



Division of Health Care Finance and Policy

Fiscal Year: 2008

**Outpatient Hospital Emergency Department
Database Documentation Manual**

DATE ISSUED: NOVEMBER 2009

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation manual is for use with the Emergency Department Visit 2008 database. The FY2008 ED Data reflected in this manual is based on the September 2009 refresh date.

Section I. General Documentation

The General Documentation for the Fiscal Year 2008 Emergency Department Database includes background on dataset development and documents any data quality issues. This document includes hospital-reported discrepancies received in response to the data verification process.

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 hospital data that is contained in the file.

For your reference, DVD 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, Amministrative 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 web site 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 2008 Emergency Department Data Product. It contains two Microsoft Access data base (MDB) files. The first file is the ED Visit file which contains one record per ED visit. The second file is the ED Service file which contains one record for each service provided to each patient. Linkage can be performed between EDVisits and EDServices by utilizing the RecordType20ID, EDVisitID, and SubmissionControlID. The combination of these three fields produces a unique visit key.

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#
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.

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PART A. BACKGROUND INFORMATION

1.GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: This section provides information on the quarterly reporting periods and the development of the FY2008 Emergency Department Visit Database.

PART B. DATA: This sections 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.

PART C. HOSPITAL RESPONSES: This section contains hospital responses received during the data verification process. This section contains the following lists and charts:

- 1.Summary of Hospitals' FY2008 Verification Report Responses
- 2.Summary of Reported Discrepancies by Category
- 3.Individual Hospital Discrepancy Documentation

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

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting data for FY2008 and those that failed to provide any FY2008 data. Also lists hospital discharge and charge totals by quarter for data submissions.

PART F. SUPPLEMENTARY INFORMATION: Provides Supplements I through VI 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

Hospitals report data to the Division on a quarterly basis. For the 2008 period, these quarterly reporting intervals were as follows:

Quarter 1: October 1, 2007 – December 31, 2007

Quarter 2: January 1, 2008 – March 31, 2008

Quarter 3: April 1, 2008 – June 30, 2008

Quarter 4: July 1, 2008 – September 30, 2008

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PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 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 website.

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 are reported in the Outpatient Observation Stay database, and ED patients admitted as inpatients are reported in 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.

Six Fiscal Year 2008 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: medical record number, billing number, Medicaid Claim Certificate Number (Medicaid Recipient ID number), unique health information (UHIN) number, beginning and ending dates of service, date of birth, date(s) of surgery, and the unique physician number (UPN). 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, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL IV	Contains all Level I data elements, plus the UPN, the UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL V	Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.
LEVEL VI	Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number.

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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).

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.

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PART B. DATA

1. 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 1% compliance standard must be resubmitted by the individual hospital within 30 days, until the standard is met.

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PART B. DATA

1. DATA QUALITY STANDARDS - Continued

Verification Report Process:

The Verification Report process presents hospitals with a profile of their individual data as reported to and retained by the Division. The Verification Report comprises a series of frequency reports about selected data elements. Please refer to Supplement III for a description of the Verification Report.

The Verification Report is produced after a hospital has successfully submitted its 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 is accurate or else identify any discrepancies. All hospitals are strongly encouraged to closely review reports and to make corrections. Hospitals are asked to certify their data by submitting 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 confirms that the data appearing on the Verification Report 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. Hospitals may provide written explanations of the discrepancies for inclusion 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

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PART B. DATA

2. GENERAL DEFINITIONS

Please note the following general definitions (as contained in Regulation 114.1 CMR 17.02).

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 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.

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PART B. DATA

3. GENERAL DATA CAVEATS

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

- Collection and verification of patient supplied information at the time of arrival;
- Consistency and/or completeness of medical record coding;
- Hospital's data processing capability; and
- Hospital's data processing systems.

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

a. New Data Elements (as of October 1, 2006)

Effective October 1, 2006, the following new data elements were added to Regulation 114.1 CMR 17.00. Additionally, new code values were added for race and patient status. Please note that implementation took place in two phases.

Patient Race

Previously there was a single field to report patient race. Beginning this year, there are three fields to report race: Race 1, Race 2, and Other Race (a free text field for reporting any additional races). Also, race codes have been updated. Please see the Data Codes section for a listing of updated values. These are consistent with both the federal OMB standards and code set values, and the EOHHS Standards for Massachusetts.

Hispanic Indicator

A flag to indicate whether the patient is or is not Hispanic/Latino/Spanish.

Ethnicity

Three fields – separate from patient race have been added to report patient ethnicity: Ethnicity 1, Ethnicity 2, and Other Ethnicity (a free text field for reporting additional ethnicities). Please see the Data Codes section for a listing of the 33 ethnicities.

Condition Present on Admission Indicator

This is a qualifier for each diagnosis code (Primary, Diagnosis I – XIV, and primary E-Code field) indicating that the onset of diagnosis preceded or followed admission.

Permanent Temporary US Patient Address

Patient address includes the following fields:

 Patient Street Address

 Patient City/Town

 Patient State

 Permanent Patient Country (ISO-3166)

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

b. Existing Data Elements

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.

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. Note that Newborn is not a frequently used value for Type of Visit in the ED database, since few babies are born in ED's. However, Newborn 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 brought immediately thereafter to the ED for care. Also note that 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.

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

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.

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

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.

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.

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).

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

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.

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).

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.

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.

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4. SPECIFIC DATA ELEMENTS

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.

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.

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

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.

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PART B. DATA

5. DHCFP CALCULATED FIELDS

Analysis of the UHIN data by the Division suggests that some of the reported data for the inpatient and outpatient observation stays databases may be partly inaccurate. 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_allcharsequal = 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.

ORG ID	HOSPITAL NAME	'A'	'B'	'COMMENTS'
1	Anna Jaques Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
2	Athol Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Baystate Franklin Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
6	Baystate Mary Lane Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
4	Baystate Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
7	Berkshire Medical Center - Berkshire Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
53	Beth Israel Deaconess Hospital - Needham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Beth Israel Deaconess Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16	Boston Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
22	Brigham and Women's Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27	Cambridge Health Alliance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
27	Cambridge Health Alliance - Somerville Campus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
27	Cambridge Health Alliance - Whidden Memorial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
39	Cape Cod Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
42	Caritas Carney Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
42	Caritas Carney Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
62	Caritas Good Samaritan Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
75	Caritas Holy Family Hospital and Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
41	Caritas Norwood Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
114	Caritas St. Anne's Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
126	Caritas St. Elizabeth's Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
46	Children's Hospital Boston	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
132	Clinton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
50	Cooley Dickinson Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
57	Emerson Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
8	Fairview Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
40	Falmouth Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
59	Faulkner Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments

ORG ID	HOSPITAL NAME	'A'	'B'	'COMMENTS'
66	Hallmark Health System - Lawrence Memorial Hospital	<input type="checkbox"/>	<input type="checkbox"/>	See comments
141	Hallmark Health System - Melrose-Wakefield Hospital	<input type="checkbox"/>	<input type="checkbox"/>	See comments
68	Harrington Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
71	Health Alliance Hospitals, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
73	Heywood Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
77	Holyoke Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
78	Hubbard Regional Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
79	Jordan Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
81	Lahey Clinic - Burlington Campus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
83	Lawrence General Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
85	Lowell General Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
88	Martha's Vineyard Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
89	Massachusetts Eye and Ear Infirmary	<input type="checkbox"/>	<input type="checkbox"/>	See comments
91	Massachusetts General Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
119	Mercy Medical Center - Springfield Campus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
70	Merrimack Valley Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
49	MetroWest Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
97	Milford Regional Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
98	Milton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
99	Morton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
100	Mount Auburn Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
101	Nantucket Cottage Hospital	<input type="checkbox"/>	<input type="checkbox"/>	See comments
52	Nashoba Valley Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
105	Newton Wellesley Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
106	Noble Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
107	North Adams Regional Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
116	North Shore Medical Center, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
110	Northeast Health Systems - Beverly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

ORG ID	HOSPITAL NAME	'A'	'B'	'COMMENTS'
109	Northeast Health Systems - Addison Gilbert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
112	Quincy Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
127	Saint Vincent Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See comments
115	Saints Memorial Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25	Signature Healthcare Brockton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
122	South Shore Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
123	Southcoast Hospitals Group - Charlton Memorial Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
124	Southcoast Hospitals Group - St. Luke's Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
145	Southcoast Hospitals Group - Tobey Hospital Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
129	Sturdy Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
104	Tufts Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	See comments
133	UMass. Marlborough Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
131	UMass. Memorial Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	See comments
139	UMass. Wing Memorial Hospital	<input type="checkbox"/>	<input type="checkbox"/>	See comments
138	Winchester Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

