Mass. Board of Registration in Medicine license number) for the physician who had primary responsibility for the patient's care in the ED. This may also be the state license number for a dental surgeon, podiatrist, or other (i.e., non-permanent licensed physician) or midwife. This item is provided in encrypted form.

OTHER PHYSICIAN NUMBER (UPN)

This is the state license number (Mass. Board of Registration in Medicine license number) for the physician other than the ED physician who provided services related to the patient's visit. This may also be the state license number for a dental surgeon, podiatrist, or other (i.e., non-permanent licensed physician) or midwife. This item is provided in encrypted form.

OTHER CAREGIVER CODE

This is the code for the other caregiver with significant responsibility for the patient's care. It includes resident, intern, nurse practitioner, or physician's assistant.

PRINCIPAL DIAGNOSIS

This is the ICD-9-CM code (excluding decimal point) for the patient's principal diagnosis.

ASSOCIATED DIAGNOSIS CODES 1-5

The ICD-9-CM codes (excluding decimal point) for the patient's first, second, third, fourth, and fifth associated diagnoses, respectively.

SIGNIFICANT PROCEDURE CODE 1-4

These are the ICD-9-CM codes (excluding decimal point) or CPT codes for the patient's significant procedures, as reported in FL 80 and FL 81 of the UB-92. More detailed

information on the items and services provided during the ED visit is reported under the Service Line Item data.

ASSOCIATED SIGNIFICANT PROCEDURE CODES 1-3

These are the ICD-9-CM codes (excluding decimal point) or CPT codes for the patient's first, second, and third associated significant procedure.

PROCEDURE TYPE CODE

This is the coding system (CPT or ICD-9-CM) used to report significant procedures in the patient's record. Only one coding system is allowed per patient visit.

PATIENT'S MODE OF TRANSPORT CODE

This is the patient's mode of transport to the ED. It includes by Ambulance, by Helicopter, law Enforcement, and Walk-In (including public or private transport).

DISCHARGE DATE AND DISCHARGE TIME

The discharge date and discharge time reflect the actual date and time that the patient was discharged from the ED. Default values, such as 11:59 PM of the day the patient was registered, are unacceptable. Time is reported as military time, and valid values include 0000 through 2359. (Please note that Discharge Time was mandatory beginning 10/1/2002 for Fiscal Year 2003.)

STATED REASON FOR VISIT

The Reason for Visit is the patient's reason for visiting the ED. It is also known as the Chief Complaint. This should be the problem as perceived by the patient, as opposed to the medical diagnosis made by a medical professional. Because of the lack of a commonly used coding system for Reason for Visit, this field is reported in a free text field (up to 150 characters in length). (Please note that Reason for Visit was mandatory beginning 10/1/2002 for Fiscal YEAR 2003).

PATIENT HOMELESSNESS INDICATOR

The patient Homelessness Indicator is used to identify patients that are homeless. CHIA recognizes that homeless patients do not always identify themselves as such. Neither does CHIA expect hospitals to specifically ask patients whether they are homeless, if this is not their practice. However, because the homeless are a population of special concern with regard to access to care, health outcomes, etc., it is useful to identify as many of these patients as possible. If a patient reports no home address, provides the address of a known homeless shelter, or otherwise indicates that he or she is homeless, that should be indicated in this field by using a coding value of Y. Otherwise, the hospital should use the value N. (Please note that this field was mandatory beginning 10/1/2002 for Fiscal Year 2003.)

PRINCIPAL EXTERNAL CAUSE OF INJURY CODE (E-CODE)

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings and adverse effects.

PAYER CODES

A complete listing of the payer types and sources can be found in this manual under the Technical Documentation.

UNIQUE HEALTH IDENTIFICATION NUMBER (UHIN)

The patient's social security number is reported as a nine-digit number, which is then encrypted by CHIA into a Unique Health Information Number (UHIN). Therefore, the social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by CHIA. Please note that per Regulation 114.1 CMR 17.00, the number reported for the patient's social security number should be the patient's social security number, not the social security number of some other person, such as the husband or the wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there is a separate field designated for the social security number of the newborn's mother.

