

Division of Health Care Finance and Policy

**FY2006 Outpatient Hospital
Emergency Department
Database
Documentation Manual**

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General Documentation
FY2006 Outpatient Hospital Emergency Department Database

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INTRODUCTION

This documentation manual contains two sections, General Documentation and Technical Documentation. This documentation manual is for use with the Emergency Department Visit FY2006 Database.

Section I. General Documentation

The General Documentation includes background on the development of the FY2006 Emergency Department Database, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. The section also contains hospital-reported discrepancies received in response to the data verification process, and supplementary information, including a table of data field names and descriptions, a list of Type A and Type B errors, and a list of hospitals within the database.

Section II. Technical Documentation

The Technical Documentation includes information on the fields calculated by the Division of Health Care Finance & Policy (DHCFP), and a data file summary section describing the data that is contained in the file.

For your reference, CD Specifications are listed in the following section to provide the necessary information to enable users to access files.

Copies of Regulation *114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, Administrative Bulletin *02-06: Outpatient Emergency Department Visit Data Electronic Record Submission Specifications*, and Regulation *114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data* may be obtained by logging on to the Division's website at <http://www.mass.gov/dhcfp>, or by faxing a request to the Division at 617-727-7662, or by emailing a request to the Division at Public.Records@state.ma.us.

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CD SPECIFICATIONS

Hardware Requirements:

CD ROM Device
Hard Drive with 2.50 GB of space available

CD Contents:

This CD contains the final/full year Emergency Department Data Product. It consists of two Microsoft Access data base (MDB) files – the ED Visit file – which contains one record per ED visits, and the ED Services file – which contains one record for each service provided each patient. Linkage can be performed between EDVisits and EDServices by utilizing the RecordType20ID, EDVisitID, and SubmissionControlID. These 3 combined will produce a unique visit key.

In addition, the ED Visit file contains the following tables:

- EDVisit – actual data – one record per visit
- DataSubmissionLog – This contains a listing by provider and quarter of total charges, total number of ED visits, pass/fail status of file
- ErrorLog – listing of all errors found by provider and quarter
- HospitalsByEMSRegion – listing of each provider’s EMS region and teaching status
- LookupCCSLevel1 – listing of CCS code for each diagnosis
- LookupCCSLevel1Description – listing of descriptions for each CCS code
- PayerCategories – listing of all payer types and sources
- ServiceSiteSummary – information by provider and quarter on the number of treatment beds, observation beds, total ED beds, inpatient visits, outpatient visits

This is an Access 2000 database (Access 97 will not hold a db this large).

File Naming Conventions:

This CD contains self-extracting compressed files using the file naming convention below.

Hospital_EDVisit_CCYY_FullYear_L#
And Hospital_EDServices_CCYY_FullYear
Where:

- a) CCYY = the Fiscal Year for the data included
- b) # = the level of data

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

SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY2006 ED Data Base
4. DRG Groupers

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PART A. BACKGROUND INFORMATION

1. GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: provides a general documentation overview, description of quarterly reporting periods, and information on the development of the FY2006 Emergency Department Visit Database.

PART B. DATA: Describes the basic data quality standards as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, some general data definitions, general data caveats, and information on specific data elements. To ensure the data base is as accurate as possible, the DHCFP strongly encourages hospitals to verify the accuracy of their data as it appears on the *Emergency Department Visit Verification Report*, or to indicate that the hospital found discrepancies in its data. If a hospital finds data discrepancies, the DHCFP requests that the hospital submits written corrections that provide an accurate profile of that hospital's discharges. Part C of the general documentation details hospital responses.

PART C. HOSPITAL RESPONSES: Details hospital responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals' FY2006 ED Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies by Category
4. Index of Hospitals Reporting Discrepancies
5. Individual Hospital Discrepancy Documentation

PART D. CAUTIONARY USE HOSPITALS: Lists the hospitals for which the Division did not receive four (4) quarters of acceptable emergency department visit data, as specified under Regulation 114.1 CMR 17.00.

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting ED visit data for FY2006, and those that failed to provide any data. Also lists hospital discharge and charge totals by quarter for data submissions.

PART F. SUPPLEMENTARY INFORMATION: Provides Supplements I through VIII listed in the Table of Contents. Contains specific information on types of errors, hospital locations, and identification numbers.

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PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

Massachusetts hospitals are required to file emergency department visit data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2006 period, the quarterly reporting intervals were as follows:

Quarter 1:	October 1, 2005 – December 31, 2005
Quarter 2:	January 1, 2006 – March 31, 2006
Quarter 3:	April 1, 2006 – June 30, 2006
Quarter 4:	July 1, 2006 – September 30, 2006

PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 2006 EMERGENCY DEPARTMENT DATABASE

The Massachusetts Division of Health Care Finance and Policy adopted final regulations regarding the collection of emergency department data from Massachusetts' hospitals, effective October 1, 2001. They are contained in Regulation 114.1 CMR 17.00, and the Data Specifications of Administrative Bulletin 02-06, both of which are available on the Division's web site.

The Division believes that the ED database will provide an essential resource for decision-makers struggling to address many ED-related health policy and public health concerns. Understanding emergency room overcrowding and ambulance diversion, the burden and cause of injuries, and evaluating treatment and the process of the emergency department system are just some of the important reasons for the data. Many physicians, academics, and policy makers strongly believe that this information will help make a difference in health care delivery and policy.

The ED database captures data concerning visits to emergency departments in Massachusetts' acute care hospitals and satellite emergency facilities that do not result in admission to an inpatient or outpatient observation stay. To avoid duplicate reporting, data on ED patients admitted to observation stays will continue to be reported to the Outpatient Observation Stay database, and ED patients admitted as inpatients will continue to be reported to the inpatient Hospital Discharge Database. The Division has asked providers to flag those patients admitted from the ED in the inpatient and outpatient observations databases, and to provide overall ED utilization statistics to ensure that all ED patients are accurately accounted for.

The Division also requested certain historical outpatient ED data back to January 1, 2000, in order to expedite trend analyses, but hospitals were not required to report any data not already collected and stored electronically for that period of time.

PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 2006 EMERGENCY DEPARTMENT DATABASE

Six Fiscal Year 2006 data levels have been created to correspond to the levels in *Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data"*. Higher levels contain an increasing number of the data elements defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements include: the Unique Health Identification Number (UHIN, which is the encrypted patient social security number), the patient medical record number, hospital billing number, Mother's UHIN, date of birth, beginning and ending dates of service, the Unique Physician Number (UPN, which is the encrypted Massachusetts Board of Registration in Medicine License Number), and procedure dates.

The six levels include:

- | | |
|------------------|--|
| LEVEL I | Contains all case mix data elements, except the deniable data elements. |
| LEVEL II | Contains all Level I data elements, plus the UPN. |
| LEVEL III | Contains all Level I data elements, plus the patient UHIN, the mother's UHIN, a visit sequence number for each UHIN visit record, and may include the number of days between stays for each UHIN number. |
| LEVEL IV | Contains all Level I data elements, plus the UPN, the UHIN, the mother's UHIN, a visit sequence number for each UHIN visit record, and may include the number of days between stays for each UHIN number. Level IV for ED data also includes reason for visit. |
| LEVEL V | Contains all Level IV data elements, plus the date of admission (registration or begin date), date of discharge (end date), and the date(s) of surgery. |
| LEVEL VI | Contains all of the deniable data elements except the Medicaid recipient ID number. |

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS:

The Division utilizes the 2002 version 2 of Clinical Classifications Software (CCS) on the ED database. CCS is a tool developed by the Agency for Healthcare Research and Quality for the purpose of grouping the thousands of patient diagnosis and procedure codes into broader and therefore, more manageable numbers of clinically meaningful categories. The current version of CCS is based upon the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

CCS consists of two related classification systems. The first system – called the **single-level CCS** – group diagnoses (illnesses and conditions) into 259 mutually exclusive categories, and procedures into 231 mutually exclusive categories. Most of the diagnosis categories are clinically homogeneous, however some heterogeneous categories were necessary in order to combine several less common individual conditions within a body system. Likewise, most of the procedure categories represent single procedures, however some procedures that occur infrequently are grouped according to the body system on which they are performed, whether they are used for diagnostic or therapeutic purposes, and whether they are considered operating room or non-operating room procedures according to diagnostic related group definitions (DRGs: Diagnostic related groups definitions manual, 1994).

All codes in the diagnosis section of ICD-9-CM are classified. In previous versions of the system, External Causes of Injury and Poisoning (E-Codes) were not classified because they are used sporadically in inpatient data, and were thus lumped into a single category (CCS 260). Beginning with the 1999 version of CCS, a classification system for E-Codes was incorporated.

The second CCS system – called the **multi-level CCS** – expands the single level CCS into a hierarchical system by grouping the single-level CCS categories into broader categories (e.g., infectious diseases, Mental Disorders, etc.) The multi-level CCS also splits the single-level categories in order to provide more detail about particular groupings of codes. The multi-level diagnosis CCS is split into four levels. The multi-level procedure CCS is split into three levels. A multi-digital numbering system is used to identify the level of each hierarchical category.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS - Continued

CCS went through several stages of development. The initial endeavor – Clinical Classifications for Health Policy Research (CCHPR) Version 1 – set out to construct clinically meaningful categories of diagnoses and procedures. The categories were based on the extent to which conditions and procedures could be grouped into relatively homogeneous clusters of interest to researchers. CCHPR Version 2, which was based on Version 1, contained more categories than its predecessor. Some conglomerate categories and high frequency categories were divided into smaller, more clinically homogeneous groups. The 1999 update introduced the multi-level CCS, which gave special treatment to E-Codes, and reflected the broader use of classifications beyond health policy research.

CCS categories can be used in a variety of projects involving the analysis of diagnosis and procedure data. For example, they can be used to: identify causes of disease-specific or procedure specific studies; gain a better understanding of an institution's distribution of patients across a disease or procedure grouping; and provide statistical information on characteristics, such as length of stay for specific conditions.

SECTION I. GENERAL DOCUMENTATION

PART B. DATA

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Special ED Data Considerations
5. Specific Data Elements
6. DHCFP Calculated Fields

PART B. DATA

1. EMERGENCY DEPARTMENT VISIT DATA QUALITY STANDARDS

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit emergency department data to the Division 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in *Administrative Bulletin 02-06: Outpatient Emergency Department Visit Data Submission Specification*.

The standards employed for rejecting data submissions from hospitals are based upon the presence of Category A or B errors as listed for each data element under the following conditions.

All errors are recorded for each patient Record and for the Submission as a whole. An Edit Report is provided to the hospital, displaying detail for all errors found in the submission.

A patient **Record** is rejected if there is:

- Presence of one or more errors for Category A elements.
- Presence of two or more errors for Category B elements.

A hospital data **Submission** will be rejected if:

- 1% or more of discharges are rejected; or
- 50 consecutive records are rejected.

Each hospital received a quarterly error report displaying invalid discharge information. Quarterly data that does not meet the one percent compliance standard must be resubmitted by the individual hospital within 30 days, until the standard is met.

Please see Supplement I for a Table of Field Names, Field Descriptions, and Error Types.

PART B. DATA

1. ED VISIT DATA QUALITY STANDARDS - *Continued*

Verification Report Process:

The Verification Report process is intended to present hospitals with a profile of their individual data as reported and retained by the Division. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to the Division and to affirm its accuracy. The Verification Report itself is a series of frequency reports covering selected data elements. Please refer to Supplement III for a description of the Verification Report contents.

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within the report. Hospitals need to affirm to the Division that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing an Emergency Department Verification Report Response Form.

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

“A” Response: By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

“B” Response: By checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any data discrepancies exist (e.g., a “B” response), the Division requests that hospitals provide written explanations of the discrepancies, so that they may be included in the General Documentation Manual.

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

PART B. DATA

2. GENERAL DEFINITIONS

Before turning to a description of the specific data elements, several basic definitions (as contained in **Regulation 114.1 CMR 17.02**) should be noted.

Emergency Department (ED)

The department of a hospital or a health care facility off the premises of a hospital that is listed on the license of a hospital and qualifies as a Satellite Emergency Facility under 105 CMR 130-820 through 130.836, that provides emergency services as defined in 105 CMR 130.020. Emergency services are further defined in the HURM, Chapter III, s. 3242.

Emergency Department Visit

Any visit by a patient to an emergency department for which the patient is registered at the ED, but which results in neither an outpatient observation stay nor the inpatient admission of the patient at the reporting facility. An ED visit occurs even if the only service provided to a registered patient is triage or screening. An ED visit is further defined in the HURM Chapter III, s. 3242.

PART B. DATA

3. GENERAL DATA CAVEATS

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

- Collection and verification of patient supplied information at the time of arrival;
- Medical Record coding, consistency, and/or completeness;
- Extent of hospital data processing capabilities;
- Extent of hospital data processing systems;
- Varying degrees of commitment to quality of emergency department data;
- Non-comparability of data collection and reporting.

Emergency Department Data

The emergency department data is derived from information gathered upon arrival, or from information entered by attending physicians, nurses, and other medical personnel into the medical record. The quality of the data is dependent upon hospital data collection policies and coding practices of the medical record staff.

PART B. DATA

3. GENERAL DATA CAVEATS - *Continued*

Data Quality Review:

In the spring of 2003, the Division conducted a preliminary data quality review of the newly collected ED data prior to releasing it to the public. The purpose of the review was to assess the data for substantial problems and potential reporting issues. Hospitals with substantial issues were contacted and sent letters outlining the specific areas. The intent was to guide hospitals to correct errors in order to correct the quality of future submissions. The review was intended to supplement the regular edit and verification process. Hospitals still received a verification report from their Division liaison and had the opportunity to review its accuracy and submit comments. (See Hospital Response Section for more information.)

