

FISCAL YEAR

2013

Using the Outpatient Observation

Database (OOD)



Center for Health Information and

Analysis

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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 OOA FY2013 database. The FY2013 OOD data can be found in:

[http://www.cdc.gov/nchs/data/dvs/RaceCodeList.p](http://www.cdc.gov/nchs/data/dvs/RaceCodeList.pdf)df

**Ge ner al Docum entati on**

The General Documentation section includes background on the development of the FY2013 Outpatient Hospital Observation Stay Database, 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 section also contains hospital- reported discrepancies received in response to the data verification process, and supplementary information, including a table of data field names and descriptions, a list of Type A and Type B errors, and a list of

hospitals within the database.

**Note:** Major changes to the database went into effect beginning October 1, 2006. Implementation of the changes occurred in two phases. Changes to the record layout only began on October 1, 2006, for Quarter 1. Error edits for the new fields began on January 1,

2007, for Quarter 2. The January, February and March data submissions were processed edits

that with counted toward submission pass/fail.

**Technical Docume ntation**

The Technical Documentation Section includes information on the fields calculated by CHIA, and a data file summary section describing the data that is contained in the file.

DVD Specifications are listed in the following section to provide the necessary information to enable users to access files.

**Regulations:**

Copies *of Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data* and *Regulation 114.1 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data* may be obtained for a fee by faxing a request to CHIA at 617-727-7662, or by emailing a request to CHIA at:

Public[.Records@state.ma.u](mailto:Records@state.ma.us)s.

The Regulations also may be found at CHIA 's website:

[http://www.chiamass.gov/regulation](http://www.chiamass.gov/regulations)s

**S e cur i ng C HI A Da ta Pr ior to Us e**

*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.*

**Compact Disc ( CD) Fi le S pecifications**

**Hardware Requirements:**

 CD ROM Device

 Hard Drive with 1 GB of space available

**CD Contents:**

This CD contains the Final / Full Year 2013 Hospital outpatient observation stay data product. It contains

the following Microsoft Access database (MDB) files. The outpatient observation stay data Table contains one record per Observation Stay.

**File Naming Conventions**

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

FIPA\_OOD\_Observation\_2013\_Full\_L1.exe when extracted becomes: FIPA\_OOD\_Observation\_2013\_Full\_L1.mdb

This file contains the Final/Full Year 2013 outpatient hospital observation data stay product. It contains two

Microsoft Access (MDB) files.

In the above example, 2013 represents hospital Fiscal Year 2013 and L1 represents Level 1 data elements. See Section 2. Development of Fiscal Year Database on page 7 for more information.

To extract data from the CD and put it on your hard drive, select the CD files you need and click on the filename. You will be prompted to enter the name of the file destination.

PART A. BACKGROUND INFORMATION:

**1. OOD Q uarte rly 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 the Center on a quarterly basis. For the FY2013 period, the quarterly reporting intervals were as follows:

**Quarter 1** - October 1, 2012 - December 31, 2013

**Quarter 2** - January 1, 2013 – March 31, 2013

**Quarter 3** - April 1, 2013 – June 30, 2013

**Quarter 4** - July 1, 2013 – September 30, 2013

**2. Deve lopm e n t o f F is ca l Ye a r Da ta ba s e**

To assure patient privacy, minimum data is released per *957 CMR 5.00 Health Care Claims, Case Mix and*

*Charge Data Release Procedures.* Data elements are grouped into six (6) levels:

**LEVEL I** No identifiable data elements and patient 3-Digit ZIP code only). **LEVEL II** Unique Physician Number (UPN) and patient 5-digit ZIP Code. **LEVEL III** Unique Health Information Number (UHIN).

**LEVEL IV** UHIN and UPN.

**LEVEL V** Date(s) of Beginning and end of Observation, Dates of Significant Procedure(s).

**LEVEL VI** Contains all data elements except the patient identifier component of the Medicaid recipient ID number.

PART B. CHIA DATA

**1. Data Q ua l i ty Standards**

**Case Mix Regulations**

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit case mix and charge data to the Center 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data, using a one percent error rate. The one percent error rate is based upon the presence of Type A and Type B errors as follows:

**Type A:** One error per observation stay causes rejection of observation stay.

**Type B:** Two errors per observation stay causes rejection of observation stay.

If one percent or more of the observation stays are rejected, the entire submission is rejected by the CHIA. These edits primarily check for valid codes, correct formatting, and presence of the required data elements.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met.

**Verifica tion Report Process**

The verification report process is intended to present the hospitals with a profile of their individual data as reported and retained by the Center. 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 the Center and

affirm its accuracy. The Verification Report itself is a series of frequency reports covering the selected data elements including the number of observation stay, amount of charges. Please refer to SUPPLEMENT II. Content of Hospital Verification Report Package 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 the Center 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 a Case

Mix Verification Report Response form.

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

**“A” Response**: By 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**: By 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), the Center requests that hospitals provide written explanations of the discrepancies, so that they may be included in this General Documentation Manual.

**Note:** The verification reports are available for review. Please direct requests to the attention of CHIA Public Records by facsimile to 617-727-7662.