All Visit Types by Quarter	Visit Types & Emergency Severities	Source of Visits	Mode of Transportation	Top 10 Prin. Diagnoses by # of Visits	Top 10 Prin. E-Codes by # of Visits	Top 10 Significant Proc. By # of Visits	Number of Diagnoses per Visit	Patient Departure Status	Top 20 Primary Payers by # of Visits	Top 10 Prin. Diagnoses by Charges	Visits by Age Group	Visits by Race 1 & 2	Patient Gender Report	Top 20 Patient Zip Codes	Homeless Indicator	Ave. Hours of Service & Charges	Visits by Ethnicity 1 & 2	Hispanic Indicator	Prin. Condition Present on Admission
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Anna Jaques Hospital

x

Athol Memorial Hospital

Baystate Franklin Medical Center

x x

Baystate Mary Lane Hospital

x

Baystate Medical Center

x x

Berkshire Medical Center -
 Berkshire Campus

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PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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Visit Types & Emergency Severities
Source of Visits
Mode of Transportation
Top 10 Prin. Diagnoses by # of Visits
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Top 10 Significant Proc. By # of Visits
Number of Diagnoses per Visit
Patient Departure Status
Top 20 Primary Payers by # of Visits
Top 10 Prin. Diagnoses by Charges
Visits by Age Group
Visits by Race 1 & 2
Patient Gender Report
Top 20 Patient Zip Codes
Homeless Indicator
Ave. Hours of Service & Charges
Visits by Ethnicity 1 & 2
Hispanic Indicator
Prin. Condition Present on Admission

Beth Israel Deaconess
 Hospital - Needham

Beth Israel Deaconess
 Medical Center

Boston Medical Center

x

Brigham and Women's
 Hospital

Cambridge Health Alliance x

Cambridge Health Alliance -
 Somerville Campus x

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PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

All Visit Types by Quarter	Visit Types & Emergency Severities	Source of Visits	Mode of Transportation	Top 10 Prin. Diagnoses by # of Visits	Top 10 Prin. E-Codes by # of Visits	Top 10 Significant Proc. By # of Visits	Number of Diagnoses per Visit	Patient Departure Status	Top 20 Primary Payers by # of Visits	Top 10 Prin. Diagnoses by Charges	Visits by Age Group	Visits by Race 1 & 2	Patient Gender Report	Top 20 Patient Zip Codes	Homeless Indicator	Ave. Hours of Service & Charges	Visits by Ethnicity 1 & 2	Hispanic Indicator	Prin. Condition Present on Admission
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Cambridge Health Alliance - Whidden Memorial **X**

Cape Cod Hospital

Caritas Carney Hospital **X** **X**

Caritas Good Samaritan Medical Center **X** **X**

Caritas Holy Family Hospital and Medical Center **X** **X**

Caritas Norwood Hospital **X** **X**

Caritas St. Anne's Hospital **X** **X**

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PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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Caritas St. Elizabeth's
Hospital

Children's Hospital Boston

Clinton Hospital

Cooley Dickinson Hospital

Emerson Hospital

X X

Fairview Hospital

Falmouth Hospital

Faulkner Hospital

X X X X X X

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

All Visit Types by Quarter
Visit Types & Emergency Severities
Source of Visits
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Patient Departure Status
Top 20 Primary Payers by # of Visits
Top 10 Prin. Diagnoses by Charges
Visits by Age Group
Visits by Race 1 & 2
Patient Gender Report
Top 20 Patient Zip Codes
Homeless Indicator
Ave. Hours of Service & Charges
Visits by Ethnicity 1 & 2
Hispanic Indicator
Prin. Condition Present on Admission

Hallmark Health System -
 Lawrence Memorial Hospital

Hallmark Health System -
 Melrose-Wakefield Hospital

Harrington Memorial
 Hospital

Health Alliance Hospitals,
 Inc.

Heywood Hospital

Holyoke Medical Center

Hubbard Regional Hospital

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PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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Top 10 Prin. Diagnoses by Charges
Visits by Age Group
Visits by Race 1 & 2
Patient Gender Report
Top 20 Patient Zip Codes
Homeless Indicator
Ave. Hours of Service & Charges
Visits by Ethnicity 1 & 2
Hispanic Indicator
Prin. Condition Present on Admission

Jordan Hospital

Lahey Clinic - Burlington
 Campus

x

Lawrence General Hospital

Lowell General Hospital

Martha's Vineyard Hospital

Massachusetts Eye and Ear
 Infirmary

Massachusetts General
 Hospital

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

All Visit Types by Quarter	Visit Types & Emergency Severities	Source of Visits	Mode of Transportation	Top 10 Prin. Diagnoses by # of Visits	Top 10 Prin. E-Codes by # of Visits	Top 10 Significant Proc. By # of Visits	Number of Diagnoses per Visit	Patient Departure Status	Top 20 Primary Payers by # of Visits	Top 10 Prin. Diagnoses by Charges	Visits by Age Group	Visits by Race 1 & 2	Patient Gender Report	Top 20 Patient Zip Codes	Homeless Indicator	Ave. Hours of Service & Charges	Visits by Ethnicity 1 & 2	Hispanic Indicator	Prin. Condition Present on Admission
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Mercy Medical Center -
Springfield Campus

X X X X X X X X X X X X X X X X X X X X

Merrimack Valley Hospital

MetroWest Medical Center

Milford Regional Medical
Center

Milton Hospital

Morton Hospital

Mount Auburn Hospital

Nantucket Cottage Hospital

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 FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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Nashoba Valley Medical Center

x

x

x

Newton Wellesley Hospital

x

x

x

x

x

Noble Hospital

North Adams Regional Hospital

North Shore Medical Center, Inc.

Northeast Health Systems - Beverly

General Documentation
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PART C. HOSPITAL RESPONSES

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All Visit Types by Quarter
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Visits by Race 1 & 2
Patient Gender Report
Top 20 Patient Zip Codes
Homeless Indicator
Ave. Hours of Service & Charges
Visits by Ethnicity 1 & 2
Hispanic Indicator
Prin. Condition Present on Admission

Southcoast Hospitals
 Group - Charlton Memorial
 Campus

Southcoast Hospitals
 Group - St. Luke's Campus

Southcoast Hospitals
 Group - Tobey Hospital
 Campus

Sturdy Memorial Hospital

Tufts Medical Center

UMass. Marlborough
 Hospital

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

All Visit Types by Quarter
Visit Types & Emergency Severities
Source of Visits
Mode of Transportation
Top 10 Prin. Diagnoses by # of Visits
Top 10 Prin. E-Codes by # of Visits
Top 10 Significant Proc. By # of Visits
Number of Diagnoses per Visit
Patient Departure Status
Top 20 Primary Payers by # of Visits
Top 10 Prin. Diagnoses by Charges
Visits by Age Group
Visits by Race 1 & 2
Patient Gender Report
Top 20 Patient Zip Codes
Homeless Indicator
Ave. Hours of Service & Charges
Visits by Ethnicity 1 & 2
Hispanic Indicator
Prin. Condition Present on Admission

UMass. Memorial Medical
Center

UMass. Wing Memorial
Hospital

Winchester Hospital

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Anna Jaques Hospital

The hospital stated the following:

"We do not agree with some of the data on report ED002. It is not possible to obtain the correct information, update the records and resubmit the new data. We are working on processes to improve the collection of this data."

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Baystate Franklin Medical Center

The hospital stated the following:

ED016	Q1	Q2	Q3	Q4	Total
Y	56	14	25	53	148
N	5578	5745	5990	6421	23734

ED017 The second quarter was misstated: est - 2.99 hours, total 2.64 hours

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Baystate Mary Lane Hospital

The hospital stated the following:

ED016	Q1	Q2	Q3	Q4	Total
Y	4	2	1	2	9
N	3466	3715	3659	3866	14706

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Baystate Medical Center

The hospital stated the following:

ED016	Q1	Q2	Q3	Q4	Total
Y	232	218	276	293	1019
N	20583	21193	21191	21506	84473

ED017 The second quarter was misstated: est - 5.02 hours, total 4.36 hours

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Boston Medical Center

The hospital stated that they did not see any visits in the state report for the CommCare payers (BMCHP CommCare (code 300), Network Health CommCare (code 400), or NHP CommCare (code 600)). The CommCare payers are correctly mapped at our end. It is understandable, if the number of visits for NHP CommCare and Network Health CommCare are not high enough to make it to the top 20, but we believe it is not the case for BMCHP CommCare.