The Division began collecting ED data for three fiscal years, including retro data for 2000 and 2001 and for FY2002. The data quality review focused mainly on FY2002. In cases where substantial quality issues were discovered, all three years were examined further to assess the extent of the problem.

The review included assessment of the following data elements that are reported to the Division in the ED data set:

- Social Security Number
- Length of Stay
- Primary Visit Source
- Mode of Transport
- Registration Date
- Homeless Indicator
- Secondary Payer Source
- Unique Physician Number (MD License)
- Race
- Visit Type
- Departure Status
- Discharge Data
- Primary Payer Source

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PART B. DATA

3. GENERAL DATA CAVEATS

Data Quality Review - Continued:

Hospitals with substantial problems were contacted and sent a letter outlining the problem areas that were noted for follow-up. Hospital contacts were asked to review the data carefully to determine the accuracy of the information. If they discovered that the information was in error, the hospital contact was asked to correct and resubmit the data, if possible, or to correct the issue for future data submissions. Those hospitals unable to resubmit data – mainly due to system limitations – noted discrepancies in the comment section for hospital responses, and corrected the problem(s) going forward.

Below is a sample report given to hospitals with substantial problems.

Hospital Name & Org ID #	DHCFP Liaison	Departure Status	Visit Type	Primary Source of Visit
#400	Lucy Liaison	e.g., 99% reported as Died During ED visit – Q4 2002	e.g., 90% reported as “non-urgent” – Q2, Q3, Q4 of 2001	e.g., 99% reported as “7 – Outside Hospital ER transfer” for all quarters 2001, 2002

There were several data elements that proved to be problematic for many hospitals. Upon further review, it was discovered that most problems were due to programming issues. There were five data elements that seemed to be the most problematic for many hospitals. These data elements were:

• Visit Source
• Length of Stay
• Visit Type
• Patient Departure Status
• Physician License Number

PART B. DATA

3. GENERAL DATA CAVEATS

Data Quality Review - Continued:

Visit Source: Many hospitals utilized “Code 7 – Outside Hospital Emergency Room Transfer”, as a default, where they meant to use “Code M – Walk-In/Self-Referral”. These hospitals have corrected the problem for future submissions.

Visit Type: There was a wide variance in the reporting of visit type, due to the use of different definitions of the terms “emergency”, “urgent”, and “non-urgent”.

Length of Stay (LOS): The Division identified and contacted hospitals that reported both relatively low and relatively high lengths of stay. It was discovered that most of the problems with Length of Stay resulted from inaccuracies in the reporting of discharge time. (Note: LOS is calculated by subtracting Admission Time from Discharge Time.) Since discharge time was not a required element in the years examined (prior to FY03), many hospitals reported it as ‘0000’, thereby rendering the calculation inaccurate. The problem will be corrected going forward.

Patient Departure Status: The most critical issue involved Patient Departure Status Code. There were a small number of hospitals that inadvertently reported nearly all visits with a departure status code of “0 – Died during ED Visit”. In all cases, the problem was discovered to be technical. Some hospitals were able to rectify the issue and resubmit data prior to public release. Other hospitals did not have the ability to go back to correct the technical inaccuracies. The Division asks that you be aware of the potential reporting problem when working with Departure Status in the database.

Unique Physician Number: Hospitals report the physician license number, which the Division encrypts into a Unique Physician Number. The Division identified hospitals reporting one or more numbers a relatively high number of times, or those reporting a limited number of license numbers. The situation was discussed with the hospitals and corrected, where warranted, for future submissions.

PART B. DATA

4. SPECIAL ED DATA CONSIDERATIONS

The dates for mandatory reporting of some data elements were delayed to accommodate certain hospitals not able to report them immediately.

Data Elements required as of FY2003 were:

- Homelessness Indicator
- Discharge Time
- Reason for Visit

Data Elements required as of FY2002 were:

- Discharge Date
- Discharge Time
- Ambulance Run Sheet Number
- Stated Reason for Visit

Not all acute care hospitals in Massachusetts provide emergency services. For FY2006, there were 68 emergency departments and satellite emergency facilities that reported ED visit data.

ED Overlap to the Inpatient HDD and Outpatient Observation Data Bases:

Flag fields were created for use with the Inpatient Hospital Discharge Database and the Outpatient Observation Database because of the overlap from ED to these other areas. Data for some patients who are discharged from the ED as outpatients, but who subsequently return to the hospital and are admitted as inpatients within a period of a few days may also be found in the inpatient database. This effect is caused by certain payers' "payment window" rules, and such cases should be indicated by ED flag value "1" in the inpatient database. The Division has asked providers to flag those patients admitted from the ED in the inpatient & outpatient observation databases, and to provide overall ED utilization statistics to ensure that all ED patients are accurately accounted for. Certain outpatient ED visits for which no charge is made may not appear in the ED database at all.

The Division also requested certain historical outpatient ED data back to January 1, 2000, in order to expedite trend analyses, but hospitals were not required to report any data already collected and stored electronically for that period of time. Certain data quality criteria were also relaxed for historical data. For a complete description of the data specifications used for retrospective data, see the Division's website, www.mass.gov/dhcfp.

PART B. DATA

5. SPECIFIC DATA ELEMENTS

The purpose of the following section is to provide the user with an explanation of some of the specific data elements included in the ED database, and to give a sense of their reliability.

Filing Org DPH Number

The Massachusetts Department of Public Health's four-digit identification number for the hospital that submits the data. A hospital may submit data for multiple affiliated hospitals or campuses. (See Supplement V).

Filing Org ID

An identification number assigned by the Division to the hospital that submits the data. A hospital may submit data for multiple affiliated hospitals or campuses.

Type of Visit

This is the patient's type of visit: Emergency, Urgent, Non-Urgent, Newborn, or Unavailable. Please note it is expected that Newborn will not be a frequently used value for Type of Visit in the ED database (in contrast to its frequent use as a Type of Admission in the Inpatient database), since few babies are born in Eds. However, it would be appropriately reported as a Type of Visit for an ED visit if there were a precipitous birth that actually occurred in the ED, or if the baby was born out of the hospital but it was brought immediately thereafter to the ED for care. Reporting patterns vary widely from hospital to hospital and may not be reliable.

Emergency Severity Index

The Emergency Severity Index (ESI) is a system for triaging patients using an algorithm developed by researchers at Brigham & Women's and Johns Hopkins Hospitals. 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 (Field 17), which is basically a three-level triage scale. The ESI is described in the following article: Wuerz, R. et al., Reliability and Validity of a New Five-Level Triage Instrument, *Academic Emergency Medicine* 2000; 7:236-242. 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 ED visit. Only a small number of hospitals report this data element.

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Source of Visit

This is the patient's originating, referring, or transferring source of visit in the ED. It includes Direct Physician Referral, Within Hospital Clinic Referral, Direct Health Plan Referral/HMO Referral, Transfer from an Acute Care Hospital, Transfer from a Skilled Nursing Facility, Transfer from an Intermediate Facility, and Walk-In/Self-Referral. Newborn Source of Visits includes Normal Delivery, Premature Delivery, Sick Baby, and Extramural Birth. Reporting patterns may vary widely from hospital to hospital and may not be reliable.

Secondary Source of Visit

This is the patient's secondary referring, or transferring source of visit in the ED. This is infrequently reported for ED Visits.

Charges

This is the grand total of charges associated with the patient's ED visit. The total charge amount should be rounded to the nearest dollar. A charge of \$0 is not permitted unless the patient has a departure status of eloped, left against medical advice, or met personal physician in the ED.

Encrypted Physician Number (UPN)

This is the state license number (Mass. Board of Registration in Medicine license number) for the physician who had primary responsibility for the patient's care in the ED. This may also be the state license number for a dental surgeon, podiatrist, or other (i.e., non-permanent licensed physician) or midwife. This item is provided in encrypted form.

Other Physician Number (UPN)

This is the state license number (Mass. Board of Registration in Medicine license number) for the physician other than the ED physician who provided services related to the patient's visit. This may also be the state license number for a dental surgeon, podiatrist, or other (i.e., non-permanent licensed physician) or midwife. This item is provided in encrypted form.

Other Caregiver Code

This is the code for the other caregiver with significant responsibility for the patient's care. It includes resident, intern, nurse practitioner, or physician's assistant.

Principal Diagnosis

This is the ICD-9-CM code (excluding decimal point) for the patient's principal diagnosis.

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Associated Diagnosis Codes 1-5

The ICD-9-CM codes (excluding decimal point) for the patient's first, second, third, fourth, and fifth associated diagnoses, respectively.

Significant Procedure Code 1-4

These are the ICD-9-CM codes (excluding decimal point) or CPT codes for the patient's significant procedures, as reported in FL 80 and FL 81 of the UB-92. More detailed information on the items and services provided during the ED visit is reported under the Service Line Item data.

Associated Significant Procedure Codes 1-3

These are the ICD-9-CM codes (excluding decimal point) or CPT codes for the patient's first, second, and third associated significant procedure, as reported in FL 82 of the UB-92.

Procedure Type Code

This is the coding system (CPT or ICD-9-CM) used to report significant procedures in the patient's record. Only one coding system is allowed per patient visit.

Ambulance Run Sheet Number

The purpose of the Ambulance Run Sheet Number is to permit association of the ED data with data on pre-hospital services that patients may receive. The pre-hospital database is currently being developed by the Department of Public Health. This will not be a required element until the pre-hospital services database is in operation.

Patient Departure Status Code

Patient Departure Status Code is used to report the status of the patient at the time of discharge. Patients who are registered in the ED, but who then leave before they are seen and evaluated by a physician are said to have "eloped". In contrast, patient who have been seen by a physician but who leave against the medical advice of that physician are coded as AMA (Against Medical Advice). Patients who die during their visit to the ED (expired) are distinguished from patient who were "dead on arrival" (DOA), whether or not resuscitation efforts were undertaken. Such distinctions are valuable when doing outcomes studies related to both prehospital and ED care.

Patient's Mode of Transport Code

This is the patient's mode of transport to the ED. It includes by Ambulance, by Helicopter, law Enforcement, and Walk-In (including public or private transport).

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Discharge Date and Discharge Time

The discharge date and discharge time reflect the actual date and time that the patient was discharged from the ED. Default values, such as 11:59 PM of the day the patient was registered, are unacceptable. Time is reported as military time, and valid values include 0000 through 2359. (Please note that Discharge Time was mandatory beginning 10/1/2002 for FY2003.)

Stated Reason For Visit

The Reason for Visit is the patient's reason for visiting the ED. It is also known as the Chief Complaint. This should be the problem as perceived by the patient, as opposed to the medical diagnosis made by a medical professional. Because of the lack of a commonly used coding system for Reason for Visit, this field is reported in a free text field (up to 150 characters in length). (Please note that Reason for Visit was mandatory beginning 10/1/2002 for FY2003).

Patient Homelessness Indicator

The patient Homelessness Indicator is used to identify patients that are homeless. The Division recognizes that homeless patients do not always identify themselves as such. Neither does the Division expect hospitals to specifically ask patients whether they are homeless, if this is not their practice. However, because the homeless are a population of special concern with regard to access to care, health outcomes, etc., it is useful to identify as many of these patients as possible. If a patient reports no home address, provides the address of a known homeless shelter, or otherwise indicates that he or she is homeless, that should be indicated in this field by using a coding value of Y. Otherwise, the hospital should use the value N. (Please note that this field was mandatory beginning 10/1/2002 for FY2003.)

Principal External Cause of Injury Code (E-Code)

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings and adverse effects.

Payer Codes

A complete listing of the payer types and sources can be found in this manual under the Technical Documentation, Section II, part D and Part E.

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Unique Health Identification Number (UHIN)

The patient's social security number is reported as a nine-digit number, which is then encrypted by the Division into a Unique Health Information Number (UHIN). Therefore, the social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by the Division. Please note that per Regulation 114.1 CMR 17.00, the number reported for the patient's social security number should be the patient's social security number, not the social security number of some other person, such as the husband or the wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there is a separate field designated for the social security number of the newborn's mother.

Service Line Items

Service Line Items are the CPT or HCPCS Level II codes used to bill for specific items and services provided by the ED 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, SPPLY 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.

ED Treatment Bed

The purpose of this data element is to help measure the normal capacity of Eds. ED Treatment Bed includes only those beds in the ED 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 hospitals' physical capacity to comfortably treat a certain volume of ED patients, although the Division recognizes that in cases of overcrowding, EDs' may need to employ temporary beds.

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

ED-Based Observation Bed

ED-based Observation Beds are beds located in a distinct area within or adjacent to the ED, which are intended for use by observation patients. Hospitals should 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.

ED Site

Most hospitals submitting ED data provide emergency care at only one location. Therefore, they are considered to have a single campus or site, and need to summarize their data only once. However, others may be submitting data pertaining to care provided at multiple sites. The Division requires the latter to summarize their data separately for each site covered by the data submitted.

PART B. DATA

6. DHCFP CALCULATED FIELDS

Analysis of the UHIN data by the Division has turned up problems with some of the reported data for the inpatient and outpatient observation stays databases. For a small number of hospitals, little or no UHIN data exists as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly resulting in numerous visits for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% - 10%.

In the past, the DHCFP has found that, on average, 91% of the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitors the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN.

Only valid SSNs are encrypted to a UHIN. It is valid for hospitals to report that the SSN is unknown. In these cases, the UHIN appears as '000000001'.