**2. Da ta Limitations**

**Overview**

The following general data caveats have been developed from the Center’s Case Mix Data Advisory Group, staff members at the Massachusetts Hospital Association (MHA), the Massachusetts Health Data Consortium (MHDC), and the numerous admitting, medical records, financial, administrative, and data processing personnel who call to comment on the Center’s procedural requirements.

Information may not be entirely consistent from hospital to hospital due to differences in:

 Collection and Verification of Patient supplied information before or at admission;

 Medical record coding, consistency, and/or completeness;

 Extent of hospital data processing capabilities;

 Flexibility of hospital data processing systems;

 Varying degrees of commitment to quality of merged case mix and charge data;

 Capacity of financial processing system to record late occurring charges on the Center for Health

Information and Analysis’s electronic submission;

 Non-comparability of data collection and reporting.

In general terms, the case mix data is derived from patient discharge summaries, which can be traced to information gathered upon admission to observation stay, or from information entered by attending physicians into the medical record. The quality of the case mix data is dependent upon hospital data collection policies and coding practices of the medical record staff.

**Outpatient Observa tion Stay Data**

Issues to consider with charge data: A few hospitals do not have the capacity to add late occurring charges to their electronic submission within the present time frames for submitting data. One should note that charges are a reflection of the hospital’s pricing strategy and may not be indicative of the cost of patient care delivery.

**3. Da ta E le m e n ts**

The purpose of the following section is to provide the user with an explanation of some of the data elements included in Regulation 114.1 CMR 17.00, and to give a sense of their reliability.

**Details of Specific Data Elements**

**DPH HOSPITAL ID NUMB ER – REPLACED WITH ORG ID FOR FY2007**

The Massachusetts Department of Public Health’s four-digit identification number. (See SUPPLEMENT III. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS on page 30.) Please note that DPH Hospital ID number has been replaced with Org ID for FY2007, beginning October 1, 2006.

**PATIENT RACE /ETHNICITY**

The accuracy of the reporting of race and ethnicity data for any given hospital is difficult to ascertain. Therefore, the user should be aware that the distribution of patients reflected in this data element may not represent an accurate grouping of the hospital’s population.

**ENCRYPTED ATTENDING PHYSICIAN NUMBER**

The encrypted Massachusetts Board of Registration in Medicine’s license number for the attending and operating physician.

Physicians that do not have Board of Registration in Medicine license numbers that are submitted in the Hospital

Discharge Database as DENSG, PODTR, and OTHER (codes for Dental Surgeon, Podiatrist, and Other physician) appear in the AttendingPhysID and OperatingPhysID fields as:

MMMMM or MMMMM3?

MIDWIF (the code for Midwife) appears in the AttendingPhysID and OperatingPhysID fields as: K##### or K######.

**PAYER CODES**

In January 1994, payer information was expanded to include payer type and payer source. Payer type is the general payer category, such as HMO, Commercial, or Workers’ Compensation. Payer source is the specific health care coverage plan, such as Harvard Pilgrim Health Plan or Tufts Associated Health Plan.

Over the years, payer type and payer source codes have been further expanded and updated to reflect the current industry. A complete listing of Payer types and sources, including the new codes, can be found in this manual under Part G. Supplementary Information.

**UNIQUE HEALTH IDENTIFICATION NUMBER (UHIN)**

The patient’s social security number is reported as a nine-digit number, which is then encrypted by the Center into a **Unique Health Information Number (UHIN).** Therefore, a 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 the Center. 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 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 social security number of the newborn’s mother.

**RACE**

Prior to October 1, 2006, there was a single field to report patient race. Beginning October 1, 2006, there

are three fields to report race: **Race 1**, **Race 2**, and **Other Race** (a free text field for reporting any additional races). Also, race codes have been updated.

Note: These are consistent with both the federal OMB standards and code set values, and the

EOHHS Standards for Massachusetts. See *SUPPLEMENT IV. REFERENCES*.

**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**

This element contains two fields separate from patient race used to report multiple patient ethnicities represented as:

 Ethnicity 1, and

 Ethnicity 2,

 Other Ethnicity (a free text field for reporting additional ethnicities).

**HOMELESS INDICATOR**

This element contains a flag that shows the patient homelessness status (that is, yes or no).

**PERMANENT & TEMPORARY US PATIENT ADDRESS**

The Patient Address includes the following fields:

 Patient Street Address

 Patient City/Town

 Patient State

 Permanent Patient Country (ISO-3166) New Zip Code Requirements

Zip codes must be 0s (zeros), if unknown or if the patient country is not the United States.

**ORGANIZATION IDENTIF IERS**

CHIA FY2013 contains four organization identifier fields that consist of 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 I**dOrgHosp** 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 999999.

**ED FLAG INDICATOR CODE**

A flag indicating that the patient’s observation stay originated from an outpatient hospital’s emergency department visit.

