CENTER FOR HEALTH INFOMATION AND ANALYSIS

**MASSACHUSETTS**

**CASE MIX**

HOSPITAL EMERGENCY

DEPARTMENT DATA(EDD)

FISCAL YEAR 2017

DOCUMENTATION MANUAL

**CHIA**

Massachusetts Case Mix

FY2017 Emergency Department Data (November 2018 Data Release)

**USER GUIDE**

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Executive Summary

Each quarter, Massachusetts facilities provide to CHIA data collected from emergency rooms about visits that did not end in an inpatient admission or outpatient observation stay. The FY2017 Emergency Department Database (EDD) includes emergency department visits that occurred between October 1, 2016 and September 30, 2017. Facilities reported a total of 2,443,689 visits.

The FY2017 Emergency Department Database Guide provides general information about CHIA’s most recent emergency department holdings. This information includes high level data notes (data collection, data application, and use) and a codebook (data element list, data dictionary, reference tables, and summary statistics).

**New in FY 2017**

CHIA reported diagnoses and procedures using ICD-10-CM and ICD-10-PCS codes (International Classification of Diseases, Tenth Revision, Clinical Modification and Procedure Coding System). All emergency departments reported only ICD-10 codes. No visits had an ICD Indicator flag that identified ICD-9 codes. If a primary diagnosis or primary procedure did not match the code tables for each ICD Code set, that value was replaced by a “-“ to indicate it was invalid for that ICD type.

Part A. Data Collection

Selected facilities in Massachusetts are required to submit visit data to CHIA under ***957 CMR 8.00 - APCD and Case Mix Data Submission*** and *Regulation 957 CMR 5.00: Health Care Claims, Case Mix and Charge Data Release Procedures*. Researchers can access EDD regulations through CHIA’s web s[ite [http://www.chiamass.gov/regulations](http://www.chiamass.gov/regulations)] or by faxing a request to CHIA at 617-727-

7662.

***957 CMR 8.00 - APCD and Case Mix Data Submission*** requires facilities to submit visit data to CHIA 75 days after each quarter. The quarterly reporting intervals for the FY2017 EDD are as follows:

 **Quarter 1:** October 1, 2016 - December 31, 2016

 **Quarter 2:** January 1, 2017 – March 31, 2017

 **Quarter 3:** April 1, 2017 – June 30, 2017

 **Quarter 4:** July 1, 2017 – September 30, 2017

CHIA reviewed each facility’s quarterly data for compliance with ***957 CMR 8.00 - APCD and Case Mix Data Submission*** using a one percent error rate. The one percent error rate was based upon the presence of one or more errors per visit for the facility’s quarterly submission. CHIA checked for valid codes, correct formatting, and presence of the required data elements. If one percent or more of the visits were rejected, CHIA rejected the entire submission.

Each facility received a quarterly error report about invalid visit information. Quarterly data that did not meet the one percent compliance standard must be resubmitted by the reporting facility until the standard is met.

**Defining Emergency Department**

Regulation *105 CMR 130.020* defines what types of facilities were considered “Emergency Departments” and what was (and was not) a visit. The Hospital Uniform Reporting Manual (HURM) defined additional emergency services and also defined the regulations for emergency services under Massachusetts General Laws. Functional reporting permits and comparisons among facilities with varied organizational structures can be found in the *HURM,* Chapter III, § 3242.

An Emergency Department was defined as a department of a hospital or an off-site health care facility that provides emergency services as defined in *105 CMR 130.020*. The emergency department must have been listed on the license of the hospital, and qualify as a Satellite Emergency Facility as defined in 105 *CMR 130.820* through*130.836*.

**Visits in Other CHIA Databases**

Any visit, for which the patient was registered in the emergency department and did not result in an outpatient observation stay or the inpatient admission at the reporting facility, was considered an emergency department visit. A visit occurred even if the only service provided to a registered patient was a triage or screening. Data users interested in visits that resulted in an observation stay should use the outpatient observation database (FY2017 OOD). Data users interested in visits that resulted in an inpatient stay should use the inpatient database (FY2017 HIDD). Both the OOD and HIDD databases have an “ED Indicator” flag which identified care that began in the emergency room. The “Source of Admission” codes in OOD and HIDD and “Revenue” codes in HIDD can be used to identify stays or discharges that included emergency department services.

**EDD Verification Report Process**

CHIA sent each facility a report on their visit data to maintain and improve the quality of data submissions. The Verification Report process gave the facilities the opportunity to review the data they provided to CHIA and affirm data accuracy.

CHIA produced facility specific Verification Reports after each facility successfully submits two and four quarters of data. CHIA asked each facility to review and verify a summary of their submissions. Each Verification Report had a series of frequency tables for selected data elements that included, but was not limited to, the number of visits per month and breakouts by admission type, admission source, race, and disposition.

Facilities must affirm that reported data was accurate or identify any discrepancies on the year-end Verification report. Facilities certified the accuracy of their data by completing a Verification Report Response form. CHIA accepted two response types from facilities:

**A**: A facility indicated its agreement that the Verification Report data was accurate and represented the facility’s case mix profile.

**B:** A facility indicated that the Verification Report data was accurate except for the discrepancies noted. If any data discrepancies existed, CHIA would request that the facility provide a written explanation of the discrepancies.

Users interested in the FY2017 EDD Verification Reports should contact CHIA at CaseMix[.data@state.ma.u](mailto:data@state.ma.us)s. Please indicate the fiscal year of the Verification Report, the dataset name, and if you need information for a specific facility or set of facilities.

Part B: Applying For and Using CHIA Data

Researchers interested in receiving CHIA data should follow the instructions below to receive access to the data. Due to the custom nature of each data request, limited information about how to use the CHIA is provided. Users needing additional assistance applying for data or using the data should contact CHIA at CaseMix[.data@state.ma.u](mailto:data@state.ma.us)s.

**How to Apply for the Data**

To obtain a copy of the Data Use Agreement and/or other documents, applicants should visit CHIA’s Case Mix website at [http://www.chiamass.gov/chi](http://www.chiamass.gov/chia-data/)a-data/.

**1.** Applicants should follow the links to the forms that correspond to the data (Case Mix) and application (Government or

Non- Government) that as appropriate to the data request.

**2.** For FY2017 data, Non-Government applicants can request pre-configured Limited Data Sets (LDS). The LDS were designed to protect patient confidentiality while ensuring analytic value.

**Securing CHIA Data Prior to Use**

Approved data recipients or agents are obliged by the application and confidentiality agreement to secure the FY2017 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 must reside on an encrypted hard drive and/or secure network.

**Data Delivery**

CHIA delivers FY2017 EDD on CD-ROMs. Data users must be able to meet the following hardware, and CD requirements. Users must also be able to read and download the data files to their back office.

**Hardware Requirements:**

 CD ROM Device

 Encrypted Hard Drive with 2.0 GB of space available

**Data Use**

The FY2017 EDD consisted of up to 9 Microsoft Access Database (.mdb) files or 10 SAS files (.sas7bdat). Each file name had a suffix of “\_Full\_AAAA\_BBBB”. AAAA indicated the specific view of the data. BBB indicated whether the data was from an LDS or Government dataset.

 The main FIPA\_EDD\_2017\_**Visit** (table name: Visits), contained one record per ED visit.

 FIPA\_EDD\_2017\_**ServiceCode** (table name: Services)**,** contained one record per revenue code service reported for each visit. The Visit table (RecordType20ID) had a one-to-many relationship with this table.

 FIPA\_EDD\_2017\_**DiagnosesCode** (table name: Diagnoses), contained one record per diagnosis reported for each visit. The Visit table (RecordType20ID) had a one-to-many relationship with this table.

 FIPA\_EDD\_2017\_**ProcedureCode** (table name: Procedures), contained one record per procedure for each visit. The Visit table (RecordType20ID) had a one-to-many relationship with this table.

 FIPA\_EDD\_2017\_**Organization** (table name: OrgIDs) contains one record per ED organization. This table

could be used to lookup facility names, EMS region, and teaching status.

 FIPA\_EDD\_2017\_**PayerCategories** (table name: Payer) contained one record per ED payer.

 FIPA\_EDD\_2017\_**SubmissionLog** (table name: DataSubmissionLog) contained one record per quarter for each of the ED facilities filing data.

 FIPA\_EDD\_2017\_**Error Log** (table name: ErrorLog) contained records by quarter and by fiscal year on the number of records pass and fail and the reason for fail by IdOrgFiler.

 FIPA\_EDD\_2017\_**ServiceSummary** (table name: ServiceSummary)**,** contained one record per quarter per facility. The Visit table (RecordType20ID) had a many-to-one relationship with this Table.

**Linking Files**

CHIA used MS Access as a convenient data transport format. Most data users have imported the EDD into SQL, STATA™, SPSS™, SAS™, or R for analysis or data management. To accommodate the expanding one-to-many relationship between the main discharge table and other tables, FY2017 EDD files contained multiple tables linked by the **RecordType20ID** field. The Organization table can be linked to columns on the Visit table using the organization fields.

Any additional questions can be addressed by contacting CHIA at CaseMix[.data@state.ma.](mailto:data@state.ma.us)us.

Part C: Data Elements

The purpose of the following section is to provide the user with an explanation of some of the data. For more information about specific data elements, facility reporting thresholds, or other questions about the data, please contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us)**.**

**About the Limited Data Set (LDS)**

The pre-configured Limited Data Set (LDS) is designed to protect patient data confidentiality while ensuring analytic value. The “core” data elements are available to all users (non-government and government). Users wishing to add to the “core” elements must indicate this by selecting from the list of “buy-ups”. An applicant could use the “Buy-up” process to receive more granular data. For example, the user can request a “buy-up” to a 5 digit patient zip code instead of a 3 digit patient zip code. CHIA must review buy-up requests and would approve the request based on the project description. CHIA makes an additional set of core elements available only to government users. These elements are provided to all government users. Government users must specifically identify requested Government-Only elements in their application.

**Master Data Elements List**

For the FY2017 EDD, CHIA provided a master data elements list by table. Not every user had access to every data element – some were reserved for limited dataset buy-ups or for government use. All users had access to the “CORE” data. Users who choose limited dataset buy-ups may have received access to some “LDS” elements. Only government users may have access to the “GOV” or “GOV- SPEC” fields. Users interested in purchasing the data should visit the CHIA website for instructions.

