Division of Health Care Finance and Policy

Fiscal Year: 2009

Outpatient Hospital Emergency Department Database Documentation Manual

DATE ISSUED: July 2010

INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation manual is for use with the Emergency Department Visit 2009 database. The FY2009 ED data was made available as in July, 2010.

Section I. General Documentation

The General Documentation for the Fiscal Year 2009 Emergency Department Database includes background on its development and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains 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 and Policy (DHCFP), and a data file summary section describing the hospital data that is contained in the file.

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

Copies of Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data, Administrative Bulletin 02-06: Outpatient Emergency Department Visit Data Electronic Record Submission Specifications, and Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data may be obtained by logging on to the Division's 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.

General Documentation
FY2009 Outpatient Hospital Emergency Department Database

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 2009 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 each patient. Linkage can be performed between EDVisits and EDServices by utilizing the RecordType20ID, EDVisitID, and SubmissionControlID. These 3 combined will produce a uniquie visit key.

This is an Access 2000 database.

File Naming Conventions:

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

Hospital_EDVisit_CCYY_FullYear_L# and Hospital_EDServices_CCYY_FullYear

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

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

PART A. BACKGROUND INFORMATION

1.GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: Provides information on the quarterly reporting periods and the development of the FY2009 Emergency Department Visit Database.

PART B. DATA: Describes the basic data quality standards as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, some general data definitions, general data caveats, and information on specific data elements.

Case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the DHCFP strongly encourages hospitals to verify the accuracy of their data. A standard *Verification Report Response Form* is issued by the Division, and is used by each hospital to verify the accuracy of their data as it appears on their FY2009 Final Case-mix Verification Report. If a hospital finds data discrepancies, the DHCFP requests that the hospital submit written corrections that provide an accurate profile of that hospital's discharges.

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

1. Summary of Hospitals' FY2009 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 FY2009, and those that failed to provide any FY2009 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.

PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

Massachusetts hospitals are required to file case-mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2009 period, these quarterly reporting intervals were as follows:

Quarter 1:	**October 1, 2008 – December 31, 2008**
Quarter 2:	**January 1, 2009 – March 31, 2009**
Quarter 3:	**April 1, 2009 – June 30, 2009**
Quarter 4:	**July 1, 2009 – September 30, 2009**

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 will continue to be reported to the Outpatient Observation Stay database, and ED patients admitted as inpatients will continue to be reported to the inpatient Hospital Discharge Database. The Division has asked providers to flag those patients admitted from the ED in the inpatient and outpatient observations databases, and to provide overall ED utilization statistics to ensure that all ED patients are accurately accounted for.

Six Fiscal Year 2009 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.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS

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

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

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

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

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS - Continued

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

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

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

PART B. DATA

1. DATA QUALITY STANDARDS - Continued

Verification Report Process:

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

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

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

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

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

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

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

PART B. DATA

2. GENERAL DEFINITIONS

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

Emergency Department (ED)

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

Emergency Department Visit

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

PART B. DATA

3. GENERAL DATA CAVEATS

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

- Collection and verification of patient supplied information at the time of arrival;

- Medical Record coding, consistency, and/or completeness;

- Extent of hospital data processing capabilities;

- Extent of hospital data processing systems;

- Varying degrees of commitment to quality of emergency department data;

- Non-comparability of data collection and reporting.

Emergency Department Data

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

PART B. DATA

4. SPECIFIC DATA ELEMENTS

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

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 -- 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 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)

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

Emergency Severity Index

The Emergency Severity Index (ESI) is a system for triaging patients using an algorithm developed by researchers at Brigham & Women's and Johns Hopkins Hospitals. It employs a five-level scale. It may be reported on Record Type 20 as an alternative to, or in addition to, the Type of Visit (Field 17), which is basically a three-level triage scale. The ESI is described in the following article: Wuerz, R. et al., Reliability and Validity of a New Five-Level Triage Instrument, Academic Emergency Medicine 2000; 7:236-242. Regardless of whether the ESI or the Type of Visit is reported, it should reflect the initial assessment of the patient, and not a subsequent revision of it due to information gathered during the course of the ED visit. Only a small number of hospitals report this data element.

PART B. DATA

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.

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. The pre-hospital database is currently being developed by the Department of Public Health. This will not be a required element until the pre-hospital services database is in operation.

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

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

PART B. DATA

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. (Please note that Discharge Time was mandatory beginning 10/1/2002 for FY2003.)

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

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

Principal External Cause of Injury Code (E-Code)
The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings and adverse effects.

Payer Codes
A complete listing of the payer types and sources can be found in this manual under the Technical Documentation.

PART B. DATA

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. Please note that per Regulation 114.1 CMR 17.00, the number reported for the patient's social security number should be the patient's social security number, not the social security number of some other person, such as the husband or the wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there is a separate field designated for the social security number of the newborn's mother.