SERVICE LINE ITEMS

Service Line Items are the CPT or HCPCS Level II codes used to bill for specific items and services provided by the ED during the visit. In addition, the code DRUGS is used to report provision of any drugs for which there are no specific HCPCS codes available. Likewise, SPPLY is used to report any supplies for which there are no specific HCPCS codes available. Since units of service are *not* collected in the database, it is possible that the item or service which a reported service line item code represents was actually provided to the patient more than once during the visit.

ED TREATMENT BED

The purpose of this data element is to help measure the normal capacity of Eds. ED Treatment Bed includes only those beds in the ED that are set up and equipped on a permanent basis to treat patients. It does not include the temporary use of gurneys, stretchers, etc. Including stretchers, etc. would overestimate hospitals' physical capacity to comfortably treat a certain volume of ED patients, although CHIA recognizes that in cases of overcrowding, EDs' may need to employ temporary beds.

ED-BASED OBSERVATION BED

ED-based Observation Beds are beds located in a distinct area within or adjacent to the ED, which are intended for use by observation patients. Hospitals should include only beds that are set up and equipped on a permanent basis to treat patients. They should not include temporary use of stretchers, gurneys, etc.

ED SITE

Most hospitals submitting ED data provide emergency care at only one location. Therefore, they are considered to have a single campus or site, and need to summarize their data only once. However, others may be submitting data pertaining to care provided at multiple sites. CHIA requires the latter to summarize their data separately for each site covered by the data submitted.

5. CHIA CALCULATED FIELDS

Analysis of the UHIN data by CHIA has turned up problems with some of the reported data for the inpatient and outpatient observation stays databases. For a small number of hospitals, little or no UHIN data exists as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly resulting in numerous visits for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% - 10%.

In the past, CHIA has found that, on average, 91% of the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitors the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN.

Only valid SSNs are encrypted to a UHIN. It is valid for hospitals to report that the SSN is unknown. In these cases, the UHIN appears as '000000001'.

Invalid SSNs are assigned 7 or 8 dashes and an error code. The list of error codes is as follows:

- ssn_empty = 1
- ssn_notninechars = 2
- ssn_allcharsequal = 3
- ssn_firstthreecharszero = 4
- ssn_midtwocharszero = 5
- ssn_lastfourcharszero = 6
- ssn_notnumeric = 7
- ssn_rangeinvalid = 8
- ssn_erroroccurred = 9
- ssn_encrypterror = 10

- **Note:** Based on these findings, CHIA strongly suggests that users perform qualitative checks on the data prior to drawing conclusions about that data.

PART C - HOSPITAL RESPONSES

This section details hospital responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals' Fiscal Year 2014 Verification Report Responses
2. Individual Hospital Discrepancy Documentation

Summary of Verification Report Responses for Fiscal Year 2014

In the table below, an "A" response indicates the Hospital agrees with the data verification reports provided by CHIA. A "B" response indicates the Hospital has issues remaining to be resolved; Hospital Comments regarding "B" responses are in Comments column.

Individual Hospital Discrepancy Documentation

Org ID	Hospital Name	Date Form Recv'd	Date Resubmit	Hospital Response	"B" Error, Discrepancy Codes Indicated by Hospital
1	Anna Jaques Hosp.	7/21/2015		A	
2	Athol Memorial Hosp.	7/13/2015		A	
5	Baystate Franklin Med. Ctr.	7/21/2015		A	
6	Baystate Mary Lane Hospital	7/21/2015		A	
4	Baystate Med. Ctr.	7/21/2015		A	
139	Baystate Wing Memorial Hosp.				
7	Berkshire Health Sys. - Berkshire Campus	7/2/2015		A	
98	Beth Israel Deaconess - Milton	7/24/2015		A	
53	Beth Israel Deaconess Med.- Needham Campus	7/8/2015		A	
79	Beth Israel Deaconess - Plymouth				
10	Beth Israel Deaconess Med. Ctr.				
46	Boston Children's Hosp.	7/6/2015		A	010
16	Boston Med. Ctr.	7/15/2015		A	
59	Brigham & Women's Faulkner Hosp.	7/14/2015		B	
22	Brigham & Women's Hosp.				
27	Cambridge Health Alliance				
39	Cape Cod Hosp.				