Invalid SSNs are assigned 7 or 8 dashes and an error code. The list of error codes is as follows:

```
ssn_empty = 1  
ssn_notninechars = 2  
ssn_allcharequal = 3  
ssn_firstthreecharszero = 4  
ssn_midtwocharszero = 5  
ssn_lastfourcharszero = 6  
ssn_notnumeric = 7  
ssn_rangeinvalid = 8  
ssn_erroroccurred = 9  
ssn_encrypterror = 10
```

****Based on these findings, the DHCFP strongly suggests that users perform qualitative checks on the data prior to drawing conclusions about that data.**

SECTION I. GENERAL DOCUMENTATION

PART C. HOSPITAL RESPONSES FY2006

1. Summary of Hospitals' FY2006 ED Final Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies By Category
4. Index of Hospitals Reporting Data Discrepancies
5. Individual Hospital Discrepancy Documentation

General Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2006
 ED Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2006	Anna Jaques Hospital	X			
2226	Athol Memorial Hospital	X			
2120	Baystate Franklin	X			
2148	Baystate Mary Lane	X			
2339	Baystate Medical Center	X			
2313	Berkshire Medical Center	X			
2054	Beth Israel Deaconess Hospital – Needham	X			
2069	Beth Israel Deaconess Medical Center	X			
2307	Boston Medical Center – Harrison Avenue	X			
2921	Brigham & Women's	X			
2118	Brockton Hospital	X			See comment.
2108	Cambridge Health Alliance		X		See comment.
2135	Cape Cod Hospital	X			
2003	Caritas Carney Hospital	X			

General Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2006
 ED Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2101	Caritas Good Samaritan Medical Center		X		See comment.
2225	Caritas Holy Family Hospital	X			
2114	Caritas Norwood Hospital	X			
2085	Caritas St. Elizabeth's	X			
2139	Children's Hospital Boston	X			
2126	Clinton Hospital	X			
2155	Cooley-Dickinson Hospital	X			
2018	Emerson Hospital	X			
2052	Fairview Hospital	X			
2289	Falmouth Hospital	X			
2048	Faulkner Hospital	X			
2038	Hallmark Health – Lawrence Memorial Hospital	X			
2058	Hallmark Health – Melrose-Wakefield Hospital	X			
2143	Harrington Memorial Hospital	X			

General Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2006
 ED Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2034	Health Alliance Hospitals, Inc.			X*	
2036	Heywood Hospital	X			
2145	Holyoke Medical Center	X			
2157	Hubbard Regional Hospital	X			
2082	Jordan Hospital	X			
2033	Lahey Clinic Burlington	X			
2099	Lawrence General Hospital		X		
2040	Lowell General Hospital	X			
2103	Marlborough Hospital		X		See comment.
2042	Martha's Vineyard Hospital	X			
2167	Massachusetts Eye & Ear Infirmary	X			
2168	Mass. General Hospital	X			
2149	Mercy Hospital – Springfield		X		See comment.
2131	Merrimack Valley	X			

General Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2006
 ED Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2020	MetroWest Medical Center	X			
2105	Milford Regional Medical Center	X			
2227	Milton Hospital	X			
2022	Morton Hospital		X		See comment.
2071	Mount Auburn Hospital	X			
2044	Nantucket Cottage Hospital	X			
2298	Nashoba Valley Medical Center	X			
2075	Newton-Wellesley Hospital	X			
2076	Noble Hospital		X		See comment.
2061	North Adams Regional Hospital		X		See comment.
2014	North Shore Medical Center	X			
2016	Northeast Health Systems – Addison Gilbert Hospital		X		See comment.
2007	Northeast Health Systems – Beverly Hospital		X		See comment.

General Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2006
 ED Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2151	Quincy Medical Center	X			
2011	St. Anne's Hospital	X			
2128	Saint Vincent Hospital	X			
2063	Saints Memorial Medical Center	X			
2107	South Shore Hospital	X			
2337	Southcoast Health Systems – Charlton Memorial Hospital		X		See comment.
2010	Southcoast Health Systems – St. Luke's Hospital		X		See comment.
2106	Southcoast Health Systems – Tobey		X		See comment.
2100	Sturdy Memorial Hospital	X			
2299	Tufts New England Medical Center		X		See comment.
2841	UMass. Memorial Medical Center		X		See comment.
2094	Winchester Hospital	X			
2181	Wing Memorial Hospital & Medical Center	X			

PART C. HOSPITAL RESPONSES

2. LIST OF ERROR CATEGORIES

- ED Visits by Quarter
- ED Visit Types and ED Severities
- ED Source of Visits
- ED Mode of Transport
- Top 10 Principal Diagnosis by Number of ED Visits
- Top 10 Principal E Code by Number of ED Visits
- Top 10 Significant Procedures by Number of ED Visits
- Number of Diagnosis per ED Visits
- ED Patient Status
- Top 20 Primary Payers by Number of ED Visits
- Top 10 Principal Diagnoses by ED Charges
- ED Visits by Age
- ED Visits by Race
- ED Visits by Patient Gender
- Top 20 Patient Zip Code by ED Visits
- ED Visits by Homeless Indicator
- ED Visits by Average Hours of Service and Charges
- ED Service Site Summary

General Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Hospital	Visits by Quarter	Visit Types & ED Severities	Source of Visits	Mode of Transport	Top 10 Principal Diagnosis by Visits	Top 10 Principal E Code by Visits
Marlborough Hospital			X			
Mercy Medical Center					X	
Morton Hospital				X		
Noble Hospital		X	X	X	X	
North Adams		X	X	X		
Northeast – Addison Gilbert	X					
Northeast - Beverly	X					
Southcoast - Charlton						X
Southcoast – St. Luke’s						X
Southcoast - Tobey						X
Tufts – NE Medical Center	X					
UMass. Memorial	X	X	X	X	X	X

General Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Hospital	Top 10 Significant Procedures by Visits	Number of Diagnosis per Visits	ED Patient Status	Top 20 Primary Payers by Visits	Top 10 Principal Diagnosis by Charges	Visits by Age
Mercy Medical Center					X	
Noble Hospital			X	X		X
UMass. Memorial	X	X	X	X	X	X

General Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Hospital	Visits by Race	Visits by Gender	Top 20 Patient Zip Code by Visits	Visits by Homeless Indicator	Visits by Average Hours of Service & Charges	ED Service Site Summary
Lawrence General						X
Noble Hospital	X	X	X			
North Adams				X		
UMass. Memorial	X	X	X	X	X	X

PART C. HOSPITAL RESPONSES

4. INDEX OF HOSPITALS REPORTING DATA DISCREPANCIES FY2006

<u>Hospital</u>	<u>Page</u>
Brockton Hospital	37
Cambridge Health Alliance	38
Caritas Good Samaritan Medical Center	39
Lawrence General Hospital	40
Marlborough Hospital	41
Mercy Medical Center – Springfield	42
Morton Hospital & Medical Center	43
Noble Hospital	44
North Adams Regional Hospital	45
Northeast Health – Addison Gilbert	46
Northeast Health – Beverly	47
Southcoast – Charlton	48
Southcoast – St. Luke’s	49
Southcoast – Tobey	50
Tufts New England Medical Center	51
UMass. Memorial Medical Center	52

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Brockton Hospital

Brockton Hospital submitted an “A” response on its FY2006 verification report response form. It included the following note for documentation:

NOTE: ED018 Service Site Summary

Brockton Hospital FY2006 data accurately represents the Hospital’s case mix profile for the Emergency Department data submission. The field ED visits – Admitted to Outpatient Observation at Site is shown as zero, but should be 2,018. The field ED Visits – Admitted to Inpatient at Site is correct as shown in the verification report.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Cambridge Health Alliance

Cambridge Health Alliance agreed with the total ED visits submitted, however, the distribution across campuses differed from its records. The hospital indicated that it would review the data. Please see the table below.

Cambridge Health Alliance – ED Visits

DHCFP

Period	Total**	% Var.	CH	% Var.	SH	% Var.	WH	% Var.
Q1	18,758	-12%	4,236	-46%	9,784	71%	4,738	-39%
Q2	19,014	-13%	3,334	-60%	11,021	91%	4,659	-41%
Q3	20,199	-13%	3,573	-57%	11,655	70%	4,971	-39%
Q4	20,210	-10%	3,656	-56%	11,524	87%	5,030	-38%
All	78,181	-12%	14,799	-55%	43,984	79%	19,398	-39%

CHA

DHCFP

Period	Total	CH	SH	WH
Q1	21,368	7,903	5,732	7,733
Q2	21,953	8,248	5,783	7,922
Q3	23,288	8,331	6,870	8,087
Q4	22,534	8,238	6,157	8,139
All	89,143	32,720	24,542	31,881

**Submitted to DHCFP = Total by quarter & Grand Total

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Caritas Good Samaritan Medical Center

Caritas Good Samaritan Medical Center indicated a “B” response on its verification report response form. It submitted the following information:

Q3 data is incomplete due to our system conversion in May 2006. We are missing 135 visits with a charge total of \$98,554. We will not be able to submit this data due to system restrictions.

		Visits	Charges
Submitted – April File		3,414	
Submitted – May/June File		6,948	
Submitted – Merged File		10,362	
Total April ER Visits (Magic)		3,558	
Submitted ER Visits Submitted (Magic)		-3,414	
	Subtotal	144	
Failed ER Visit Magic		-1	
	Subtotal	143	
72 hr Acct - Chgs Transferred to Inpt acct		-1	
	Subtotal	142	
4/30/06 Visits not d/c in Magic, but d/c in C/S on 5/1		-7	
	Subtotal	135	
Finalized/Billed in C/S, (not submitted)	Sub-total	-135	\$98,554.47
	Sub-total	0	

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Lawrence General Hospital

Lawrence General Hospital reported one discrepancy in the area of ED Service Site Summary. It submitted the following amended report.

Lawrence General - Corrected

Submission Year	Submission Quarter	Treatment Beds	Observation Beds	Total ED Beds
2006	1	38	3	41
	2	38	3	41
	3	41	0	41
	4	41	0	41
Totals				

DHCFP

Submission Year	Submission Quarter	Treatment Beds	Observation Beds	Total ED Beds
2006	1	38	3	41
	2	38	3	41
	3	38	3	41
	4	38	3	41
Totals				

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Marlborough Hospital

Marlborough Hospital reported one discrepancy in the area of Source of Visits. The hospital submitted the following comment:

On page title ED003 – Source of Visits report data, Source 7 title: “*Outside Hospital Emergency Room Transfer*” and line item 1 (no title) values appear to have been transposed for Q4 FY06. Values for 7 “*Outside Hospital Emergency Room Transfer*” appear as none and values for line item 1 as (717 12%). The issue has been reported to the hospital’s IS department for evaluation.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Mercy Medical Center Springfield

Mercy Medical Center Springfield reported discrepancies in the areas of Top 10 Principal Diagnosis by Number of ED Visits, and Top 10 Principal Diagnosis by ED Charges. The hospital submitted the following comment:

ED011 is identical to ED005; both reports include visit totals, not charge totals. However, the correct charge totals were reported on ED017.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Morton Hospital and Medical Center

Morton Hospital reported one discrepancy in the area of Mode of Transport. No further information was provided.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Noble Hospital

Noble Hospital reported numerous discrepancies in the areas of: ED Visit Types and Severities, Source of Visits, Mode of Transport, Top 10 Principal Diagnosis by Number of ED Visits, Top 10 Significant Procedures by Number of ED Visits, Patient Status, Top 20 Primary Payers by Number of ED Visits, ED Visits by Age, Visits by Race, Visits by Patient Gender, and Top 20 Patient Zip Codes by ED Visits. No further information was provided.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

North Adams Regional Hospital

North Adams Regional Hospital reported several discrepancies in the areas of ED Visit Types and Severities, Source of Visits, Mode of Transport, and Visits by Homeless Indicator. No further information was provided.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Northeast – Addison Gilbert Hospital

Northeast – Addison Gilbert Hospital reported one discrepancy in the area of ED Visits by Quarter. The hospital submitted the following comment:

There were 413 patients during FY 2006 who left in the emergency department without being seen. Due to the fact that these accounts had zero charges they were not included in data extract.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Northeast – Beverly Hospital

Northeast – Beverly Hospital reported one discrepancy in the area of ED Visits by Quarter. The hospital submitted the following comment.

There were 811 patients during FY2006 who left the emergency department without being seen. Due to the fact that these accounts had zero charges they were not included in the data extract.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Southcoast Hospitals Group – Charlton Memorial Hospital

Southcoast Hospitals Group – Charlton Memorial Hospital reported one discrepancy in the area of Top 10 Principal E Code by Number of ED Visits. The hospital submitted the following comment:

Your reports indicate a total of 36,765 cases with an E-Code of “-“; My reports have no cases with a “-“. If this is a total case count of ALL E-Codes, my number is 30,848.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Southcoast Hospitals Group – St. Luke’s Hospital

Southcoast Hospitals Group – St. Luke’s Hospital reported one discrepancy in the area of Top 10 Principal E Code by Number of ED Visits. The hospital submitted the following comment.

Your reports indicate a total of 36,865 cases with an E-Code of “-“; My reports have no cases with a “-“. If this is a total case count of ALL E-Codes, my number is 30,575.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Southcoast Hospitals Group – Tobey Hospital

Southcoast – Tobey Hospital reported one discrepancy in the area of Top 10 Principal E Code by Number of ED Visits. The hospital submitted the following comment.

Your reports indicate a total of 15,070 cases with an E-Code of “-“; My reports have no cases with a “-“. If this is a total case count of ALL E-Codes, my number is 8,760.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Tufts New England Medical Center

Tufts New England Medical Center reported discrepancies in the areas of Visits and Mean Length of Stay. The hospital submitted the following comment.

Upon review of the data, we feel there are two specific areas that require adjustment – though not necessarily resubmission – if the data can be corrected without resubmission.

First and most important, ED017 has incorrect “ED Mean Length of Stay” values reported. We are recalculating each of those by quarter and will forward them along.

Secondly, ED018 has incorrect figures for “Inpatient Visits” and “Outpatient Observation Visits”. The figures presented seem to be in the incorrect columns – the FY2006 figure listed for Inpatient visits of 1,558 appears to be our FY2006 Observation ED figure, while our actual Inpatient Visits were in line with the 5,690 figure listed as “Outpatient Observations Visits”.