Service Line Items
Service Line Items are the CPT or HCPCS Level II codes used to bill for specific items and services provided by the ED during the visit. In addition, the code DRUGS is used to report provision of any drugs for which there are no specific HCPCS codes available. Likewise, SPPLY is used to report any supplies for which there are no specific HCPCS codes available. Since units of service are NOT collected in the database, it is possible that the item or service which a reported service line item code represents was actually provided to the patient more than once during the visit.

ED Treatment Bed
The purpose of this data element is to help measure the normal capacity of Eds. ED Treatment Bed includes only those beds in the ED that are set up and equipped on a permanent basis to treat patients. It does not include the temporary use of gurneys, stretchers, etc. Including stretchers, etc. would overestimate hospitals' physical capacity to comfortably treat a certain volume of ED patients, although the Division recognizes that in cases of overcrowding, EDs' may need to employ temporary beds.

PART B. DATA

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.

PART B. DATA

5. DHCFP CALCULATED FIELDS

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

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

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

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

ssn_empty = 1
ssn_notninechars = 2
ssn_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'	NONE	'COMMENTS'
1	Anna Jaques Hospital	☐	☑	☐	See comments
2	Athol Memorial Hospital	☑	☐	☐	
5	Baystate Franklin Medical Center	☐	☐	☐	
6	Baystate Mary Lane Hospital	☐	☐	☐	
4	Baystate Medical Center	☐	☐	☐	
7	Berkshire Medical Center - Berkshire Campus	☑	☐	☐	
53	Beth Israel Deaconess Hospital - Needham	☐	☐	☐	
10	Beth Israel Deaconess Medical Center	☑	☐	☐	
16	Boston Medical Center	☑	☐	☐	
22	Brigham and Women's Hospital	☑	☐	☐	
27	Cambridge Health Alliance	☑	☐	☐	
27	Cambridge Health Alliance - Somerville Campus	☑	☐	☐	
27	Cambridge Health Alliance - Whidden Memorial	☑	☐	☐	
39	Cape Cod Hospital	☑	☐	☐	
42	Caritas Carney Hospital	☐	☑	☐	See comments
62	Caritas Good Samaritan Medical Center	☑	☐	☐	
75	Caritas Holy Family Hospital and Medical Center	☐	☑	☐	
41	Caritas Norwood Hospital	☐	☑	☐	
114	Caritas St. Anne's Hospital	☑	☐	☐	
126	Caritas St. Elizabeth's Hospital	☐	☑	☐	See comments
46	Children's Hospital Boston	☑	☐	☐	
132	Clinton Hospital	☑	☐	☐	
50	Cooley Dickinson Hospital	☑	☐	☐	
57	Emerson Hospital	☑	☐	☐	
8	Fairview Hospital	☑	☐	☐	
40	Falmouth Hospital	☑	☐	☐	
59	Faulkner Hospital	☐	☑	☐	

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	'COMMENTS'
66	Hallmark Health System - Lawrence Memorial Hospital	☑	☐	☐	
141	Hallmark Health System - Melrose-Wakefield Hospital	☑	☐	☐	
68	Harrington Memorial Hospital	☑	☐	☐	
71	Health Alliance Hospitals, Inc.	☐	☑	☐	
73	Heywood Hospital	☑	☐	☐	
77	Holyoke Medical Center	☑	☐	☐	
78	Hubbard Regional Hospital	☐	☐	☑	See comments
79	Jordan Hospital	☑	☐	☐	
81	Lahey Clinic - Burlington Campus	☑	☐	☐	
83	Lawrence General Hospital	☑	☐	☐	
85	Lowell General Hospital	☑	☐	☐	
88	Martha's Vineyard Hospital	☑	☐	☐	
89	Massachusetts Eye and Ear Infirmary	☑	☐	☐	See comments
91	Massachusetts General Hospital	☑	☐	☐	
119	Mercy Medical Center - Springfield Campus	☐	☑	☐	
70	Merrimack Valley Hospital	☑	☐	☐	
49	MetroWest Medical Center	☑	☐	☐	
97	Milford Regional Medical Center	☑	☐	☐	
98	Milton Hospital	☑	☐	☐	
99	Morton Hospital	☑	☐	☐	
100	Mount Auburn Hospital	☑	☐	☐	
101	Nantucket Cottage Hospital	☑	☐	☐	
52	Nashoba Valley Medical Center	☑	☐	☐	
105	Newton Wellesley Hospital	☐	☑	☐	
106	Noble Hospital	☑	☐	☐	
107	North Adams Regional Hospital	☑	☐	☐	
116	North Shore Medical Center, Inc.	☑	☐	☐	
110	Northeast Health Systems - Beverly	☑	☐	☐	