Org ID	Hospital Name	Date Form Recv'd	Date Resubmit	Hospital Response	"B" Error, Discrepancy Codes Indicated by Hospital
132	Clinton Hosp.	7/17/2015		B	004, 007, 008, 013B, 019
50	Cooley Dickinson Hosp.	7/15/2015		A	
51	Dana Farber Cancer Ctr.				
57	Emerson				
8	Fairview Hosp.				
40	Falmouth Hosp.				
66	Hallmark Health Sys. - Lawrence Memorial Hosp.	7/13/2015		A	
141	Hallmark Health Sys. - Melrose, Wakefield Hosp.	7/13/2015		B	001
68	Harrington Memorial Hosp.	6/29/2015		A	
71	HealthAlliance Hosps., Inc	7/21/2015		A	
73	Heywood Hosp.	7/13/2015		A	
11466	Holy Family at Merrimack Valley	7/13/2015		A	
77	Holyoke Hosp.	7/15/2015		A	
109	Lahey Health - Addison Gilbert Hospital				
110	Lahey Health - Beverly Hospital				
138	Lahey - Winchester Hosp. & Family Med. Ctr.	7/11/2015		A	
81	Lahey Clinic Burlington Campus	7/14/2015		A	
83	Lawrence General Hosp.	7/13/2015	7/21/2015	A	
85	Lowell General Hosp. - Main Campus	7/14/2015		A	
115	Lowell General Hosp. - Saint Campus	7/14/2015		A	
88	Martha's Vineyard Hosp.				
89	Mass Eye & Ear Infirmary				
91	Mass General Hosp.				
118	Mercy Hosp. - Providence Campus				
119	Mercy Hosp. - Springfield Campus	7/10/2015		A	
49	MetroWest Med. Ctr. - Framingham Campus	7/2/2015		A	

Org ID	Hospital Name	Date Form Recv'd	Date Resubmit	Hospital Response	"B" Error, Discrepancy Codes Indicated by Hospital
97	Milford Regional Medical Center	7/16/2015		A	
99	Morton Hospital	7/8/2015	7/13/2015	A	
100	Mount Auburn				
101	Nantucket Cottage Hosp.	7/14/2015		A	
103	New England Baptist Hosp.				
105	Newton-Wellesley Hosp.				
106	Noble Hosp.				
107	North Adams Regional Hosp. Closed (3/31/15)				
116	North Shore Med. Ctr. / Salem (Union) Hosp.	7/31/2015		A	
6963	Shriner's Hospital for Children Boston				
11718	Shriner's Hospital for Children Springfield				
25	Signature Brockton Hosp.	7/22/2015		A	
122	South Shore Hosp.	7/25/2015		A	
123	Southcoast Health - Charlton Memorial	7/23/2015		A	
124	Southcoast Health - St. Lukes	7/23/2015		A	
145	Southcoast Health - Tobey Campus	7/23/2015		A	
127	St. Vincent Hosp.				
42	Steward Carney Hosp.	7/22/2015		A	
4460	Steward Good Sam MC-Norcap Lodge				
62	Steward Good Samaritan Med. Ctr.	7/13/2015		A	
11467	Steward Nashoba Valley Med. Ctr.	7/15/2015		A	
112	Steward Quincy Hospital	7/8/2015		A	
75	Steward Holy Family Hosp.	7/13/2015		A	
41	Steward Norwood Hosp.	7/8/2015		A	
114	Steward St. Anne's Hosp.	7/15/2015		A	
126	Steward St. Elizabeth Hosp.	7/22/2015		A	
129	Sturdy Memorial Hosp.	7/7/2015		A	
104	Tufts-New England Med. Ctr.	7/8/2015		A	

Org ID	Hospital Name	Date Form Recv'd	Date Resubmit	Hospital Response	"B" Error, Discrepancy Codes Indicated by Hospital
133	U Mass. / Marlborough Health	7/17/2015		B	007, 008, 009, 013B, 016, 019
131	U Mass. / Memorial Health - U. Mass Campus	7/17/2015		B	004, 013B, 016, 019

Code	Definition
001	All Visits by Type of Quarter
002	Visit Types and Emergency Severities
003	Source of Visits
004	Mode of Transportation
005	Top 10 Principle Diagnosis by Number of Visits
006	Top 10 Principle E-Codes by Number of Visits
007	Top 10 Significant Procedures by Number of Visits
008	Number of Diagnoses per Year
009	Departure Status
010	Top 20 Primary Payers by Number of Visits
011	Top 10 Pricipal Diagnoses by Charges
012	Visit by Age Groups
013A	Visits by Race 1
013B	Visits by Race 2
014	Patient Gender Report
015	Top 20 Patient Zip Codes
016	Homeless Indicator
017	Average Hours of Services by Charges
018A	Visits by Ethnicity 1
018B	Visits by Ethnicity 2
019	Hispanic Indicator
020	Condition Present on Admission (POA)

PART D. CAUTIONARY USE HOSPITALS

For FY2014, all hospitals were in compliance.