**SECONDARY SOURCE OF OBSERVATION**

This element is a code indicating the source of referring or transferring the patient to observation status in the hospital. The Primary Source of observation stay is the originating, referring, or transferring facility or primary referral source causing the patient to enter the hospital’s care. The secondary source of observation stay is the secondary referring or transferring source for the patient. For example, if a patient has been transferred from a SNF to the hospital’s Clinic and is then has a stay, the Primary Source of observation stay is reported as “5 – Transfer from a SNF” and the Secondary Source of observation stay is reported as “Within Hospital Clinic Referral.”

**MOTHER’S SOCIAL SECURITY NUMBER (FOR INFANTS UP TO ONE YEAR OLD)**

The social security number of the patient’s mother reported as a nine-digit number for newborns or for infants less than 1 year old. The mother’s social security number is encrypted into a Unique Health Information Number (UHIN) and is never considered a case mix data element. Only the UHIN is considered a database element and only this encrypted number is used by the Center.

**MOTHER’S MEDICAL RECORD NUMBER (FOR NEWBORNS BORN IN THE HOSPITAL)**

The medical record number assigned within the hospital to the newborn’s mother. This medical record number distinguishes the patient’s mother and the patient’s mother’s hospital record(s) from all others in that institution.

**FACILITY SITE NUMBER**

A hospital determined number used to distinguish multiple sites that fall under one organizational ID number.

**ATTENDING PHYSICIAN LICENSE NUMBER (BOARD OF REGISTRATION IN MEDICINE NUMBER), AND OPERATING/PHYSICIAN FOR PRINCIPAL PROCEDURE (BOARD OF REGISTRATION IN MEDICINE NUMBER)**

There is now choice of a Nurse Midwife Code for the Attending and Operating MD License Field:

 Must be a valid and current Mass. Board of Registration in Medicine license number. OR-

 Must be “DENSG”, “PODTR”, “OTHER” or “MIDWIF” as specified in Inpatient Data Elements Definitions

(9)(b) of the Submission Guide.

**OTHER CAREGIVER FIELD**

The primary caregiver responsible for the patient’s care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver includes: resident, intern, nurse practitioner, and physician’s assistant.

**ATTENDING, OPERATING, AND ADDITIONAL CAREGIVER NATIONAL PROVIDER IDENTIFIER FIELDS**

Please note that these are not yet part of the database. They are just placeholders for when they are implemented. These data elements will be required when available on a national basis.

PART C. IMPORTANT NOTE REGARDING THE USE OF RACE/EHTNICITY CODES

Beginning in FY07, the Center started using the federal OMB standard race codes and code set values. These are also consistent with the Executive Office of Health and Human Services (EOHHS) standards for Massachusetts.

There are now three fields for reporting race. Race 1 and Race 2 require the use of one of the codes in the table below. Other Race is a free text field for reporting additional races when R9 “Other Race” is indicated in Race 1 or Race 2.

Please see the following table for Race Codes Beginning in use as of FY 2007:

**TABLE 1. RACE CODES AS OF FY 2007**

|  |  |
| --- | --- |
| **New Race Code**  **Beginning FY 2007** | **Description** |
| R1 | American Indian /Alaska Native |
| R2 | Asian |
| R3 | Black/African American |
| R4 | Native Hawaiian or Other Pacific Islander |
| R5 | White |
| R9 | Other Race |
| Unknown | Unknown/not specified |

**Race Code Data f or F Y2006 and Prior Ye ars**

If you have used data in previous years, you may have noted that the Race Code information in the Inpatient file prior to FY2000 was inconsistent with the way the data was reported to the Center. Furthermore, the Inpatient data product was inconsistent with other data products, such as the Outpatient Observation data product. In FY2000, we corrected this inconsistency by standardizing the Race Code as the following table shows. Please note that to compare pre-FY2000 Inpatient data to data submitted between FY2000 – FY2006, you will have to standardize using the translation table below.

**TABLE 2. PATIENT RACE CODES BEFORE FY 2000 AND 2006**

|  |  |  |
| --- | --- | --- |
| Race Code | Description - FY2000 –  FY2006 | Pre-2000 Observation Stay  FIPA Codes |
| 1 | White | White |
| 2 | Black | Black |
| 3 | Asian | Other |
| 4 | Hispanic | Unknown |

|  |  |  |
| --- | --- | --- |
| Race Code | Description - FY2000 –  FY2006 | Pre-2000 Observation Stay  FIPA Codes |
| 5 | American Indian | American Indian |
| 6 | Other | Asian |
| 9 | Unknown | Hispanic |

This format is consistent across all Center data products for these fiscal years, with the exception of pre-2000

Observation Stay data, and organized in the same format as reported to CHIA.

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PART D. CHIA CALCULATED FIELDS

**O bs e r va tio n S ta y Se que n ce Nu mbe r**

This calculated field indicates the chronological order of observation stay for patients with multiple observation stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays.

**Age C alculations**

Age calculations use the following conventions:

 Calculated by subtracting the date of birth from the admission date.

 Calculated if the date of birth and admission date are valid. If either one is invalid, then ‘999’ is placed in this field.

 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.

 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.

 If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15 (the patient is a newborn), then the age is assumed to be zero.

 Discretion should be used when a questionable age assignment is noted.