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	'COMMENTS'
109	Northeast Health Systems - Addison Gilbert	☑	☐	☐	
112	Quincy Medical Center	☐	☐	☐	
127	Saint Vincent Hospital	☑	☐	☐	
115	Saints Memorial Medical Center	☑	☐	☐	
25	Signature Healthcare Brockton Hospital	☑	☐	☐	
122	South Shore Hospital	☑	☐	☐	
123	Southcoast Hospitals Group - Charlton Memorial Campus	☑	☐	☐	
124	Southcoast Hospitals Group - St. Luke's Campus	☑	☐	☐	
145	Southcoast Hospitals Group - Tobey Hospital Campus	☑	☐	☐	
129	Sturdy Memorial Hospital	☑	☐	☐	
104	Tufts Medical Center	☑	☐	☐	
133	UMass. Marlborough Hospital	☑	☐	☐	
131	UMass. Memorial Medical Center	☑	☐	☐	
139	UMass. Wing Memorial Hospital	☐	☑	☐	See comments
138	Winchester Hospital	☑	☐	☐	

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
Anna Jaques Hospital		X																		
Athol Memorial Hospital																				
Baystate Franklin Medical Center																				
Baystate Mary Lane Hospital																				
Baystate Medical Center																				
Berkshire Medical Center - Berkshire Campus																				

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
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																				

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
Cambridge Health Alliance - Whidden Memorial																				
Cape Cod Hospital																				
Caritas Carney Hospital																				X
Caritas Good Samaritan Medical Center																				
Caritas Holy Family Hospital and Medical Center																				X
Caritas Norwood Hospital																				X
Caritas St. Anne's Hospital																				

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
Caritas St. Elizabeth's Hospital																				X
Children's Hospital Boston																				
Clinton Hospital																				
Cooley Dickinson Hospital																				
Emerson Hospital																				
Fairview Hospital																				
Falmouth Hospital																				
Faulkner Hospital		X	X				X													

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
Hallmark Health System - Lawrence Memorial Hospital																				
Hallmark Health System - Melrose-Wakefield Hospital																				
Harrington Memorial Hospital																				
Health Alliance Hospitals, Inc.												X		X		X				
Heywood Hospital																				
Holyoke Medical Center																				
Hubbard Regional Hospital																				

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
Jordan Hospital																				
Lahey Clinic - Burlington Campus																				
Lawrence General Hospital																				
Lowell General Hospital																				
Martha's Vineyard Hospital																				
Massachusetts Eye and Ear Infirmary																				
Massachusetts General Hospital																				

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
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																				

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
Nashoba Valley Medical Center																				
Newton Wellesley Hospital	X											X			X		X			
Noble Hospital																				
North Adams Regional Hospital																				
North Shore Medical Center, Inc.																				
Northeast Health Systems - Beverly																				

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
Northeast Health Systems - Addison Gilbert																				
Quincy Medical Center																				
Saint Vincent Hospital																				
Saints Memorial Medical Center																				
Signature Healthcare Brockton Hospital																				
South Shore Hospital																				

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
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																				

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																				

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

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Anna Jaques Hospital

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. Also, we will try and collect more specific ethnicity for report ED018A.

General Documentation
FY2009 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Caritas Carney Hospital

There was an issue with the initial numbers posted for POA. The following new numbers have been reviewed and are accurate:

Quarter	Submission Control ID	Principal Indicator	Condition Present	Condition Present Count
Q1	5574	Y		205
Q1	5574	Y	N	1
Q1	5574	Y	Y	5430
Q2	5796	Y		160
Q2	5796	Y	N	1
Q2	5796	Y	Y	5633
Q2	5796	Y	W	1
Q3	5926	Y		190
Q3	5926	Y	N	1
Q3	5926	Y	Y	6464
Q4	6049	Y		130
Q4	6049	Y	Y	6237

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Caritas St. Elizabeth's Hospital

There was an issue with the initial numbers posted for POA. The following new numbers have been reviewed and are accurate:

Quarter	Submission Control ID	Principal Indicator	Condition Present	Condition Present Count
Q1	5584	Y		101
Q1	5584	Y	Y	4760
Q2	5812	Y		83
Q2	5812	Y	Y	4873
Q3	5914	Y		84
Q3	5914	Y	Y	5419
Q4	6073	Y		106
Q4	6073	Y	Y	5750

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Hubbard Regional Hospital

Hubbard closed on May 1, 2009.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Massachusetts Eye and Ear Infirmary

Mass Eye and Ear does not have any quarters in which their data passed.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

UMass. Wing Memorial Hospital

Wing Memorial Hospital's ("Wing") actual Emergency Room Visits (excluding admissions and observations) for Fiscal Year 2009 are approximately 2.5% greater than those reported in the FY2009 Emergency Department Data Profile Response Form. After reviewing the data, at this time we do not plan to resubmit our data to the Division.

We are continuing to research the variance and working to try and resolve any issues prior to the Fiscal Year 2010 final submissions.