SECTION II. TECHNICAL DOCUMENTATION

PART A - CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATIONS

A) CONVENTIONS:

1. Age is calculated if the date of birth and admission date are valid.

   If either one is invalid, then '999' is placed in this field.

2. Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) BRIEF DESCRIPTION:

Age is calculated by subtracting the date of birth from the admission date.

C) DETAILED DESCRIPTION:

If the patient has already had a birthday for the year, his or her age is calculated by subtracting the year of birth from the year of admission. If not, then the patient's age is the year of admission minus the year of birth, minus one.

2. NEWBORN AGE CALCULATIONS

A) CONVENTIONS:

1. Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
2. Discharges that are not newborns have '99' in this field.

B) BRIEF DESCRIPTION:

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped.

C) DETAILED DESCRIPTION:

1. If a patient is 1 year old or older, the age in weeks is set to '99'.
2. If a patient is less than 1 year old then:
   a. Patients' age is calculated in days using the Length of Stay (LOS) routine, described in (B) above.
   b. Number of days in step 'a' above is divided by seven, and the remainder is dropped.

3. UNIQUE HEALTH INFORMATION NUMBER (UHIN) VISIT SEQUENCE NUMBER

A) CONVENTIONS:

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

B) BRIEF DESCRIPTION:

The Sequence Number is calculated by sorting the file by UHIN, registration date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of visits.

C) DETAILED DESCRIPTION:

1. UHIN Sequence Number is calculated by sorting the entire database by UHIN, registration date, then discharge date (both dates are sorted in ascending order).
2. If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
3. If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 (one) indicates the first visit for the UHIN, and nnnn indicates the last visit for the UHIN.
4. If a UHIN has two visits on the same day, the discharge date is used as the secondary sort key.

PART B - DATA CODE TABLES - OUTPATIENT EMERGENCY DEPARTMENT

Please refer to *Outpatient Emergency Department Visit Data Electronic Records Submission Specification* on the CHIA website for information regarding the Outpatient Emergency Department Data Code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00.

http://chiamass.gov/regulations

The specification contains the ED submission file record layout and field requirements, as well as lists and descriptions of the expected values for the following ED data code tables:

- IDHCFP Organization IDs for Hospitals
- Payer Type Code
- Source of Payment Code
- Patient Sex
- Patient Race
- Patient Hispanic Indicator
- Patient Ethnicity
- Type of Visit
- Source of Visit
- Patient Departure Status Code
- Other Caregiver Code
- Patient's Mode of Transport
- Homeless Indicator
- Condition Present on Visit Flag

REFERENCES

SUPPLEMENT I. LIST OF TYPE "A" AND TYPE "B" ERRORS

TABLE 1.   TYPE 'A' ERRORS:

Record Type

CHIA Organization ID for provider

DPH Number for Provider

Provider Name Period Starting Date Period Ending Date Processing Date

Hospital Service Site Reference

Social Security Number Medical Record Number Billing Number

Medicaid Claim Certificate Number

Patient Birth Date Patient Sex Registration Date Registration Time

Discharge Date (effective 10/1/02)

Departure Status

Primary Source of Payment Secondary Source of Payment Charges

Principal Diagnosis Code

Associate Diagnosis Code (I-V) Principal Procedure Code Associate Significant Procedure I
Associate Significant Procedure II

Associate Significant Procedure III Principal E-Code

Procedure Code Type

Transport

Ambulance Run Sheet Number (delayed indefinitely) Medical Record Number

Stated Reason for Visit (effective 10/1/02) End of Line Items Indicator

Number of ED Treatment Beds at Site

Number of ED-based Observation Beds at Site

Total Number of ED-based Beds at Site

ED Visits – Admitted to Inpatient at Site

ED Visits – Admitted to Outpatient Observation at Site

ED Visits – All Other Outpatient ED Visits at Site

ED Visits – Total Registered at Site

End of Record Indicator

Number of Outpatient ED Visits

Total Charges for Batch

TABLE 2.   TYPE 'B' ERRORS:

