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 site [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.us. 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.us.

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/chia-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.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.

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.us.

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.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_CodeSet.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 Reference table:	Table 13

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.ma.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
1	Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM or ICD-10-CM codes for POA flag)
[Blank]	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	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
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 CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
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 CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
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 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	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
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 CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
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 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 SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
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	AL	Montana	MT
Alaska	AK	Nebraska	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	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Marshall Islands	MH	Virgin Islands	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.