**VISIT TABLE—CORE ELEMENTS**

|  |  |  |
| --- | --- | --- |
| AgeLDS | IdOrgTransfer | ProcedureCodingType |
| AmbulanceRunSheet | LengthOfStayHours | RecordType20ID |
| Charges | NewbornAgeWeeks | RegistrationDay |
| DaysBetweenVisits | OtherCareGiver | RegistrationYear |
| DepartureStatus | PatientBirthDate | SecondarySourceOfPayment |
| DischargeDay | PermanentPatientCountryLDS | SecondarySourceOfVisit |
| EDVisitID | PermanentPatientStateLDS | SexLDS |
| EmergencySeverity | PrimarySourceOfPayment | SourceOfVisit |
| HispanicIndicator | PrincipalConditionPresent | SubmissionControlID |
| Homeless | PrincipalDiagnosisCode | TemporaryPatientStateLDS |
| HospitalBillNumber | PrincipalECode | Transport |
| IDOrgHosp | PrincipalECodeConditionPresent | TypeOfVisit |
| IdOrgSite |  | VisitPassed |

**VISIT TABLE—LDS ELEMENTS**

|  |  |  |
| --- | --- | --- |
| DischargeDate | PermanentPatientCityLDS | RegistrationMonthMM |
| DischargeDateMM | PhysicianNumber | TemporaryPatientCityLDS |
| Ethnicity1 | Race1 | VisitSequence |
| Ethnicity2 | Race2 |  |
| OtherPhysicianNumber | RegistrationDate |  |

**VISIT TABLE – GOVERNMENT-ONLY ELEMENTS**

OtherRace LegacyCHIAMothersUHIN DischargeTime

PermanentPatientZIP3CodeLDS PermanentPatientZIP5CodeLDS

LegacyCHIAPatientUHIN RegistrationTime

MedicaidMemberID TemporaryPatientZip3CodeLDS

MedicalRecordNumber TemporaryPatientZip5CodeLDS

OtherEthnicity

**DIAGNOSIS TABLE—CORE ELEMENTS**

ConditionPresent

DiagnosisCode

PrincipalIndicator

Sequence

**PROCEDURE TABLE-CORE ELEMENTS**

ProcedureCode

Sequence

**SERVICE SUMMARY TABLE—CORE ELEMENTS**

|  |  |  |
| --- | --- | --- |
| InpatientVisits | OutpatientObservationVisits | Total ED Beds |
| Observation Beds | ServiceSiteSummaryKey | TotalRegisteredVisits |
| OrgID | SubmissionQuarter | TreatmentBeds |

**ORGANIZATION TABLE—CORE ELEMENTS**

|  |  |  |
| --- | --- | --- |
| City | OrganizationName | Total ED Beds |
| DateInactive | OrganizationNumber | TotalRegisteredVisits |
| EMSRegion | OrganizationTypeID | TreatmentBeds |
| GroupName | TeachingStatus |  |
| OrganizationGroupId | Type |  |

**PAYER CATGORIES —CORE ELEMENTS**

ManagedCareCode PayerSourceCode

MCareMCaidPrivCode PayerSourceDefinition

PayerCategory PayerType

**Age LDS**

If the date of birth and admission date were valid, then CHIA calculated Age LDS in years. The calculation was as follows:

1. Age was calculated to be the rounded integer value – of the difference between Date of Birth and Discharge date.

2. Age was zero when less than 1 year.

3. If Age was valid and < 90, then AgeLDS = Age;

4. If Age was valid and > 89 and <= 115, AgeLDS = 999

5. If Age was missing, negative value, or value > 115, then AgeLDS = null

**Diagnosis and Procedure Codes**

In FY2017, CHIA organized the procedure and diagnosis fields into three tables—Visit, Diagnoses, and Procedure. The Visit table contained the Primary Diagnosis code (which cannot be an E-code) and the Primary Procedure code. All secondary diagnosis and procedure codes were contained on the Diagnoses and Procedure tables, respectively. Indicator codes were available for each secondary diagnosis of procedure code and were a based on order in which those codes were sent to CHIA. The process is intact for the FY17 release as well.

Diagnoses and procedures were ordered as submitted by emergency departments to CHIA. CHIA did not require the order of diagnoses and procedures to be medically relevant. CHIA has not affirmed or confirmed the medical relevancy of the principal diagnosis, procedure, or e-codes. .

**Organization Identifiers (ORGID)**

FY20177 EDD contained four organization identifier fields.

 **Massachusetts Filer Organization ID (IdOrgFiler):** The Organization ID for the facility that submitted the ED visit data to

CHIA.

 **Massachusetts Site Organization ID (IdOrgSite):** The Organization ID for the site where the patient received ED care.

 **Massachusetts Hospital Organization ID (IdOrgHosp):** The Organization ID for the main hospital affiliation. For example

3108 (Cambridge Health Alliance) was the IdOrgHosp for the IdOrgSite 142 (Whidden Hospital).

 **Massachusetts Transfer Hospital Organization ID (IdOrgTransfer):** is the Organization ID for the facility from which a patient is transferred. If the patient was transferred from outside of Massachusetts, the IdOrgTransfer would be 9999999.

Most facilities provided emergency care at only one location. Therefore, they were considered to have a single campus or site, and needed to summarize their data only once. However, facilities may have submitted data about care provided at multiple sites. CHIA required the latter to summarize their data separately.

**Table 1: ORGANIZATION IDENTIFICATION**

|  |  |
| --- | --- |
| **PRINCIPAL DATA**  **ELEMENTS :** | **ORGID FIELDS** |
| IdOrgFiler |
| IdOrgHosp |
| IdOrgSite |
| IdOrgTransfer |
| **Rules** | The Organization Table will contain 1 record for every valid OrgId reported. |

**CODE DESCRIPTION/ORGANIZATION NAME**

1 Anna Jaques Hospital

2 Athol Memorial Hospital

4 Baystate Medical Center

5 Baystate Franklin Medical Center

6 Baystate Mary Lane Hospital

7 Berkshire Health System - Berkshire Campus

8 Fairview Hospital

9 Berkshire Medical Center - Hillcrest Campus

10 Beth Israel Deaconess Medical Center - East Campus

16 Boston Medical Center

22 Brigham and Women's Hospital

25 Signature Healthcare - Brockton Hospital

27 Cambridge Health Alliance

39 Cape Cod Hospital

40 Falmouth Hospital

41 Steward - Norwood Hospital

42 Steward - Carney Hospital

46 Children's Hospital Boston

**CODE DESCRIPTION/ORGANIZATION NAME**

49 MetroWest Medical Center - Framingham Campus

50 Cooley Dickinson Hospital

51 Dana-Farber Cancer Institute

53 Beth Israel Deaconess Hospital - Needham

57 Emerson Hospital

59 Brigham and Women’s - Faulkner Hospital

62 Steward - Good Samaritan Medical Center - Brockton Campus

66 Hallmark Health System - Lawrence Memorial Hospital Campus

68 Harrington Memorial Hospital

71 Health Alliance Hospitals, Inc.

73 Heywood Hospital

75 Steward - Holy Family Hospital

77 Holyoke Medical Center

79 Beth Israel deaconess – Plymouth (Jordan)

81 Lahey Clinic -- Burlington Campus

83 Lawrence General Hospital

85 Lowell General Hospital – Main Campus

88 Martha's Vineyard Hospital

89 Massachusetts Eye and Ear Infirmary

91 Massachusetts General Hospital

97 Milford Regional Medical Center

98 Beth Israel Deaconess - Milton

99 Steward - Morton Hospital

100 Mount Auburn Hospital

101 Nantucket Cottage Hospital

103 New England Baptist Hospital

104 Tufts-New England Medical Center

105 Newton-Wellesley Hospital

106 Baystate Noble Hospital

**CODE DESCRIPTION/ORGANIZATION NAME**

109 Northeast Health System - Addison Gilbert Campus

110 Northeast Health System - Beverly Campus

114 Steward - Saint Anne's Hospital

115 Lowell General - Saints Campus

116 North Shore Medical Center, Inc. - Salem Campus

118 Mercy Medical Center - Providence Behavioral Health Hospital Campus

119 Mercy Medical Center - Springfield Campus

122 South Shore Hospital

123 Southcoast Hospitals Group - Charlton Memorial Campus

124 Southcoast Hospitals Group - St. Luke's Campus

126 Caritas Steward - St. Elizabeth's Medical Center

127 MetroWest - Saint Vincent Hospital

129 Sturdy Memorial Hospital

130 UMass Memorial Medical Center - Memorial Campus

131 UMass Memorial Medical Center - University Campus

132 Health Alliance - Clinton Hospital

133 Marlborough Hospital

138 Lahey Winchester Hospital

139 Baystate Wing Memorial Hospital

141 Hallmark Health System - Melrose-Wakefield Hospital Campus

142 Cambridge Health Alliance - Whidden Memorial Campus

143 Cambridge Health Alliance - Somerville Campus

145 Southcoast Health- Tobey Campus

457 MetroWest Medical Center - Leonard Morse Campus

4460 Steward - Good Samaritan Medical Center - Norcap Lodge Campus

6693 Shriners Hospital for Children – Boston

11466 Holy Family at Merrimack Valley

11467 Nashoba Valley Medical Center

11718 Shriner’s Children’s Hospital - Springfield

**Data Limitations**

The EDD was derived from patient visit summaries, which can be traced to information gathered upon admission or from information entered by admitting and attending health professionals into the medical record. The quality of the EDD depended on facility data collection policies and coding practices of the medical record staff.

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

 Collection and verification of patient supplied information before or at admission,

 Medical record coding, consistency, and/or completeness,

 Extent of facility data processing capabilities,

 Flexibility of facility 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 CHIA’s electronic submission,

 Non-comparability of data collection and reporting.

**Historical Data Elements**

Users of multiple years of Case Mix data should be careful when merging multiple years of data. In order to maintain consistency across years, uses may need to merge some codes used for specific data elements. Users with questions about new data elements or changes in coding from year to year should contact CHIA at CaseMix[.data@state.ma.u](mailto:data@state.ma.us)s.

**Data Dictionary**

FY2017 EDD data dictionary provides metadata for the following attributes:

 *Data Element* name as it appears in the file

 *Short description:* to help users understand what the element contains

 *Primary table:* the main table (MS ACCESS) or file (SAS) that the data element will appear in

 *Linking tables:* other tables that contain the data element

 *Availability to users* indicates if the data is available to all users (“CORE”) a buy-up (“LDS”), or available only to government

(“Government”)

 *Type of Data* describes if the data element is Categorical, Ordinal, an Identifier, Continuous, Date/Time, or Open Text

 *Format* indicates if the data is formatted in a specific fashion

 *CHIA derived or calculated* indicates if the field was created by CHIA

 *Reference table:* indicates if a Categorical data element has set of valid values that are associated with other information

 *Description:* is a longer explanation of the data element and its limitations

Users of the data with additional questions about any specific data element should contact CHIA at CaseMix[.data@state.ma.](mailto:data@state.ma.us)us.

**Active**

**Short description:** CHIA processing field. **Primary table:** Submission **Availability to users:** CORE

**Type of Data:** Categorical

**Format:** N

**Length:** 3

**Description:** CHIA indicator of quarterly submission status.

**AgeLDS**

**Short description:** Age of the patient.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:** NN

**Length:** 3

**CHIA derived:** Yes

**Description:** Age of the patient as calculated by CHIA. Rounded up to the nearest integer. Patients younger than 1 year or older than 80 years have their ages grouped. Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements in their analysis of this field.

**AmbulanceRunSheet**

**Short description:** EMS ambulance run sheet number.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Identifier

**Description:** Reported by ED facility. May be present if patient arrived by ambulance.

**Charges**

**Short description:** Facility reported costs for a visit.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** The grand total of charges associated with the patient’s emergency room visit. The total charge amount should be rounded to the nearest dollar. A charge of $0 is not permitted unless the patient has a special Departure Status. Reported by facility. Does not include allowed or negotiated amounts. Not the actual dollars paid to the facility for care.

**Summary statistics:** Table 7

**City**

**Short description:** Municipality in which the emergency room is located.

**Primary table:** Organization

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Name of the municipality in which the emergency room is located.

**ConditionPresent**

**Short description:** Flags whether the diagnosis was present on admission.

**Primary table:** Diagnosis

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 2

**Description:** Indicates the onset of a diagnosis preceded or followed admission. There is a present on admission (POA) indicator for every diagnosis and E-code.

**Reference table:** Table 3

**DateInactive**

**Short description:** Date in which facility was inactive as an ED.

**Primary table:** Organization

**Availability to users:** CORE

**Type of Data:** Date

**Description:** Date in which facility was inactive as an ED.

**DaysBetweenVisits**

**Short description:** CHIA derive field to allow for easy calculation of number of days between ED visits.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Continuous **Format:** NNN **Length:** 4

**Description:** This CHIA calculated field indicates the number of days between each ED Visit for applicable

patients. That is, a match with the UHIN only is used to make a determination that a patient has a revisit. The calculations is Date of Visit 2 - Date of Visit 1.