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Cambridge Health Alliance

The hospital stated the following:

"Researching: understated by 13%."

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Cambridge Health Alliance - Somerville Campus

The hospital stated the following:

"Researching: understated by 13%."

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Cambridge Health Alliance - Whidden Memorial

The hospital stated the following:

"Researching: understated by 13%."

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Caritas Carney Hospital

The hospital stated the following:

"ED010: Caritas was approved to submit 837I Health Safety Net claims to the Division on January 1, 2009. This new claim process required Caritas to change insurance mnemonics from a Self Pay designation to a Free Care classification, thus resulting in the large number of discrepancies/changes noted in our validation reports.

143 - Free Care: we have 401 more cases now. Sub'd = 1381, Now = 1782

145 - Self Pay: we have 446 less cases now. Sub'd = 1154, Now = 708

ED020: There appears to be an issue for all Caritas hospitals regarding this report. The state report is displaying totals for blank POA data, but our blanks are actually the published exempt codes. Also, the totals for the Y responses are significantly lower (3000+) on the state report vs. what we actually submitted and what is currently in our system. The issue has been reported to the state and their IT department is researching.

The POA issue has been resolved by the state's IT department. Our Y values now match the state's report. The one issue we'd like notated is the Blank (exempt) codes and the N codes are lumped into one category - these should be separated in the future."

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Caritas Good Samaritan Medical Center

The hospital stated the following:

"ED010: Caritas was approved to submit 837I Health Safety Net claims to the Division on January 1, 2009. This new claim process required Caritas to change insurance mnemonics from a Self Pay designation to a Free Care classification, thus resulting in the large number of discrepancies/changes noted in our validation reports.

143 - Free Care: we have 452 more cases now. Sub'd = 2282, Now = 2734

145 - Self Pay: we have 445 less cases now. Sub'd = 1869, Now = 1424

ED020: There appears to be an issue for all Caritas hospitals regarding this report. The state report is displaying totals for blank POA data, but our blanks are actually the published exempt codes. Also, the totals for the Y responses are significantly lower (8000+) on the state report vs. what we actually submitted and what is currently in our system. The issue has been reported to the state and their IT department is researching.

The POA issue has been resolved by the state's IT department. Our Y values now match the state's report. The one issue we'd like notated is the Blank (exempt) codes and the N codes are lumped into one category - these should be separated in the future."

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Caritas Holy Family Hospital and Medical Center

The hospital stated the following:

"ED010: Caritas was approved to submit 837I Health Safety Net claims to the Division on January 1, 2009. This new claim process required Caritas to change insurance mnemonics from a Self Pay designation to a Free Care classification, thus resulting in the large number of discrepancies/changes noted in our validation reports.

143 - Free Care: we have 844 more cases now. Sub'd = 1131, Now = 1975

145 - Self Pay: we have 920 less cases now. Sub'd = 2347, Now = 1427

ED020: There appears to be an issue for all Caritas hospitals regarding this report. The state report is displaying totals for blank POA data, but our blanks are actually the published exempt codes. Also, the totals for the Y responses are significantly lower (3000+) on the state report vs. what we actually submitted and what is currently in our system. The issue has been reported to the state and their IT department is researching.

The POA issue has been resolved by the state's IT department. Our Y values now match the state's report. The one issue we'd like notated is the Blank (exempt) codes and the N codes are lumped into one category - these should be separated in the future."

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Caritas Norwood Hospital

The hospital stated the following:

"ED010: Caritas was approved to submit 837I Health Safety Net claims to the Division on January 1, 2009. This new claim process required Caritas to change insurance mnemonics from a Self Pay designation to a Free Care classification, thus resulting in the large number of discrepancies/changes noted in our validation reports.

143 - Free Care: we have 306 more cases now. Sub'd = 983, Now = 1289

145 - Self Pay: we have 368 less cases now. Sub'd = 1254, Now = 886

ED020: There appears to be an issue for all Caritas hospitals regarding this report. The state report is displaying totals for blank POA data, but our blanks are actually the published exempt codes. Also, the totals for the Y responses are significantly lower (3000+) on the state report vs. what we actually submitted and what is currently in our system. The issue has been reported to the state and their IT department is researching.

The POA issue has been resolved by the state's IT department. Our Y values now match the state's report. The one issue we'd like notated is the Blank (exempt) codes and the N codes are lumped into one category - these should be separated in the future."

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Caritas St. Anne's Hospital

The hospital stated the following:

"ED010: Caritas was approved to submit 837I Health Safety Net claims to the Division on January 1, 2009. This new claim process required Caritas to change insurance mnemonics from a Self Pay designation to a Free Care classification, thus resulting in the large number of discrepancies/changes noted in our validation reports.

143 - Free Care: we have 468 more cases now. Sub'd = 1330, Now = 1798

145 - Self Pay: we have 457 less cases now. Sub'd = 1529, Now = 1072

ED020: There appears to be an issue for all Caritas hospitals regarding this report. The state report is displaying totals for blank POA data, but our blanks are actually the published exempt codes. Also, the totals for the Y responses are significantly lower (3000+) on the state report vs. what we actually submitted and what is currently in our system. The issue has been reported to the state and their IT department is researching.

The POA issue has been resolved by the state's IT department. Our Y values now match the state's report. The one issue we'd like notated is the Blank (exempt) codes and the N codes are lumped into one category - these should be separated in the future."

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Emerson Hospital

The hospital stated the following:

"Visits for second quarter are incomplete by 1,311 visits."

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Faulkner Hospital

The hospital stated the following:

Due to a conversion to a new billing system in May 2008 and the ensuing difficulties in merging the 3rd quarter data, Faulkner Hospital has only successfully submitted 10 months of data. May and June appear to be missing. We are actively working on this problem.

Of the data submitted we have identified the following issues:

Report ED003,Source of Visits: the data identified as outside hospital emergency-7-is actually our own emergency room. What is the correct option to identify this?

Report ED004,mode of transportation: the data identified in other-5-belongs in 4-walk in.

Report ED007,top 10 significant procedures,: in the 4th quarter, the data reported is a mix of ICD9 codes and CPT codes(90760,90774,90772). Is Faulkner Hospital submitting the wrong data field? This should be ICD9 only.

Report ED010,top 20 primary payers: in the 4th quarter Network Health and Auto Insurance appear for the first time. Auto was in 147 other commercial and Network Health was in 149,ppo and other managed care for the prior quarters.

Report ED017,average hours of service and charges: no hours appear for the 4th quarter.

In summary, Faulkner Hospital cannot agree that the data is complete and accurate.

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Hallmark Health System - Lawrence Memorial Hospital

The hospital resubmitted their ED data, and that even though this hospital did not sign off on their verification response form, their data was submitted at the end of the year, and therefore, represents their most accurate data for FY2008.

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Hallmark Health System - Melrose-Wakefield Hospital

The hospital resubmitted their ED data, and that even though this hospital did not sign off on their verification response form, their data was submitted at the end of the year, and therefore, represents their most accurate data for FY2008.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Lahey Clinic - Burlington Campus

The hospital has uncovered discrepancies in the departure status numbers. After an investigation, it was determined that a mapping error between the billing system and the State submission file resulted in some patients who were transferred to outside facilities being mapped to a departure status of expired. At that time, we undertook the resubmission of all of our ED data for 2008. Unfortunately the resubmission of Q1 failed a couple of attempts, and due to some confusion a successful submission was never accomplished. Consequently, the 2008 Q1 data that the State is reporting for Lahey contains erroneous departure status information. For Q1, 12 patients expired in the Brulington facility and 6 expired in the Peabody facility. All other cases listed as expired were in fact transferred to an outside facility.

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Lowell General Hospital

The hospital stated the following:

"I have reviewed the ED verification reports and agree that the data is accurate and complete except for the discrepancy found below:

FY2008 Q2

Total ED Charges Reported: \$22,948,838

Actual ED Charges: \$11,483,440

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Massachusetts Eye and Ear Infirmary

None of the FY08 quarters were successfully submitted. All four quarters were submitted but failed the edit process.

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FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Mercy Medical Center - Springfield Campus

No further documentation was provided.

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Nantucket Cottage Hospital

The hospital resubmitted their ED data, and that even though this hospital did not sign off on their verification response form, their data was submitted at the end of the year, and therefore, represents their most accurate data for FY2008.