All of the rest of the data appears to be in order. I will be meeting with the person responsible for the actual data submission to the state to ensure the first issue is corrected going forward in the data submissions and to confirm that the minor differences between our currently calculated figures and what was submitted is due to differences in timing and definitions and not a data submission issue.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

UMass. Memorial Medical Center

UMass. Memorial Medical Center reported discrepancies in all areas on the verification response form. The discrepancies stem from a difference in the ED Visits by Quarter. The hospital calculated a total of 98,405 ED visits, whereas the DHCFP report showed a total of 93,974. The hospital indicated that as a result, similar discrepancies would exist in all of the reports. The hospital will not be resubmitting the data.

SECTION I. GENERAL DOCUMENTATION

PART D. CAUTIONARY USE HOSPITALS

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART D. CAUTIONARY USE HOSPITALS

The Emergency Department Visit Database contains all submissions together - both passed and failed submissions - for all 71 hospitals within the database. The failed submissions are marked with an asterisk for easy identification. The database file includes a supplementary report, "Top Errors", listing all top errors by hospitals. This list contains top errors for both passed and failed submissions. Although this is not a cautionary use listing, its purpose is to provide the user with an overview of all hospitals' top errors, not just the failed submissions.

Please note that all hospitals (with the exception of Nantucket Cottage Hospital) submitted four quarters of acceptable data for FY2006, as specified under Regulation 114.1 CMR 17.00.

Nantucket Cottage Hospital failed all four quarters due to the fact that it was not able to provide Medical Record Number.

SECTION I. GENERAL DOCUMENTATION

PART E. HOSPITALS SUBMITTING EMERGENCY DEPARTMENT VISIT DATA FOR FY2006

- 1. List of Hospitals Submitting Data for FY2006**
- 2. Hospitals with No Data Submissions**
- 3. ED Visit Totals and Charges for Hospitals Submitting
Data by Quarter**
- 4. List of Hospitals with No Emergency Department**

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

1. LIST OF HOSPITALS SUBMITTING ED DATA FOR FY2006

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Mary Lane
Baystate Medical Center
Berkshire Health Systems – Berkshire Medical Center
Beth Israel Deaconess – Needham
Beth Israel Deaconess Medical Center
Boston Medical Center – Harrison Avenue Campus
Brigham & Women’s Hospital
Brockton Hospital
Cambridge Health Alliance
Cape Cod Hospital
Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Holy Family
Caritas Norwood Hospital
Caritas St. Elizabeth’s
Children’s Hospital Boston
Clinton Hospital
Cooley-Dickinson Hospital
Emerson Hospital
Fairview Hospital
Falmouth Hospital
Faulkner Hospital
Hallmark Health Systems – Lawrence Memorial
Hallmark Health Systems – Melrose Hospital
Harrington Memorial Hospital
Health Alliance Hospitals, Inc.
Heywood Hospital
Holyoke Hospital
Hubbard Regional Hospital
Jordan Hospital
Lahey Clinic – Burlington
Lawrence General Hospital
Lowell General Hospital
Marlborough Hospital
Martha’s Vineyard Hospital
Massachusetts Eye & Ear Infirmary
Massachusetts General Hospital
Mercy Hospital – Springfield
Merrimack Valley Hospital

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

1. LIST OF HOSPITALS SUBMITTING ED DATA FOR FY2006 - *Continued*

MetroWest Medical Center
Milford Regional Medical Center
Milton Hospital
Morton Hospital
Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
Newton-Wellesley Hospital
Noble Hospital
North Adams Regional Hospital
North Shore Medical Center
Northeast Health Systems – Addison Gilbert
Northeast Health Systems – Beverly Hospital
Quincy Medical Center
St. Anne’s Hospital
Saint Vincent Hospital
Saints Memorial Medical Center
South Shore Hospital
Southcoast Health Systems – Charlton
Southcoast Health Systems – St. Luke’s
Southcoast Health Systems – Tobey
Sturdy Memorial Hospital
Tufts New England Medical Center
UMass. Memorial Medical Center
Winchester Hospital
Wing Memorial Hospital

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

2. LIST OF HOSPITALS WITH NO ED DATA FOR FY2006

The Division is pleased to announce that all hospitals submitted emergency department data for FY2006.

General Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

3. ED VISIT TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA – BY QUARTER

The following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Anna Jaques Hospital	2006	5,605	\$3,835,989
2	Anna Jaques Hospital		5,501	\$3,902,632
3	Anna Jaques Hospital		6,259	\$4,541,969
4	Anna Jaques Hospital		7,074	\$5,027,447
	Totals		24,439	\$17,308,037
1	Athol Memorial Hospital	2226	2,078	\$3,027,989
2	Athol Memorial Hospital		2,119	\$2,855,797
3	Athol Memorial Hospital		2,214	\$3,074,850
4	Athol Memorial Hospital		2,548	\$3,760,660
	Totals		8,959	\$12,719,296
1	Baystate Franklin Medical Center	2120	4,814	\$5,456,845
2	Baystate Franklin Medical Center		4,868	\$5,540,006
3	Baystate Franklin Medical Center		5,531	\$6,065,173
4	Baystate Franklin Medical Center		5,881	\$6,738,981
	Totals		21,094	\$23,801,005
1	Baystate Mary Lane	2148	3,365	\$3,235,134
2	Baystate Mary Lane		3,391	\$3,205,485
3	Baystate Mary Lane		3,749	\$3,609,398
4	Baystate Mary Lane		4,001	\$3,786,467
	Totals		14,506	\$13,836,484
1	Baystate Medical Center	2339	20,364	\$22,532,677
2	Baystate Medical Center		20,493	\$23,396,364
3	Baystate Medical Center		21,380	\$24,714,531
4	Baystate Medical Center		21,964	\$24,782,450
	Totals		84,201	\$95,426,022
1	Berkshire Health Systems – Berkshire	2313	9,743	\$9,489,531
2	Berkshire Health Systems – Berkshire		10,346	\$10,321,234
3	Berkshire Health Systems – Berkshire		11,296	\$10,915,409
4	Berkshire Health Systems – Berkshire		12,313	\$11,773,556
	Totals		43,698	\$42,499,730
1	Beth Israel Deaconess – Needham	2054	2,337	\$3,291,262
2	Beth Israel Deaconess – Needham		2,306	\$3,518,961
3	Beth Israel Deaconess – Needham		2,603	\$3,739,792
4	Beth Israel Deaconess – Needham		2,698	\$3,813,286
	Totals		9,944	\$14,363,301
1	Beth Israel Deaconess Medical Center	2069	7,161	\$15,711,420
2	Beth Israel Deaconess Medical Center		7,239	\$17,293,121
3	Beth Israel Deaconess Medical Center		7,286	\$18,050,249
4	Beth Israel Deaconess Medical Center		7,561	\$18,545,876
	Totals		29,247	\$69,600,666

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Boston Medical Center – Harrison Ave.	2307	25,059	\$27,447,033
2	Boston Medical Center – Harrison Ave.		26,017	\$28,484,282
3	Boston Medical Center – Harrison Ave.		26,837	\$30,219,737
4	Boston Medical Center – Harrison Ave.		27,061	\$30,531,022
	Totals		104,974	\$116,682,074
1	Brigham & Women’s Hospital	2921	8,457	\$13,599,614
2	Brigham & Women’s Hospital		8,666	\$13,859,514
3	Brigham & Women’s Hospital		8,999	\$14,921,537
4	Brigham & Women’s Hospital		9,273	\$15,276,399
	Totals		35,395	\$57,657,064
1	Brockton Hospital	2118	11,515	\$15,032,033
2	Brockton Hospital		11,483	\$14,144,051
3	Brockton Hospital		11,688	\$14,393,678
4	Brockton Hospital		12,617	\$15,810,331
	Totals		47,303	\$59,380,093
1	Cambridge Health Alliance	2108	18,758	\$21,342,703
2	Cambridge Health Alliance		19,014	\$21,259,740
3	Cambridge Health Alliance		20,199	\$22,386,168
4	Cambridge Health Alliance		20,210	\$23,293,733
	Totals		78,181	\$88,282,344
1	Cape Cod Hospital	2135	16,183	\$14,953,601
2	Cape Cod Hospital		15,739	\$14,694,085
3	Cape Cod Hospital		17,945	\$16,902,383
4	Cape Cod Hospital		22,035	\$20,616,303
	Totals		71,902	\$67,166,372
1	Caritas Carney Hospital	2003	5,535	\$3,991,442
2	Caritas Carney Hospital		5,579	\$4,644,429
3	Caritas Carney Hospital		5,908	\$5,397,846
4	Caritas Carney Hospital		6,023	\$5,588,199
	Totals		23,045	\$19,621,916
1	Caritas Good Samaritan Medical Ctr.	2101	10,216	\$8,339,131
2	Caritas Good Samaritan Medical Ctr.		10,179	\$8,190,934
3	Caritas Good Samaritan Medical Ctr.		10,362	\$8,228,935
4	Caritas Good Samaritan Medical Ctr.		10,634	\$9,102,586
	Totals		41,391	\$33,861,586
1	Caritas Holy Family Hospital	2225	7,593	\$8,144,550
2	Caritas Holy Family Hospital		7,656	\$7,454,082
3	Caritas Holy Family Hospital		7,810	\$7,767,765
4	Caritas Holy Family Hospital		8,153	\$8,900,495
	Totals		31,212	\$32,266,892
1	Caritas Norwood Hospital	2114	9,326	\$9,351,748
2	Caritas Norwood Hospital		9,066	\$9,359,805
3	Caritas Norwood Hospital		9,584	\$9,912,255
4	Caritas Norwood Hospital		9,881	\$11,473,795
	Totals		37,857	\$40,097,603

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Caritas St. Elizabeth's Hospital	2085	5,385	\$5,752,968
2	Caritas St. Elizabeth's Hospital		5,222	\$5,380,217
3	Caritas St. Elizabeth's Hospital		5,420	\$5,357,247
4	Caritas St. Elizabeth's Hospital		5,535	\$5,769,562
	Totals		21,562	\$22,259,994
1	Children's Hospital Boston	2139	10,032	\$11,693,234
2	Children's Hospital Boston		11,844	\$13,703,730
3	Children's Hospital Boston		11,230	\$12,628,200
4	Children's Hospital Boston		10,654	\$11,487,717
	Totals		43,760	\$49,512,881
1	Clinton Hospital	2126	2,373	\$2,826,758
2	Clinton Hospital		2,516	\$3,187,009
3	Clinton Hospital		2,636	\$3,130,846
4	Clinton Hospital		2,791	\$3,201,399
	Totals		10,316	\$12,346,012
1	Cooley Dickinson Hospital	2155	6,907	\$4,359,397
2	Cooley Dickinson Hospital		6,687	\$4,547,511
3	Cooley Dickinson Hospital		7,296	\$5,056,759
4	Cooley Dickinson Hospital		7,765	\$5,564,627
	Totals		28,655	\$19,528,294
1	Emerson Hospital	2018	7,041	\$6,427,146
2	Emerson Hospital		6,989	\$6,442,493
3	Emerson Hospital		7,603	\$6,685,192
4	Emerson Hospital		8,074	\$7,291,576
	Totals		29,707	\$26,846,407
1	Fairview Hospital	2052	2,607	\$1,881,591
2	Fairview Hospital		2,603	\$2,179,218
3	Fairview Hospital		2,883	\$2,333,475
4	Fairview Hospital		3,663	\$3,081,148
	Totals		11,756	\$9,475,432
1	Falmouth Hospital	2289	4,860	\$5,972,196
2	Falmouth Hospital		6,407	\$6,741,414
3	Falmouth Hospital		7,686	\$7,550,504
4	Falmouth Hospital		9,941	\$9,842,691
	Totals		28,894	\$30,106,805
1	Faulkner Hospital	2048	4,900	\$7,969,255
2	Faulkner Hospital		4,833	\$7,719,744
3	Faulkner Hospital		5,131	\$7,557,517
4	Faulkner Hospital		5,345	\$7,819,233
	Totals		20,209	\$31,065,749
1	Hallmark Health – Lawrence Memorial	2038	4,055	\$3,725,636
2	Hallmark Health – Lawrence Memorial		3,831	\$3,750,750
3	Hallmark Health – Lawrence Memorial		4,348	\$4,275,191
4	Hallmark Health – Lawrence Memorial		4,444	\$4,406,097
	Totals		16,678	\$16,157,674

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Hallmark Health – Melrose Hospital	2058	8,768	\$8,668,412
2	Hallmark Health – Melrose Hospital		8,578	\$8,671,200
3	Hallmark Health – Melrose Hospital		8,970	\$8,978,206
4	Hallmark Health – Melrose Hospital		9,297	\$9,570,513
	Totals		35,613	\$35,888,331
1	Harrington Memorial Hospital	2143	4,589	\$4,544,887
2	Harrington Memorial Hospital		4,555	\$4,462,415
3	Harrington Memorial Hospital		4,984	\$4,734,871
4	Harrington Memorial Hospital		5,134	\$5,156,451
	Totals		19,262	\$18,898,624
1	Health Alliance Hospital	2034	10,444	\$9,261,196
2	Health Alliance Hospital		11,993	\$12,574,864
3	Health Alliance Hospital		12,378	\$13,588,654
4	Health Alliance Hospital		12,458	\$14,164,315
	Totals		47,273	\$49,589,029
1	Heywood Hospital	2036	4,360	\$4,833,020
2	Heywood Hospital		4,365	\$4,768,454
3	Heywood Hospital		4,273	\$4,730,088
4	Heywood Hospital		4,607	\$5,565,775
	Totals		17,605	\$19,897,337
1	Holyoke Hospital	2145	6,897	\$4,737,051
2	Holyoke Hospital		6,900	\$4,100,488
3	Holyoke Hospital		7,218	\$4,251,943
4	Holyoke Hospital		7,552	\$4,898,071
	Totals		28,567	\$17,987,553
1	Hubbard Regional Hospital	2157	2,487	\$2,762,146
2	Hubbard Regional Hospital		2,331	\$2,506,579
3	Hubbard Regional Hospital		2,476	\$2,741,239
4	Hubbard Regional Hospital		2,614	\$3,047,506
	Totals		9,908	\$11,057,470
1	Jordan Hospital	2082	9,325	\$15,781,220
2	Jordan Hospital		9,164	\$15,193,255
3	Jordan Hospital		10,148	\$16,340,777
4	Jordan Hospital		11,644	\$19,170,555
	Totals		40,281	\$66,485,807
1	Lahey Clinic Burlington	2033	9,617	\$8,759,161
2	Lahey Clinic Burlington		9,280	\$8,882,209
3	Lahey Clinic Burlington		10,380	\$10,033,809
4	Lahey Clinic Burlington		10,574	\$10,372,048
	Totals		39,851	\$38,047,227
1	Lawrence General Hospital	2099	12,370	\$11,975,052
2	Lawrence General Hospital		13,546	\$12,248,655
3	Lawrence General Hospital		13,526	\$12,541,589
4	Lawrence General Hospital		13,957	\$13,486,107
	Totals		53,399	\$50,251,403