**Days Be twe e n U HIN Stays**

Days Between UNIN Stays calculations use the following conventions:

This calculated field indicates the number of days between each observation stay and each consecutive observation for applicable patients. Again, a match with the UHIN only, is used to make a determination that a patient has been .multiple observation stays within the fiscal year.

Analysis of UHIN data by the Center has turned up problems with some of the reported data. 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 admissions 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, the 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’.

**In valid S oc ia l S e c ur it y Num be r s ( S S Ns )**

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 some qualitative checks of the data prior to drawing conclusions about that.

**New born Age C alc ulations**

Newborn Age calculations use the following conventions:

 Stays 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.

 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.

 Stays that are not newborns have ‘99’ in this field.

 If a patient is 1 year old or older, the age in weeks is set to ‘99’.

 If a patient is less than 1 year old then:

1. Patients’ age is calculated in days using the Length of Stay (LOS) routine, described herein.

2. For newborns less than a year old, the number of days old is divided by seven (days), and any remaindering days are not used as a part of this calculation.

**Unique He alth Information Number ( UHIN) S equence Number**

Unique Health Information calculations use the following conventions:

 The Sequence Number is calculated by sorting the file by Unique Health Information Number,

admission date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN’s set of admissions.

 UHIN Sequence Number is calculated by sorting the entire database by UHIN, admission date, then discharge date (both dates are sorted in ascending order).

 If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

 If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first admission for the UHIN, and nnnn indicates the last admission for the UHIN.

 If a UHIN has 2 admissions on the same day, the discharge date is used as the secondary sort key.