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FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Nashoba Valley Medical Center

The hospital stated the following:

"ED004: The Mode of Transport was reported incorrectly due to a system issue. The report should read as follows:

	Q1	Q2	Q3	Q4	Total
Ambulance	414	462	450	434	1760
Helicopter	0	0	0	0	0
Law Enforcemt	0	2	3	1	6
Walk in	2787	2822	3008	2986	11603
Other	0	0	0	0	0
Unknown	4	45	26	19	94

ED018A: The Ethnicity (1) was reported incorrectly due to a systems issue.

ED020: Principal Condition Present on Admission: Due to a systems issue, the POA codes on some visits were omitted from the report."

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FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Newton Wellesley Hospital

The variance reported by the hospital is negligible.

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Saint Vincent Hospital

The hospital did not submit further detail.

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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Tufts Medical Center

The hospital has submitted four quarters of passed data for 2008 ED. However, the hospital did not submit a response form for the documentation manual.

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FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

UMass. Memorial Medical Center

The hospital resubmitted their ED data, and that even though this hospital did not sign off on their verification response form, their data was submitted at the end of the year, and therefore, represents their most accurate data for FY2008.

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

UMass. Wing Memorial Hospital

The hospital resubmitted their ED data, and that even though this hospital did not sign off on their verification response form, their data was submitted at the end of the year, and therefore, represents their most accurate data for FY2008.

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PADT D. CAUTIONARY USE HOSPITALS

Previous year's data contained a separate file for the failed submissions. Beginning with FY2000, the database contains all submission together, both passed and failed submissions for all hospitals within the database.

The following are cautionary use hospitals for FY2008

Faulkner Hospital

The hospital stated the following:

Due to a conversion to a new billing system in May 2008 and the ensuing difficulties in merging the 3rd quarter data, Faulkner Hospital has only successfully submitted 10 months of data. May and June appear to be missing. We are actively working on this problem.

Of the data submitted we have identified the following issues:

Report ED003,Source of Visits: the data identified as outside hospital emergency-7-is actually our own emergency room. What is the correct option to identify this?

Report ED004,mode of transportation: the data identified in other-5-belongs in 4-walk in.

Report ED007,top 10 significant procedures,: in the 4th quarter, the data reported is a mix of ICD9 codes and CPT codes(90760,90774,90772). Is Faulkner Hospital submitting the wrong data field? This should be ICD9 only.

Report ED010,top 20 primary payers: in the 4th quarter Network Health and Auto Insurance appear for the first time. Auto was in 147 other commercial and Network Health was in 149,ppo and other managed care for the prior quarters.

Report ED017,average hours of service and charges: no hours appear for the 4th quarter.

In summary, Faulkner Hospital cannot agree that the data is complete and accurate.

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PADT D. CAUTIONARY USE HOSPITALS

Previous year's data contained a separate file for the failed submissions. Beginning with FY2000, the database contains all submission together, both passed and failed submissions for all hospitals within the database.

The following are cautionary use hospitals for FY2008

Lahey Clinic -- Burlington Campus

The hospital has uncovered discrepancies in the departure status numbers. After an investigation, it was determined that a mapping error between the billing system and the State submission file resulted in some patients who were transferred to outside facilities being mapped to a departure status of expired. At that time, we undertook the resubmission of all of our ED data for 2008. Unfortunately the resubmission of Q1 failed a couple of attempts, and due to some confusion a successful submission was never accomplished. Consequently, the 2008 Q1 data that the State is reporting for Lahey contains erroneous departure status information. For Q1, 12 patients expired in the Brulington facility and 6 expired in the Peabody facility. All other cases listed as expired were in fact transferred to an outside facility.

Massachusetts Eye and Ear Infirmary

None of the FY08 quarters were successfully submitted. All four quarters were submitted but failed the edit process.

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTED DATA FOR FY2008

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Mary Lane Hospital
Baystate Medical Center
Berkshire Medical Center - Berkshire Campus
Beth Israel Deaconess Hospital - Needham
Beth Israel Deaconess Medical Center
Boston Medical Center
Brigham and Women's Hospital
Cambridge Health Alliance
Cambridge Health Alliance - Somerville Campus
Cambridge Health Alliance - Whidden Memorial
Cape Cod Hospital
Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Holy Family Hospital and Medical Center
Caritas Norwood Hospital
Caritas St. Anne's Hospital
Caritas St. Elizabeth's Hospital
Children's Hospital Boston
Clinton Hospital
Cooley Dickinson Hospital
Emerson Hospital
Fairview Hospital
Falmouth Hospital
Faulkner Hospital
Hallmark Health System - Lawrence Memorial Hospital
Hallmark Health System - Melrose-Wakefield Hospital
Harrington Memorial Hospital
Health Alliance Hospitals, Inc.
Heywood Hospital
Holyoke Medical Center
Hubbard Regional Hospital
Jordan Hospital
Lahey Clinic - Burlington Campus
Lawrence General Hospital
Lowell General Hospital

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PART E. HOSPITALS SUBMITTED DATA FOR FY2008

Martha's Vineyard Hospital
Massachusetts Eye and Ear Infirmary
Massachusetts General Hospital
Mercy Medical Center - Springfield Campus
Merrimack Valley Hospital
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, Inc.
Northeast Health Systems - Beverly
Northeast Health Systems - Addison Gilbert
Quincy Medical Center
Saint Vincent Hospital
Saints Memorial Medical Center
Signature Healthcare Brockton Hospital
South Shore Hospital
Southcoast Hospitals Group - Charlton Memorial Campu
Southcoast Hospitals Group - St. Luke's Campus
Southcoast Hospitals Group - Tobey Hospital Campus
Sturdy Memorial Hospital
Tufts Medical Center
UMass. Marlborough Hospital
UMass. Memorial Medical Center
UMass. Wing Memorial Hospital
Winchester Hospital

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PART E. HOSPITALS SUBMITTED DATA FOR FY2008

LIST OF HOSPITALS WITH NO DATA FOR FY2008

The Division is pleased to announce that all hospitals submitted emergency department data for the current fiscal year.

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PART E. HOSPITALS SUBMITTING DATA FOR FY2008

3. DISCHARGE 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.

TOTAL HOSPITAL DISCHARGES AND CHARGES BY QUARTER

Qtr	Hospital Name	ORG ID	Total Discharges	Total Charges
1	Anna Jaques Hospital	1	5,749	\$4,514,089
2	Anna Jaques Hospital		6,010	\$4,794,394
3	Anna Jaques Hospital		6,370	\$5,073,573
4	Anna Jaques Hospital		7,152	\$6,239,138
	Totals		25,281	\$20,621,194
<hr/>				
1	Athol Memorial Hospital	2	2,431	\$4,171,881
2	Athol Memorial Hospital		2,370	\$4,202,625
3	Athol Memorial Hospital		2,579	\$4,421,646
4	Athol Memorial Hospital		2,548	\$4,469,012
	Totals		9,928	\$17,265,164
<hr/>				
1	Baystate Franklin Medical Center	5	5,635	\$7,242,072
2	Baystate Franklin Medical Center		5,758	\$7,513,626
3	Baystate Franklin Medical Center		6,015	\$7,769,708
4	Baystate Franklin Medical Center		6,474	\$8,176,242
	Totals		23,882	\$30,701,648
<hr/>				
1	Baystate Mary Lane Hospital	6	3,470	\$3,501,825
2	Baystate Mary Lane Hospital		3,717	\$3,744,793
3	Baystate Mary Lane Hospital		3,660	\$3,543,150
4	Baystate Mary Lane Hospital		3,868	\$3,883,057
	Totals		14,715	\$14,672,825
<hr/>				
1	Baystate Medical Center	4	20,815	\$22,720,006
2	Baystate Medical Center		21,410	\$23,311,990
3	Baystate Medical Center		21,468	\$23,564,428

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PART E. HOSPITALS SUBMITTING DATA FOR FY2008