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Lowell General Hospital	2040	9,522	\$9,167,418
2	Lowell General Hospital		9,848	\$8,538,305
3	Lowell General Hospital		10,362	\$9,055,542
4	Lowell General Hospital		10,425	\$9,613,497
	Totals		40,157	\$36,374,762
1	Marlborough Hospital	2103	5,430	\$8,909,961
2	Marlborough Hospital		5,322	\$8,338,677
3	Marlborough Hospital		5,642	\$8,642,650
4	Marlborough Hospital		5,975	\$9,068,341
	Totals		22,369	\$34,959,629
1	Martha's Vineyard Hospital	2042	2,554	\$3,317,532
2	Martha's Vineyard Hospital		2,352	\$3,179,902
3	Martha's Vineyard Hospital		3,180	\$4,388,197
4	Martha's Vineyard Hospital		5,453	\$7,854,802
	Totals		13,539	\$18,740,433
1	Mass. Eye & Ear Infirmary	2167	4,540	\$2,349,042
2	Mass. Eye & Ear Infirmary		4,348	\$2,195,811
3	Mass. Eye & Ear Infirmary		5,192	\$2,464,264
4	Mass. Eye & Ear Infirmary		5,474	\$2,462,910
	Totals		19,554	\$9,472,027
1	Massachusetts General Hospital	2168	13,041	\$32,509,198
2	Massachusetts General Hospital		12,741	\$31,328,278
3	Massachusetts General Hospital		13,224	\$32,605,768
4	Massachusetts General Hospital		13,795	\$37,876,387
	Totals		52,801	\$134,319,631
1	Mercy Hospital - Springfield	2149	11,696	\$9,661,979
2	Mercy Hospital - Springfield		12,011	\$10,305,520
3	Mercy Hospital - Springfield		13,565	\$11,447,243
4	Mercy Hospital - Springfield		14,496	\$12,204,041
	Totals		51,768	\$43,618,783
1	Merrimack Valley Hospital	2131	5,725	\$5,172,393
2	Merrimack Valley Hospital		5,335	\$5,255,923
3	Merrimack Valley Hospital		5,878	\$4,895,704
4	Merrimack Valley Hospital		6,301	\$5,413,108
	Totals		23,239	\$20,737,128
1	MetroWest Medical Center	2020	12,616	\$16,920,348
2	MetroWest Medical Center		12,847	\$17,551,009
3	MetroWest Medical Center		13,614	\$18,132,305
4	MetroWest Medical Center		14,049	\$18,994,265
	Totals		53,126	\$71,597,927
1	Milford Regional Medical Center	2105	9,839	\$11,065,004
2	Milford Regional Medical Center		9,311	\$10,758,244
3	Milford Regional Medical Center		10,470	\$11,448,575
4	Milford Regional Medical Center		11,171	\$12,111,168
	Totals		40,791	\$45,382,991

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Milton Hospital	2227	3,455	\$4,033,596
2	Milton Hospital		3,260	\$3,956,080
3	Milton Hospital		3,641	\$4,414,799
4	Milton Hospital		3,941	\$4,671,243
	Totals		14,297	\$17,075,718
1	Morton Hospital	2022	11,726	\$9,734,986
2	Morton Hospital		12,085	\$10,288,820
3	Morton Hospital		12,781	\$10,768,521
4	Morton Hospital		12,731	\$11,296,283
	Totals		49,323	\$42,088,610
1	Mount Auburn Hospital	2071	6,002	\$8,166,231
2	Mount Auburn Hospital		5,616	\$7,744,729
3	Mount Auburn Hospital		6,310	\$8,513,333
4	Mount Auburn Hospital		6,302	\$8,377,321
	Totals		24,230	\$32,801,614
1	Nantucket Cottage Hospital	2044	1,831	\$1,683,410
2	Nantucket Cottage Hospital		1,702	\$1,601,807
3	Nantucket Cottage Hospital		2,720	\$2,752,064
4	Nantucket Cottage Hospital		5,414	\$5,550,725
	Totals		11,667	\$11,588,006
1	Nashoba Valley Hospital	2298	3,015	\$3,575,767
2	Nashoba Valley Hospital		2,998	\$3,563,695
3	Nashoba Valley Hospital		3,405	\$4,117,488
4	Nashoba Valley Hospital		3,515	\$4,162,408
	Totals		12,933	\$15,419,358
1	Newton-Wellesley Hospital	2075	9,819	\$14,302,029
2	Newton-Wellesley Hospital		9,734	\$15,354,952
3	Newton-Wellesley Hospital		10,164	\$16,494,228
4	Newton-Wellesley Hospital		10,562	\$17,395,113
	Totals		40,279	\$63,546,322
1	Noble Hospital	2076	5,621	\$4,354,373
2	Noble Hospital		5,664	\$4,514,420
3	Noble Hospital		6,289	\$4,389,623
4	Noble Hospital		6,493	\$4,655,530
	Totals		24,067	\$17,913,946
1	North Adams Regional Hospital	2061	4,223	\$3,924,983
2	North Adams Regional Hospital		4,107	\$3,789,201
3	North Adams Regional Hospital		4,537	\$3,936,521
4	North Adams Regional Hospital		4,957	\$4,077,812
	Totals		17,824	\$15,728,517
1	North Shore Medical Center	2014	18,882	\$16,861,580
2	North Shore Medical Center		19,118	\$16,774,844
3	North Shore Medical Center		19,841	\$18,234,281
4	North Shore Medical Center		20,467	\$19,110,217
	Totals		78,308	\$70,980,922

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Northeast Health – Addison Gilbert	2016	2,839	\$3,230,438
2	Northeast Health – Addison Gilbert		2,800	\$3,448,948
3	Northeast Health – Addison Gilbert		3,146	\$3,844,565
4	Northeast Health – Addison Gilbert		3,628	\$4,504,893
	Totals		12,413	\$15,028,844
1	Northeast Health – Beverly	2007	7,637	\$8,986,353
2	Northeast Health – Beverly		7,505	\$9,456,759
3	Northeast Health – Beverly		8,074	\$10,089,025
4	Northeast Health – Beverly		8,428	\$10,604,507
	Totals		31,644	\$39,136,644
1	Quincy Medical Center	2151	6,250	\$5,653,907
2	Quincy Medical Center		6,131	\$5,657,287
3	Quincy Medical Center		6,830	\$6,740,508
4	Quincy Medical Center		7,210	\$6,638,741
	Totals		26,421	\$24,690,443
1	St. Anne’s Hospital	2011	7,260	\$6,382,494
2	St. Anne’s Hospital		7,843	\$6,635,085
3	St. Anne’s Hospital		8,162	\$7,636,907
4	St. Anne’s Hospital		8,191	\$8,211,038
	Totals		31,456	\$28,865,524
1	Saint Vincent Hospital	2128	8,158	\$9,303,407
2	Saint Vincent Hospital		8,240	\$9,355,457
3	Saint Vincent Hospital		8,175	\$10,002,120
4	Saint Vincent Hospital		8,678	\$11,023,943
	Totals		33,251	\$39,684,927
1	Saints Memorial Medical Center	2063	9,713	\$4,937,091
2	Saints Memorial Medical Center		9,316	\$5,040,497
3	Saints Memorial Medical Center		9,952	\$5,428,916
4	Saints Memorial Medical Center		10,619	\$5,852,433
	Totals		39,600	\$21,258,937
1	South Shore Hospital	2107	14,198	\$20,067,599
2	South Shore Hospital		14,232	\$19,509,015
3	South Shore Hospital		14,610	\$19,980,945
4	South Shore Hospital		15,611	\$21,599,490
	Totals		58,651	\$81,157,049
1	Southcoast Health - Charlton	2337	13,388	\$12,034,415
2	Southcoast Health - Charlton		13,944	\$12,472,455
3	Southcoast Health - Charlton		14,286	\$12,533,878
4	Southcoast Health - Charlton		15,330	\$13,345,830
	Totals		56,948	\$50,386,578
1	Southcoast – St. Luke’s	2010	13,439	\$15,423,626
2	Southcoast – St. Luke’s		13,445	\$14,591,713
3	Southcoast – St. Luke’s		14,431	\$15,761,803
4	Southcoast – St. Luke’s		15,827	\$17,467,185
	Totals		57,142	\$63,244,327

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Southcoast - Tobey	2106	5,445	\$4,240,011
2	Southcoast - Tobey		5,376	\$4,188,736
3	Southcoast - Tobey		5,987	\$4,583,473
4	Southcoast - Tobey		6,885	\$5,298,723
	Totals		23,693	\$18,310,943
1	Sturdy Memorial Hospital	2100	9,935	\$9,211,903
2	Sturdy Memorial Hospital		9,760	\$9,060,704
3	Sturdy Memorial Hospital		10,664	\$9,596,203
4	Sturdy Memorial Hospital		11,217	\$10,057,408
	Totals		41,576	\$37,926,218
1	Tufts New England Medical Center	2299	7,704	\$6,966,979
2	Tufts New England Medical Center		7,654	\$5,696,895
3	Tufts New England Medical Center		8,041	\$6,577,495
4	Tufts New England Medical Center		8,620	\$7,667,260
	Totals		32,019	\$26,908,629
1	UMass. Memorial Medical Center	2841	23,059	\$37,075,492
2	UMass. Memorial Medical Center		22,527	\$38,711,096
3	UMass. Memorial Medical Center		23,799	\$41,421,934
4	UMass. Memorial Medical Center		24,589	\$43,503,880
	Totals		93,974	\$160,712,402
1	Winchester Hospital	2094	8,482	\$7,373,569
2	Winchester Hospital		12,402	\$8,945,512
3	Winchester Hospital		13,319	\$9,590,370
4	Winchester Hospital		13,572	\$9,991,601
	Totals		47,775	\$35,901,052
1	Wing Memorial Hospital	2181	2,686	\$1,588,083
2	Wing Memorial Hospital		2,692	\$1,257,016
3	Wing Memorial Hospital		3,053	\$1,445,613
4	Wing Memorial Hospital		3,160	\$1,504,297
	Totals		11,591	\$5,795,009
	TOTALS – ALL HOSPITALS		2,399,070	\$2,681,326,364
			Total Discharges	Total Charges

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2006

4. Hospitals With No Emergency Department FY2006

Not all acute care hospitals in Massachusetts provide emergency services. For FY2006, there were 71 emergency departments and satellite facilities which reported ED visit data.

Hospital Name	Comments
Caritas Norcap Lodge	Did not provide emergency services for FY2006.
Dana Farber Cancer Center	Did not provide emergency services for FY2006.
Kindred Hospital – Boston	Did not provide emergency services for FY2006.
Kindred Hospital – North Shore	Did not provide emergency services for FY2006.
New England Baptist Hospital	Did not provide emergency services for FY2006.
Providence Hospital	Did not provide emergency services for FY2006.