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PART E. HOSPITAL RESPONSES

**1. S um m a r y of H os p ita l Re s pons e s**

**TABLE 3. FY 2013 VERIFICATION RESPONSE TRACKING LOG**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ORGID** | **ORGANIZATION** | **Date Sent** | **OOD Date Form Recv’d.** | **OOD Resubmit Date** | **OOD Hospital Response** |
| 1 | Anna Jaques Hosp. | 4/5/13 | 4/18/13 |  | A |
| 2 | Athol Memorial Hosp. | 4/5/13 | 5/9/13 |  | A |
| 5 | Baystate Franklin Hospital | 4/5/13 | 4/25/13 |  | A |
| 6 | Baystate Mary Lane Hospital | 4/5/13 | 4/19/13 |  | A |
| 4 | Baystate Med. Ctr. | 4/5/13 | 4/25/13 |  | A |
| 7 | Berkshire Health Sys. - Berkshire  Campus | 4/8/13 | 4/19/13 |  | A |
| 10 | Beth Israel Deaconess Med. Ctr. | 4/8/13 | 4/18/13 |  | A |
| 53 | Beth Israel Deaconess Med.- Needham  Campus | 4/5/13 | 4/19/13 |  | A |
| 98 | Beth Israel Deaconess Med - Milton | 4/5/13 | 4/24/13 |  | A |
| 46 | Boston Children's Hospital | 4/5/13 | 4/11/13 |  | A |
| 16 | Boston Med. Ctr. | 4/8/13 | 4/23/13 |  | A |
| 59 | Brigham & Women's Faulkner Hospital | 4/8/13 | 4/18/13 |  | A |
| 22 | Brigham & Women's Hosp. | 4/8/13 | 4/11/13 |  | A |
| 27 | Cambridge Health Alliance | 4/8/13 | 4/19/13 |  | A |
| 39 | Cape Cod Hosp. | 5/31/13 |  |  | Data not verified |
| 132 | Clinton Hosp. | 4/5/13 |  |  | Data not verified |
| 50 | Cooley Dickinson Hosp. | 5/13/13 | 6/3/13 |  | A |
| 51 | Dana Farber Cancer Ctr. | 4/5/13 | 4/11/13 |  | A |
| 57 | Emerson | 4/5/13 | 4/18/13 |  | A |
| 8 | Fairview Hosp. | 4/5/13 | 4/19/13 |  | A |
| 40 | Falmouth Hosp. | 5/31/13 |  |  | Data not  Verified |
| 66 | Hallmark Health Sys. - Lawrence  Memorial Hosp. | 4/8/13 | 4/18/13 |  | A |
| 141 | Hallmark Health Sys. - Melrose, Wakefield Hosp. Campus | 4/8/13 | 4/18/13 |  | A |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ORGID** | **ORGANIZATION** | **Date Sent** | **OOD Date Form Recv’d.** | **OOD Resubmit Date** | **OOD Hospital Response** |
| 68 | Harrington Memorial Hosp. | 4/5/13 | 4/22/13 |  | A |
| 71 | HealthAlliance Hosps., Inc | 4/5/13 | 4/18/13 |  | A |
| 73 | Heywood Hosp. | 4/5/13 | 4/18/13 |  | A |
| 77 | Holyoke Hosp. | 4/5/13 | 4/19/13 |  | A |
| 79 | Jordan Hosp. | 5/31/13 | 4/26/13 |  | B |
| 81 | Lahey Clinic Burlington Campus | 4/8/13 | 4/19/13 |  | A |
| 83 | Lawrence General Hosp. | 4/8/13 | 4/18/13 |  | B |
| 85 | Lowell General Hosp. | 4/8/13 | 4/15/13 |  | A |
| 115 | Lowell General Hosp. Saints Campus | 4/8/13 | 4/18/13 |  | A |
| 133 | Marlborough Hosp | 4/8/13 | 4/19/13 |  | A |
| 88 | Martha's Vineyard Hosp. | 4/8/13 | 4/18/13 |  | A |
| 88 | Mass Eye & Ear Infirmary | 5/31/13 | 6/5/13 |  | A |
| 91 | Mass General Hosp. | 4/8/13 | 4/18/13 |  | A |
| 118 | Mercy Hosp. - Providence Campus | 4/8/13 | 5/20/13 |  | A |
| 119 | Mercy Hosp. - Springfield Campus | 4/8/13 | 4/16/13 |  | A |
| 11466 | Merrimack Valley Hosp. | 4/8/13 | 4/25/13 |  | A |
| 49 | MetroWest Med. Ctr. - Framingham & Leon | 4/8/13 | 4/18/13 |  | A |
| 97 | Milford Regional Medical Center | 4/8/13 | 4/17/13 |  | A |
| 99 | Morton | 4/8/13 | 5/15/13 |  | B |
| 100 | Mount Auburn | 4/8/13 | 4/18/13 |  | A |
| 101 | Nantucket Cottage Hosp. | 4/8/13 | 4/18/13 |  | A |
| 11467 | Nashoba Valley Med. Ctr. | 4/8/13 | 4/18/13 |  | A |
| 103 | New England Baptist Hosp. | 4/8/13 | 4/18/13 |  | A |
| 105 | Newton-Wellesley Hosp. | 4/8/13 | 4/30/13 |  | A |
| 106 | Noble Hosp. | 5/31/13 |  |  | Data not verified |
| 107 | North Adams Regional Hosp. | 4/8/13 | 5/29/13 |  | A |
| 109 | Northeast Health Sys - Addison | 4/8/13 | 4/18/13 |  | A |
| 110 | Northeast Health Sys - Beverly | 4/8/13 | 4/18/13 |  | A |
| 116 | North Shore Med. Ctr. / Salem Hosp & Union | 4/8/13 | 4/19/13 |  | A |
| 112 | Quincy Hosp. | 4/8/13 | 4/22/13 |  | A |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ORGID** | **ORGANIZATION** | **Date Sent** | **OOD Date Form Recv’d.** | **OOD Resubmit Date** | **OOD Hospital Response** |
| 127 | Saint Vincent Hosp @ Worcester Med  Ctr | 4/8/13 | 4/23/13 |  | A |
| 6963 | Shriners Hospital for Children - Boston | 4/8/13 | 5/3/13 |  | A |
| 11718 | Shriners Hospital for Children - Springfield | 4/8/13 | 4/18/13 |  | A |
| 25 | Signature Healthcare Brockton Hosp | 4/8/13 | 4/18/13 |  | A |
| 122 | South Shore Hosp. | 4/8/13 | 4/26/13 |  | A |
| 123 | Southcoast Health - Charlton Memorial | 5/31/13 |  |  | Data not verified |
| 124 | Southcoast Health - St. Lukes | 5/31/13 |  |  | Data not verified |
| 145 | Southcoast Health - Tobey Campus | 5/31/13 |  |  | Data not verified |
| 42 | Steward Carney Hospital | 4/8/13 | 5/13/13 |  | A |
| 62 | Steward Good Samaritan Medical  Center | 4/8/13 | 5/13/13 |  | A |
| 4460 | Steward Good Sam Med Ctr - Norcap  Lodge | 4/8/13 | 5/12/13 |  | A |
| 75 | Steward Holy Family Hospital | 4/8/13 | 5/12/13 |  | A |
| 41 | Steward Norwood Hospital | 4/8/13 | 5/13/13 |  | A |
| 114 | Steward Saint Anne's Hospital | 4/8/13 | 5/12/13 |  | A |
| 126 | Steward St. Elizabeth's Medical Center | 4/8/13 | 5/13/13 |  | A |
| 129 | Sturdy Memorial Hospital | 4/8/13 | 4/22/13 |  | A |
| 104 | Tufts-New England Med. Ctr. | 4/8/13 | 4/22/13 |  | A |
| 131 | U Mass. / Memorial Health - U. Mass  Campus | 4/8/13 | 4/29/13 |  | B |
| 139 | U Mass / Wing Memorial Hosp. | 4/8/13 |  |  | Data not verified |
| 138 | Winchester Hosp. & Family Med. Ctr. | 4/8/13 | 4/13/13 |  | A |

**2 Hos p ita l Da ta D is cr e pa n cy Doc um e nta ti on**

CHIA requires participating hospitals to report data discrepancies for any given year. Hospitals can submit many types of documentation that provide an explanation for these data discrepancies. For example, this documentation can include letters regarding the collection methods of the data, CHIA-provided forms identifying data discrepancies, (for example, the Data Profile Report), emails regarding the collection and gathering of data, a Summary of Data Inconsistencies Report, etc.