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

4	Baystate Medical Center		21,800	\$23,513,634
	Totals		85,493	\$93,110,058
<hr/>				
1	Berkshire Medical Center - Berkshire Campus	7	11,379	\$12,247,736
2	Berkshire Medical Center - Berkshire Campus		11,850	\$12,746,448
3	Berkshire Medical Center - Berkshire Campus		11,755	\$12,516,118
4	Berkshire Medical Center - Berkshire Campus		12,807	\$13,357,086
	Totals		47,791	\$50,867,388
<hr/>				
1	Beth Israel Deaconess Hospital - Needham	53	2,668	\$3,734,613
2	Beth Israel Deaconess Hospital - Needham		2,676	\$3,963,187
3	Beth Israel Deaconess Hospital - Needham		2,827	\$3,988,187
4	Beth Israel Deaconess Hospital - Needham		2,823	\$3,982,958
	Totals		10,994	\$15,668,945
<hr/>				
1	Beth Israel Deaconess Medical Center - East Campus	10	7,296	\$17,569,898
2	Beth Israel Deaconess Medical Center - East Campus		7,439	\$17,552,982
3	Beth Israel Deaconess Medical Center - East Campus		7,337	\$17,280,809
4	Beth Israel Deaconess Medical Center - East Campus		7,441	\$17,359,455
	Totals		29,513	\$69,763,144
<hr/>				
1	Boston Medical Center - East Newton Campus	144	2,774	\$3,518,156
	Totals		2,774	\$3,518,156
<hr/>				
1	Boston Medical Center - Harrison Avenue Campus	16	22,494	\$25,189,308
2	Boston Medical Center - Harrison Avenue Campus		26,581	\$30,126,208
3	Boston Medical Center - Harrison Avenue Campus		26,594	\$33,021,947
4	Boston Medical Center - Harrison Avenue Campus		26,484	\$33,423,425

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3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

Totals		102,153	\$121,760,888
1 Brigham and Women's Hospital	22	8,741	\$17,957,552
2 Brigham and Women's Hospital		9,059	\$17,626,599
3 Brigham and Women's Hospital		8,809	\$17,761,795
4 Brigham and Women's Hospital		9,297	\$17,992,725
Totals		35,906	\$71,338,671
1 Cambridge Health Alliance - Cambridge Campus	27	6,949	\$9,664,359
2 Cambridge Health Alliance - Cambridge Campus		7,543	\$9,739,527
3 Cambridge Health Alliance - Cambridge Campus		7,580	\$9,745,010
4 Cambridge Health Alliance - Cambridge Campus		7,572	\$10,442,020
Totals		29,644	\$39,590,916
1 Cambridge Health Alliance - Somerville Campus	143	5,295	\$7,721,510
2 Cambridge Health Alliance - Somerville Campus		5,853	\$7,641,954
3 Cambridge Health Alliance - Somerville Campus		5,840	\$8,236,918
4 Cambridge Health Alliance - Somerville Campus		5,671	\$7,934,226
Totals		22,659	\$31,534,608
1 Cambridge Health Alliance - Whidden Memorial Campus	142	7,420	\$11,090,386
2 Cambridge Health Alliance - Whidden Memorial Campus		7,945	\$11,519,132
3 Cambridge Health Alliance - Whidden Memorial Campus		7,973	\$12,248,144
4 Cambridge Health Alliance - Whidden Memorial Campus		8,260	\$12,787,686
Totals		31,598	\$47,645,348
1 Cape Cod Hospital	39	15,514	\$18,177,784
2 Cape Cod Hospital		15,928	\$19,619,931
3 Cape Cod Hospital		17,612	\$21,239,325
4 Cape Cod Hospital		21,099	\$27,142,348
Totals		70,153	\$86,179,388

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PART E. HOSPITALS SUBMITTING DATA FOR FY2008

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

1	Caritas Carney Hospital	42	5,546	\$5,633,249
2	Caritas Carney Hospital		5,949	\$6,001,828
3	Caritas Carney Hospital		5,783	\$5,938,272
4	Caritas Carney Hospital		6,165	\$6,206,798
	Totals		23,443	\$23,780,147
<hr/>				
1	Caritas Good Samaritan Medical Center - Brockton Campus	62	10,603	\$11,938,480
2	Caritas Good Samaritan Medical Center - Brockton Campus		10,761	\$12,159,834
3	Caritas Good Samaritan Medical Center - Brockton Campus		10,602	\$12,099,843
4	Caritas Good Samaritan Medical Center - Brockton Campus		10,908	\$12,687,793
	Totals		42,874	\$48,885,950
<hr/>				
1	Caritas Holy Family Hospital and Medical Center	75	8,157	\$9,202,972
2	Caritas Holy Family Hospital and Medical Center		8,804	\$9,858,578
3	Caritas Holy Family Hospital and Medical Center		8,449	\$9,730,312
4	Caritas Holy Family Hospital and Medical Center		8,876	\$10,315,096
	Totals		34,286	\$39,106,958
<hr/>				
1	Caritas Norwood Hospital	41	9,344	\$13,594,382
2	Caritas Norwood Hospital		9,527	\$13,884,143
3	Caritas Norwood Hospital		9,729	\$13,853,105
4	Caritas Norwood Hospital		9,813	\$13,815,765
	Totals		38,413	\$55,147,395
<hr/>				
1	Caritas Saint Anne's Hospital	114	7,331	\$9,374,630
2	Caritas Saint Anne's Hospital		7,627	\$9,736,285
3	Caritas Saint Anne's Hospital		7,591	\$9,864,228
4	Caritas Saint Anne's Hospital		7,966	\$10,071,807
	Totals		30,515	\$39,046,950
<hr/>				
1	Caritas St. Elizabeth's Medical Center	126	5,065	\$5,678,254

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PART E. HOSPITALS SUBMITTING DATA FOR FY2008

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

2	Caritas St. Elizabeth's Medical Center		5,272	\$5,917,549
3	Caritas St. Elizabeth's Medical Center		5,205	\$5,614,028
4	Caritas St. Elizabeth's Medical Center		5,272	\$5,902,374
	Totals		20,814	\$23,112,205
<hr/>				
1	Children's Hospital Boston	46	11,316	\$12,075,462
2	Children's Hospital Boston		12,219	\$13,649,112
3	Children's Hospital Boston		11,701	\$12,737,919
4	Children's Hospital Boston		10,647	\$12,110,702
	Totals		45,883	\$50,573,195
<hr/>				
1	Clinton Hospital	132	2,853	\$4,598,309
2	Clinton Hospital		2,787	\$4,509,054
3	Clinton Hospital		2,896	\$5,223,436
4	Clinton Hospital		3,101	\$5,734,075
	Totals		11,637	\$20,064,874
<hr/>				
1	Cooley Dickinson Hospital	50	7,238	\$6,269,636
2	Cooley Dickinson Hospital		7,345	\$6,001,397
3	Cooley Dickinson Hospital		7,638	\$6,204,213
4	Cooley Dickinson Hospital		7,718	\$6,607,869
	Totals		29,939	\$25,083,115
<hr/>				
1	Emerson Hospital	57	7,506	\$8,744,597
2	Emerson Hospital		6,245	\$7,093,610
3	Emerson Hospital		8,199	\$9,482,860
4	Emerson Hospital		7,856	\$10,377,835
	Totals		29,806	\$35,698,902
<hr/>				
1	Fairview Hospital	8	2,920	\$2,982,012
2	Fairview Hospital		2,857	\$3,045,498
3	Fairview Hospital		3,092	\$3,140,971
4	Fairview Hospital		3,571	\$3,436,013
	Totals		12,440	\$12,604,494

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PART E. HOSPITALS SUBMITTING DATA FOR FY2008

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

1	Falmouth Hospital	40	7,052	\$9,115,223
2	Falmouth Hospital		6,468	\$8,674,432
3	Falmouth Hospital		7,180	\$8,584,941
4	Falmouth Hospital		8,942	\$11,213,078
	Totals		29,642	\$37,587,674
<hr/>				
1	Faulkner Hospital	59	5,301	\$10,614,033
2	Faulkner Hospital		5,267	\$10,720,123
3	Faulkner Hospital		1,760	\$3,350,157
4	Faulkner Hospital		5,309	\$10,043,927
	Totals		17,637	\$34,728,240
<hr/>				
1	Hallmark Health System - Lawrence Memorial Hospital Campus	66	4,167	\$4,913,947
2	Hallmark Health System - Lawrence Memorial Hospital Campus		4,323	\$4,811,771
3	Hallmark Health System - Lawrence Memorial Hospital Campus		4,226	\$3,852,048
4	Hallmark Health System - Lawrence Memorial Hospital Campus		4,551	\$4,009,263
	Totals		17,267	\$17,587,029
<hr/>				
1	Hallmark Health System - Melrose-Wakefield Hospital Campus	141	8,750	\$10,348,476
2	Hallmark Health System - Melrose-Wakefield Hospital Campus		8,927	\$10,028,485
3	Hallmark Health System - Melrose-Wakefield Hospital Campus		8,724	\$8,001,505
4	Hallmark Health System - Melrose-Wakefield Hospital Campus		9,165	\$8,482,609
	Totals		35,566	\$36,861,075
<hr/>				
1	Harrington Memorial Hospital	68	5,053	\$5,468,148
2	Harrington Memorial Hospital		5,110	\$5,919,615
3	Harrington Memorial Hospital		5,275	\$5,999,932