PADT D. CAUTIONARY USE HOSPITALS

The following are cautionary use hospitals for FY2009

  * Massachusetts Eye and Ear - MEEI does not have any passed data for FY2009.

PART E. HOSPITALS SUBMITTED DATA FOR FY2009

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
Jordan Hospital
Lahey Clinic - Burlington Campus
Lawrence General Hospital
Lowell General Hospital
Martha's Vineyard Hospital

PART E. HOSPITALS SUBMITTED DATA FOR FY2009

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

PART E. HOSPITALS SUBMITTED DATA FOR FY2009

<u>LIST OF HOSPITALS WITH NO DATA FOR FY2009</u>

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

TOTAL HOSPITAL DISCHARGES AND CHARGES BY QUARTER

ORG ID	Hospital Name	Qtr	Total Discharges	Total Charges
1	Anna Jaques Hospital	1	6,125	$5,445,513
1	Anna Jaques Hospital	2	6,152	$5,602,487
1	Anna Jaques Hospital	3	6,554	$5,767,364
1	Anna Jaques Hospital	4	7,246	$6,515,508
	Totals		**26,077**	**$23,330,872**
2	Athol Memorial Hospital	1	2,453	$5,081,192
2	Athol Memorial Hospital	2	2,463	$5,238,076
2	Athol Memorial Hospital	3	2,777	$5,571,053
2	Athol Memorial Hospital	4	2,691	$5,877,783
	Totals		**10,384**	**$21,768,104**
5	Baystate Franklin Medical Center	1	5,668	$7,808,384
5	Baystate Franklin Medical Center	2	6,236	$8,631,930
5	Baystate Franklin Medical Center	3	6,826	$9,061,575
5	Baystate Franklin Medical Center	4	6,952	$9,201,414
	Totals		**25,682**	**$34,703,303**
6	Baystate Mary Lane Hospital	1	3,413	$3,641,013
6	Baystate Mary Lane Hospital	2	3,577	$4,009,828
6	Baystate Mary Lane Hospital	3	3,803	$4,006,822
6	Baystate Mary Lane Hospital	4	3,708	$4,089,738
	Totals		**14,501**	**$15,747,401**
4	Baystate Medical Center	1	20,293	$23,955,130
4	Baystate Medical Center	2	21,326	$25,566,285
4	Baystate Medical Center	3	22,570	$26,752,312

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

4	Baystate Medical Center	4	21,856	$25,572,895
	Totals		**86,045**	**$101,846,622**
7	Berkshire Medical Center - Berkshire Campus	1	10,697	$12,024,894
7	Berkshire Medical Center - Berkshire Campus	2	11,271	$12,795,765
7	Berkshire Medical Center - Berkshire Campus	3	12,058	$13,251,811
7	Berkshire Medical Center - Berkshire Campus	4	12,565	$13,821,951
	Totals		**46,591**	**$51,894,421**
53	Beth Israel Deaconess Hospital - Needham	1	2,517	$3,780,330
53	Beth Israel Deaconess Hospital - Needham	2	2,508	$3,817,898
53	Beth Israel Deaconess Hospital - Needham	3	2,860	$4,156,393
53	Beth Israel Deaconess Hospital - Needham	4	2,708	$3,870,975
	Totals		**10,593**	**$15,625,596**
10	Beth Israel Deaconess Medical Center - East Campus	1	6,874	$15,611,534
10	Beth Israel Deaconess Medical Center - East Campus	2	6,791	$16,150,273
10	Beth Israel Deaconess Medical Center - East Campus	3	7,145	$17,106,784
10	Beth Israel Deaconess Medical Center - East Campus	4	7,091	$16,502,063
	Totals		**27,901**	**$65,370,654**
16	Boston Medical Center - Harrison Avenue Campus	1	25,164	$30,715,346
16	Boston Medical Center - Harrison Avenue Campus	2	25,850	$31,598,013
16	Boston Medical Center - Harrison Avenue Campus	3	29,201	$34,624,780
16	Boston Medical Center - Harrison Avenue Campus	4	26,722	$33,488,094
	Totals		**106,937**	**$130,426,233**
22	Brigham and Women's Hospital	1	8,637	$18,793,395