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PART F. CAUTIONARY USE HOSPITALS

FY 2013: There are no cautionary use hospitals in FY2013. All hospitals submitted 4 quarters of passed data for FY 2013.

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PART G. SUPPLEMENTARY INFORMATION

**SU PPLEMENT I. LIST OF TY PE "A" AND TY PE "B" ERRORS**

**TABLE 4. TYPE "A" ERRORS**

Record Type

Starting Date Period Ending Date Medical

Record Number

Patient Sex

Patient Birth Date Admission Date Discharge

Date

Primary Source of Payment Patient Status

Billing Number Primary Payer Type Primary Payer Type Secondary

Mother’s Medical Record Number

Total Charges Principal Diagnosis Code Associate Diagnosis Code (I – V) Significant Procedure Code ISignificant Procedure Code II

Significant Procedure Code III-V Physical

Record Count

Record Type 2X Count

Record Type 3X Count Record Type 4X Count Record Type 5X Count Record Type 6X Count Stays

ED Flag Observation Flag Org ID Hospital Service Site Reference

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**TABLE 5. TYPE "B" ERRORS**

Patient Race

Type of Observation Stay Source of Admission Patient Zip Code

Patient Social Security Number

Homeless Indicator

Mother's Social Security Number

Facility Site Number

Code Attending Physician License Number Operating Physician License Number Other Caregiver

Attending Physician

Operating Physician

Date of Significant Procedures (I and II) Race 1, 2, and Other Race

Hispanic Indicator

Ethnicity 1, 2, and Other Ethnicity Associate Diagnoses I-V 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

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**SU PPLEMENT II. Conte nt of Hospital Ve rifi cation Repor t Package**

The Hospital Verification Report includes the following frequency distribution tables:

**TABLE 6. HOSPITAL VERIFICATION REPORT FREQUENCY DISTRIBUTION TABLES:**

Source of Observation

Stays

Stays by Month Primary Payer Type Patient Departture Stays by Gender Stays by Race 1

Stays by Race 2

Stays by Race/Ethnicity 1

Stays by Race/Ethnicity 2

Stays by Ethnicity1

Stays by Ethnicity 2

Stays by Patient Hispanic Indicator

Stays by Age

Top 20 Patient Zip Code

Verification Response Forms: Completed by hospitals after data verification and returned to CHIA.