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PART E. HOSPITALS SUBMITTING DATA FOR FY2008

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

4	Harrington Memorial Hospital		5,749	\$6,304,672
	Totals		21,187	\$23,692,367
<hr/>				
1	Health Alliance Hospital -- Leominster Campus	8509	9,585	\$16,896,329
2	Health Alliance Hospital -- Leominster Campus		9,814	\$16,655,086
3	Health Alliance Hospital -- Leominster Campus		9,722	\$16,118,783
4	Health Alliance Hospital -- Leominster Campus		9,762	\$16,557,300
	Totals		38,883	\$66,227,498
<hr/>				
1	Heywood Hospital	73	4,315	\$5,720,333
2	Heywood Hospital		4,481	\$5,948,129
3	Heywood Hospital		4,601	\$6,072,320
4	Heywood Hospital		4,583	\$6,092,691
	Totals		17,980	\$23,833,473
<hr/>				
1	Holyoke Medical Center	77	7,816	\$6,048,085
2	Holyoke Medical Center		8,457	\$6,705,447
3	Holyoke Medical Center		8,822	\$7,802,821
4	Holyoke Medical Center		9,213	\$8,344,665
	Totals		34,308	\$28,901,018
<hr/>				
1	Hubbard Regional Hospital	78	2,077	\$3,032,281
2	Hubbard Regional Hospital		2,381	\$3,159,170
3	Hubbard Regional Hospital		2,598	\$3,363,852
4	Hubbard Regional Hospital		2,864	\$3,429,941
	Totals		9,920	\$12,985,244
<hr/>				
1	Jordan Hospital	79	10,218	\$18,774,970
2	Jordan Hospital		10,485	\$18,276,554
3	Jordan Hospital		10,706	\$15,170,567
4	Jordan Hospital		11,356	\$13,861,674
	Totals		42,765	\$66,083,765
<hr/>				
1	Lahey Clinic -- Burlington Campus	81	6,437	\$7,165,694
2	Lahey Clinic -- Burlington Campus		6,143	\$7,231,816

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3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

3	Lahey Clinic -- Burlington Campus		6,658	\$8,021,129
4	Lahey Clinic -- Burlington Campus		6,481	\$7,758,330
	Totals		25,719	\$30,176,969
<hr/>				
1	Lahey Clinic North Shore	4448	3,569	\$3,331,282
2	Lahey Clinic North Shore		3,544	\$3,307,743
3	Lahey Clinic North Shore		3,801	\$3,551,426
4	Lahey Clinic North Shore		3,859	\$3,633,142
	Totals		14,773	\$13,823,593
<hr/>				
1	Lawrence General Hospital	83	13,592	\$15,419,979
2	Lawrence General Hospital		14,208	\$16,073,184
3	Lawrence General Hospital		13,727	\$16,493,032
4	Lawrence General Hospital		14,247	\$17,063,961
	Totals		55,774	\$65,050,156
<hr/>				
1	Lowell General Hospital	85	9,485	\$11,215,784
2	Lowell General Hospital		10,119	\$22,948,838
3	Lowell General Hospital		10,095	\$12,055,454
4	Lowell General Hospital		10,216	\$11,810,523
	Totals		39,915	\$58,030,599
<hr/>				
1	Martha's Vineyard Hospital	88	2,547	\$4,203,728
2	Martha's Vineyard Hospital		2,419	\$3,927,234
3	Martha's Vineyard Hospital		3,288	\$5,620,082
4	Martha's Vineyard Hospital		5,391	\$8,914,803
	Totals		13,645	\$22,665,847
<hr/>				
1	Massachusetts Eye and Ear Infirmary	89	4,633	\$2,428,294
2	Massachusetts Eye and Ear Infirmary		4,299	\$2,365,427
3	Massachusetts Eye and Ear Infirmary		5,186	\$2,700,288
4	Massachusetts Eye and Ear Infirmary		5,116	\$2,574,047
	Totals		19,234	\$10,068,056
<hr/>				
1	Massachusetts General Hospital	91	13,857	\$44,447,598

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PART E. HOSPITALS SUBMITTING DATA FOR FY2008

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

2	Massachusetts General Hospital		14,468	\$45,936,524
3	Massachusetts General Hospital		15,171	\$48,510,419
4	Massachusetts General Hospital		15,386	\$49,871,049
	Totals		58,882	\$188,765,590
<hr/>				
1	Mercy Medical Center - Springfield Campus	119	14,468	\$12,723,228
2	Mercy Medical Center - Springfield Campus		15,817	\$14,426,167
3	Mercy Medical Center - Springfield Campus		15,764	\$14,354,759
4	Mercy Medical Center - Springfield Campus		16,557	\$15,657,931
	Totals		62,606	\$57,162,085
<hr/>				
1	Merrimack Valley Hospital	70	5,480	\$4,907,950
2	Merrimack Valley Hospital		5,346	\$4,963,142
3	Merrimack Valley Hospital		5,550	\$5,407,833
4	Merrimack Valley Hospital		5,896	\$5,604,814
	Totals		22,272	\$20,883,739
<hr/>				
1	MetroWest Medical Center - Framingham Campus	49	9,682	\$12,965,470
2	MetroWest Medical Center - Framingham Campus		10,052	\$13,881,594
3	MetroWest Medical Center - Framingham Campus		10,453	\$14,383,884
4	MetroWest Medical Center - Framingham Campus		10,457	\$14,286,156
	Totals		40,644	\$55,517,104
<hr/>				
1	MetroWest Medical Center - Leonard Morse Campus	457	3,372	\$4,383,297
2	MetroWest Medical Center - Leonard Morse Campus		3,394	\$4,687,019
3	MetroWest Medical Center - Leonard Morse Campus		3,578	\$4,611,922
4	MetroWest Medical Center - Leonard Morse Campus		3,651	\$4,732,018
	Totals		13,995	\$18,414,256
<hr/>				
1	Milford Regional Medical Center	97	10,424	\$12,981,452
2	Milford Regional Medical Center		11,128	\$14,360,347

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PART E. HOSPITALS SUBMITTING DATA FOR FY2008

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

3	Milford Regional Medical Center		11,780	\$14,477,481
4	Milford Regional Medical Center		12,450	\$15,583,964
	Totals		45,782	\$57,403,244
<hr/>				
1	Milton Hospital	98	3,662	\$4,995,910
2	Milton Hospital		3,944	\$5,549,667
3	Milton Hospital		3,951	\$5,345,324
4	Milton Hospital		4,168	\$5,607,962
	Totals		15,725	\$21,498,863
<hr/>				
1	Morton Hospital and Medical Center	99	11,781	\$11,579,578
2	Morton Hospital and Medical Center		11,837	\$11,603,599
3	Morton Hospital and Medical Center		11,698	\$11,578,480
4	Morton Hospital and Medical Center		12,548	\$12,514,754
	Totals		47,864	\$47,276,411
<hr/>				
1	Mount Auburn Hospital	100	6,054	\$9,154,434
2	Mount Auburn Hospital		6,102	\$9,674,458
3	Mount Auburn Hospital		5,994	\$8,503,237
4	Mount Auburn Hospital		6,471	\$9,262,857
	Totals		24,621	\$36,594,986
<hr/>				
1	Nantucket Cottage Hospital	101	1,800	\$1,966,246
2	Nantucket Cottage Hospital		1,761	\$1,911,120
3	Nantucket Cottage Hospital		2,427	\$2,504,203
4	Nantucket Cottage Hospital		4,912	\$5,857,427
	Totals		10,900	\$12,238,996
<hr/>				
1	Nashoba Valley Medical Center	52	3,223	\$4,709,898
2	Nashoba Valley Medical Center		3,308	\$4,904,999
3	Nashoba Valley Medical Center		3,463	\$4,951,484
4	Nashoba Valley Medical Center		3,422	\$4,851,898
	Totals		13,416	\$19,418,279
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1	Newton-Wellesley Hospital	105	11,476	\$22,971,146