SECTION I. GENERAL DOCUMENTATION

PART F. SUPPLEMENTARY INFORMATION

Supplement I

Table of ED Data Field Names, Field Descriptions,
and Error Type (A or B)

Supplement II

List of Type A and Type B Errors

Supplement III

Content of Hospital Verification Report Package

Supplement IV

Hospital Addresses, DPH ID, ORG ID & Service Site ID
Numbers

Supplement V

Alphabetical Source of Payment List

Supplement VI

Numerical Source of Payment List

Supplement VII

Mergers, Name Changes, Closures, Conversions & Non-
Acute Care Hospitals

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

#	FIELD NAME	DESCRIPTION	ERROR TYPE
1	Record Type	Indicator for Record Type '10', '20', '21', '60', '94', or '95'	A
2	DHCFP Organization ID for Provider	MA DHCFP assigned Organization ID to the provider filing the submission	A
3	Department of Public Health Number for Provider (DPH#)	Number assigned by DPH and agreed to by the hospital and the DHCFP as the filing number for the hospital filing the submission.	A
4	Provider Name	Name of provider submitting this batch of ED visits.	A
5	Provider Address	Mailing address of provider – Address	Not an error type
6	Provider City	Mailing address of provider – City	Not an error type
7	Provider State	Mailing address of provider – State	Not an error type
8	Provider Zip Code	Mailing address of provider – Zip Code	Not an error type
9	Period Starting Date	Valid quarter begin date	A
10	Period Ending Date	Valid quarter end date	A
11	Processing Date	Date provider prepares file	A
12	File Reference Number	Inventory number of the file as assigned by the provider	Not an error type
13	Hospital Service Site Number	Designated DHCFP Organization ID Number for the site of service where the ED visit occurred.	A
14	Unique Health Information Number (UHIN)	Patient's encrypted Social Security Number	A
15	Medical Record Number	Patient's hospital Medical Record Number	A
16	Billing Number	Hospital billing number for patient	A
17	Mother's Unique Health Information Number (UHIN)	Mother's encrypted social security number for infants up to one year old or less	B
18	Medicaid Claim Certificate Number	Medicaid Claim Certificate Number, also referred to as the Medicaid Recipient ID#	A
19	Date of Birth	Patient's date of birth	A
20	Sex	Patient's sex	A
21	Race	Patient's race	B
22	Zip Code	Patient's residential 5-digit zip code	B
23	Zip Code Extension	Patient's residential 4-digit zip code extension	Not an error type
24	Registration Date	Date of patient's registration in the ED	A
25	Registration Time	Time of patient's registration in the ED	A
26	Discharge Date	Date patient leaves the ED.	W until 10/1/02 (A) *

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FY2006 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

#	FIELD NAME	DESCRIPTION	ERROR TYPE
27	Discharge Time	Time patient actually leaves the ED at the conclusion of the visit	W until 10/1/02 (B) *
28	Type of Visit	Patient's type of visit	B
29	Source of Visit	Originating, referring, transferring source of ED visit	B
30	Secondary Source of Visit	Secondary referring or transferring source of ED visit	B
31	Departure Status	A code indicating patient's status as of the Discharge Date and Time	A
32	Primary Source of Payment	Patient's expected primary source of payment	A
33	Secondary Source of Payment	Patient's expected secondary source of payment	A
34	Charges	Grand total of all charges associated with the patient's ED visit (rounded to the nearest dollar)	A
35	Other Physician Number	Encrypted physician's state license number (BORIM#) for physician other than the ED physician who provided services related to the patient's visit. Mass. Board of Registration in Medicine license number (BORIM#), or "DENSG", "PODTR", "OTHER", or "MIDWIF" or Dental Surgeon, Podiatrist, Other (i.e., non-permanent licensed physicians), or Midwife, respectively	B
36	ED Physician Number	Encrypted physician for physician who had primary responsibility for the patient's care in the ED. Mass. Board of Registration in Medicine license number (BORIM#), or "DENSG", "PODTR", "OTHER", or "MIDWIF" or Dental Surgeon, Podiatrist, Other (i.e., non-permanent licensed physicians), or Midwife, respectively	B
37	Other Caregiver Code	Other caregiver with significant responsibility for patient's care	B
38	Principal Diagnosis Code	Patient's Principal Diagnosis (ICD-9-CM Principal Diagnosis excluding decimal point)	A
39	Associated Diagnosis Codes 1-5	Patient's first, second, third, fourth and fifth associated diagnosis codes (ICD-9 Associated Diagnosis 1, 2, 3, 4 & 5 excluding decimal point)	A

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FY2006 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

#	FIELD NAME	DESCRIPTION	ERROR TYPE
40	Principal Procedure Code	Patient's principal significant procedure as reported in FL 80 of the UB-92. ICD-9-CM code excluding decimal point or CPT code as indicated in the Procedure Code Type field in the patient's record.	A
41	Associated Significant Procedures 1-3	Patient's first, second and third associated procedure codes as reported in FL 81 of the UB-92. ICD-9-CM code excluding decimal point or CPT code as indicated in the Procedure Code Type field in the patient's record.	A
42	Emergency Severity Index	Emergency Severity Index	B
43	Principal E-Code	Principal E-Code (External Cause of Injury Code)	A
44	Procedure Code Type	Coding system used to report Principal and Associated Significant Procedures in the patient's record. 4 = CPT-4; 9 = ICD-9-CM.	A
45	Transport	Patient's Mode of Transport to the ED	A
46	Ambulance Run Sheet Number	EMS (Ambulance) Run Sheet Number	W until 10/1/02 (A) *
47	Homeless Indicator	Indicates whether the patient is known to be homeless	W until 10/1/02 (A) *
48	Stated Reason for Visit	Patient's stated reason for visit or chief complaint (text narrative)	W until 10/1/02 (A) *
49	Service Line Item	Patient's Service provided (line item detail): valid CPT or HCPCS code, as reported in FL 44 of the UB-92 claim	B
50	Number of ED Treatment Beds at Site	Number of ED beds on the last day of the reporting period	A
51	Number of ED-based Observation beds at Site	Number of Observation Beds on the last day of the reporting period	A
52	Total Number of ED-based beds at site	Combined total number of ED beds and ED-based observation beds	A
53	ED Visits – Admitted to Inpatient at Site	Total number of registered ED visits occurring during the reporting period that resulted in inpatient admission (whether preceded by an observation stay or not).	A
54	ED Visits – Admitted to Outpatient Observation at site	Total number of registered ED visits occurring during the reporting period that resulted in admission to outpatient observation, but not inpatient admission.	A

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 FY2006 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

#	FIELD NAME	DESCRIPTION	ERROR TYPE
55	ED Visits – All Other Outpatient ED Visits at Site	Total number of registered ED visits occurring during the reporting period that had a disposition other than admission to outpatient observation and/or inpatient care	A
56	ED Visits – Total Registered at Site	Total number of all registered ED visits occurring during the reporting period, regardless of disposition	A
57	End of Record Indicator	Denotes end of list in Hospital Service Site Summary record.	A
58	Group Element: Site Summaries 2-4	Additional Site Summary Data for the same Provider Submission.	Not an error type
59	Number of Outpatient ED Visits	A count of the number of record type 20 entries for this provider filing	A
60	Total Charges for Batch	Sum of Charges entered in RT 20, field 24 (Charges)	A

* This was a required field and must be present as of 10/1/02.

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SUPPLEMENT II. LIST OF TYPE 'A' AND TYPE 'B' ERRORS

TYPE 'A' ERRORS:

Record Type
DHCFP Organization ID for provider
DPH Number for Provider
Provider Name
Period Starting Date
Period Ending Date
Processing Date
Hospital Service Site Reference
Social Security Number
Medical Record Number
Billing Number
Medicaid Claim Certificate Number
Patient Birth Date
Patient Sex
Registration Date
Registration Time
Discharge Date (effective 10/1/02)
Departure Status
Primary Source of Payment
Secondary Source of Payment
Charges
Principal Diagnosis Code
Associate Diagnosis Code (I-V)
Principal Procedure Code
Associate Significant Procedure I
Associate Significant Procedure II
Associate Significant Procedure III
Principal E-Code
Procedure Code Type
Transport
Ambulance Run Sheet Number (delayed indefinitely)
Medical Record Number
Stated Reason for Visit (effective 10/1/02)
End of Line Items Indicator
Number of ED Treatment Beds at Site
Number of ED-based Observation Beds at Site
Total Number of ED-based Beds at Site

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FY2006 Outpatient Hospital Emergency Department Database

SUPPLEMENT II. LIST OF TYPE 'A' AND TYPE 'B' ERRORS

TYPE 'A' ERRORS – Continued:

ED Visits – Admitted to Inpatient at Site
ED Visits – Admitted to Outpatient Observation at Site
ED Visits – All Other Outpatient ED Visits at Site
ED Visits – Total Registered at Site
End of Record Indicator
Number of Outpatient ED Visits
Total Charges for Batch

TYPE 'B' ERRORS:

Mother's Social Security Number
Patient Race
Patient Zip Code
Discharge Time (effective 10/1/02)
Type of Visit
Source of Visit
Secondary Source of Visit
Other Physician Number
ED Physician Number
Other Caregiver Code
Emergency Severity Index
Homeless Indicator (effective 10/1/02)
Service Line Item

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SUPPLEMENT III. CONTENT OF HOSPITAL VERIFICATION PACKAGE

The Hospital Verification Report includes the following frequency distribution tables:

- Visits by Quarter
- Visit Types and Emergency Severities
- Source of Visits
- Mode of Transport
- Top 10 Principal Diagnosis by Number of Visits
- Top 10 Principal E-Codes by Number of Visits
- Top 10 Significant Procedures by Number of Visits
- Number of Diagnosis per Visit
- Patient Status
- Top 20 Primary Payers by Number of Visits
- Top 10 Principal Diagnosis by Charges
- Visits by Age
- Visits by Race
- Visits by Gender
- Top 20 Patient ZIP Codes by Number of Visits
- Homeless Indicator
- Average Hours of Service and Charges
- Service Site Summary – includes # of treatment beds, # of observation beds, total ED beds, inpatient visits, outpatient observation visits, % outpatient observation visits, other observation visits, % of other outpatient visits, total registered visits

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FY2006 Outpatient Hospital Emergency Department Database

**SUPPLEMENT IV. HOSPITAL ADDRESSES, DPH ID, ORG ID
& SERVICE SITE ID NUMBERS**

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Anna Jaques Hospital	25 Highland Avenue Newburyport, MA 01950	1	1	2006	1
Athol Memorial Hospital	2033 Main Street Athol, MA 01331	2	2	2226	2
Baystate Mary Lane	85 South Street Ware, MA 01082	6	6	2148	
Baystate Medical Center	3601 Main Street Springfield, MA 01107-1116	4	4	2339	4
Berkshire Medical Center – Berkshire Campus	725 North Street Pittsfield, MA 01201	6309	7	2313	7
Berkshire Medical Center – Hillcrest Campus	165 Tor Court Road Pittsfield, MA 01201	6309	7	2231	9
Beth Israel Deaconess Hospital – Needham	148 Chestnut Street Needham, MA 02192	53	53	2054	53
Beth Israel Deaconess Medical Center	330 Brookline Avenue Boston, MA 02215	8702	10	2069	10
Boston Medical Center – Harrison Avenue Campus	88 East Newton Street Boston, MA 02118	3107	16	2307	16
Boston Medical Center – East Newton Campus		3107	16	2084	144
Brigham and Women’s Hospital	75 Francis Street Boston, MA 02115	22	22	2921	22
Brockton Hospital	680 Centre Street Brockton, MA 02402	25	25	2118	25
Cambridge Health Alliance – Cambridge Campus	65 Beacon Street Somerville, MA 02143	3108	27	2108	27
Cambridge Health Alliance – Somerville Campus		3108	27	2001	143
Cambridge Health Alliance – Whidden Memorial Campus		3108	27	2046	142
Cape Cod Hospital	27 Park Street Hyannis, MA 02601	39	39	2135	

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 FY2006 Outpatient Hospital Emergency Department Database

**SUPPLEMENT IV. HOSPITAL ADDRESSES, DPH ID, ORG ID
 & SERVICE SITE ID NUMBERS**

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Caritas Carney Hospital	2100 Dorchester Avenue Dorchester, MA 02124	42	42	2003	
Caritas Good Samaritan Medical Center	235 North Pearl Street Brockton, MA 02301	8701	62	2101	
Caritas Good Samaritan Med. Ctr. – Norcap Lodge Campus	71 Walnut Avenue Foxboro, MA 02035	8701	4460	2KGH	
Caritas Holy Family Hospital and Medical Center	70 East Street Methuen, MA 01844	75	75	2225	
Caritas Norwood Hospital	800 Washington Street Norwood, MA 02062	41	41	2114	
Caritas St. Elizabeth's Hospital	736 Cambridge Street Brighton, MA 02135	126	126	2085	
Children's Hospital Boston	300 Longwood Avenue Boston, MA 02115	46	46	2139	
Clinton Hospital	201 Highland Street Clinton, MA 01510	132	132	2126	
Cooley Dickinson Hospital	30 Locust Street Northampton, MA 01060-5001	50	50	2155	
Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	51	51	2335	
Emerson Hospital	Route 2 Concord, MA 01742	57	57	2018	
Fairview Hospital	29 Lewis Avenue Great Barrington, MA 01230	8	8	2052	
Falmouth Hospital	100 Ter Heun Drive Falmouth, MA 02540	40	40	2289	
Faulkner Hospital	1153 Centre Street Jamaica Plain, MA 02130	59	59	2048	

General Documentation
FY2006 Outpatient Hospital Emergency Department Database

**SUPPLEMENT IV. HOSPITAL ADDRESSES, DPH ID, ORG ID
& SERVICE SITE ID NUMBERS**

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Franklin Medical Center	164 High Street Greenfield, MA 01301	5	5	2120	
Hallmark Health System – Lawrence Memorial Campus	170 Governors Avenue Medford, MA 02155	3111	66	2038	
Hallmark Health System – Melrose-Wakefield Campus	585 Lebanon Street Melrose, MA 02176	3111	141	2058	
Harrington Memorial Hospital	100 South Street Southbridge, MA 01550	68	68	2143	
Health Alliance Hospitals, Inc.	60 Hospital Road Leominster, MA 01453-8004	71	71	2034	
Health Alliance Hospital – Burbank Campus		71	71	2034	8548*
Health Alliance Hospital – Leominster Campus		71	71	2127	8509*
Heywood Hospital	242 Green Street Gardner, MA 01440	73	73	2036	
Holyoke Medical Center	575 Beech Street Holyoke, MA 01040	77	77	2145	
Hubbard Regional Hospital	340 Thompson Road Webster, MA 01570	78	78	2157	
Jordan Hospital	275 Sandwich Street Plymouth, MA 02360	79	79	2082	
Kindred Hospital - Boston	1515 Comm. Ave. Boston, MA 02135	136	136	2091	
Kindred Hospital Boston – North Shore	15 King Street Peabody, MA 01960	135	135	2171	
Lahey Clinic – Burlington Campus	41 Mall Road Burlington, MA 01805	6546	81	2033	81
Lahey Clinic North Shore		6546	81	2033	4448

*Use of Site ID began in FY2005.

