



center  
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information  
and analysis

## Using the Outpatient Observation Database (OOD)



FISCAL  
YEAR  
2013

Center for Health Information and  
Analysis

## Using the Outpatient Observation Database (OOD)

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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.pdf>

## General Documentation

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 Documentation

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

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

<http://www.chiamass.gov/regulations>

### 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.*

### Compact Disc (CD) File Specifications

#### 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.

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## PART A. BACKGROUND INFORMATION:

### 1. OOD 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 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. Development of Fiscal Year Database

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:

<b>LEVEL I</b>	No identifiable data elements and patient 3-Digit ZIP code only).
<b>LEVEL II</b>	Unique Physician Number (UPN) and patient 5-digit ZIP Code.
<b>LEVEL III</b>	Unique Health Information Number (UHIN).
<b>LEVEL IV</b>	UHIN and UPN.
<b>LEVEL V</b>	Date(s) of Beginning and end of Observation, Dates of Significant Procedure(s).
<b>LEVEL VI</b>	Contains all data elements except the patient identifier component of the Medicaid recipient ID number.

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## PART B. CHIA DATA

### 1. Data Quality 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.

#### Verification 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.



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**“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. Data 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 Observation 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.

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### 3. Data Elements

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 NUMBER – 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.

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### 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

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- 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 IDENTIFIERS

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 **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 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.

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### **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.

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### 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 for FY2006 and Prior Years

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

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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

#### Observation Stay Sequence Number

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 Calculations

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 Between UHIN 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'.

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### Invalid Social Security Numbers (SSNs)

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_allcharequal = 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.

### Newborn Age Calculations

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.

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### Unique Health Information Number (UHIN) Sequence 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. Summary of Hospital Responses

**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

## Using the Outpatient Observation Database (OOD)

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 Hospital Data Discrepancy Documentation

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.





## Using the Outpatient Observation Database (OOD)

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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.



## Using the Outpatient Observation Database (OOD)

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### PART G. SUPPLEMENTARY INFORMATION

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

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

Record Type	Significant Procedure Code III-V Physical Record Count
Starting Date Period Ending Date Medical Record Number	Record Type 2X Count
Patient Sex	Record Type 3X Count Record Type 4X Count
Patient Birth Date Admission Date Discharge Date	Record Type 5X Count Record Type 6X Count Stays
Primary Source of Payment Patient Status	ED Flag Observation Flag Org ID
Billing Number Primary	Hospital Service Site Reference
Payer Type Primary	
Payer Type Secondary	
Mother's Medical Record Number	
Total Charges Principal Diagnosis Code	
Associate Diagnosis Code (I – V)	
Significant Procedure Code I Significant Procedure Code II	

## Using the Outpatient Observation Database (OOD)

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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

### SUPPLEMENT II. Content of Hospital Verification Report 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 Ethnicity 1  
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.

## Using the Outpatient Observation Database (OOD)

### SUPPLEMENT III. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

**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

## Using the Outpatient Observation Database (OOD)

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	

## Using the Outpatient Observation Database (OOD)

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	



## Using the Outpatient Observation Database (OOD)

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 <b>Note:</b> 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

## Using the Outpatient Observation Database (OOD)

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	

## Using the Outpatient Observation Database (OOD)

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 - <b>NO ED</b>	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	

### SUPPLEMENT IV. REFERENCES

#### **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/regulations>