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3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

2	Newton-Wellesley Hospital		11,384	\$22,390,134
3	Newton-Wellesley Hospital		11,741	\$23,240,289
4	Newton-Wellesley Hospital		11,676	\$22,966,926
	Totals		46,277	\$91,568,495
<hr/>				
1	Noble Hospital	106	6,230	\$5,040,519
2	Noble Hospital		6,328	\$5,124,859
3	Noble Hospital		6,535	\$5,236,171
4	Noble Hospital		6,827	\$5,510,546
	Totals		25,920	\$20,912,095
<hr/>				
1	North Adams Regional Hospital	107	4,700	\$4,682,403
2	North Adams Regional Hospital		4,943	\$5,236,416
3	North Adams Regional Hospital		5,039	\$5,118,967
4	North Adams Regional Hospital		5,162	\$5,510,871
	Totals		19,844	\$20,548,657
<hr/>				
1	North Shore Medical Center, Inc. - Salem Campus	116	13,455	\$24,746,352
2	North Shore Medical Center, Inc. - Salem Campus		13,995	\$25,203,805
3	North Shore Medical Center, Inc. - Salem Campus		13,628	\$24,842,876
4	North Shore Medical Center, Inc. - Salem Campus		13,576	\$25,500,500
	Totals		54,654	\$100,293,533
<hr/>				
1	North Shore Medical Center, Inc. - Union Campus	3	5,202	\$9,716,199
2	North Shore Medical Center, Inc. - Union Campus		5,151	\$9,451,692
3	North Shore Medical Center, Inc. - Union Campus		5,274	\$10,163,334
4	North Shore Medical Center, Inc. - Union Campus		5,602	\$10,666,415
	Totals		21,229	\$39,997,640
<hr/>				
1	Northeast Hospital Corporation - Addison Gilbert Campus	109	2,883	\$4,066,490
2	Northeast Hospital Corporation - Addison Gilbert Campus		2,880	\$3,986,668
3	Northeast Hospital Corporation - Addison Gilbert Campus		3,092	\$4,396,278

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3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

4	Northeast Hospital Corporation - Addison Gilbert Campus		3,380	\$4,683,196
	Totals		12,235	\$17,132,632
1	Northeast Hospital Corporation - Beverly Campus	110	8,721	\$11,681,770
2	Northeast Hospital Corporation - Beverly Campus		9,069	\$12,327,095
3	Northeast Hospital Corporation - Beverly Campus		9,503	\$12,909,394
4	Northeast Hospital Corporation - Beverly Campus		9,879	\$13,731,134
	Totals		37,172	\$50,649,393
1	Quincy Medical Center	112	7,473	\$7,429,931
2	Quincy Medical Center		7,939	\$8,172,486
3	Quincy Medical Center		7,938	\$7,958,336
4	Quincy Medical Center		8,414	\$8,465,976
	Totals		31,764	\$32,026,729
1	Saint Vincent Hospital	127	9,415	\$12,895,933
2	Saint Vincent Hospital		9,908	\$13,703,613
3	Saint Vincent Hospital		10,278	\$14,103,561
4	Saint Vincent Hospital		10,657	\$14,954,740
	Totals		40,258	\$55,657,847
1	Saints Medical Center	115	10,190	\$6,439,345
2	Saints Medical Center		10,006	\$6,717,916
3	Saints Medical Center		9,819	\$6,895,232
4	Saints Medical Center		10,166	\$7,178,869
	Totals		40,181	\$27,231,362
1	Signature Healthcare Brockton Hospital	25	12,203	\$16,885,999
2	Signature Healthcare Brockton Hospital		12,886	\$18,304,126
3	Signature Healthcare Brockton Hospital		12,291	\$17,471,250
4	Signature Healthcare Brockton Hospital		12,764	\$19,323,817
	Totals		50,144	\$71,985,192
1	South Shore Hospital	122	14,343	\$23,790,925

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2008

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

2	South Shore Hospital		14,176	\$22,940,049
3	South Shore Hospital		14,583	\$24,393,465
4	South Shore Hospital		15,641	\$26,958,914
	Totals		58,743	\$98,083,353
<hr/>				
1	Southcoast Hospitals Group - Charlton Memorial Campus	123	13,937	\$14,018,898
2	Southcoast Hospitals Group - Charlton Memorial Campus		14,281	\$14,586,051
3	Southcoast Hospitals Group - Charlton Memorial Campus		14,215	\$14,351,442
4	Southcoast Hospitals Group - Charlton Memorial Campus		14,871	\$15,231,342
	Totals		57,304	\$58,187,733
<hr/>				
1	Southcoast Hospitals Group - St. Luke's Campus	124	16,497	\$20,184,074
2	Southcoast Hospitals Group - St. Luke's Campus		16,134	\$20,136,546
3	Southcoast Hospitals Group - St. Luke's Campus		16,595	\$20,447,998
4	Southcoast Hospitals Group - St. Luke's Campus		17,176	\$20,903,058
	Totals		66,402	\$81,671,676
<hr/>				
1	Southcoast Hospitals Group - Tobey Hospital Campus	145	5,823	\$5,278,663
2	Southcoast Hospitals Group - Tobey Hospital Campus		5,806	\$5,265,763
3	Southcoast Hospitals Group - Tobey Hospital Campus		6,322	\$6,174,469
4	Southcoast Hospitals Group - Tobey Hospital Campus		7,299	\$7,241,353
	Totals		25,250	\$23,960,248
<hr/>				
1	Sturdy Memorial Hospital	129	10,645	\$11,198,733
2	Sturdy Memorial Hospital		10,900	\$11,862,885
3	Sturdy Memorial Hospital		10,933	\$11,470,452
4	Sturdy Memorial Hospital		11,492	\$11,953,055

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2008

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

Totals			43,970	\$46,485,125
1	Tufts Medical Center	104	7,933	\$7,883,546
2	Tufts Medical Center		8,023	\$7,780,679
3	Tufts Medical Center		8,037	\$8,180,554
4	Tufts Medical Center		8,404	\$8,107,772
Totals			32,397	\$31,952,551
1	UMass Marlborough Hospital	133	5,354	\$9,254,007
2	UMass Marlborough Hospital		5,563	\$9,736,968
3	UMass Marlborough Hospital		5,710	\$10,190,975
4	UMass Marlborough Hospital		5,910	\$10,351,326
Totals			22,537	\$39,533,276
1	UMass Memorial Medical Center - Memorial Campus	130	8,368	\$18,696,173
2	UMass Memorial Medical Center - Memorial Campus		8,806	\$19,587,371
3	UMass Memorial Medical Center - Memorial Campus		8,685	\$19,283,017
4	UMass Memorial Medical Center - Memorial Campus		9,027	\$19,425,669
Totals			34,886	\$76,992,230
1	UMass Memorial Medical Center - University Campus	131	16,000	\$33,558,726
2	UMass Memorial Medical Center - University Campus		17,069	\$34,332,198
3	UMass Memorial Medical Center - University Campus		16,537	\$33,791,819
4	UMass Memorial Medical Center - University Campus		16,677	\$34,599,833
Totals			66,283	\$136,282,576
1	UMass Wing Memorial Hospital	139	3,169	\$3,336,959
2	UMass Wing Memorial Hospital		3,700	\$3,828,880

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2008

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

3	UMass Wing Memorial Hospital		3,831	\$4,075,004
4	UMass Wing Memorial Hospital		4,408	\$5,030,588
	Totals		15,108	\$16,271,431
<hr/>				
1	Winchester Hospital	138	14,013	\$10,535,427
2	Winchester Hospital		9,748	\$8,870,997
3	Winchester Hospital		10,142	\$9,493,768
4	Winchester Hospital		10,152	\$10,386,720
	Totals		44,055	\$39,286,912
<hr/>				
	GRAND TOTALS		2,500,069	\$3,347,529,368

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

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

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

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 Departure Status
- Top 20 Primary Payers by Number of Visits
- Top 10 Principal Diagnosis by Charges
- Visits by Age
- Visits by Race 12
- Visits by Gender
- Top 20 Patient ZIP Codes
- Homeless Indicator
- Average Hours of Service and Charges
- Visits by Ethnicity 12
- Hispanic Indicator
- Principal Condition Present on Admission