Mother's Social Security Number

Patient Race

Patient Zip Code

Discharge Time (effective 10/1/02) Type of Visit

Source of Visit

Secondary Source of Visit Other Physician Number ED Physician Number Other

Caregiver Code Emergency Severity Index

Homeless Indicator (effective 10/1/02)

Service Line Item

Race 1, 2 & Other Race

Hispanic Indicator

Ethnicity 1, 2 & Other Ethnicity

Condition Present on Admission Primary Diagnosis, Associate Diagnoses I – XIV, &

Primary E-Code

Significant Procedure Date

Operating Physician for Significant Procedure

Permanent Patient Street Address, City/Town, State, Zip Code

Patient Country

Temporary Patient Street Address, City/Town, State, Zip Code

SUPPLEMENT I. HOSPITAL VERIFICATION REPORT FIELDS

TABLE 3.   HOSPITAL VERIFICATION REPORT

Visits by Quarter
Visit Types and Emergency Severities
Source of Visits
Mode of Transport
Top 10 Principal Diagnosis by Number of Visits
Tope 10 Principal E-Codes by Number of Visits
Top 10 Significant Procedures by Number of Visits
Number of Diagnosis per Visit
Patient Departure Status
Top 20 Primary Payers by Number of Visits
Top 10 Principal Diagnosis by Charges
Visits by Age
Visits by Race 1&2
Visits by Gender
Top 20 Patient ZIP Codes
Homeless Indicator
Average Hours of Service and Charges
Visits by Ethnicity 1 and 2
Hispanic Indicator
Principal Condition Present on Admission (POA)

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

TABLE 4.   HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

Filer ID Org	Site	Organization Name	Address	Address Line 2	City	State	Zip Code
1	1	Anna Jaques Hospital	25 Highland Avenue		Newburyport	MA	01950
2	2	Athol Memorial Hospital	2033 Main Street		Athol	MA	01331
5	5	Baystate Franklin Medical Center	164 High Street		Greenfield	MA	01301
6	6	Baystate Mary Lane Hospital	85 South Street		Ware	MA	01082
4	4	Baystate Medical Center	759 Chestnut Street		Springfield	MA	01199
139	139	Baystate Wing Hospital	40 Wright Street		Palmer	MA	01069
6309	6309	Berkshire Medical Center	725 North Street		Pittsfield	MA	01201
***[1]	7	Berkshire Medical Center - Berkshire Campus	725 North Street		Pittsfield	MA	01201
***	9	Berkshire Medical Center - Hillcrest Campus	165 Tor Court		Pittsfield	MA	01201
98	98	Beth Israel Deaconess Hospital - Milton	199 Reedsdale Road		Milton	MA	02186
53	53	Beth Israel Deaconess Hospital - Needham	148 Chestnut Street		Needham	MA	02492
79	79	Beth Israel Deaconess Hospital - Plymouth	275 Sandwich Street		Plymouth	MA	02360
8702	8702	Beth Israel Deaconess Medical Center	330 Brookline Avenue		Boston	MA	02215
***	10	Beth Israel Deaconess Medical Center - East Campus	330 Brookline Avenue		Boston	MA	02215

[1] Organizations marked with the symbol "***" were included in the filing from the organization shown immediately above it.