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

22	Brigham and Women's Hospital	2	9,261	$20,313,759
22	Brigham and Women's Hospital	3	9,988	$21,191,755
22	Brigham and Women's Hospital	4	9,631	$20,212,187
	Totals		**37,517**	**$80,511,096**
27	Cambridge Health Alliance - Cambridge Campus	1	19,556	$28,952,029
27	Cambridge Health Alliance - Cambridge Campus	2	20,728	$29,878,742
27	Cambridge Health Alliance - Cambridge Campus	3	24,203	$32,777,264
27	Cambridge Health Alliance - Cambridge Campus	4	23,224	$33,009,761
	Totals		**87,711**	**$124,617,796**
39	Cape Cod Hospital	1	15,405	$20,208,375
39	Cape Cod Hospital	2	15,898	$21,493,770
39	Cape Cod Hospital	3	18,166	$24,321,644
39	Cape Cod Hospital	4	21,956	$30,521,689
	Totals		**71,425**	**$96,545,478**
42	Caritas Carney Hospital	1	5,636	$5,948,066
42	Caritas Carney Hospital	2	5,795	$6,263,359
42	Caritas Carney Hospital	3	6,655	$6,799,082
42	Caritas Carney Hospital	4	6,367	$6,435,002
	Totals		**24,453**	**$25,445,509**
62	Caritas Good Samaritan Medical Center - Brockton Campus	1	10,161	$12,721,724
62	Caritas Good Samaritan Medical Center - Brockton Campus	2	9,988	$12,458,095
62	Caritas Good Samaritan Medical Center - Brockton Campus	3	10,775	$12,959,651
62	Caritas Good Samaritan Medical Center - Brockton Campus	4	10,568	$12,905,145
	Totals		**41,492**	**$51,044,615**
75	Caritas Holy Family Hospital and Medical Center	1	8,065	$9,857,539
75	Caritas Holy Family Hospital and Medical Center	2	8,229	$9,711,196

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

75	Caritas Holy Family Hospital and Medical Center	3	9,177	$10,547,455
75	Caritas Holy Family Hospital and Medical Center	4	8,809	$10,293,190
	Totals		**34,280**	**$40,409,380**
41	Caritas Norwood Hospital	1	8,957	$13,319,039
41	Caritas Norwood Hospital	2	8,969	$13,492,171
41	Caritas Norwood Hospital	3	9,881	$14,059,723
41	Caritas Norwood Hospital	4	9,704	$14,118,190
	Totals		**37,511**	**$54,989,123**
114	Caritas Saint Anne's Hospital	1	7,214	$10,058,334
114	Caritas Saint Anne's Hospital	2	7,721	$10,523,564
114	Caritas Saint Anne's Hospital	3	8,577	$11,434,387
114	Caritas Saint Anne's Hospital	4	8,776	$11,836,757
	Totals		**32,288**	**$43,853,042**
126	Caritas St. Elizabeth's Medical Center	1	4,861	$5,989,600
126	Caritas St. Elizabeth's Medical Center	2	4,956	$5,924,458
126	Caritas St. Elizabeth's Medical Center	3	5,503	$6,060,339
126	Caritas St. Elizabeth's Medical Center	4	5,856	$6,773,447
	Totals		**21,176**	**$24,747,844**
46	Children's Hospital Boston	1	11,190	$13,730,104
46	Children's Hospital Boston	2	12,481	$15,054,132
46	Children's Hospital Boston	3	14,100	$15,405,834
46	Children's Hospital Boston	4	11,118	$12,914,196
	Totals		**48,889**	**$57,104,266**
132	Clinton Hospital	1	2,891	$5,940,630
132	Clinton Hospital	2	2,994	$6,275,755
132	Clinton Hospital	3	3,145	$5,887,142
132	Clinton Hospital	4	3,075	$6,038,541
	Totals		**12,105**	**$24,142,068**
50	Cooley Dickinson Hospital	1	7,149	$7,037,559

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

50	Cooley Dickinson Hospital	2	7,207	$7,268,247
50	Cooley Dickinson Hospital	3	7,912	$7,485,406
50	Cooley Dickinson Hospital	4	8,067	$7,727,546
	Totals		**30,335**	**$29,518,758**
57	Emerson Hospital	1	7,052	$9,739,062
57	Emerson Hospital	2	6,947	$9,477,267
57	Emerson Hospital	3	8,051	$10,127,179
57	Emerson Hospital	4	7,657	$10,249,069
	Totals		**29,707**	**$39,592,577**
8	Fairview Hospital	1	2,763	$3,043,858
8	Fairview Hospital	2	2,787	$3,071,315
8	Fairview Hospital	3	3,117	$3,244,058
8	Fairview Hospital	4	3,564	$3,867,632
	Totals		**12,231**	**$13,226,863**
40	Falmouth Hospital	1	6,123	$8,295,076
40	Falmouth Hospital	2	5,728	$9,078,496
40	Falmouth Hospital	3	6,945	$10,082,895
40	Falmouth Hospital	4	8,945	$12,296,767
	Totals		**27,741**	**$39,753,234**
59	Faulkner Hospital	1	4,736	$9,063,974
59	Faulkner Hospital	2	5,027	$9,708,765
59	Faulkner Hospital	3	5,407	$10,183,567
59	Faulkner Hospital	4	5,119	$9,778,922
	Totals		**20,289**	**$38,735,228**
66	Hallmark Health System - Lawrence Memorial Hospital Campus	1	2,117	$2,277,425
66	Hallmark Health System - Lawrence Memorial Hospital Campus	2	4,002	$3,847,102
66	Hallmark Health System - Lawrence Memorial Hospital Campus	3	4,355	$4,714,100