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Anna Jaques Hospital	25 Highland Ave Newburyport, MA 01950	1	1	1
Athol Memorial Hospital	2033 Main Street Athol, MA 01331	2	2	2
Baystate Franklin Medical Center	164 High Street Greenfield, MA 01301	5	5	
Baystate Mary Lane Hospital	85 South Street Ware, MA 01082	6	6	
Baystate Medical Center	3601 Main Street Springfield, MA 01107-1116	4	4	4
Berkshire Medical Center - Berkshire Campus	725 North Street Pittsfield, MA 01201	6309	7	7
Beth Israel Deaconess Hospital - Needham	148 Chestnut Street Needham, MA 02192	53	53	53
Beth Israel Deaconess Medical Center	330 Brookline Avenue Boston, MA 02215	8702	10	10
Boston Medical Center	88 East Newton St Boston, MA 02118	3107	16	16
Brigham and Women's Hospital	75 Francis St Boston, MA 02115	22	22	22
Cambridge Health Alliance	65 Beacon Street Somerville, MA 02143	3108	27	27

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Cambridge Health Alliance - Somerville Campus		3108	27	143
,				
Cambridge Health Alliance - Whidden Memorial		3108	27	142
,				
Cape Cod Hospital	27 Park Street Hyannis, MA 02601	39	39	
,				
Caritas Carney Hospital	2100 Dorchester Avenue Dorchester, MA 02124	42	42	
,				
Caritas Good Samaritan Medical Center	235 North Pearl Street Brockton, MA 02301	8701	62	
,				
Caritas Holy Family Hospital and Medical Center	70 East Street Methuen, MA 01844	75	75	
,				
Caritas Norwood Hospital	800 Washington Street Norwood, MA 02062	41	41	
,				
Caritas St. Anne's Hospital	795 Middle Street Fall River, MA 02721	114	114	
,				
Caritas St. Elizabeth's Hospital	736 Cambridge Street Brighton, MA 02135	126	126	
,				
Children's Hospital Boston	300 Longwood Avenue Boston, MA 02115	46	46	
,				
Clinton Hospital	201 Highland Street Clinton, MA 01510	132	132	

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Cooley Dickinson Hospital	30 Locust Street Northampton, MA 01060-5001	50	50	
Emerson Hospital	Route 2 Concord, MA 01742	57	57	
Fairview Hospital	29 Lewis Avenue Great Barrington, MA 01230	8	8	
Falmouth Hospital	100 Ter Heun Drive Falmouth, MA 02540	40	40	
Faulkner Hospital	1153 Centre Street Jamaica Plain, MA 02130	59	59	
Hallmark Health System - Lawrence Memorial Hospital	170 Governors Avenue Medford, MA 02155	3111	66	
Hallmark Health System - Melrose-Wakefield Hospital	585 Lebanon Street Melrose, MA 02176	3111	141	
Harrington Memorial Hospital	100 South Street Southbridge, MA 01550	68	68	
Health Alliance Hospitals, Inc.	600 Hospital Road Leominster, MA 01453-8004	71	71	
Heywood Hospital	242 Green Street Gardner, MA 01440	73	73	
Holyoke Medical Center	575 Beech Street Holyoke, MA 01040	77	77	
Hubbard Regional Hospital	340 Thompson Road Webster, MA 01570	78	78	

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Jordan Hospital	275 Sandwich Street Plymouth, MA 02360	79	79	
Lahey Clinic - Burlington Campus	41 Mall Road Burlington, MA 01805	6546	81	81
Lawrence General Hospital	One General Street Lawrence, MA 01842-0389	83	83	
Lowell General Hospital	295 Varnum Avenue Lowell, MA 01854	85	85	
Martha's Vineyard Hospital	Linton Lane Oak Bluffs, MA 02557	88	88	
Massachusetts Eye and Ear Infirmary	243 Charles Street Boston, MA 02114-3096	89	89	
Massachusetts General Hospital	55 Fruit Street Boston, MA 02114	91	91	
Mercy Medical Center - Springfield Campus	271 Carew Street Springfield, MA 01102	6547	119	
Merrimack Valley Hospital	140 Lincoln Avenue Haverhill, MA 01830-6798	70	70	
MetroWest Medical Center	115 Lincoln Street Framingham, MA 01701	3110	49	49
Milford Regional Medical Center	14 Prospect Street Milford, MA 01757	97	97	
Milton Hospital	199 Reedsdale Rd Milton, MA 02186	98	98	

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Morton Hospital	88 Washington St Taunton, MA 02780	99	99	
Mount Auburn Hospital	330 Mt. Auburn St. Cambridge, MA 02238	100	100	
Nantucket Cottage Hospital	57 Prospect St Nantucket, MA 02554	101	101	
Nashoba Valley Medical Center	200 Groton Road Ayer, MA 01432	52	52	52
Newton Wellesley Hospital	2014 Washington St Newton, MA 02162	105	105	
Noble Hospital	115 West Silver Street Westfield, MA 01086	106	106	
North Adams Regional Hospital	Hospital Avenue North Adams, MA 02147	107	107	
North Shore Medical Center, Inc.	81 Highland Avenue Salem, MA 01970	345	116	116
Northeast Health Systems - Beverly	85 Herrick Street Beverly, MA 01915	3112	110	
Northeast Health Systems - Addison Gilbert	298 Washington St Gloucester, MA 01930	3112	109	
Quincy Medical Center	114 Whitwell Street Quincy, MA 02169	112	112	
Saint Vincent Hospital	20 Worcester Ctr. Blvd. Worcester, MA 01608	127	127	

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Saints Memorial Medical Center	One Hospital Drive Lowell, MA 01852	115	115	
Signature Healthcare Brockton Hospital	680 Centre Street Brockton, MA 02402	25	25	25
South Shore Hospital	55 Fogg Road South Weymouth, MA 02190	122	122	
Southcoast Hospitals Group - Charlton Memorial Campus	363 Highland Avenue Fall River, MA 02720	3113	123	
Southcoast Hospitals Group - St. Luke's Campus	101 Page Street New Bedford, MA 02740	3113	124	
Southcoast Hospitals Group - Tobey Hospital Campus	43 High Street Wareham, MA 02571	3113	145	
Sturdy Memorial Hospital	211 Park Street Attleboro, MA 02703	129	129	
Tufts Medical Center	750 Washington Street Boston, MA 02111	104	104	
UMass. Marlborough Hospital	57 Union Street Marlborough, MA 01752-9981	133	133	
UMass. Memorial Medical Center	120 Front Street Worcester, MA 01608	3115	131	130
UMass. Wing Memorial Hospital	40 Wright Street Palmer, MA 01069-1187	139	139	

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID</u> <u>ORG</u> <u>HOSP</u>	<u>ID</u> <u>ORG</u> <u>FILER</u>	<u>SITE</u> <u>NO.*</u>
Winchester Hospital	41 Highland Avenue Winchester, MA 01890	138	138	

* For data users trying to identify specific care sites, use site number. However, if site number is blank, use IdOrgFiler

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT III. 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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 FY2008 Outpatient Hospital Emergency Department Database

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

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

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

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

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)

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

SUPPLEMENT IV. 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

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

SUPPLEMENT IV. 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	
Tufts Medical Center	Tufts New England Medical Center, New England Medical Center	January 2008
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.

General Documentation
 FY2008 Outpatient Hospital Emergency Department Database

**SUPPLEMENT IV. 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.)

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

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

CONVERSIONS AND 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

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT V.

ALPHABETICAL SOURCE OF PAYMENT LIST

Please refer to http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_1_17_inpatient_specs.doc for the list of Inpatient Discharge Data Specifications regarding the Alphabetical Source of Payment

General Documentation
FY2008 Outpatient Hospital Emergency Department Database

SUPPLEMENT VI.
NUMERICAL SOURCE OF PAYMENT LIST

Please refer to http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_1_17_inpatient_specs.doc for the list of Inpatient Discharge Data Specifications regarding the Numerical Source of Payment

Technical Documentation
FY2008 Outpatient Hospital Emergency Department Database

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 the users' review.

Calculated fields are age, newborn age in weeks, and Unique Health Information Number (UHIN). 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 CALCULATIONS

A) Conventions:

- 1) Age is calculated if the date of birth and admission 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 admission 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 admission. If not, then the patient's age is the year of admission 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 admission 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

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 – FY2008 – ED VISIT

Database is now in Microsoft Access. The record layout can be obtained by going into the Design command of the database.

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES

Please refer to http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_1_17_ed_data_specs.doc for the code tables for all data elements requiring codes.