**Summary statistics:** Table 7

**DepartureStatus**

**Short description:** Standardized discharge status

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:** NN

**Length:** 2

**Description:** CHIA defined discharge status as reported by ED facility. This field identifies the disposition and destination of the patient after discharge from the ED. A small percentage of records are missing

the leading zero used to pad codes 10 through 18.

**Summary statistics:** Table 8

**Reference Table**

**CODE DESCRIPTION**

1 Routine (i.e. to home or usual place of residence)

3 Transferred to Other Facility

*4* AMA

6 Eloped

8 Within Hospital Clinic Referral

9 Dead on Arrival (with or without resuscitative efforts in the ED)

0 Died during ED Visit

P Patient met personal physician in the emergency department (not seen by staff)

**DiagnosisCode**

**Short description:** ICD-10 code for each diagnosis reported by the facility.

**Primary table:** Diagnosis

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 7

**Description:** ICD-10 Associated Diagnosis. Excludes the decimal point. May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present. Associated External Cause Codes may be: ICD-10 (V00-Y84.9) and supplemental

codes: (Y90-Y99) (place of injury, activity, status).

**Reference table:** Standard ICD-9 or ICD-10 Diagnosis Codes

**DischargeDate**

**Short description:** Date patient left emergency department.

**Primary table:** Visit

**Availability to users:** LDS

**Type of Data:** Date

**Format:** YYYYMMDD

**Length:** 8

**Description:** Calendar date of discharge from the ED.

**DischargeDay**

**Short description:** Day of the month on which the patient was discharged from ED.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Date **Format:** DD **Length:** 3

**Description:** Calendar day of discharge from ED. Only values between 1 and 31 are valid.

**DischargeDateMM**

**Short description:** Month in which patient was discharged from ED.

**Primary table:** Visit

**Availability to users:** LDS **Type of Data:** Date **Format:** MM **Length:** 6

**~~Description:~~** ~~Month of discharge from ED. Only two-digit values are valid.~~

**DischargeTime**

**Short description:** Time stamp indicating when the patient departed the ED.

**Primary table:** Visit **Availability to users:** GOV **Type of Data:** TIME

**Format:** HH:MM:SS

**Description:** Time at which the patient was discharged from the ED. Hours in military time (0-24 hours). Only values between 00:00:00 and 24:59:59 are valid.

**EDVisitID**

**Short description:** Facility specific unique visit key.

**Primary table:** Visit

**Linking tables:** Service

**Availability to users:** CORE

**Type of Data:** Identifier

**Description:** Facility specific identifier for visit. Used to link between tables. Users should use this field, along with the facility identifiers to associate visit data. The value is non-unique within the database as

other facilities may use the same key for different visits.

**EmergencySeverity**

**Short description:** Facility calculated measure of severity.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Patient’s score on the Emergency Severity Index, as described in “Reliability and Validity of a

New Five-level Triage Instrument.” Wooers, R. et al. Academic Emergency Medicine 2000; 7:236-

242. Must range from 1 to 5. Where 1 is highest severity and 5 is lowest severity. The Emergency Severity Index (ESI) is a system for triaging patients using an algorithm developed by researchers at Brigham & Women’s and Johns Hopkins facilities. It employs a five-level scale. It may be reported on Record Type 20 as an alternative to, or in addition to, the Type of Visit. Regardless of whether the ESI or the Type of Visit is reported, it should reflect the initial assessment of the patient, and not a subsequent revision of it due to information gathered during the course of the emergency department visit.

**Summary Statistics:** Table 9

**EMSRegion**

**Short description:** Emergency response region (I-V) where facility is located.

**Primary table:** Organization

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Massachusetts emergency region code.

**ErrorCategory**

**Short description:** Indicates what the error was on a visit record.

**Primary table:** ErrorLog

**Availability to users:** CORE

**Type of Data:** Categorical

**CHIA derived:** Yes

**Description:** CHIA flag that indicates what the error was on a visit record. Used for processing.

**ErrorDescription:**

**Short description:** Standardized Description of the reported error.

**Primary table:** ErrorLog

**Availability to users:** CORE

**Type of Data:** Categorical

**CHIA derived:** Yes

**Description:** CHIA flag for a reported error in data. Used for processing.

**Ethnicity1, Ethnicity 2**

**Short description:** Standardized, facility reported ethnicity.

**Primary table:** Visit

**Availability to users:** LDS

**Type of Data:** Categorical

**Length:** 6

**Description:** Primary (Ethnicity 1) or Secondary (Ethnicity 2) ethnicity as reported by the provider. CHIA’s Provider community utilizes the full list of standard ethnicity codes, per the Center for Disease Control [[http://www.cdc.gov/nchs/data/dvs/Race\_Ethnicity\_C](http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf)odeSet.pdf] and the specific codes listed below.

**Reference table:**

**CODE DESCRIPTION**

AMERCN American BRAZIL Brazilian CVERDN Cape Verdean CARIBI Caribbean Island PORTUG Portuguese RUSSIA Russian

EASTEU Eastern European OTHER Other Ethnicity UNKNOW Unknown/Not Specified

**HispanicIndicator**

**Short description:** Indicates whether patient was Hispanic.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 1

**Description:** A flag for patients of Hispanic/Latino/Spanish culture or origin regardless of race.

**Summary Statistics** Table 10

**Reference table:**

**CODE DESCRIPTION**

Y Patient is Hispanic/Latino/Spanish.

N Patient is not Hispanic/Latino/Spanish.

**HomelessIndicator**

**Short description:** Indicates whether the patient was homeless.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 1

**Description:** This flag indicates that the patient was homeless at the time of visit.

**Summary statistics** Table 11

**Reference table:**

**CODE DESCRIPTION**

Y Patient is known to be homeless.

N Patient is not known to be homeless.

**HospitalBillNumber**

**Short description:** Unique patient billing record.

**Primary table:** Visit **Availability to users:** GOV-SPEC **Type of Data:** Identifier **Format:** VARCHAR **Length:** 17

**Description:** Facility unique number associated with all billing for the visit.

**ICD Indicator**

**Short description:** ICD version **Primary table:** Visit **Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 2

**Description:** Indicates if the diagnoses, e-codes, and procedure codes are ICD-10 or ICD-9

**Summary statistics:** Table 12

**IdOrgFiler**

**Short description:** ID number of the facility that submitted ED claims.

**Primary table:** Visit

**Linking tables:** DataSubmissionLog

ErrorLog

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** The Organization ID for the facility that submitted the ED visit data to CHIA.

**Reference table:** Table 1

**IdOrgHosp**

**Short description:** Facility identifier.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 8

**Description:** The Organization ID for the main facility affiliation.

**Reference table:** Table 1

**IdOrgSite**

**Short description:** Facility identifier.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 8

**Description:** The Organization ID for the site where the patient received ED care.

**Reference table:** Table 1

**IdOrgTransfer**

**Short description:** IDOrgTransfer Indicates where patient was transferred from.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 10

**Description:** Organization ID for the facility from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the IdOrgTransfer will be 9999999.

**Reference table:** Table 1

**FieldName**

**Short description:** Name of the data element that caused the error.

**Primary table:** ErrorLog

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Name of the data element that caused the error. Used for processing.

**GroupName**

**Short description:** Name of the system running the ED facility.

**Primary table:** Organization

**Availability to users:** CORE

**Type of Data:** Open Text

**Description:** System that owns or runs the emergency department.

**InpatientVisits**

**Short description:** A count of ED visits that resulted in inpatient visit per each submission (facility- Quarter).

**Primary table:** ServiceSummary

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** A count of ED visits that resulted in inpatient visit per each submission (facility- Quarter). Does not correspond to any visits in the database.

**LegCHIAMothersUHIN**

**Short description:** Patient's mother's unique id.

**Primary table:** Visit **Availability to users:** GOV **Type of Data:** Identifier

**Format:** VARCHAR

**Length:** 9

**CHIA derived:** Yes

**Description:** CHIA generated unique identifier of a newborn's mother. For newborns or for infants less than 1 year old, CHIA derives a unique ID for the patient’s mother. This unique ID allows a newborn visit to be associated with a Mother’s visit. Linkable across records and fiscal years. Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as ‘000000001’. The utility of the UHIN field is dependent on the reporting data. For a small number of facilities, little or no UHIN data exists,

as these institutions failed to report patients’ uniquely identified information. Other facilities reported the same data 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 unique identifiers to her infant or assignment of a spouse’s unique identifiers to a patient. Invalid data uses the code UHIN=”4”.

**LegCHIAPatientUHIN**

**Short description:** Patient's unique id.

**Primary table:** Visit **Availability to users:** GOV **Type of Data:** Identifier

**Format:** VARCHAR

**Length:** 9

**CHIA derived:** No

**Description:** CHIA generated unique identifier of the patient. Linkable across records and fiscal years. Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as ‘000000001’. The utility of the UHIN field is dependent on the reporting data. For a small number of facilities, little or no UHIN data exists, as these institutions failed to report patients’ uniquely identified information. Other facilities reported the same data 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 unique identifiers to her infant or assignment of a spouse’s

unique identifiers to a patient. Invalid data uses the code UHIN=”4”.

**LengthOfStayHours**

**Short description:** Count of days in the hospital..

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Continuous **Format:** NNN **Length:** 4

**CHIA derived:** Yes

**Description:** Count of hours between the admitting and discharge time for an ED visit.

**Summary statistics:** Table 7

**ManagedCareCode**

**Short description:** Payer code indicating HMO. **Primary table:** PayerCategories **Availability to users:** CORE

**Type of Data:** Categorical

**CHIA derived:** Yes

**Description:** Subset of payer codes that indicate a manged care plan paid for the visit.

**Reference table:** 0

**MedicalRecordNumber**

**Short description:** Visit identifier assigned by the facility

**Primary table:** Visit **Availability to users:** GOV **Type of Data:** Identifier

**Format:** VARCHAR

**Length:** 10

**Description:** The unique number assigned to each patient within the hospital that distinguishes the patient and the patient’s hospital record(s) from all others in that institution.

**MCareMCaidPrivCode**

**Short description:** Payer code indicating Medicare/MassHealth.

**Primary table:** PayerCategories

**Availability to users:** CORE

**Type of Data:** Categorical

**CHIA derived:** Yes

Payer Type

**Description:** Subset of payer codes that indicate Medicare or MassHealth payer for visit.

**Reference table:** 0

**MedicaidMemberID**

**Short description:** Patient's MassHealth unique ID.

**Primary table:** Visit **Availability to users:** GOV **Type of Data:** Identifier

**Description:** Unique MassHealth Identifier of a patient.

**NewBornAgeWeeks**

**Short description:** Age of children younger than age 1. Valid values are 1-52.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:** NN

**Length:** Yes

**Description:** Age in weeks for children younger than 53 weeks of age who are admitted to the ED. Weeks are calculated from the Admitting Date - the DOB, and then rounded to the nearest week. Only values between 0 and 52 are valid. All other values are invalid.

**Summary statistics:** Table 7

**NumberOfEDVisitsFailed**

**Short description:** CHIA derived error field **Primary table:** DataSubmissionLog **Linking tables:** ErrorLog

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** Count of ED records that failed CHIA intake.

**NumberOfEDVisitsPassed**

**Short description:** CHIA derived error field **Primary table:** DataSubmissionLog **Linking tables:** ErrorLog

**Availability to users:** CORE

**Type of Data:** Continuous

**CHIA derived:** Yes

**Description:** Count of ED records that passed CHIA intake.

**NumberOfEDVisits**

**Short description:** Count of the number of ED visits for that facility in that quarter, including any inpatient or observation visits not captured in this database

**Primary table:** Submission

**Linking tables:** ErrorLog

ErrorLog

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** Total number of registered ED Visits occurring during the reporting period that resulted in inpatient admission (whether preceded by observation stay or not).

