**ADMINISTRATIVE BULLETIN 24-03**

**957 CMR 8.00: All Payer Claims Database (APCD) and**

**Case Mix and Charge Data Submission**

**Effective May 30, 2024**

The Center for Health Information and Analysis (CHIA) is issuing this Administrative Bulletin pursuant to 957 CMR 8.06(1) to notify hospitals required to submit data to CHIA in accordance with 957 CMR 8.00 of changes to the Case Mix and Charge Data file submission guidelines.

CHIA updated the FY 2025 Case Mix and Charge Data submission requirements with two new data elements to collect National Provider Identifiers (NPI) for Other Physician and ED Physician in Emergency Department Data (EDD).

Other assorted Case Mix changes to the submission requirements include updated field lengths to accommodate the intake of certain hospital data with increasing size, updated field edits and updated descriptions.

Data code tables for Hospital Inpatient Discharge Data (HIDD), Emergency Department Data (EDD), Outpatient Observation Data (OOD) are updated to align with MassHealth’s standards or the code set that is required for the Electronic Health Record Dataset (EHRD) collection.

Further, CHIA changed the required file format for HIDD and EDD from fixed length to an asterisk delimited format. All Filler (empty) fields are removed from both filing types. Record Type 21 – Patient Reason for Visit is also removed from the required EDD specifications.

The following table lists data elements with updated specifications. Technical specifications for these fields are found within the related Submission Manuals. The changes noted herein and within the Submission Manuals will be in effect beginning with the quarterly submission of 10/1/2024 – 12/31/2024 (1st Quarter 2025). The due date for the filing of 1st Quarter 2025 is January 31, 2025. The submittal schedule is not changing for Case Mix and EHRD data submissions.

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| **New Data Element** | **File Type** |
| Other Physician or Clinician National Provider Identifier (NPI) | Emergency Department |
| ED Physician or Clinician National Provider Identifier (NPI) | Emergency Department |

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| **New File Format** | **File Type** |
| Asterisk Delimiter | Inpatient Discharge |
| Asterisk Delimiter | Emergency Department |

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| **Data Element with Updated Field Length** | **File Type** |
| Medical Record Number | Inpatient Discharge, Emergency Department, Outpatient Observation, Electronic Health Record Dataset |
| Permanent Patient Street Address | Inpatient Discharge, Emergency Department, Outpatient Observation, Electronic Health Record Dataset |
| Temporary Patient Street Address | Inpatient Discharge, Emergency Department, Outpatient Observation, Electronic Health Record Dataset |
| Homeless Indicator | Inpatient Discharge, Emergency Department, Outpatient Observation, Electronic Health Record Dataset |
| Board of Registration in Medicine (BORIM) Physician License Number | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Billing Number, Acct\_N | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Race1 | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Race 2 | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Hispanic Indicator | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Ethnicity 1 | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Ethnicity 2 | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Patient Sex at Birth | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Provider Name | Inpatient Discharge, Emergency Department |
| Provider Address | Inpatient Discharge, Emergency Department |
| Submitter EIN | Inpatient Discharge |
| Submitter Name | Inpatient Discharge |
| Mother’s Medical Record Number | Inpatient Discharge |
| Accommodations 1-5 | Inpatient Discharge |
| Units of Service (Accom. Days) | Inpatient Discharge |
| Total Charges (Accom.) | Inpatient Discharge |
| Ancillaries 1-5 | Inpatient Discharge |
| Units of Service (Ancillary) | Inpatient Discharge |
| Total Charges (Service) | Inpatient Discharge |
| Number of hours in ED | Inpatient Discharge, Outpatient Observation |
| Number of Discharges | Inpatient Discharge |
| Total Days | Inpatient Discharge |
| No. of Providers on File | Inpatient Discharge |
| Count of Batches | Inpatient Discharge |
| Batch Type Counts | Inpatient Discharge |
| Provider City | Emergency Department |
| Medicaid Claim Certificate Number (New MMIS ID/Medicaid ID), MMIS\_ID | Emergency Department, Outpatient Observation |
| Registration Date | Emergency Department |
| Discharge Date | Emergency Department |
| EMS Patient Care Report Number | Emergency Department |
| Other Ethnicity | Emergency Department |
| Group Element: Service Line Items 2 - 30 | Emergency Department |
| Group Element: Site Summaries 2 - 4 | Emergency Department |
| Surgeon | Outpatient Observation |
| Att\_MD | Outpatient Observation |
| Surgeon for Associated Procedure 1 - 3 | Outpatient Observation |
| Hospital Name | Electronic Health Record Dataset |

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| **Data Element with Updated Field Edit** | **File Type** |
| Patient Birthday, Date of Birth, DOB | Inpatient Discharge, Emergency Department, Outpatient Observation |

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| **Data Table with Updated Codes** | **File Type** |
| Patient Sex at Birth | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Type of Admission, Type of Visit, Obs\_Type | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Race | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Hispanic Indicator | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Ethnicity | Inpatient Discharge, Emergency Department, Outpatient Observation |
| Homeless Indicator | Inpatient Discharge, Emergency Department, Outpatient Observation, Electronic Health Record Dataset |