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FY2006 Outpatient Hospital Emergency Department Database

**SUPPLEMENT IV. HOSPITAL ADDRESSES, DPH ID, ORG ID
& SERVICE SITE ID NUMBERS**

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Lawrence General Hospital	One General Street Lawrence, MA 01842-0389	83	83	2099	
Lowell General Hospital	295 Varnum Avenue Lowell, MA 01854	85	85	2040	
Marlborough Hospital	57 Union Street Marlborough, MA 01752-9981	133	133	2103	
Martha's Vineyard Hospital	Linton Lane Oak Bluffs, MA 02557	88	88	2042	
Massachusetts Eye & Ear Infirmary	243 Charles Street Boston, MA 02114-3096	89	89	2167	
Massachusetts General Hospital	55 Fruit Street Boston, MA 02114	91	91	2168	
Mercy Medical Center - Providence Behavioral Health Hospital	1233 Main Street Holyoke, MA 01040	6547	118	2150	118
Mercy Medical Center-- Springfield Campus	271 Carew Street Springfield, MA 01102	6547	119	2149	119
Merrimack Valley Hospital	140 Lincoln Avenue Haverhill, MA 01830-6798	70	70	2131	
MetroWest Medical Center – Framingham Campus	115 Lincoln Street Framingham, MA 01701	3110	49	2020	49
MetroWest Medical Center – Leonard Morse Campus	67 Union Street Natick, MA 01760	3110	457	2039	457
Milford Regional Medical Center	14 Prospect Street Milford, MA 01757	97	97	2105	
Milton Hospital	92 Highland Street Milton, MA 02186	98	98	2227	
Morton Hospital and Medical Center	88 Washington St. Taunton, MA 02780	99	99	2022	
Mount Auburn Hospital	330 Mt. Auburn St. Cambridge, MA 02238	100	100	2071	

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**SUPPLEMENT IV. HOSPITAL ADDRESSES, DPH ID, ORG ID
& SERVICE SITE ID NUMBERS**

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Nantucket Cottage Hospital	57 Prospect Street Nantucket, MA 02554	101	101	2044	
Nashoba Valley Medical Center	200 Groton Road Ayer, MA 01432	52	52	2298	
New England Baptist Hospital	125 Parker Hill Avenue Boston, MA 02120	103	103	2059	
Newton-Wellesley Hospital	2014 Washington Street Newton, MA 02162	105	105	2075	
Noble Hospital	115 West Silver St. Westfield, MA 01086	106	106	2076	
North Adams Regional Hospital	Hospital Avenue North Adams, MA 01247	107	107	2061	
North Shore Medical Center – Salem Campus	81 Highland Avenue Salem, MA 01970	345	116	2014	116
North Shore Medical Center – Union Campus	500 Lynnfield St. Lynn, MA 01904- 1424	345	116 formerly #3	2073	3
Northeast Health System– Addison Gilbert Campus	298 Washington Street Gloucester, MA 01930	3112	109	2016	
Northeast Health System – Beverly Campus	85 Herrick Street Beverly, MA 01915	3112	110	2007	
Quincy Medical Center	114 Whitwell Street Quincy, MA 02169	112	112	2151	
Saint Anne’s Hospital	795 Middle Street Fall River, MA 02721	114	114	2011	
Saint Vincent Hospital at Worcester Medical Center	20 Worcester Ctr. Blvd. Worcester, MA 01608	127	127	2128	
Saints Memorial Medical Center	One Hospital Drive Lowell, MA 01852	115	115	2063	
South Shore Hospital	55 Fogg Road South Weymouth, MA 02190	122	122	2107	

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**SUPPLEMENT IV. HOSPITAL ADDRESSES, DPH ID, ORG ID
 & SERVICE SITE ID NUMBERS**

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Southcoast Hospitals Group – Charlton Memorial Campus	363 Highland Avenue Fall River, MA 02720	3113	123	2337	
Southcoast Hospitals Group - St. Luke’s Campus	101 Page Street New Bedford, MA 02740	3113	124	2010	
Southcoast Hospitals Group – Tobey Hospital Campus	43 High Street Wareham, MA 02571	3113	145	2106	
Sturdy Memorial Hospital	211 Park Street Attleboro, MA 02703	129	129	2100	
Tufts-New England Medical Center	750 Washington Street Boston, MA 02111	104	104	2299	
U.Mass. Memorial Medical Center – Memorial Campus	120 Front Street Worcester, MA 01608	3115	131	2841 (Formerly #2124)	130
UMass. Memorial Medical Center – University Campus		3115	131	2841	131
Winchester Hospital	41 Highland Avenue Winchester, MA 01890	138	138	2094	
Wing Memorial Hospital and Medical Centers	40 Wright Street Palmer, MA 01069-1187	139	139	2181	

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FY2006 Outpatient Hospital Emergency Department Database

**SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997**

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
272	Auto Insurance	T	AI
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) - POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.)	8	HMO

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SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
14	Health new England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

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 FY2006 Outpatient Hospital Emergency Department Database

SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC

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SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician’s Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC

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SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR

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SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage - PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select - PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
203	Principal Financial Group (Principal Mutual Life)	7	COM
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM

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ALPHABETICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice-PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

** Supplemental Payer Source

***Please list under the specific carrier when possible

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**SUPPLEMENT V.
 ALPHABETICAL SOURCE OF PAYMENT LIST
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**SUPPLEMENTAL PAYER SOURCES
 USE AS SECONDARY PAYER SOURCE ONLY**

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC

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NUMERICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
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
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
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
41	Invalid (replaced by #157)		
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
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice - PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker’s Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker’s Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
2236-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC

** Supplemental Payer Source

*** Please list under the specific carrier when possible

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SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker’s Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC

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**SUPPLEMENT VII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS – ALPHABETICAL LIST

Name of New Entity	Names of Original Entities	DATE
Berkshire Health System	-Berkshire Medical Center -Hillcrest Hospital -Fairview Hospital	July 1996
Beth Israel Deaconess Medical Center	-Beth Israel Hospital -N.E. Deaconess Hospital	October 1996
Boston Medical Center	-Boston University Med. Ctr. -Boston City Hospital -Boston Specialty/Rehab	July 1996
Cambridge Health Alliance NOTE: As of July 2001, Cambridge Health Alliance included Cambridge, Somerville, Whidden, & Malden's 42 Psych beds. Malden now closed. Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility's discharges.	-Cambridge Hospital -Somerville Hospital	July 1996
Good Samaritan Medical Center	-Cardinal Cushing Hospital -Goddard Memorial	October 1993
Hallmark Health Systems NOTE: As of July 2001 includes only Lawrence Memorial & Melrose-Wakefield	-Lawrence Memorial -Hospital Malden Hospital -Unicare Health Systems (Note: Unicare was formed in July 1996 as a result of the merger of Melrose-Wakefield and Whidden Memorial Hospital)	October 1997
Health Alliance Hospitals, Inc.	-Burbank Hospital -Leominster Hospital	November 1994
Lahey Clinic	-Lahey -Hitchcock (NH)	January 1995
Medical Center of Central Massachusetts	-Holden District Hospital -Worcester Hahnemann -Worcester Memorial	October 1989
MetroWest Medical Center	-Leonard Morse Hospital -Framingham Union	January 1992

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MERGERS – ALPHABETICAL LIST

Name of New Entity	Names of Original Entities	Date
Northeast Health Systems	-Beverly Hospital -Addison Gilbert Hospital	October 1996
North Shore Medical Center	-North Shore Medical Center (dba Salem Hospital) and -Union Hospital NOTES: 1. Salem Hospital merged with North Shore Children's Hospital in April 1988 2. Lynn Hospital merged with Union Hospital in 1986 to form Atlanticare	March 2004
Saints Memorial Medical Center	-St. John's Hospital -St. Joseph's Hospital	October 1992
Sisters of Providence Health System	-Mercy Medical Center -Providence Hospital	June 1997
Southcoast Health Systems	-Charlton Memorial Hospital -St. Luke's Hospital -Tobey Hospital	June 1996
UMass. Memorial Medical Center	-UMMC -Memorial -Memorial-Hahnemann	April 1999

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**SUPPLEMENT VII. MERGERS, NAME CHANGES, CLOSURES,
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MERGERS – CHRONOLOGICAL LIST

Date	Entity Names
1986	Atlanticare (Lynn & Union)
April 1988	Salem (North Shore Children's and Salem)
October 1989	Medical Center Central Mass (Holden, Worcester, Hahnemann and Worcester Memorial)
January 1992	MetroWest (Framingham Union and Leonard Morse)
October 1992	Saints Memorial (St. John's and St. Joseph's)
October 1993	Good Samaritan (Cardinal Cushing and Goddard Memorial)
November 1994	Health Alliance (Leominster and Burbank)
January 1995	Lahey Hitchcock (Lahey & Hitchcock (NH))
June 1996	Southcoast Health System (Charlton, St. Luke's and Tobey)
July 1996	Berkshire Medical Center (Berkshire Medical Center and Hillcrest)
July 1996	Cambridge Health Alliance (Cambridge and Somerville)
July 1996	Boston Medical Center (University and Boston City)
July 1996	UniCare Health Systems (Melrose-Wakefield and Whidden)
October 1996	Northeast Health Systems (Beverly and Addison-Gilbert)
October 1996	Beth Israel Deaconess Medical Center (Deaconess and Beth Israel)
June 1997	Mercy (Mercy and Providence)
October 1997	Hallmark Health System, Inc. (Lawrence Memorial, Malden, UniCare [formerly Melrose-Wakefield and Whidden])
April 1998	UMass. Memorial Medical Center (UMMC, Memorial and Memorial-Hahnemann)
July 2001	Cambridge Health Alliance (Cambridge, Somerville, Whidden and Malden's 42 Psych beds)
July 2001	Hallmark Health now only Melrose Wakefield and Lawrence Memorial
June 2002	CareGroup sold Deaconess-Waltham to a private developer who leased the facility back to Waltham Hosp. (new name)
July 2002	Deaconess-Glover now under a new parent: Beth Israel Deaconess (was under CareGroup parent)
March 2004	North Shore Medical Center (dba Salem) and Union merge (still North Shore Medical Center)

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**SUPPLEMENT VII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

Name of New Entity	Original Entities	Date
Baystate Mary Lane	Mary Lane Hospital	
Beth Israel Deaconess Medical Center	-Beth Israel Hospital -New England Deaconess Hospital	
Beth Israel Deaconess Needham	-Glover Memorial -Deaconess-Glover Hospital	July 2002
Boston Medical Center – Harrison Avenue Campus	Boston City Hospital University Hospital	
Boston Regional Medical Center	New England Memorial Hospital	Now Closed.
Cambridge Health Alliance – (now includes Cambridge, Somerville & Whidden)	Cambridge Hospital Somerville Hospital	
Cambridge Health Alliance – Malden & Whidden	Hallmark Health Systems – Malden & Whidden	Malden now closed.
Cape Cod Health Care Systems	Cape Cod Hospital Falmouth Hospital	
Caritas Good Samaritan Medical Center	Cardinal Cushing Hospital Goddard Memorial Hospital	
Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	Norwood Hospital Southwood Hospital Good Samaritan Med. Ctr.	
Caritas St. Elizabeth’s Medical Center	St. Elizabeth’s Medical Center	
Children’s Hospital Boston	Children’s Hospital	February 2004
Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose-Wakefield Hospital	Lawrence Memorial Hospital Melrose-Wakefield Hospital	
Holy Family Hospital	Bon Secours Hospital	
Kindred Hospitals – Boston & North Shore	Vencor Hospitals – Boston & North Shore	
Lahey Clinic Hospital	Lahey Hitchcock Clinic	
MetroWest Medical Center – Framingham Union Hospital & Leonard Morse Hospital	Framingham Union Hospital Leonard Morse Hospital / Columbia MetroWest Medical Center	
Merrimack Valley Hospital	Haverhill Municipal (Hale) Hospital	Essent Health Care purchased this facility in September 2001

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**SUPPLEMENT VII. MERGERS, NAME CHANGES, CLOSURES,
 CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

Name of New Entity	Original Entities	Date
Milford Regional Medical Center	Milford-Whitinsville Hospital	
Nashoba Valley Hospital	Nashoba Community Hospital Deaconess-Nashoba Nashoba Valley Medical Center	January 2003
Northeast Health Systems	Beverly Hospital Addison Gilbert Hospital	
North Shore Medical Center - Salem	Salem Hospital North Shore Children's Hospital	
North Shore Medical Center - Union	Union Hospital	
Quincy Hospital	Quincy City Hospital	
Southcoast Health Systems	Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	
UMass. Memorial – Clinton Hospital	Clinton Hospital	
UMass. Memorial – Health Alliance Hospital	Health Alliance Hospitals, Inc.	
UMass. Memorial – Marlborough Hospital	Marlborough Hospital	
UMass. Memorial – Wing Memorial Hospital	Wing Memorial Hospital	
Waltham Hospital	Waltham-Weston Hospital Deaconess Waltham Hospital	June 2002. Now closed.

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**SUPPLEMENT VII. MERGERS, NAME CHANGES, CLOSURES,
 CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

CLOSURES

Date	Hospital Name	Comments
June 1989	Sancta Maria	
September 1990	Mass. Osteopathic	
June 1990	Hunt	Outpatient only now.
July 1990	St. Luke's Middleborough	
September 1991	Worcester City	
May 1993	Amesbury	
July 1993	Saint Margaret's	
June 1994	Heritage	
June 1994	Winthrop	
October 1994	St. Joseph's	
December 1994	Ludlow	
October 1996	Providence	
November 1996	Goddard	
1996	Lynn	
January 1997	Dana Farber	Inpatient acute beds now at Brigham & Women's
March 1997	Burbank	
February 1999	Boston Regional	
April 1999	Malden	
August 1999	Symmes	
July 2003	Waltham	

NOTE: Subsequent to closure, some hospitals may have reopened for used other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.)