Filer	ID Org Site	Organization Name	Address	Address Line 2	City	State	Zip Code
***	140	Beth Israel Deaconess Medical Center - West Campus	One Deaconess Road		Boston	MA	02215
46	46	Boston Children's Hospital	300 Longwood Avenue		Boston	MA	02115
3107	3107	Boston Medical Center	One Boston Medical Center Place		Boston	MA	02118
***	16	Boston Medical Center - Menino Pavilion Campus	One Boston Medical Center Place		Boston	MA	02118
***	144	Boston Medical Center - Newton Pavilion Campus	One Boston Medical Center Place		Boston	MA	02118
59	59	Brigham and Women's Faulkner Hospital	1153 Centre Street		Boston	MA	02130
22	22	Brigham and Women's Hospital	75 Francis Street		Boston	MA	02115
3108	3108	Cambridge Health Alliance	1493 Cambridge Street		Cambridge	MA	02139
***	27	Cambridge Health Alliance - Cambridge Hospital Campus	1493 Cambridge Street		Cambridge	MA	02139
***	143	Cambridge Health Alliance - Somerville Hospital Campus	230 Highland Avenue		Somerville	MA	02143
***	142	Cambridge Health Alliance - Whidden Hospital Campus	103 Garland Street		Everett	MA	02149
39	39	Cape Cod Hospital	27 Park Street		Hyannis	MA	02601
132	132	Clinton Hospital	201 Highland Street		Clinton	MA	01510
50	50	Cooley Dickinson Hospital	30 Locust Street		Northampton	MA	01061
51	51	Dana-Farber Cancer Institute	44 Binney Street		Boston	MA	02115
57	57	Emerson Hospital	133 Old Road to Nine Acre Corner		Concord	MA	01742
8	8	Fairview Hospital	29 Lewis Avenue		Great Barrington	MA	01230

Filer	ID Org Site	Organization Name	Address	Address Line 2	City	State	Zip Code
40	40	Falmouth Hospital	100 Ter Heun Drive		Falmouth	MA	02540
3111	3111	Hallmark Health	100 Hospital Road		Malden	MA	02148
***	66	Hallmark Health - Lawrence Memorial Hospital Campus	170 Governors Avenue		Medford	MA	02155
***	141	Hallmark Health - Melrose-Wakefield Hospital Campus	585 Lebanon Street		Melrose	MA	02176
68	68	Harrington Memorial Hospital	100 South Street		Southbridge	MA	01550
71	71	HealthAlliance Hospital	60 Hospital Road		Leominster	MA	01453
***	8548	HealthAlliance Hospital - Burbank Campus	275 Nichols Road		Fitchburg	MA	01420
***	8509	HealthAlliance Hospital - Leominster Campus	60 Hospital Road		Leominster	MA	01453
73	73	Heywood Hospital	242 Green Street		Gardner	MA	01440
77	77	Holyoke Medical Center	575 Beech Street		Holyoke	MA	01040
78	78	Hubbard Regional Hospital	340 Thompson Road		Webster	MA	01570
136	136	Kindred Hospital Boston	1515 Commonwealth Avenue		Boston	MA	02135
135	135	Kindred Hospital Boston North Shore	15 King Street		Peabody	MA	01960
6546	6546	Lahey Hospital & Medical Center	41 Mall Road		Burlington	MA	01805
***	81	Lahey Hospital & Medical Center, Burlington	41 Mall Road		Burlington	MA	01805
***	4448	Lahey Medical Center, Peabody	One Essex Center Drive		Peabody	MA	01960
83	83	Lawrence General Hospital	One General Street		Lawrence	MA	01842
85	85	Lowell General Hospital	295 Varnum Avenue		Lowell	MA	01854
***	115	Saints Medical Center	One Hospital Dr.		Lowell	MA	01852

Filer	ID Org Site	Organization Name	Address	Address Line 2	City	State	Zip Code
133	133	Marlborough Hospital	157 Union Street		Marlborough	MA	01752
88	88	Martha's Vineyard Hospital	One Hospital Road	P.O. Box 1477	Oak Bluffs	MA	02557
89	89	Massachusetts Eye and Ear Infirmary	243 Charles Street		Boston	MA	02114
91	91	Massachusetts General Hospital	55 Fruit Street		Boston	MA	02114
6547	6547	Mercy Medical Center	271 Carew Street		Springfield	MA	01102
***	118	Mercy Medical Center - Providence Behavioral Health Hospital Campus	1233 Main Street		Holyoke	MA	01040
***	119	Mercy Medical Center - Springfield Campus	271 Carew Street		Springfield	MA	01102
3110	3110	MetroWest Medical Center	115 Lincoln Street		Framingham	MA	01701
***	49	MetroWest Medical Center - Framingham Campus	115 Lincoln Street		Framingham	MA	01701
***	457	MetroWest Medical Center - Leonard Morse Campus	67 Union Street		Natick	MA	01760
97	97	Milford Regional Medical Center	14 Prospect Street		Milford	MA	01757
99	99	Morton Hospital, A Steward Family Hospital, Inc.	88 Washington Street		Taunton	MA	02780
100	100	Mount Auburn Hospital	330 Mount Auburn Street		Cambridge	MA	02138
101	101	Nantucket Cottage Hospital	57 Prospect Street		Nantucket	MA	02554
11467	11467	Nashoba Valley Medical Center, A Steward Family Hospital, Inc.	200 Groton Road		Ayer	MA	01432
103	103	New England Baptist Hospital	125 Parker Hill Avenue		Boston	MA	02120
105	105	Newton-Wellesley Hospital	2014 Washington Street		Newton	MA	02462