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

66	Hallmark Health System - Lawrence Memorial Hospital Campus	4	4,209	$4,714,295
	Totals		**14,683**	**$15,552,922**
141	Hallmark Health System - Melrose-Wakefield Hospital Campus	1	8,450	$8,289,919
141	Hallmark Health System - Melrose-Wakefield Hospital Campus	2	8,096	$7,923,481
141	Hallmark Health System - Melrose-Wakefield Hospital Campus	3	8,760	$9,807,274
141	Hallmark Health System - Melrose-Wakefield Hospital Campus	4	8,727	$10,143,566
	Totals		**34,033**	**$36,164,240**
68	Harrington Memorial Hospital	1	4,662	$6,132,607
68	Harrington Memorial Hospital	2	4,787	$6,455,709
68	Harrington Memorial Hospital	3	7,189	$9,024,314
68	Harrington Memorial Hospital	4	8,019	$10,364,332
	Totals		**24,657**	**$31,976,962**
71	Health Alliance Hospitals, Inc.	1	9,357	$16,158,070
71	Health Alliance Hospitals, Inc.	2	9,348	$16,163,821
71	Health Alliance Hospitals, Inc.	3	9,800	$16,175,941
71	Health Alliance Hospitals, Inc.	4	9,443	$16,103,561
	Totals		**37,948**	**$64,601,393**
73	Heywood Hospital	1	4,430	$6,194,322
73	Heywood Hospital	2	4,469	$6,249,736
73	Heywood Hospital	3	4,589	$6,424,323
73	Heywood Hospital	4	4,684	$6,822,494
	Totals		**18,172**	**$25,690,875**
77	Holyoke Medical Center	1	8,730	$8,045,284
77	Holyoke Medical Center	2	8,900	$8,187,545
77	Holyoke Medical Center	3	9,585	$8,522,420

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

77	Holyoke Medical Center	4	9,227	$8,646,300
	Totals		**36,442**	**$33,401,549**
78	Hubbard Regional Hospital	1	2,503	$3,089,923
78	Hubbard Regional Hospital	2	2,467	$3,634,071
	Totals		**4,970**	**$6,723,994**
79	Jordan Hospital	1	9,884	$12,142,310
79	Jordan Hospital	2	10,095	$13,175,337
79	Jordan Hospital	3	11,292	$14,613,950
79	Jordan Hospital	4	11,767	$15,518,365
	Totals		**43,038**	**$55,449,962**
81	Lahey Clinic -- Burlington Campus	1	9,338	$11,039,017
81	Lahey Clinic -- Burlington Campus	2	8,941	$10,791,321
81	Lahey Clinic -- Burlington Campus	3	10,428	$12,803,602
81	Lahey Clinic -- Burlington Campus	4	10,339	$12,899,404
	Totals		**39,046**	**$47,533,344**
83	Lawrence General Hospital	1	13,588	$17,778,839
83	Lawrence General Hospital	2	14,712	$18,185,980
83	Lawrence General Hospital	3	16,386	$20,184,376
83	Lawrence General Hospital	4	15,622	$20,332,619
	Totals		**60,308**	**$76,481,814**
85	Lowell General Hospital	1	8,743	$10,729,510
85	Lowell General Hospital	2	10,066	$12,141,637
85	Lowell General Hospital	3	10,961	$12,985,214
85	Lowell General Hospital	4	10,376	$12,656,851
	Totals		**40,146**	**$48,513,212**
88	Martha's Vineyard Hospital	1	2,558	$4,244,224
88	Martha's Vineyard Hospital	2	2,427	$4,992,829
88	Martha's Vineyard Hospital	3	3,567	$7,002,460
88	Martha's Vineyard Hospital	4	5,515	$10,719,106