**NumberOfErrors**

**Short description:** Count of errors in submission.

**Primary table:** ErrorLog

**Availability to users:** CORE

**Type of Data:** Continuous

**ObservationBeds**

**Short description:** Count of observation beds for the ED facility.

**Primary table:** ServiceSummary

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** Beds located in a distinct area within or adjacent to the emergency department, which are intended for use by observation patients. Facilities include only beds that are set up and equipped on a permanent basis to treat patients. They should not

include temporary use of stretchers, gurneys, etc.

**OrgId**

**Short description:** Unique identifier for ED facility. Linkage across tables and fiscal years.

**Primary table:** Organization **Linking tables:** Visit **Availability to users:** CORE

**Type of Data:** Categorical

**Description:** ED facility specific identifier.

**Reference table:** Table 1

**OrganizationGroupID**

**Short description:** System ID. **Primary table:** Organization **Availability to users:** CORE

**Type of Data:** Identifier

**Description:** Code indicating the system that runs the emergency room

**Reference Table:** Table 1

**OrganizationName**

**Short description:** Name of ED facility.

**Primary table:** Org IDS

**Linking tables:** DataSubmissionLog

ErrorLog **Availability to users:** CORE **Type of Data:** Open Text **Format:** VARCHAR **Length:** 30

**Description:** ED facility specific name.

**Reference table:** Table 1

**OrganizationNumber**

**Short description:** ORGID of the facility that owns the emergency room.

**Primary table:** Organization

**Availability to users:** CORE

**Type of Data:** Identifier

**Description:** ORGID of the facility that owns the emergency room.

**Reference table:** Table 1

**OrganizationTypeID**

**Short description:** Analogue to ORGID. **Primary table:** Organization **Availability to users:** CORE

**Type of Data:** Categorical

**Description:** See ORGID.

**Reference table:** Table 1

**OtherCareGiver**

**Short description:** Indicates if the patient had a caregiver.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 1

**Description:** This data element indicates the type of 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 codes include resident, intern, nurse practitioner, and physician’s assistant.

**Summary Statistics** Table 13

**Reference table:**

**CODE DESCRIPTION**

1 Resident

2 Intern

*3* Nurse Practitioner

4 Not Used

5 Physician Assistant

**OtherEthnicity**

**Short description:** Non-standard patient ethnicity designations.

**Primary table:** Visit

**Availability to users:** GOV

**Type of Data:** Open Text **Format:** VARCHAR **Length:** 20

**Description:** Patient’s ethnicity as entered by the facility. Other ethnicity is an open text field

for reporting additional ethnicities when ethnicity 1 or ethnicity 2 equals “R9”, or

“Other ethnicity”.

**OtherPhyisicanNumber**

**Short description:** Unique identifier of a non-attending physician.

**Primary table:** Visit **Availability to users:** LDS **Type of Data:** Identifier

**Description:** Physician’s state license number (BORIM #) for physician other than the ED

Physician who provided services related to this visit. Reported if the physician’s involvement in the patient’s ED Visit is captured in the facility’s electronic information systems.

**OtherRace**

**Short description:** Non-standard patient race designations.

**Primary table:** Visit

**Availability to users:** GOV

**Type of Data:** Open Text **Format:** VARCHAR **Length:** 15

**Description:** Patient’s Race as entered by the facility. Other Race is an open text field for

reporting additional races when Race 1 or Race 2 equals “R9”, or “Other Race”.

**OutpatientObservationVisits**

**Short description:** Count of the number of Observation visits that began in the ER.

**Primary table:** ServiceSummary

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** Indicates that the patient was admitted from the facility’s outpatient observation department or had prior outpatient utilization. Does not correspond to any other data in the database.

**Passed**

**Short description:** CHIA processing field **Primary table:** DataSubmissionLog **Availability to users:** CORE

**Type of Data:** Categorical

**Description:** CHIA indicator of quarterly submission status.

**PatientBirthDate**

**Short description:** Patient Date of Birth **Primary table:** Discharge **Availability to users:** GOV

**Type of Data:** Date

**Format:** YYYYMMDD

**Length:** 8

**Description:** Calendar date of patient’s birth

**PayerCategory**

**Short description:** Standardized association of a payer with a type of insurance.

**Primary table:** PayerCategories

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** A standardized payer code. MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.

**Reference table:** Table 5

**PayerSourceCode**

**~~Short description:~~** ~~Standardized payer source code.~~

**Primary table:** PayerCategories

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** A standardized source of payerment code (different than payer code). Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.

**Reference table:** Table 5

**PayerSourceDefinition**

**Short description:** Description of the standardized payer source codes.

**Primary table:** PayerCategories

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** A description for use with standardized payer codes. Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.

**Reference table:** Table 5

**PayerType**

**Short description:** Categorical. Type of payer. **Primary table:** PayerCategories **Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Indicates the type of organization or individual who is payer.

**Reference table:** Table 5

**PermanentPatientCityLDS**

**Short description:** Permanent city of residence for the patient.

**Primary table:** Visit

**Availability to users:** LDS

**Type of Data:** Open Text **Format:** VARCHAR **Length:** 25

**Description:** Primary city of residency for patient.

**PermanentPatientCountryLDS**

**Short description:** Permanent country of residence for the patient.

**Primary table:** Visit **Availability to users:** CORE **Type of Data:** Open Text **Format:** VARCHAR **Length:** 2

**Description:** Primary country of residency for patient.

**PermanentPatientStateLDS**

**Short description:** Permanent state of residence for the patient.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 2

**Description:** Primary state of residency for patient.

**Reference table:** Table 6

**PermanentPatientZIP3CodeLDS**

**Short description:** 3-digit zip code of the patient's permanent residence.

**Primary table:** Visit **Availability to users:** CORE **Type of Data:** Zipcode **Format:** NNN **Length:** 9

**Description:** First three digits of patient's permanent zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont or

Rhode Island) zip codes are set to zeros (0s) and the state is removed.

**PermanentPatientZIP5CodeLDS**

**Short description:** 5-digit zip code of the patient's permanent residence.

**Primary table:** Visit **Availability to users:** LDS **Type of Data:** Zipcode **Format:** NNNNN **Length:** 9

**Description:** First five digits of patient's permanent zip code. Zip codes are not standardized

and this field is as reported from a nine-digit zip code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont or Rhode Island) zip

codes are set to zeros (0s) and the state is removed.

**PhysicianNumber**

**Short description:** Uniquely identifies the attending physician.

**Primary table:** Visit **Availability to users:** LDS **Type of Data:** Identifier

**Description:** Physician’s state license number (BORIM #) for the ED Physician who provided services related to this visit. Report if the physician’s involvement in the

patient’s ED Visit is captured in the facility’s electronic information systems.

**PrimarySourceofPayment**

**Short description:** Primary payer for the visit.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Primary payer for the ED Visit. Please note that for SourceofPayment, the values are in “text” format, therefore, there may have duplicate numbers because of spaces in the field.

**Reference table:** Table 5

**PrincipalConditionPresent**

**Short description:** Flag indicating that principal condition was present on admission.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 1

**Description:** Indicates that principal condition was present on admission.

**Reference table:** Table 3

**~~PrincipalDiagnosisCode~~**

**Short description:** ED Determined ICD-10 code for the Condition that led to the admission to the ED

**Primary table:** Visit **Availability to users:** CORE **Type of Data:** Categorical **Length:** 6

**Description:** The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care.

**Reference table:** Standard ICD-9 or ICD-10 Diagnosis Codes

**PrincipalECode**

**Short description:** ICD-9 code for the E-Code that led to the admission to the ED.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** This data element describes the principal external cause of injuries, poisonings, and adverse effects using ICD-10 codes. ED determined. In addition to the dedicated E-Code field, facilities record additional E-Codes in the associated diagnosis fields for conditions having multiple causes.

**Reference table:** Standard ICD-9 or ICD-10 E-Codes

**PrincipaECodeConditionPresent**

**Short description:** Present on admission indicator

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Flag indicating that principal e-code condition was present on admission.

Determined by the emergency department.

**Reference table:** Table 3

**PrincipalIndicator**

**Short description:** Indicates principal condition

**Primary table:** Diagnosis

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Indicates if the diagonsis code was principal or secondary. Each diagonsis record has this field.

**ProcedureCode**

**~~Short description:~~** ~~Code for each significant procedure reported by the facility.~~

**Primary table:** Procedure

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 7

**Description:** The ICD-10 or Current Procedural Terminology (CPT) code corresponding to procedures which carry an operative or anesthetic risk or require highly trained personnel, special equipment or facilities.. Should be used in conjunction with ProcedureCodingType.

**Reference table:** Yes Standard ICD-9 or ICD-10 Procedure Codes or CPT codes

**ProcedureCodingType**

**Short description:** Indicates the type of procedure code

**Primary table:** Procedure

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Indicates if the code is an ICD-10 code, Current Procedural Terminology code, or Healthcare Common Procedure Code System (HCPCS) code.

**Quarter**

**Short description:** Quarter of submission. **Primary table:** Submission **Availability to users:** CORE

**Type of Data:** Date

**Format:** QQ

**Length:** 8

**Description:** Quarter in which the visit was submitted to CHIA.

**Race1, Race2**

**Short description:** Standardized, facility reported race.

**Primary table:** Visit

**Availability to users:** LDS

**Type of Data:** Categorical

**Length:** 6

**CHIA derived:** No

**Reference table:**

**CODE DESCRIPTION**

R1 American Indian/Alaska Native

R2 Asian

R3 Black/African American

R4 Native Hawaiian or other Pacific Islander

R5 White

R9 Other Race

R1 American Indian/Alaska Native

R2 Asian

R3 Black/African American

**RecordType20ID**

**Short description:** Unique key to link from Visit table.

**Primary table:** Visit **Availability to users:** CORE **Type of Data:** Identifier **Format:** VARCHAR **Length:** 1

**CHIA derived:** Yes

**Description:** Indicator for Record Type '20'. Required for every ED Visit. Only one allowed per ED Visit. ED Visit specific record identifier used to link data about a specific visit across CHIA data tables. Users should use this identifier with facility IDs and Discharge ids

to capture a unique record.

**RegistrationDate**

**Short description:** Date of admission to the emergency department

**Primary table:** Visit **Availability to users:** LDS **Type of Data:** Date

**Format:** YYYYMMDD

**Length:** 8

**Description:** Calendar date of admission to the emergency department.

**RegistrationDay**

**Short description:** Day patient was admitted to ED

**Primary table:** Visit **Availability to users:** LDS **Type of Data:** Date **Format:** DD

**Description:** Two digit date of admission to the emergency department. Only

values between 1 and 31 are valid.

**RegistrationMonthMM**

**Short description:** Month of admission to ED

**Primary table:** Visit **Availability to users:** LDS **Type of Data:** MM

**Description:** Month in which the patient was admitted to the emergency department. Only values

between 1 and 12 are valid.

**RegistrationTime**

**Short description:** Time stamp indicating when the patient was admitted to the ED

**Primary table:** Visit **Availability to users:** GOV **Type of Data:** Time

**Format:** HH:MM:SS

**Length:** 6

**Description:** Time at which patient was admitted to the emergency department. Hours in military time (0-24). Only values between 00:00:00 and 24:59:59 are valid.

**RegistrationYear**

**Short description:** Year of admission to the ED

**Primary table:** Visit **Availability to users:** CORE **Type of Data:** Date **Format:** YYYY **Length:** 4

**Description:** Year patient was admitted to ED. As data is in Fiscal years, valid values may be

2016 and 2017.

**SecondarySourceOfPayment**

**Short description:** Secondary payer for the visit.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 4

**Description:** Secondary payer for this visit. Please note that the values are in text format and may have duplicates due to spaces and capitalization.