**SU PP LEM ENT III. HOSPITAL A DDRESSES, O RG ID, AND SERVICE SITE ID NUMB ERS**

**TABLE 7. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Organization Name** | **Hospital Address** | **ID ORG HOSP**  **1** | **ID ORG FILER**  **1** | **SITE NO.\*1** |
| Anna Jaques Hospital | 25 Highland Ave  Newburyport, MA 01950 | 1 |  |  |
| Athol Memorial Hospital | 2033 Main Street  Athol, MA 01331 | 2 | 2 | 2 |
| Baystate Franklin Medical Center | 164 High Street Greenfield, MA 01301 | 5 | 5 |  |
| Baystate Mary Lane Hospital | 85 South Street  Ware, MA 01082 | 6 | 6 |  |
| Baystate Medical Center | 759 Chestnut St  Springfield, MA 01199 | 4 | 4 | 4 |
| Berkshire Medical Center – Berkshire Campus | 725 North Street  Pittsfield, MA., 01201 | 6309 | 7 | 7 |
| Berkshire Medical Center – Hillcrest  Campus | 165 Tor Court  Pittsfield, MA 01201 |  |  | 9 |
| Beth Israel Deaconess Hospital – Needham | 148 Chestnut Street  Needham, MA 02192 | 53 | 53 | 53 |
| Beth Israel Deaconess Medical Center - East  Campus | 330 Brookline Avenue  Boston, MA 02215 | 8702 | 10 | 10 |
| Boston Children's Hospital | 300 Longwood Avenue  Boston, MA 02115 | 46 | 46 |  |
| Boston Medical Center – Menino  Pavilion | One Boston Medical Center  Place  Boston, MA 02118 | 3107 | 16 | 16 |
| Boston Medical Center – Newton Pavilion  Campus | One Boston Medical Center  Place  Boston, MA 02118 |  |  | 144 |
| Brigham and Women's Faulkner Hospital | 1153 Centre Street | 22 | 59 | 59 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Organization Name** | **Hospital Address** | **ID ORG HOSP**  **1** | **ID ORG FILER**  **1** | **SITE NO.\*1** |
|  | Jamaica Plain, MA 02130 | 22 | 22 | 59 |
| Brigham and Women's Hospital | 75 Francis St  Boston, MA 02115 | 3108 | 27 | 27 |
|  |  | 143 |
| Cambridge Health Alliance –Cambridge  Hospital Campus | 1493 Cambridge Street  Cambridge, MA 02139 |  |  |  |
| Cambridge Health Alliance – Somerville  Campus | 230 Highland Avenue  Somerville, MA |  |  | 143 |
| Cambridge Health Alliance – Whidden  Hospital Campus | 103 Garland Street  Everett, MA 02149 |  |  | 142 |
| Cape Cod Hospital | 27 Park Street  Hyannis, MA 02601 | 39 | 39 |  |
| Clinton Hospital | 201 Highland Street  Clinton, MA 01510 | 132 | 132 |  |
| Cooley Dickinson Hospital | 30 Locust Street  Northampton, MA 01061-  5001 | 50 | 50 |  |
| Dana-Farber Cancer Institute | 44 Binney Street  Boston, MA 02115 | 51 | 51 |  |
| Emerson Hospital | 133 Old Road to Nine Acre  Corner  Concord, MA 01742 | 57 | 57 |  |
| Fairview Hospital | 29 Lewis Avenue  Great Barrington, MA 01230 | 8 | 8 |  |
| Falmouth Hospital | 100 Ter Heun Drive  Falmouth, MA 02540 | 40 | 40 |  |
| Faulkner Hospital | see Brigham & Women’s  Faulkner Hospital |  |  |  |
| Hallmark Health System – Lawrence | 170 Governors Avenue  Medford, MA 02155 | 3111 | 66 |  |
| Hallmark Health System - Melrose-Wakefield  Hospital Campus | 585 Lebanon Street  Melrose, MA 02176 | 3111 | 141 |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Organization Name** | **Hospital Address** | **ID ORG HOSP**  **1** | **ID ORG FILER**  **1** | **SITE NO.\*1** |
| Harrington Memorial Hospital | 100 South Street  Southbridge, MA 01550 | 68 | 68 |  |
| Health Alliance Hospitals, Inc. | 60 Hospital Road  Leominster, MA 01453-8004 | 71 | 71 |  |
| Health Alliance Hospital – Burbank Campus | 275 Nichols Road  Fitchburg, MA 01420 |  |  | 8548 |
| Health Alliance Hospital –Leominster Campus | 60 Hospital Road  Leominster, MA 01453 |  |  | 8509 |
| Heywood Hospital | 242 Green Street  Gardner, MA 01440 | 73 | 73 |  |
| Holyoke Medical Center | 575 Beech Street  Holyoke, MA 01040 | 77 | 77 |  |
| Jordan Hospital | 275 Sandwich Street  Plymouth, MA 02360 | 79 | 79 |  |
| Lahey Clinic - Burlington Campus | 41 Mall Road  Burlington, MA 01805 | 6546 | 81 | 81 |
| Lahey Clinic - North Shore | One Essex Center Drive  Peabody, MA 01960 |  |  | 4448 |
| Lawrence General Hospital | One General Street  Lawrence, MA 01842-0389 | 83 | 83 |  |
| Lowell General Hospital | 295 Varnum Avenue  Lowell, MA 01854 | 85 | 85 |  |
| Marlborough Hospital | 57 Union Street  Marlborough, MA 01752-  9981 | 133 | 133 |  |
| Martha's Vineyard Hospital | One Hospital Road  Oak Bluffs, MA 02557 | 88 | 88 |  |
| Massachusetts Eye and Ear Infirmary | 243 Charles Street  Boston, MA 02114-3096 | 89 | 89 |  |
| Massachusetts General Hospital | 55 Fruit Street  Boston, MA 02114 | 91 | 91 |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Organization Name** | **Hospital Address** | **ID ORG HOSP**  **1** | **ID ORG FILER**  **1** | **SITE NO.\*1** |
| Mercy Medical Center – Providence  Behavioral Health Hospital Campus | 1233 Main St  Holyoke, MA 01040 | 6547 | 118 | 118 |
| Mercy Medical Center - Springfield Campus | 271 Carew Street  Springfield, MA 01102 | 6547 | 119 |  |
| Merrimack Valley Hospital | 140 Lincoln Avenue  Haverhill, MA 01830-6798 | 70 | 70 |  |