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

	Totals		**14,067**	**$26,958,619**
89	Massachusetts Eye and Ear Infirmary	1	4,326	$2,410,602
89	Massachusetts Eye and Ear Infirmary	2	3,204	$1,757,024
89	Massachusetts Eye and Ear Infirmary	3	4,875	$2,655,649
	Totals		**12,405**	**$6,823,275**
91	Massachusetts General Hospital	1	14,670	$51,176,389
91	Massachusetts General Hospital	2	15,306	$51,274,515
91	Massachusetts General Hospital	3	16,872	$55,161,549
91	Massachusetts General Hospital	4	16,566	$55,411,521
	Totals		**63,414**	**$213,023,974**
119	Mercy Medical Center - Springfield Campus	1	14,747	$14,681,188
119	Mercy Medical Center - Springfield Campus	2	15,286	$15,544,968
119	Mercy Medical Center - Springfield Campus	3	16,604	$16,578,014
119	Mercy Medical Center - Springfield Campus	4	16,916	$17,215,247
	Totals		**63,553**	**$64,019,417**
70	Merrimack Valley Hospital	1	5,280	$5,267,736
70	Merrimack Valley Hospital	2	5,223	$5,614,407
70	Merrimack Valley Hospital	3	5,675	$5,983,084
70	Merrimack Valley Hospital	4	5,533	$5,619,830
	Totals		**21,711**	**$22,485,057**
49	MetroWest Medical Center - Framingham Campus	1	12,814	$17,905,696
49	MetroWest Medical Center - Framingham Campus	2	12,941	$18,963,364
49	MetroWest Medical Center - Framingham Campus	3	14,684	$19,971,030
49	MetroWest Medical Center - Framingham Campus	4	14,045	$19,189,859
	Totals		**54,484**	**$76,029,949**
97	Milford Regional Medical Center	1	11,063	$14,255,760
97	Milford Regional Medical Center	2	11,024	$14,474,018
97	Milford Regional Medical Center	3	12,139	$14,904,753
97	Milford Regional Medical Center	4	12,229	$15,543,801

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

	Totals		**46,455**	**$59,178,332**
98	Milton Hospital	1	3,806	$5,488,003
98	Milton Hospital	2	3,914	$5,980,207
98	Milton Hospital	3	4,545	$6,373,643
98	Milton Hospital	4	4,801	$7,047,064
	Totals		**17,066**	**$24,888,917**
99	Morton Hospital and Medical Center	1	11,395	$11,559,801
99	Morton Hospital and Medical Center	2	11,662	$11,932,321
99	Morton Hospital and Medical Center	3	12,039	$11,921,679
99	Morton Hospital and Medical Center	4	12,204	$12,396,641
	Totals		**47,300**	**$47,810,442**
100	Mount Auburn Hospital	1	6,101	$9,515,174
100	Mount Auburn Hospital	2	5,773	$9,199,722
100	Mount Auburn Hospital	3	6,821	$10,125,144
100	Mount Auburn Hospital	4	5,895	$8,742,516
	Totals		**24,590**	**$37,582,556**
101	Nantucket Cottage Hospital	1	1,895	$2,395,341
101	Nantucket Cottage Hospital	2	1,530	$1,814,886
101	Nantucket Cottage Hospital	3	2,427	$3,040,888
101	Nantucket Cottage Hospital	4	4,195	$5,534,541
	Totals		**10,047**	**$12,785,656**
52	Nashoba Valley Medical Center	1	3,301	$5,000,450
52	Nashoba Valley Medical Center	2	3,037	$5,130,695
52	Nashoba Valley Medical Center	3	3,654	$5,776,771
52	Nashoba Valley Medical Center	4	3,623	$5,796,280
	Totals		**13,615**	**$21,704,196**
105	Newton-Wellesley Hospital	1	11,443	$23,549,641
105	Newton-Wellesley Hospital	2	11,676	$23,954,744
105	Newton-Wellesley Hospital	3	12,946	$24,862,789

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

105	Newton-Wellesley Hospital	4	12,186	$23,933,687
	Totals		**48,251**	**$96,300,861**
106	Noble Hospital	1	6,361	$5,772,990
106	Noble Hospital	2	6,261	$5,890,849
106	Noble Hospital	3	6,923	$6,177,971
106	Noble Hospital	4	6,697	$6,146,511
	Totals		**26,242**	**$23,988,321**
107	North Adams Regional Hospital	1	4,740	$5,409,719
107	North Adams Regional Hospital	2	4,703	$5,446,337
107	North Adams Regional Hospital	3	5,118	$5,872,527
107	North Adams Regional Hospital	4	4,975	$5,525,784
	Totals		**19,536**	**$22,254,367**
116	North Shore Medical Center, Inc. - Salem Campus	1	17,857	$35,433,250
116	North Shore Medical Center, Inc. - Salem Campus	2	18,184	$35,860,837
116	North Shore Medical Center, Inc. - Salem Campus	3	20,713	$39,591,511
116	North Shore Medical Center, Inc. - Salem Campus	4	20,128	$39,788,806
	Totals		**76,882**	**$150,674,404**
109	Northeast Hospital Corporation - Addison Gilbert Campus	1	2,769	$3,996,865
109	Northeast Hospital Corporation - Addison Gilbert Campus	2	2,666	$4,139,983
109	Northeast Hospital Corporation - Addison Gilbert Campus	3	3,073	$5,000,606
109	Northeast Hospital Corporation - Addison Gilbert Campus	4	3,526	$5,377,810
	Totals		**12,034**	**$18,515,264**
110	Northeast Hospital Corporation - Beverly Campus	1	8,886	$12,508,592
110	Northeast Hospital Corporation - Beverly Campus	2	9,023	$13,038,996
110	Northeast Hospital Corporation - Beverly Campus	3	9,801	$14,880,921
110	Northeast Hospital Corporation - Beverly Campus	4	9,835	$14,789,313