**Reference table:** Table 5

**SecondarySourceOfVisit**

**Short description:** Secondary cause of the visit to the emergency room.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** The two sources of visit codes (Source of Visit and Secondary Source of Visit) codes indicate the source of originating, referring, or transferring the patient to the ED.

**Sequence**

**Short description:** Order of visits during a fiscal year

**Primary table:** Visit

**Linking tables:** Service

**Availability to users:** CORE

**Type of Data:** Continuous

**CHIA derived:** Yes

**Description:** This calculated field indicates the chronological order of Inpatient discharge for patients with multiple Inpatient discharges in a calendar. A match with the UHIN only, is used to make the determination that a patient has had multiple discharges. The Sequence Number uses the following data conventions: (1) The sequence

number is calculated by sorting the file by UHIN and visit date (in ascending order). (2) The sequence number is then calculated by incrementing a counter for each UHIN’s set of visits. A sequence number of “1” indicates the first admission for the UHIN in that fiscal year. (3) If a UHIN has two visits on the same day, the visit date is

used as the secondary sort key. (4) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

**SecondarySourceOfVisit**

**Short description:** Secondary cause of visit.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** The two sources of visit codes (Source of Visit and Secondary Source of Visit) codes indicate the source of originating, referring or transferring the patient to the ED. Reporting patterns for the Source of Visit data element may vary widely and, as a result, may not be reliable.

**Reference Table:** Table 2

**ServiceID**

**Short description:** CHIA identifier for a revenue code.

**Primary table:** Service **Availability to users:** CORE **Type of Data:** Identifier

**Description:** CHIA identifier for a revenue code.

**ServiceLineItem**

**Short description:** CHIA description of service field.

**Primary table:** Service **Availability to users:** CORE **Type of Data:** Ordinal

**Description:** Service Line Items are the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) Level II codes used to bill for specific items and services provided by the emergency department during the visit. In addition, the code DRUGS is used to report provision of any drugs for which there are no specific HCPCS codes available. Likewise, supply is used to report any supplies for which there are no specific HCPCS codes available. Since units of service are not collected in the database, it is possible that the item or service which a reported service line item code represents was actually provided to the patient

more than once during the visit.

**ServiceSiteSummaryKey**

**Short description:** CHIA identifier. **Primary table:** ServiceSummary **Availability to users:** CORE

**Type of Data:** Identifier

**SexLDS**

**Short description:** Indicates gender

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 1

**CHIA derived:** No

**Description:** Gender flag as assigned by emergency department.

**Summary statistics:** Table 14

**Reference table:**

**CODE DESCRIPTION**

M Male

F Female

U Unknown

**SourceOfVisit**

**Short description:** How a patient reached the ED.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** The two sources of visit codes (Source of Visit and Secondary Source of Visit) codes indicate the source of originating, referring or transferring the patient to the ED. Reporting patterns for the Source of Visit data element may vary widely and, as a result, may not be reliable.

**Summary statistics:** Table 15

**Reference table:** Table 2

**SubmissionActive**

**Short description:** CHIA processing field

**Primary table:** ErrorLog

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**SubmissionControlID**

**Short description:** Unique per facility-quarter-submission. Key to link from the Visit table.

**Primary table:** Visit **Availability to users:** CORE **Type of Data:** Identifier **Format:** VARCHAR **Length:** 4

**CHIA derived:** No

**Description:** Unique ID for a facility's submission of data to CHIA. Usually one Submission Control

ID is associated with a facilitiy’s quarterly submissions.

**SubmissionPassed**

**Short description:** CHIA flag. **Primary table:** ErrorLog **Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Indicates that visit was submitted to CHIA and passed.

**SubmissionPassedFlag**

**Short description:** CHIA derived field

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 4

**SubmissionQuarter**

**Short description:** Indicates the quarter (1-4) in which the record was submitted to CHIA.

**Primary table:** ErrorLog **Availability to users:** CORE **Type of Data:** Date

**Description:** Quarter in which the visit was submitted to CHIA.

**SubmissionYear**

**Short description:** Year in which the visit was submitted to CHIA.

**Primary table:** ErrorLog **Availability to users:** CORE **Type of Data:** Date

**Description:** Indicates the year (2015-2017) in which the record was submitted to CHIA.

**TeachingStatus**

**Short description:** Indicates if the Ed facility was located in a teaching facility.

**Primary table:** Organization

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Indicates whether the ED is part of an academic facility or engaged in health professional education.

**TemporaryPatientCityLDS**

**Short description:** Current municipality of residence for a patient, if different from permanent residence.

**Primary table:** Visit

**Availability to users:** LDS

**Type of Data:** Open Text **Format:** VARCHAR **Length:** 25

**Description:** MA city in which the patient temporarily resides.

**TemporaryPatientStateLDS**

**Short description:** Current state of residence for a patient, if different from permanent residence.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Length:** 2

**Description:** Indicates "MA" if the patient temporarily resides in Massachusetts.

**Reference table:** Table 6

**TemporaryPatientZip3CodeLDS**

**Short description:** Current 3-digit zip code of patient residence, if different from permanent residence.

**Primary table:** Visit **Availability to users:** CORE **Type of Data:** Zipcode **Format:** NNN **Length:** 9

**Description:** First three digits of patient's temporary, Massachusetts zip code. Zip codes are not

standardized and this field is as reported from a nine-digit zip code. The Limited Data Set supports selection of 3-character Zip Code or 5-character Zip Code for approval by CHIA. Government users may be able to request a 9-character Zip Code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, or

Rhode Island) zip codes are set to zeros (0s) and the state is removed.

**TemporaryPatientZip5CodeLDS**

**Short description:** Current 5-digit zip code of patient residence, if different from permanent residence.

**Primary table:** Visit **Availability to users:** LDS **Type of Data:** Zipcode

**Format:** NNNNN

**Length:** 9

**Description:** First five digits of patient's temporary, Massachusetts zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. The Limited Data Set supports selection of 3-character Zip Code or 5-character Zip Code for approval by CHIA. Government users may be able to request a 9-character Zip Code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, or

Rhode Island) zip codes are set to zeros (0s) and the state is removed.

**TemporaryPatientZIPCode**

**Short description:** Patient's zip code

**Primary table:** Visit **Availability to users:** GOV **Type of Data:** Zipcode

**Format:** NNNNNNNNN

**Length:** 9

**Description:** Zip code of patient's temporary Massachusetts address. CHIA does not alter or standardize the values in this field.

**TotalEDBeds**

**Short description:** Total number of ED beds for a facility-submission-quarter.

**Primary table:** ServiceSummary

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** Sum of all possible ED beds in the facility.

**TotalCharges**

**Short description:** Total charges associated with ED visits in a Facility-Submission-Quarter.

**Primary table:** Service

**Linking tables:** Service

DataSubmissionLog

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** Sum of charges for the visit.

**TotalRegisteredVisits**

**Short description:** Total number of ED visits in that facility in that quarter.

**Primary table:** ServiceSummary

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** Total number of ED visits in that facility in that quarter.

**Transport**

**Short description:** How patient reached the ED.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** The patient’s mode of transport to the emergency department.

**Summary Statistics:** Table 16

**TreatmentBeds**

**Short description:** Number of beds in ED facility.

**Primary table:** ServiceSummary

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** Unique identifier for ED facility. Linkage across tables and fiscal years. This data element measures the normal capacity of emergency departments. ED Treatment Bed includes only those beds in the emergency department that are set up and equipped on a permanent basis to treat patients. It does not include the temporary use of gurneys, stretchers, etc. Including stretchers, etc. would overestimate facilities’ physical capacity to comfortably treat a certain volume of emergency department patients, although CHIA recognizes that in cases of overcrowding, emergency departments’ may need to employ

temporary beds.

**Type**

**Short description:** Indicates the type of facility where visit occurred.

**Primary table:** Organization

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Categorizes emergency rooms by facility type.

**TypeofVisit**

**Short description:** Indicates the type of visit.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Facilities indicate whether the visit was Emergency, Urgent, Non-Urgent, Newborn, or Unavailable.

**Summary statistics:** Table 17

**Reference table:**

**CODE DESCRIPTION**

1 Emergency

2 Urgent

3 Non-Urgent

4 Newborn

5 Information Unavailable

**VisitPassed**

**Short description:** CHIA flag. **Primary table:** Visit **Availability to users:** CORE

**Type of Data:** Categorical

**CHIA derived:** Yes

**VisitSequence**

**Description:** CHIA flag. Used for processing

**Short description:** Order in which visits occurred for this paitent.

**Primary table:** Visit **Availability to users:** LDS **Type of Data:** Ordinal **CHIA derived:** Yes

**Description:** This calculated field indicates the chronological order of ED visits for patients with multiple

ED visits in a calendar. A match with the UHIN only, is used to make the determination that a patient has had multiple stays. The Sequence Number uses the following data conventions: 1. The sequence number is calculated by sorting the file by UHIN and visit date (in ascending order).2. The sequence number is then calculated by incrementing a counter for each UHIN’s set of visits. A sequence number of “1” indicates the first admission for the UHIN in that fiscal year.3. If a UHIN has two visits on the same day, the visit date is used as the secondary sort key. If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

**Year**

**Short description:** Indicates year of submission.

**Primary table:** Visit

**Availability to users:** CORE **Type of Data:** Date **Format:**

YY

**Description:** Calendar Year the data was submitted.

**Longer Reference Tables**

FY2017 EDD has 20 standard reference tables. These relate to categorical variables driven by the Emergency Department *Data Submission Guide*. Some of the tables have been integrated into the data dictionary. This section contains longer tables to tables used by multiple data elements. Users of the data with additional questions about any specific Reference table: should contact CHIA at CaseMix[.data@state.m](mailto:data@state.ma.us)a.us.

**TABLE 2. VISIT SOURCE**

Data Elements **SourceOfVisit**

SecondarySourceofVisit

Rules All other values are invalid

Newborns have a special source of visit table (see below).

**CODE DESCRIPTION**

0 Information Not Available

1 Direct Physician Referral

2 Within Hospital Clinic Referral

3 Direct Health Plan Referral/HMO Referral

**CODE DESCRIPTION**

4 Transfer from Acute Care Hospital

5 Transfer from a Skilled Nursing Facility (SNF)

6 Transfer from Intermediate Care Facility (ICF)

7 Outside Hospital Emergency Room Transfer

8 Court/Law Enforcement

9 Other

F Transfer from a Hospice Facility

L Outside Hospital Clinic Referral M

Walk-In/Self-Referral

T Transfer from Another Institution’s Ambulatory

Surgery (SDS)

Y Within Hospital Ambulatory Surgery Transfer

(SDS Transfer)

**CODE DESCRIPTION**

Z Information Not Available - Newborn

A Normal Delivery

B Premature Delivery

C Sick Baby

D Extramural Birth

**TABLE 3. CONDITION PRESENT**

Principal Data Element **PrimaryConditionPresent**

Other Data Elements ConditionPresent

ConditionPresentECode

Rules All other values invalid. Last Updated 1/31/2017

**CODE DESCRIPTION**

Y Yes

N No

U Unknown

W Clinically undetermined

Not applicable (only valid for NCHS official published

1

[Blank]

list of not applicable ICD-9-CM or ICD-10-CM codes for POA flag)

Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM or ICD-10-CM codes for POA flag)

**TABLE 4. PAYER TYPE**

Data Elements **PayerType** ManagedCareCode MCareMCaidPrivCode

Rules All other values invalid.