Filer	ID Org Site	Organization Name	Address	Address Line 2	City	State	Zip Code
106	106	Noble Hospital	PO Box 1634		Westfield	MA	01086
107	107	North Adams Regional Hospital	71 Hospital Avenue		North Adams	MA	01247
345	345	North Shore Medical Center	529 Main Street	Suite 410	Charlestown	MA	02129
***	116	North Shore Medical Center - Salem Campus	81 Highland Avenue		Salem	MA	01970
***	3	North Shore Medical Center - Union Campus	500 Lynnfield Street		Lynn	MA	01904
3112	3112	Northeast Hospital	85 Herrick Street		Beverly	MA	01915
***	109	Northeast Hospital - Addison Gilbert Campus	298 Washington Street		Gloucester	MA	01930
***	110	Northeast Hospital - Beverly Campus	85 Herrick Street		Beverly	MA	01915
112	112	Quincy Medical Center, A Steward Family Hospital, Inc.	114 Whitwell Street		Quincy	MA	02169
127	127	Saint Vincent Hospital	123 Summer Street		Worcester	MA	01608
6963	6963	Shriners Hospitals for Children Boston	51 Blossom Street		Boston	MA	02114
11718	11718	Shriners Hospitals for Children Springfield	516 Carew Street		Springfield	MA	01104
25	25	Signature Healthcare Brockton Hospital	680 Centre Street		Brockton	MA	02302
122	122	South Shore Hospital	55 Fogg Road		South Weymouth	MA	02190
3113	3113	Southcoast Hospitals Group	101 Page Street		New Bedford	MA	02740
***	123	Southcoast Hospitals Group - Charlton Memorial Campus	363 Highland Avenue		Fall River	MA	02720
***	124	Southcoast Hospitals Group - St. Luke's Campus	101 Page Street		New Bedford	MA	02740
***	145	Southcoast Hospitals Group - Tobey Hospital Campus	43 High Street		Wareham	MA	02571

Filer	ID Org Site	Organization Name	Address	Address Line 2	City	State	Zip Code
42	42	Steward Carney Hospital, Inc.	2100 Dorchester Avenue		Dorchester	MA	02124
8701	8701	Steward Good Samaritan Medical Center	235 North Pearl Street		Brockton	MA	02301
***	62	Steward Good Samaritan Medical Center - Brockton Campus	235 North Pearl Street		Brockton	MA	02301
***	4460	Steward Good Samaritan Medical Center - NORCAP Lodge Campus	71 Walnut Street		Foxboro	MA	02035
75	75	Steward Holy Family Hospital, Inc.	70 East Street		Methuen	MA	01844
41	41	Steward Norwood Hospital, Inc.	800 Washington Street		Norwood	MA	02062
114	114	Steward Saint Anne's Hospital, Inc.	795 Middle Street		Fall River	MA	02721
126	126	Steward St. Elizabeth's Medical Center	736 Cambridge Street		Boston	MA	02135
129	129	Sturdy Memorial Hospital	211 Park Street	P.O. Box 2963	Attleboro	MA	02703
104	104	Tufts Medical Center	800 Washington Street	P.O. Box 468	Boston	MA	02111
3115	3115	UMass Memorial Medical Center	55 Lake Avenue North		Worcester	MA	01655
***	130	UMass Memorial Medical Center - Memorial Campus	119 Belmont Street		Worcester	MA	01605
***	131	UMass Memorial Medical Center - University Campus	55 Lake Avenue North		Worcester	MA	01655
138	138	Winchester Hospital	41 Highland Avenue		Winchester	MA	01890