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**SUPPLEMENT VII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

CONVERSIONS & NON-ACUTE CARE HOSPITALS

HOSPITAL	COMMENTS
Fairlawn Hospital	Converted to non-acute care hospital
Heritage Hospital	Converted to non-acute care hospital
Vencor – Kindred Hospital Boston	Non-acute care hospital
Vencor – Kindred Hospital North Shore	Non-acute care hospital

SECTION II. TECHNICAL DOCUMENTATION

PART A. CALCULATED FIELD DOCUMENTATION

1. Age Calculation
2. Newborn Age
3. UHIN Sequence Number

SECTION II. TECHNICAL DOCUMENTATION

For your information, we have included a page of physical specifications for the data file at the beginning of this manual. Please refer to CD Specifications on page 2 for further details.

Technical Documentation included in this section of the manual is as follows:

Part A. Calculated Field Documentation

Part B. Data File Summary

Record layout gives a description of each field along with the starting and ending positions. A copy of this layout accompanies this manual for review.

Calculated fields are age, newborn in weeks, and Unique Health Information Number (UHN) Sequence Number. Each description has three parts:

First is a description of any **Conventions**. For example, how are missing values used?

Second is a **Brief Description** of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a **Detailed Description** of how the calculation is performed. This description follows the code very closely.

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATION

A) Conventions:

- 1) Age is calculated if the date of birth and registration date are valid. If either one is invalid, then '999' is placed in this field.
- 2) Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) Brief Description:

Age is calculated by subtracting the date of birth from the registration date.

C) Detailed Description:

If the patient has already had a birthday for the year, his or her age is calculated by subtracting the year of birth from the year of registration. If not, then the patient's age is the year of registration minus the year of birth, minus one.

PART A. CALCULATED FIELD DOCUMENTATION

2. NEWBORN AGE

A) Conventions:

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have '99' in this field.

B) Brief Description:

Discharges less than one year old have their age calculated by subtracting the date of birth from the registration date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped..

C) Detailed Description:

- 1) If a patient is 1 year old or older, the age in weeks is set to '99'.
- 2) If a patient is less than 1 year old then:
 - a) Patients' age is calculated in days using the Length of Stay (LOS) routine, described herein.
 - b) Number of days in step 'a' above is divided by seven, and the remainder is dropped.

PART A. CALCULATED FIELD DOCUMENTATION

3. UNIQUE HEALTH INFORMATION NUMBER (UHIN) VISIT SEQUENCE NUMBER

A) Conventions:

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

B) Brief Description:

The Sequence Number is calculated by sorting the file by UHIN, registration date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of visits.

C) Detailed Description:

- 1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, registration date, then discharge date (both dates are sorted in ascending order).
- 2) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
- 3) If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first visit for the UHIN, and nnnn indicates the last visit for the UHIN.
- 4) If a UHIN has 2 visits on the same day, the discharge date is used as the secondary sort key.

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PART B. DATA FILE SUMMARY

1. ED File Table FY2006
2. Data Code Tables FY2006

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PART B. DATA FILE SUMMARY

The following is a list of the contents of the ED File Layout. Passed and Failed data are included together in each file. The failed visits are flagged for easy identification.

It is important to note that the data set may vary depending on what level data you have received. Please also note that the ED file has been cleaned. Bad character data have been replaced with underscores. Bad numeric data and bad dates have been replaced with nulls.

The following files are included in the electronic files along with the ED Visit Data:

- Top Errors Report
- Record Layout
- Total Charges & ED Visits by Hospital

1. EMERGENCY DEPARTMENT FILE TABLE – FY2006 – ED VISIT

#	Field Name
1	RecordType20ID
2	EDVisitID
3	SubmissionControlID
4	FilingOrgID
5	HospitalServiceSiteID
6	EncryptedSSN
7	MedicalRecordNumber
8	BillingNumber
9	EncryptedMothersSSN
10	DateOfBirth
11	Sex
12	Race
13	ZipCode
14	RegistrationDate
15	RegistrationTime
16	DischargeDate
17	DischargeTime
18	TypeOfVisit
19	SourceOfVisit
20	SecondarySourceOfVisit
21	DepartureStatus
22	PrimarySourceOfPayment
23	SecondarySourceOfPayment
24	Charges
25	EncryptedOtherPhysicianNumber
26	EncryptedPhysicianNumber
27	OtherCareGiver
28	PrincipalDiagnosisCode
29	AssociatedDiagnosisCode1
30	AssociatedDiagnosisCode2

Technical Documentation
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PART B. DATA FILE SUMMARY

1. EMERGENCY DEPARTMENT FILE TABLE FY2006 – ED VISIT - *Continued*

#	Field Name
31	AssociatedDiagnosisCode3
32	AssociatedDiagnosisCode4
33	AssociatedDiagnosisCode5
34	SignificantProcedureCode1
35	SignificantProcedureCode2
36	SignificantProcedureCode3
37	SignificantProcedureCode4
38	EmergencySeverity PrincipalECode
39	ProcedureCodingType
40	Transport
41	AmbulanceRunSheet
42	Homeless
43	ReasonForVisit
44	Age
45	NewbornAgeWeeks
46	LengthOfStayHours
47	RegistrationDay
48	RegistrationMonth
49	RegistrationYear
50	DischargeDay
51	VisitSequence
52	DaysBetweenVisits
53	VisitPassed
54	CCSCodeLevel1
55	CCSCodeLevel1Description

Technical Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART B. DATA FILE SUMMARY

1. **EMERGENCY DEPARTMENT FILE TABLE FY2006 – ED SERVICE**

Service Table – 1 Record per Service Line Item reported for each Visit

#	Field Name
1	RecordType20ID
2	ServiceID
3	EDVisitID
4	SubmissionControlID
5	ServiceLineItem

PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES

The following are the code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00. Please note that the Source of Payment Code Table and the Supplemental Payer Source Code Table appears as Supplements in Part F. of this manual.

Patient Sex Codes:

* SEX CODE	* Patient Sex Definition
M	Male
F	Female
U	Unknown

Patient Race Codes:

* RACE CODE	* Patient Race Definition
1	White
2	Black
3	Asian
4	Hispanic
5	Native American
6	Other
9	Unknown

Type of Visit Codes:

Type of Visit Code	Type of Visit Definition
1	Emergency
2	Urgent
3	Non-Urgent
4	Newborn
5	Information Unavailable

Technical Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

Source of Visit Codes:

* SRCADM CODE	* Source of Admission Definition
0	Information not available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral / HMO Referral
4	Transfer from an Acute 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
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)
E	EMS Transport Decision

* SRCADM CODE	* Source of Admission Definition – Newborn Only
Z	Information Not Available – Newborn
A	Normal Delivery
B	Premature Delivery
C	Sick Baby
D	Extramural Birth

Technical Documentation
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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

Patient Departure Status Codes:

Departure Status Code	Departure Status 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

Other Caregiver Codes:

Other Caregiver Code	Description
1	Resident
2	Intern
3	Nurse Practitioner
5	Physician Assistant

Patient's Mode of Transport Code:

Mode of Transport Code	Description
1	Ambulance
2	Helicopter
3	Law Enforcement
4	Walk-In (including public or private transport)
5	Other
9	Unknown

Technical Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

Homeless Indicator:

Codes	Description
Y	Patient is known to be homeless
N	Patient is not known to be homeless

Payer Type Codes:

*PAYER TYPE CODE	Payer Type Abbreviation	* Payer Type Definition
1	SP	Self-Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	Health Maintenance Organization
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-Of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)

Technical Documentation
FY2006 Outpatient Hospital Emergency Department Database

PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
1	Anna Jaques Hospital	Anna Jaques Hospital	
2	Athol Hospital	Athol Hospital	
4	Baystate Medical Center	Baystate Health Systems	
7	Berkshire Health Systems – Berkshire Campus	Berkshire Health System – Berkshire	
9	Berkshire Health Systems – Hillcrest Campus	Berkshire Health System – Hillcrest	
10	Beth Israel Deaconess	BI/Deaconess Medical Ctr	
19	Boston Medical Center – East Boston NHC	N/A – aka East Boston Neighborhood Health Center	
144	Boston Medical Center – East Newton Campus	N/A – see Boston Medical Center – Harrison Ave. Campus, filer for this hospital	
16	Boston Medical Center – Harrison Ave. Campus	Boston Medical Center	Boston Medical Center – East Newton Campus
22	Brigham & Women's	Brigham & Women's	
25	Brockton Hospital	Brockton Hospital	
3118	Cable Emergency Center	N/A – formerly Cable Hospital	
67	Cambridge Health Alliance – Malden Campus	Hallmark Health Care – Malden	
27	Cambridge Health Alliance – Cambridge Campus	Cambridge Public Health Commission	Cambridge Health Alliance – Somerville Campus
143	Cambridge Health Alliance – Somerville Campus	N/A – see Cambridge Health Alliance – Cambridge Campus, filer of submission	
142	Cambridge Health Alliance – Whidden Memorial Campus	Hallmark Health Care – Whidden	
39	Cape Cod Health System – Cape Cod Campus	Cape Cod Health System – Cape Cod	
40	Cape Cod Health System – Falmouth Campus	Cape Cod Health System – Falmouth	
62	Caritas Good Samaritan Medical Center	Good Samaritan Medical Center	
41	Caritas Norwood Hospital	Caritas Norwood	
440	Caritas Southwood Hospital	Caritas Southwood Community Hospital	
42	Caritas Carney Hospital	Carney Hospital	

Technical Documentation
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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
46	Children's Hospital Boston	Children's Medical Ctr.	
132	Clinton Hospital	Clinton Hospital	
50	Cooley Dickinson Hospital	Cooley Dickinson Hospital	
51	Dana Farber Cancer Center	Dana Farber Cancer Inst.	
53	Beth Israel Deaconess Needham	Deaconess-Glover	
52	Nashoba Valley Medical Center	Deaconess-Nashoba	
54	Waltham Hospital (closed)	Deaconess Waltham	
57	Emerson Hospital	Emerson Hospital	
8	Fairview Hospital	Fairview Hospital	
59	Faulkner Hospital	Faulkner Hospital	
5	Franklin Medical Center	Franklin Medical Center	
66	Hallmark Health – Lawrence Memorial Campus	Hallmark Health – Lawrence Memorial Campus	
141	Hallmark Health – Melrose-Wakefield Campus	Hallmark Health – Melrose-Wakefield Campus	
68	Harrington Memorial Hospital	Harrington Memorial Hospital	
70	Merrimack Valley Hospital	Haverhill Municipal Hospital (Hale)	
71	Health Alliance Hospital	Health Alliance Hospital	
73	Heywood Hospital	Heywood Hospital	
75	Holy Family Hospital	Holy Family Hospital	
77	Holyoke Hospital	Holyoke Hospital	
78	Hubbard Regional Hospital	Hubbard Regional Hospital	
79	Jordan Hospital	Jordan Hospital	
136	Kindred Hospital Boston	Vencor Boston	
135	Kindred Hospital North Shore	Vencor North Shore (formerly JB Thomas)	
81	Lahey Clinic Hospital	Lahey Hitchcock Clinic	
83	Lawrence General Hospital	Lawrence General Hospital	
85	Lowell General Hospital	Lowell General Hospital	

Technical Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
133	Marlborough Hospital	UMass. Health System – Marlborough Hospital	
88	Martha's Vineyard Hospital	Martha's Vineyard Hospital	
6	Mary Lane Hospital	Mary Lane Hospital	
91	Mass. General Hospital	Mass. General Hospital	
89	Mass. Eye & Ear Infirmary	Mass. Eye & Ear Infirmary	
119	Mercy Hospital	Mercy Hospital	
457	MetroWest Med. Ctr. – Leonard Morse Campus	Columbia MetroWest – Leonard Morse	
49	MetroWest Med. Ctr. – Framingham Campus	Columbia MetroWest - Framingham	
97	Milford Regional Medical Center	Milford-Whitinsville Regional Hospital	
98	Milton Hospital	Milton Hospital	
99	Morton Hospital	Morton Hospital	
100	Mt. Auburn Hospital	Mt. Auburn Hospital	
101	Nantucket Cottage Hospital	Nantucket Cottage Hospital	
103	New England Baptist Hospital	New England Baptist Hospital	
104	Tufts New England Medical Center	New England Medical Center	
105	Newton-Wellesley Hospital	Newton-Wellesley Hospital	
106	Noble Hospital	Noble Hospital	
107	North Adams Regional Hospital	North Adams Regional	
116	North Shore Medical Center – Salem Hospital	Salem Hospital	
109	Northeast – Addison Gilbert	NE Health Systems – Addison Gilbert	
110	Northeast - Beverly	NE Health Systems – Beverly	

Technical Documentation
 FY2006 Outpatient Hospital Emergency Department Database

PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
118	Providence Hospital (Sisters of Providence Health System)	Providence Hospital	
112	Quincy Hospital	Quincy Hospital	
115	Saints Memorial Medical Center	Saints Memorial Medical Center	
122	South Shore Hospital	South Shore Hospital	
123	Southcoast Health Systems – Charlton Memorial Campus	Southcoast Health Systems – Charlton Memorial Campus	
124	Southcoast Health Systems – St. Luke's Hospital	Southcoast Health Systems – St. Luke's Hospital	
145	Southcoast Health Systems – Tobey Hospital	Southcoast Health Systems – Tobey Hospital	
114	Caritas St. Anne's	St. Anne's	
126	Caritas St. Elizabeth's	St. Elizabeth's Medical Center	
127	Saint Vincent Hospital	Saint Vincent Hospital	
129	Sturdy Memorial Hospital	Sturdy Memorial Hospital	
130	UMass. Memorial Medical Center Memorial Campus	N/A – See UMass. Memorial Medical Center – UMass. Campus, filer of submission	
131	UMass. Memorial Medical Center – UMass. Campus	UMass. Medical Center	UMass. Memorial Medical Center – Memorial Campus
3	Union Hospital	Atlanticare Medical Center	
138	Winchester Hospital	Winchester Hospital & Family Medical	
139	Wing Memorial Hospital	Wing Memorial Med. Ctr.	