|  |  |  |
| --- | --- | --- |
| **PAYER TYPE CODE** | **PAYER TYPE ABBREVIATION** | **PAYER TYPE DEFINITION** |
| 0 | OTH | Other Non-Managed Care Plans |
| 1 | SP | Self-Pay |
| 2 | WOR | Worker's Compensation |
| 3 | MCR | Medicare |
| 4 | MCD | Medicaid |

|  |  |  |
| --- | --- | --- |
| **PAYER TYPE CODE** | **PAYER TYPE ABBREVIATION** | **PAYER TYPE DEFINITION** |
| 5 | GOV | Other Government Payment |
| 6 | BCBS | Blue Cross |
| 7 | COM | Commercial Insurance |
| 8 | HMO | HMO |
| 9 | FC | Free Care |
| B | MCD-MC | Medicaid Managed Care |
| C | BCBS-MC | Blue Cross Managed Care |
| D | COM-MC | Commercial Managed Care |
| E | PPO | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| F | MCR-MC | Medicare Managed Care |
| J | POS | Point-of-Service Plan |
| K | EPO | Exclusive Provider Organization |
| N | None | None (Valid only for Secondary Payer) |
| Q | ComCare | Commonwealth Care/ConnectorCare Plans |
| T | AI | Auto Insurance |
| Z | DEN | Dental Plans |

**TABLE 5. PAYER SOURCE**

Data Elements PayerSourceCode PayerSourceDefinition SecondarySourceOfPayment PayerCategory PrimarySourceOfPayment

Rules All other values are invalid

Some codes are valid as Secondary Source of Payment

**PAYER SOURCE CODE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **CODE** |  |
| 1 | Harvard Community Health Plan | 8 | HMO |
| 2 | Bay State - a product of HMO Blue | C | Blue Cross Managed Care |
| 3 | Network Blue (PPO) | C | Blue Cross Managed Care |
| 4 | Fallon Community Health Plan | 8 | HMO |
| 7 | Tufts Associated Health Plan | 8 | HMO |
| 8 | Pilgrim Health Care | 8 | HMO |
| 9 | United Health Plan of New England (Ocean State) | 8 | HMO |
| 10 | Pilgrim Advantage - PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 11 | Blue Care Elect | C | Blue Cross Managed Care |
| 13 | Community Health Plan Options (New York) | J | Point-of-Service Plan |
| 14 | Health New England Advantage POS | J | Point-of-Service Plan |
| 17 | Prudential Healthcare POS | D | Commercial Managed Care |
| 18 | Prudential Healthcare PPO | D | Commercial Managed Care |
| 19 | Matthew Thornton | 8 | HMO |
| 20 | HCHP of New England (formerly RIGHA) | 8 | HMO |
| 21 | Commonwealth PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 22 | Aetna Open Choice PPO | D | Commercial Managed Care |
| 23 | Guardian Life Insurance Company PPO | D | Commercial Managed Care |
| 24 | Health New England | 8 | HMO |
| 25 | Pioneer Plan | 8 | HMO |
| 27 | First Allmerica Financial Life Insurance PPO | D | Commercial Managed Care |
| 28 | Great West Life PPO | D | Commercial Managed Care |
| 30 | CIGNA (Indemnity) | 7 | Commercial Insurance |

**PAYER SOURCE DEFINITION PAYER TYPE**

**PAYERCATEGORY**

**PAYER SOURCE CODE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **CODE** |  |
| 31 | One Health Plan HMO (Great West Life) | D | Commercial Managed Care |
| 33 | Mutual of Omaha PPO | D | Commercial Managed Care |
| 34 | New York Life Care PPO | D | Commercial Managed Care |
| 35 | United Healthcare Insurance Company - HMO | D | Commercial Managed Care |
| 36 | United Healthcare Insurance Company - PPO | D | Commercial Managed Care |
| 37 | HCHP-Pilgrim HMO (integrated product) | 8 | HMO |
| 38 | Health New England Select (self-funded) | 8 | HMO |
| 39 | Pilgrim Direct | 8 | HMO |
| 40 | Kaiser Foundation | 8 | HMO |
| 42 | ConnectiCare Of Massachusetts | 8 | HMO |
| 43 | MEDTAC | 8 | HMO |
| 44 | Community Health Plan | 8 | HMO |
| 45 | Health Source New Hampshire | 8 | HMO |
| 46 | Blue CHiP (BCBS Rhode Island) | 8 | HMO |
| 47 | Neighborhood Health Plan | 8 | HMO |
| 48 | US Healthcare | 8 | HMO |
| 49 | Healthsource CMHC Plus PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 50 | Blue Health Plan for Kids | 6 | Blue Cross |
| 51 | Aetna Life Insurance | 7 | Commercial Insurance |
| 52 | Boston Mutual Insurance | 7 | Commercial Insurance |
| 54 | Continental Assurance Insurance | 7 | Commercial Insurance |
| 55 | Guardian Life Insurance | 7 | Commercial Insurance |
| 56 | Hartford L&A Insurance | 7 | Commercial Insurance |
| 57 | John Hancock Life Insurance | 7 | Commercial Insurance |
| 58 | Liberty Life Insurance | 7 | Commercial Insurance |
| 59 | Lincoln National Insurance | 7 | Commercial Insurance |
| 62 | Mutual of Omaha Insurance | 7 | Commercial Insurance |
| 63 | New England Mutual Insurance | 7 | Commercial Insurance |
| 64 | New York Life Care Indemnity | 7 | Commercial Insurance |
| 65 | Paul Revere Life Insurance | 7 | Commercial Insurance |
| 66 | Prudential Insurance | 7 | Commercial Insurance |
| 67 | First Allmerica Financial Life Insurance | 7 | Commercial Insurance |
| 69 | Corporate Health Insurance Liberty Plan | 7 | Commercial Insurance |
| 70 | Union Labor Life Insurance | 7 | Commercial Insurance |
| 71 | ADMAR | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |

**PAYER SOURCE DEFINITION PAYER TYPE**

**PAYERCATEGORY**

**PAYER SOURCE CODE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **CODE** |  |
| 72 | Healthsource New Hampshire | 7 | Commercial Insurance |
| 73 | United Health and Life | 7 | Commercial Insurance |
| 74 | United Healthcare Insurance Company | 7 | Commercial Insurance |
| 75 | Prudential Healthcare HMO | D | Commercial Managed Care |
| 77 | Options for Healthcare PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 78 | Phoenix Preferred PPO | D | Commercial Managed Care |
| 79 | Pioneer Health Care PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 80 | Tufts Total Health Plan PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 81 | HMO Blue | C | Blue Cross Managed Care |
| 82 | John Hancock Preferred | D | Commercial Managed Care |
| 83 | US Healthcare Quality Network Choice- PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 84 | Private Healthcare Systems PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 85 | Liberty Mutual | 7 | Commercial Insurance |
| 86 | United Health & Life PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 87 | CIGNA PPO | D | Commercial Managed Care |
| 88 | Freedom Care | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 89 | Great West/NE Care | 7 | Commercial Insurance |
| 90 | Healthsource Preferred (self-funded) | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 91 | New England Benefits | 7 | Commercial Insurance |
| 93 | Psychological Health Plan | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 94 | Time Insurance Co | 7 | Commercial Insurance |
| 95 | Pilgrim Select - PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
| 96 | Metrahealth (United Health Care of NE) | 7 | Commercial Insurance |
| 97 | UniCare | 7 | Commercial Insurance |
| 98 | Healthy Start | 9 | Free Care |
| 99 | Other POS (not listed elsewhere) | J | Point-of-Service Plan |
| 100 | Transport Life Insurance | 7 | Commercial Insurance |
| 101 | Quarto Claims | 7 | Commercial Insurance |
| 102 | Wausau Insurance Company | 7 | Commercial Insurance |
| 103 | Medicaid (includes MassHealth) | 4 | Medicaid |
| 104 | Medicaid Managed Care-Primary Care Clinician | B | Medicaid Managed Care |

**PAYER SOURCE DEFINITION PAYER TYPE**

**PAYERCATEGORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **PAYER SOURCE CODE** | **PAYER SOURCE DEFINITION** | **PAYER TYPE CODE** | **PAYERCATEGORY** |
| 106 | Medicaid Managed Care-Central Mass Health Care | B | Medicaid Managed Care |
| 107 | Medicaid Managed Care - Community Health Plan | B | Medicaid Managed Care |
| 108 | Medicaid Managed Care - Fallon Community Health  Plan | B | Medicaid Managed Care |
| 109 | Medicaid Managed Care - Harvard Community  Health Plan | B | Medicaid Managed Care |
| 110 | Medicaid Managed Care - Health New England | B | Medicaid Managed Care |
| 111 | Medicaid Managed Care - HMO Blue | B | Medicaid Managed Care |
| 112 | Medicaid Managed Care - Kaiser Foundation Plan | B | Medicaid Managed Care |
| 113 | Medicaid Managed Care - Neighborhood Health Plan | B | Medicaid Managed Care |
| 114 | Medicaid Managed Care - United Health Plans of NE | B | Medicaid Managed Care |
| 115 | Medicaid Managed Care - Pilgrim Health Care | B | Medicaid Managed Care |
| 116 | Medicaid Managed Care -Tufts Associated Health  Plan | B | Medicaid Managed Care |
| 118 | Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership | B | Medicaid Managed Care |
| 119 | Medicaid Managed Care Other (not listed elsewhere) | B | Medicaid Managed Care |
| 120 | Out-of-State Medicaid | 5 | Other Government Payment |
| 121 | Medicare | 3 | Medicare |
| 125 | Medicare HMO - Fallon Senior Plan | F | Medicare Managed Care |
| 127 | Medicare HMO - Health New England Medicare  Wrap | F | Medicare Managed Care |
| 127 | Medicare HMO -Health New England Medicare Wrap | F | Medicare Managed Care |
| 128 | Medicare HMO - HMO Blue for Seniors | F | Medicare Managed Care |
| 128 | Medicare HMO -HMO Blue for Seniors | F | Medicare Managed Care |
| 129 | Medicare HMO - Kaiser Medicare Plus Plan | F | Medicare Managed Care |
| 129 | Medicare HMO-Kaiser Medicare Plus Plan | F | Medicare Managed Care |
| 131 | Medicare HMO - Pilgrim Enhance 65 | F | Medicare Managed Care |
| 131 | Medicare HMO-Pilgrim Enhance 65 | F | Medicare Managed Care |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PAYER SOURCE CODE** | | **PAYER SOURCE DEFINITION** | **PAYER TYPE CODE** | **PAYERCATEGORY** |
| 132 | | Medicare HMO - Matthew Thornton Senior Plan | F | Medicare Managed Care |
| 133 Medicare HMO -Tufts Medicare Supplement (TMS) F Medicare Managed Care | | | | |
|  | 133 | Medicare HMO -Tufts Medicare Supplement (TMS) | F | Medicare Managed Care |
|  | 134 | Medicare HMO - Other (not listed elsewhere) | F | Medicare Managed Care |
|  | 135 | Out-of-State Medicare | 3 | Medicare |
|  | 136 | BCBS Medex | 6 | Blue Cross |
|  | 136 | BCBS Medex | 6 | Blue Cross |
|  | 137 | AARP/Medigap supplement | 7 | Commercial Insurance |
|  | 137 | AARP/Medigap Supplement | 7 | Commercial Insurance |
|  | 138 | Banker's Life and Casualty Insurance | 7 | Commercial Insurance |
|  | 138 | Banker’s Life and Casualty Insurance | 7 | Commercial Insurance |
|  | 139 | Bankers Multiple Line | 7 | Commercial Insurance |
|  | 139 | Bankers Multiple Line | 7 | Commercial Insurance |
|  | 140 | Combined Insurance Company of America | 7 | Commercial Insurance |
|  | 140 | Combined Insurance Company of America | 7 | Commercial Insurance |
|  | 141 | Other Medigap (not listed elsewhere) | 7 | Commercial Insurance |
|  | 141 | Other Medigap (not listed elsewhere) \*\*\* | 7 | Commercial Insurance |
|  | 142 | Blue Cross Indemnity | 6 | Blue Cross |
|  | 143 | Free Care | 9 | Free Care |
|  | 144 | Other Government | 5 | Other Government Payment |
|  | 145 | Self-Pay | 1 | Self Pay |
|  | 146 | Worker's Compensation | 2 | Worker's Compensation |
|  | 147 | Other Commercial (not listed elsewhere) | 7 | Commercial Insurance |
|  | 148 | Other HMO (not listed elsewhere) | 8 | HMO |
|  | 149 | PPO and Other Managed Care (not listed elsewhere) | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
|  | 150 | Other Non-Managed Care (not listed elsewhere) | 0 | Other Non-Managed Care Plans |
|  | 151 | CHAMPUS | 5 | Other Government Payment |
|  | 152 | Foundation | 0 | Other Non-Managed Care Plans |
|  | 153 | Grant | 0 | Other Non-Managed Care Plans |
|  | 154 | BCBS Other (Not listed elsewhere) | 6 | Blue Cross |
|  | 155 | Blue Cross Managed Care Other | C | Blue Cross Managed Care |