| Merrimack Valley Hospital, A Steward Family  Hospital (11466 New Org ID as of 5/1/2011) |  | 11466\* | 11466 |  |
| MetroWest Medical Center –  Framingham Campus | 115 Lincoln Street  Framingham, MA 01702 | 3110 | 49 | 49 |
| MetroWest Medical Center – Leonard Morse  Campus | 67 Union Street  Natick, MA 01760 | 3110 | 49 | 457 |
| Milton Hospital  (NOTE: 1/1/12 merger – name change to Beth  Israel Deaconess Hospital- Milton) | 199 Reedsdale Rd  Milton, MA 02186 | 98 | 98 |  |
| MetroWest Medical Center – Framingham  Campus | 115 Lincoln Street  Framingham, MA 01702 | 3110 | 49 | 49 |
| MetroWest Medical Center – Leonard Morse  Campus | 67 Union Street Natick, MA  01760 | 3110 | 49 | 457 |
| Milford Regional Medical Center | 14 Prospect Street Milford, MA 01757 | 97 | 97 |  |
| Milton Hospital **Note**: Due 1/1/12 merger, name has changed to Beth Israel Deaconess Hospital-Milton) | 199 Reedsdale Rd  Milton, MA 02186 | 98 | 98 |  |
| Morton Hospital, A Steward Family | 88 Washington St Taunton, MA 02780 | 99 | 99 |  |
| Mount Auburn Hospital | 330 Mt. Auburn St. Cambridge, MA 02138 | 100 | 100 |  |
| Nantucket Cottage Hospital | 57 Prospect St Nantucket, MA 02554 | 101 | 101 |  |
| Nashoba Valley Medical Center | 200 Groton Road  Ayer, MA 01432 | 52 | 52 | 52 |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Organization Name** | **Hospital Address** | **ID ORG HOSP**  **1** | **ID ORG FILER**  **1** | **SITE NO.\*1** |
| Nashoba Valley Medical Center, A Steward  Family Hospital, Inc  (11467 new OrgID as of 5/1/2011) |  | 11467 | 11467 |  |
| New England Baptist Hospital | 125 Parker Hill Avenue  Boston, MA 02120 | 103 | 103 |  |
| Newton Wellesley Hospital | 2014 Washington St  Newton, MA 02462 | 105 | 105 |  |
| Noble Hospital | 115 West Silver Street  Westfield, MA 01086 | 106 | 106 |  |
| North Adams Regional Hospital | 71 Hospital Avenue  North Adams, MA 02147 | 107 | 107 |  |
| North Shore Medical Center, Inc  Salem Campus | 81 Highland Avenue  Salem, MA 01970 | 345 | 116 | 116 |
| North Shore Medical Center, Inc  Union Campus | 500 Lynnfield Street  Lynn, MA 01904 |  |  | 3 |
| Northeast Hospital - Addison Gilbert Campus | 298 Washington St  Gloucester, MA 01930 | 3112 | 109 |  |
| Northeast Hospital – Beverly Campus | 85 Herrick Street  Beverly, MA 01915 | 3112 | 110 |  |
| Quincy Medical Center, A Steward Family  Hospital, Inc. | 114 Whitwell Street  Quincy, MA 02169 | 112 | 112 |  |
| Saint Vincent Hospital | 123 Summer St  Worcester, MA 01608 | 127 | 127 |  |
| Saints Memorial Medical Center | One Hospital Drive  Lowell, MA 01852 | 115 | 115 |  |
| Signature Healthcare Brockton Hospital | 680 Centre Street  Brockton, MA 02302 | 25 | 25 |  |
| South Shore Hospital | 55 Fogg Road  South Weymouth, MA  02190 | 122 | 122 |  |
| Southcoast Hospitals Group – Charlton  Memorial Campus | 363 Highland Avenue  Fall River, MA 02720 | 3113 | 123 |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Organization Name** | **Hospital Address** | **ID ORG HOSP**  **1** | **ID ORG FILER**  **1** | **SITE NO.\*1** |
| Southcoast Hospitals Group - St. Luke's  Campus | 101 Page Street  New Bedford, MA 02740 | 3113 | 124 |  |
| Southcoast Hospitals Group – Tobey Hospital  Campus | 43 High Street  Wareham, MA 02571 | 3113 | 145 |  |
| Steward Carney Hospital | 2100 Dorchester Avenue  Dorchester, MA 02124 | 42 | 42 |  |
| Steward Good Samaritan Medical Center –  Brockton Campus | 235 North Pearl Street  Brockton, MA 02301 | 8701 | 62 |  |
| Steward Good Samaritan Medical Ctr Norcap  Lodge Campus -  **NO ED** | 71 Walnut Street  Foxboro, MA 02035 | 8701 | 4460 |  |
| Steward Holy Family Hospital and Medical  Center | 70 East Street  Methuen, MA 01844 | 75 | 75 |  |
| Steward Norwood Hospital | 800 Washington Street  Norwood, MA 02062 | 41 | 41 |  |
| Steward St. Anne's Hospital | 795 Middle Street  Fall River, MA 02721 | 114 | 114 |  |
| Steward St. Elizabeth's Medical Center | 736 Cambridge Street  Boston, MA 02135 | 126 | 126 |  |
| Sturdy Memorial Hospital | 211 Park Street  Attleboro, MA 02703 | 129 | 129 |  |
| Tufts Medical Center | 800 Washington Street  Boston, MA 02111 | 104 | 104 |  |
| UMass. Memorial Medical Center – University  Campus | 55 Lake Avenue North  Worcester, MA 01655 | 3115 | 131 |  |
| UMass. Memorial Medical Center – Memorial  Campus | 119 Belmont Street  Worcester, MA 01605 |  |  | 130 |
| Winchester Hospital | 41 Highland Avenue  Winchester, MA 01890 | 138 | 138 |  |
| Wing Memorial Hospital | 40 Wright Street  Palmer, MA 01069-1187 | 139 | 139 |  |

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**SUP PL E M E N T IV. REFE REN CES**

**Outpatient Observation Discharge: Data Specifications Data Code Tables:**

The data codes for the required data elements that hospitals must report to CHIA in accordance with Case

Mix Regulation 114.1 CMR 17.00 can be found at:

**URL:** [http://www.chaimass.gov/regulati](http://www.chaimass.gov/regulations)ons

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