**PAYER SOURCE CODE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **CODE** |  |
| 156 | Out of state BCBS | 6 | Blue Cross |
| 157 | Metrahealth - PPO (United Health Care of NE) | D | Commercial Managed Care |
| 158 | Metrahealth - HMO (United Health Care of NE) | D | Commercial Managed Care |
| 159 | None (Valid only for Secondary Source of Payment) | N | None (Valid only for Secondary Source of Payment) |
| 160 | Blue Choice (includes Healthflex Blue) - POS | C | Blue Cross Managed Care |
| 161 | Aetna Managed Choice POS | D | Commercial Managed Care |
| 162 | Great West Life POS | D | Commercial Managed Care |
| 163 | United Healthcare Insurance Company - POS | D | Commercial Managed Care |
| 164 | Healthsource CMHC Plus POS | J | Point-of-Service Plan |
| 165 | Healthsource New Hampshire POS (self-funded) | J | Point-of-Service Plan |
| 166 | Private Healthcare Systems POS | J | Point-of-Service Plan |
| 167 | Fallon POS | J | Point-of-Service Plan |
| 169 | Kaiser Added Choice | J | Point-of-Service Plan |
| 170 | US Healthcare Quality POS | J | Point-of-Service Plan |
| 171 | CIGNA POS | D | Commercial Managed Care |
| 172 | Metrahealth - POS (United Health Care of NE) | D | Commercial Managed Care |
| 173 | Aetna Medicare Open | F | Medicare Managed Care |
| 174 | Aetna Health Inc. - Quality POS | 8 | HMO |
| 175 | Aetna Health, Inc. - HMO | 8 | HMO |
| 176 | Carelink (CIGNA & Tufts) | 7 | Commercial Insurance |
| 177 | Chesapeake Life Insurance Company | 7 | Commercial Insurance |
| 178 | Children's Medical Security Plan (CMSP) | 5 | Other Government Payment |
| 179 | First Health Life and Health Insurance Company | 7 | Commercial Insurance |
| 180 | Fresenius Medical Care Health Plan (Medicare  Advantage Plan) | F | Medicare Managed Care |
| 181 | First Allmerica Financial Life Insurance EPO | D | Commercial Managed Care |
| 182 | UniCare Preferred Plus Managed Access EPO | D | Commercial Managed Care |
| 183 | Pioneer Health Care EPO | K | Exclusive Provider Organization |
| 184 | Private Healthcare Systems EPO | K | Exclusive Provider Organization |
| 185 | Connecticut General Life - Indemnity | 7 | Commercial Insurance |
| 186 | Connecticut General Life - POS | J | Point-of-Service Plan |
| 187 | Connecticut General Life - PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |

**PAYER SOURCE DEFINITION PAYER TYPE**

**PAYERCATEGORY**

**PAYER SOURCE CODE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **CODE** |  |
|  | 188 | Fallon Flex POS | J | Point-of-Service Plan |
|  | 189 | Fallon Major Medical - Indemnity | 7 | Commercial Insurance |
|  | 190 | Fallon Preferred Care - PPO | D | Commercial Managed Care |
|  | 191 | Genworth Preferred PPO | D | Commercial Managed Care |
|  | 192 | Guarantee Trust Life Insurance Company - PPO | D | Commercial Managed Care |
|  | 193 | Harvard Pilgrim - Indemnity | 7 | Commercial Insurance |
|  | 194 | Harvard Pilgrim - POS | 8 | HMO |
|  | 195 | Harvard Pilgrim - PPO | 8 | HMO |
|  | 196 | Harvard Pilgrim Health Care, Inc. (HMO) | 8 | HMO |
|  | 197 | Health Insurance Plan of New York (HIP) | 7 | Commercial Insurance |
|  | 198 | John Alden Life Insurance Company | 7 | Commercial Insurance |
|  | 199 | Other EPO (not listed elsewhere) | K | Exclusive Provider Organization |
|  | 200 | Hartford Life Insurance Co | 7 | Commercial Insurance |
|  | 200 | Hartford Life Insurance co. | 7 | Commercial Insurance |
|  | 201 | Mutual of Omaha | 7 | Commercial Insurance |
|  | 201 | Mutual of Omaha | 7 | Commercial Insurance |
|  | 202 | New York Life Insurance | 7 | Commercial Insurance |
|  | 202 | New York Life Insurance Company | 7 | Commercial Insurance |
|  | 203 | Principal Financial Group (Principal Mutual Life) | 7 | Commercial Insurance |
|  | 204 | Christian Brothers Employee | 7 | Commercial Insurance |
|  | 205 | Health New England Select Premier PPO | E | PPO and Other Managed Care Plans Not Elsewhere  Classified |
|  | 206 | Health New England Guaranteed Issue - Individual  Plans | 7 | Commercial Insurance |
|  | 207 | Network Health (Cambridge Health Alliance MCD Program) | B | Medicaid Managed Care |
|  | 208 | HealthNet (Boston Medical Center MCD Program) | B | Medicaid Managed Care |
|  | 209 | Mid-West National Life Insurance Company of  Tennessee | 7 | Commercial Insurance |
|  | 210 | Medicare HMO - Pilgrim Preferred 65 | F | Medicare Managed Care |
|  | 210 | Medicare HMO-Pilgrim Preferred 65 | F | Medicare Managed Care |
|  | 211 | Medicare HMO - Neighborhood Health Plan Senior  Health Plus | F | Medicare Managed Care |
|  | 211 | Neighborhood Health Plan Senior Health Plus | F | Medicare Managed Care |

**PAYER SOURCE DEFINITION PAYER TYPE**

**PAYERCATEGORY**

**PAYER SOURCE CODE**

**PAYER SOURCE DEFINITION PAYER TYPE CODE**

**PAYERCATEGORY**

212 Medicare HMO - Healthsource CMHC Central Care

Supplement

F Medicare Managed Care

212 Medicare HMO - Healthsource CMHC Central Care

Supplement

F Medicare Managed Care

213 Medicare HMO - Medicare Complete Plans offered by SecureHorizons

F Medicare Managed Care

214 Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance

F Medicare Managed Care

215 Tufts Medicare HMO - Medicare Preferred F Medicare Managed Care

216 Medicare Special Needs Plan - Commonwealth Care

Alliance

F Medicare Managed Care

217 Medicare Special Needs Plan - Fallon Community

Health Plan

F Medicare Managed Care

218 Medicare Special Needs Plan - Senior Whole Health F Medicare Managed Care

219 Medicare Special Needs Plan - United Health Group

Evercare Mass. SCO and Evercare Plan IP

F Medicare Managed Care

220 Medicare HMO - Blue Care 65 F Medicare Managed Care

221 Medicare HMO - Harvard Community Health Plan 65 F Medicare Managed Care

222 Medicare HMO - Healthsource CMHC F Medicare Managed Care

223 Medicare HMO - Harvard Pilgrim Health Care of New

England Care Plus

F Medicare Managed Care

224 Medicare HMO - Tufts Secure Horizons F Medicare Managed Care

225 Medicare HMO - US Healthcare F Medicare Managed Care

226 United Health Care of New England, Inc. D Commercial Managed Care

227 Northeast Health Direct - PPO E PPO and Other Managed Care Plans Not Elsewhere

Classified

228 Oxford Health Plans 7 Commercial Insurance

229 Profesional Insurance Company (Indemnity) 7 Commercial Insurance

230 Medicare HMO - HCHP First Seniority F Medicare Managed Care

231 Medicare HMO - Pilgrim Prime F Medicare Managed Care

232 Medicare HMO - Seniorcare Direct F Medicare Managed Care

233 Medicare HMO - Seniorcare Plus F Medicare Managed Care

234 Medicare HMO - Managed Blue for Seniors F Medicare Managed Care

235 Trustmark Life Insurance Company 7 Commercial Insurance

**PAYER SOURCE CODE**

**PAYER SOURCE DEFINITION PAYER TYPE CODE**

**PAYERCATEGORY**

236 Tufts Health Maintenance Organization, Inc. (TAHMO)

8 HMO

237 Tufts Insurance Company PPO E PPO and Other Managed Care Plans Not Elsewhere

Classified

238 Tufts Associated Health Maintenance Organization, Inc. PPO

8 HMO

239 Tufts Associated Health Maintenance Organization, Inc. POS Plan

8 HMO

240 Unicare PPO E PPO and Other Managed Care Plans Not Elsewhere

Classified

241 Union Security Insurance Company 7 Commercial Insurance

242 Wellcare Health Plans, Inc. 7 Commercial Insurance

243 Pioneer Health Network 8 HMO

244 Tufts Medicare Complement (TMC) 7 Commercial Insurance

245 Trail Blazer Health Enterprises, LLC F Medicare Managed Care

246 Preferred Blue PPO C Blue Cross Managed Care

247 Humana Insurance Company \*\* 7 Commercial Insurance

248 Mail Handlers Benefit Plan 7 Commercial Insurance

249 MEGA Life and Health Insurance Company 7 Commercial Insurance

250 CIGNA HMO D Commercial Managed Care

251 Healthsource CMHC HMO 8 HMO

252 Health New England (HNE) Medicare Advantage

Plan

F Medicare Managed Care

253 Blue Medicare PFFS F Medicare Managed Care

254 Cigna Medicare Access Plans F Medicare Managed Care

255 Health Net Pearl F Medicare Managed Care

256 Humana Gold PFFS F Medicare Managed Care

257 Today's Options Premier from Universal American F Medicare Managed Care

258 Unicare Security Choice F Medicare Managed Care

259 CeltiCare Health Plan of Massachusetts 8 HMO

270 UniCare Preferred Plus PPO D Commercial Managed Care

271 Hillcrest HMO 8 HMO

272 Auto Insurance T Auto Insurance

273 MassHealth Senior Care Options\*\*\*\* F Medicare Managed Care

274 Medicaid Managed Care - Network Health B Medicaid Managed Care

275 Medicare SCO - NaviCare (HMO) F Medicare Managed Care

**PAYER SOURCE CODE**

**PAYER SOURCE DEFINITION PAYER TYPE CODE**

**PAYERCATEGORY**

276 Medicare SCO - Tufts Senior Care Options F Medicare Managed Care

277 Medicare SCO - United Health Care F Medicare Managed Care

278 Medicare SCO - Commonwealth Care Alliance F Medicare Managed Care

279 Medicare One Care - Fallon Total Care F Medicare Managed Care

280 Medicare One Care - Network Health F Medicare Managed Care

281 Medicare One Care - Commonwealth Care Alliance F Medicare Managed Care

282 BMC MassHealth CarePlus B Medicaid Managed Care

283 Fallon MassHealth CarePlus B Medicaid Managed Care

284 NHP MassHealth CarePlus B Medicaid Managed Care

285 Network Health MassHealth CarePlus B Medicaid Managed Care

286 Celticare MassHealth CarePlus B Medicaid Managed Care

287 MassHealth CarePlus B Medicaid Managed Care

288 Boston Medical Center HealthNet ConnectorCare Q Commonwealth Care/ConnectorCare Plans

289 CeltiCareConnectorCare Q Commonwealth Care/ConnectorCare Plans

290 Fallon ConnectorCare Q Commonwealth Care/ConnectorCare Plans

291 Health New England ConnectorCare Q Commonwealth Care/ConnectorCare Plans

292 Minuteman Health ConnectorCare Q Commonwealth Care/ConnectorCare Plans

293 Neighborhood Health ConnectorCare Q Commonwealth Care/ConnectorCare Plans

294 Network Health ConnectorCare Q Commonwealth Care/ConnectorCare Plans

295 Meritain 8 HMO

300 CommCare: BMC HealthNet Plan/Commonwealth

Care – General Classification

Q Commonwealth Care/ConnectorCare Plans

301 CommCare: BMC HealthNet Plan/Commonwealth

Care – Plan Type I

Q Commonwealth Care/ConnectorCare Plans

302 CommCare: BMC HealthNet Plan/Commonwealth

Care – Plan Type II

Q Commonwealth Care/ConnectorCare Plans

303 CommCare: BMC HealthNet Plan/Commonwealth

Care – Plan Type III

Q Commonwealth Care/ConnectorCare Plans

304 CommCare: BMC HealthNet Plan/Commonwealth

Care – Plan Type IV

Q Commonwealth Care/ConnectorCare Plans

400 CommCare: Cambridge Network Health Forward – General Classification

Q Commonwealth Care/ConnectorCare Plans

**PAYER SOURCE CODE**

**PAYER SOURCE DEFINITION PAYER TYPE CODE**

**PAYERCATEGORY**

401 CommCare: Cambridge Network Health Forward – Plan Type I

Q Commonwealth Care/ConnectorCare Plans

402 CommCare: Cambridge Network Health Forward – Plan Type II

Q Commonwealth Care/ConnectorCare Plans

403 CommCare: Cambridge Network Health Forward – Plan Type III

Q Commonwealth Care/ConnectorCare Plans

404 CommCare: Cambridge Network Health Forward – Plan Type IV

Q Commonwealth Care/ConnectorCare Plans

500 CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification

Q Commonwealth Care/ConnectorCare Plans

501 CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077)

Q Commonwealth Care/ConnectorCare Plans

502 CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220)

Q Commonwealth Care/ConnectorCare Plans

503 CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221)

Q Commonwealth Care/ConnectorCare Plans

504 CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 4 (Group No. 4455222)

Q Commonwealth Care/ConnectorCare Plans

600 CommCare: Neighborhood Health Plan– General

Classification

Q Commonwealth Care/ConnectorCare Plans

601 CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1)

Q Commonwealth Care/ConnectorCare Plans

602 CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2)

Q Commonwealth Care/ConnectorCare Plans

603 CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3)

Q Commonwealth Care/ConnectorCare Plans

604 CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4)

Q Commonwealth Care/ConnectorCare Plans

**PAYER SOURCE CODE**

**PAYER SOURCE DEFINITION PAYER TYPE CODE**

**PAYERCATEGORY**

700 CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care General Classification

Q Commonwealth Care/ConnectorCare Plans

|  |  |  |  |
| --- | --- | --- | --- |
| 701 | CommCare: Celticare Health Plan of Massachusetts /  Commonwealth Care - Plan 1 | Q | Commonwealth Care/ConnectorCare Plans |
| 702 | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 2 | Q | Commonwealth Care/ConnectorCare Plans |
| 703 | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 3 | Q | Commonwealth Care/ConnectorCare Plans |
| 704 | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care Bridge Program | Q | Commonwealth Care/ConnectorCare Plans |
| 800 | Aetna Dental | Z | Dental Plans |
| 801 | Aflac | Z | Dental Plans |
| 802 | AllState | Z | Dental Plans |
| 803 | Altus Dental | Z | Dental Plans |
| 804 | Ameritas Life Insurance Corp | Z | Dental Plans |
| 805 | Anthem Blue Cross Blue Shield | Z | Dental Plans |
| 806 | Assurant | Z | Dental Plans |
| 807 | Blue Cross Blue Shield of MA | Z | Dental Plans |
| 808 | Blue Cross Blue Shield of RI | Z | Dental Plans |
| 809 | Children’s Medical Security | Z | Dental Plans |
| 810 | Cigna Dental | Z | Dental Plans |
| 811 | Creative Plan Dental Administrators | Z | Dental Plans |
| 812 | Delta Dental of MA | Z | Dental Plans |
| 813 | Delta Dental - Other | Z | Dental Plans |
| 814 | Delta Dental of New York | Z | Dental Plans |
| 815 | DentaQuest Commonwealth Care | Z | Dental Plans |
| 816 | DentaQuest MassHealth | Z | Dental Plans |
| 817 | DentaQuest Senior Whole Health | Z | Dental Plans |
| 818 | EverCare Dental | Z | Dental Plans |
| 819 | Fallon Health Plan | Z | Dental Plans |
| 820 | Great West Dental | Z | Dental Plans |
| 821 | Guardian Dental | Z | Dental Plans |
| 822 | Harvard Pilgrim Health Care | Z | Dental Plans |
| 823 | MetLife Dental | Z | Dental Plans |

**PAYER SOURCE CODE**

**PAYER SOURCE DEFINITION PAYER TYPE CODE**

**PAYERCATEGORY**

824 Principal Plan Dental Z Dental Plans

825 Unicare Dental Z Dental Plans

826 United Concordia Z Dental Plans

827 United HealthCare: Dental Z Dental Plans

828 Alicare Z Dental Plans

829 Adventist Risk Management INC Z Dental Plans

830 Blue Cross Blue Shield of Texas Z Dental Plans

831 Brokers National Life insurance Z Dental Plans

832 Cba Blue Dental Z Dental Plans

833 Chesterfield Resources Z Dental Plans

834 Companion Life insurance Z Dental Plans

835 Dental Health Alliance Z Dental Plans

836 EBS Benefit Solutions Z Dental Plans

837 Empire Blue Cross Z Dental Plans

838 Excellus Blue cross Z Dental Plans

839 Fortis Z Dental Plans

840 GEHA Connection Dental Z Dental Plans

841 GHI Z Dental Plans

842 Lincoln Financial Group Z Dental Plans

843 London Health Administrators Z Dental Plans

844 Midwest Life Insurance Z Dental Plans

845 Premier Access Dental Plans Z Dental Plans

846 Sentry Life Insurance Z Dental Plans

847 Sonoco Z Dental Plans

848 Sun Life Dental Benefits Z Dental Plans

849 Symetra Life Insurance Company Z Dental Plans

850 Tricare Dental Z Dental Plans

851 Dentemax Insurance Z Dental Plans

901 Other Commercial Managed Care (not listed elsewhere)

D Commercial Managed Care

902 Other Dental (not listed elsewhere) Z Dental Plans

903 Unlisted International Source 0 Other Non-Managed Care Plans

904 Unlisted Military Source 5 Other Government Payment

905 Other Connector Care Plan (not listed elsewhere) Q Commonwealth Care/ConnectorCare Plans

|  |  |  |  |
| --- | --- | --- | --- |
| **PAYER** | **PAYER SOURCE DEFINITION** | **PAYER** | **PAYERCATEGORY** |
| **SOURCE CODE** |  | **TYPE** |  |
|  |  | **CODE** |  |
| 990 | Free Care - Co-pay, Deductible, or Co-Insurance | 9 | Free Care |
| 995 | Health Safety Net Office | H | Health Safety Net |
| 996 | Charity Care | 9 | Free Care |

**VALID AS SECONDARY**

**SOURCE PAYER CODE PAYER SOURCE DEFINITION**

137 AARP/Medigap Supplement

138 Banker’s Life and Casualty Insurance

139 Bankers Multiple Line

136 BCBS Medex

140 Combined Insurance Company of America

200 Hartford Life Insurance co.

127 Medicare HMO -Health New England Medicare Wrap

212 Medicare HMO - Healthsource CMHC Central Care Supplement

128 Medicare HMO -HMO Blue for Seniors

129 Medicare HMO-Kaiser Medicare Plus Plan

131 Medicare HMO-Pilgrim Enhance 65

210 Medicare HMO-Pilgrim Preferred 65

201 Mutual of Omaha

211 Neighborhood Health Plan Senior Health Plus

202 New York Life Insurance Company

141 Other Medigap (not listed elsewhere) \*\*\*

133 Medicare HMO -Tufts Medicare Supplement (TMS)

**TABLE 6. STATE**

Data Elements **PermanentPatientStateLDS**

TemporaryPatientStateLDS

Rules All other values are invalid.

Must be present when Patient Country is ‘US’

Must be valid U.S. postal code for state

|  |  |  |  |
| --- | --- | --- | --- |
| **STATE/POSSESSION** | **ABBREVIATION** | **STATE/POSSESSION** | **ABBREVIATION** |
| Alabama  Alaska | AL  AK | Montana  Nebraska | MT  NE |
| American Samoa | AS | Nevada | NV |
| Arizona | AZ | New Hampshire | NH |
| Arkansas | AR | New Jersey | NJ |
| California | CA | New Mexico | NM |
| Colorado | CO | New York | NY |
| Connecticut | CT | North Carolina | NC |
| Delaware | DE | North Dakota | ND |
| District of Columbia | DC | N.Mariana Islands | MP |
| Federated States of Micronesia | FM | Ohio | OH |
| Florida | FL | Oklahoma | OK |
| Georgia | GA | Oregon | OR |
| Guam | GU | Palau | PW |
| Hawaii | HI | Pennsylvania | PA |
| Idaho | ID | Puerto Rico | PR |
| Illinois  Indiana | IL  IN | Rhode Island  South Carolina | RI  SC |
| Iowa  Kansas | IA  KS | South Dakota  Tennessee | SD  TN |
| Kentucky  Louisiana | KY  LA | Texas  Utah | TX  UT |
| Maine  Marshall Islands | ME  MH | Vermont  Virgin Islands | VT VI |
| Maryland | MD | Virginia | VA |
| Massachusetts | MA | Washington | WA |
| Michigan | MI | West Virginia | WV |
| Minnesota | MN | Wisconsin | WI |
| Mississippi | MS | Wyoming | WY |
| Missouri | MO |  |  |

Part D. Data Notes / Caveats

At the time of this publication the following data notes or caveats were present from resubmissions that were available in the November release of FY17 EDD. The initial release of FY17 EDD was in November 2018. As data findings occur, CHIA will begin publishing a separate FY17 EDD document that will keep new or updated findings, caveats or notes. Data notes or caveats will not be regularly updated in this Documentation Manual.

 **Baystate Wing (ORG ID 139)** / **Baystate Mary Lane (ORG ID 6) Hospitals** – Baystate Wing assumed all medical record reporting for Baystate Mary Lane for all quarters in the FY17 reporting period. Within the Baystate Wing filings, there were no

records expected from Baystate Mary Lane for HIDD as Baystate Mary Lane solely offers 24/7 Emergency Department services.

Part E. Summary Statistics

Summary Statistics will be provided in a separate document, posted to the CHIA website along with Documentation Manual information. This is different than the FY2016 document which contained that content in the body of the Documentation Manual. CHIA expects to produce this document with each release of the EDD filings, including when resubmissions require general re-release of the data to the user community.