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

	Totals		**37,545**	**$55,217,822**
112	Quincy Medical Center	1	7,425	$7,709,083
112	Quincy Medical Center	2	7,574	$7,723,238
112	Quincy Medical Center	3	8,046	$8,223,050
112	Quincy Medical Center	4	8,013	$8,214,386
	Totals		**31,058**	**$31,869,757**
127	Saint Vincent Hospital	1	10,118	$14,300,451
127	Saint Vincent Hospital	2	10,686	$14,978,430
127	Saint Vincent Hospital	3	11,640	$16,015,857
127	Saint Vincent Hospital	4	11,757	$16,137,304
	Totals		**44,201**	**$61,432,042**
115	Saints Medical Center	1	9,502	$7,019,046
115	Saints Medical Center	2	9,646	$7,229,274
115	Saints Medical Center	3	10,737	$7,549,994
115	Saints Medical Center	4	10,572	$7,642,920
	Totals		**40,457**	**$29,441,234**
25	Signature Healthcare Brockton Hospital	1	12,038	$19,279,520
25	Signature Healthcare Brockton Hospital	2	11,908	$19,189,874
25	Signature Healthcare Brockton Hospital	3	12,846	$19,975,634
25	Signature Healthcare Brockton Hospital	4	12,775	$20,176,024
	Totals		**49,567**	**$78,621,052**
122	South Shore Hospital	1	14,269	$26,937,758
122	South Shore Hospital	2	14,275	$26,652,691
122	South Shore Hospital	3	15,677	$28,168,606
122	South Shore Hospital	4	15,763	$28,368,219
	Totals		**59,984**	**$110,127,274**
123	Southcoast Hospitals Group - Charlton Memorial Campus	1	13,425	$14,460,162
123	Southcoast Hospitals Group - Charlton Memorial Campus	2	13,765	$14,902,302

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

123	Southcoast Hospitals Group - Charlton Memorial Campus	3	14,465	$15,250,784
123	Southcoast Hospitals Group - Charlton Memorial Campus	4	14,925	$15,618,382
	Totals		**56,580**	**$60,231,630**
124	Southcoast Hospitals Group - St. Luke's Campus	1	15,601	$20,452,460
124	Southcoast Hospitals Group - St. Luke's Campus	2	16,023	$20,711,225
124	Southcoast Hospitals Group - St. Luke's Campus	3	16,667	$22,091,790
124	Southcoast Hospitals Group - St. Luke's Campus	4	17,045	$22,545,584
	Totals		**65,336**	**$85,801,059**
145	Southcoast Hospitals Group - Tobey Hospital Campus	1	5,942	$6,177,111
145	Southcoast Hospitals Group - Tobey Hospital Campus	2	6,156	$6,627,133
145	Southcoast Hospitals Group - Tobey Hospital Campus	3	6,889	$6,949,007
145	Southcoast Hospitals Group - Tobey Hospital Campus	4	7,629	$7,656,221
	Totals		**26,616**	**$27,409,472**
129	Sturdy Memorial Hospital	1	10,490	$11,625,466
129	Sturdy Memorial Hospital	2	10,524	$12,020,630
129	Sturdy Memorial Hospital	3	11,545	$12,799,746
129	Sturdy Memorial Hospital	4	11,131	$12,622,899
	Totals		**43,690**	**$49,068,741**
104	Tufts Medical Center	1	7,565	$7,656,360
104	Tufts Medical Center	2	7,610	$9,995,731
104	Tufts Medical Center	3	8,905	$12,419,963
104	Tufts Medical Center	4	8,256	$12,400,358
	Totals		**32,336**	**$42,472,412**
133	UMass Marlborough Hospital	1	5,388	$10,339,338
133	UMass Marlborough Hospital	2	5,589	$10,805,473

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

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

133	UMass Marlborough Hospital	3	5,948	$11,561,924
133	UMass Marlborough Hospital	4	5,944	$11,174,180
	Totals		**22,869**	**$43,880,915**
131	UMass Memorial Medical Center - University Campus	1	24,226	$53,528,422
131	UMass Memorial Medical Center - University Campus	2	25,389	$55,267,032
131	UMass Memorial Medical Center - University Campus	3	27,680	$58,678,020
131	UMass Memorial Medical Center - University Campus	4	26,514	$57,565,763
	Totals		**103,809**	**$225,039,237**
139	UMass Wing Memorial Hospital	1	4,015	$4,814,188
139	UMass Wing Memorial Hospital	2	4,156	$4,850,841
139	UMass Wing Memorial Hospital	3	4,705	$5,420,205
139	UMass Wing Memorial Hospital	4	4,883	$5,666,593
	Totals		**17,759**	**$20,751,827**
138	Winchester Hospital	1	9,752	$9,970,102
138	Winchester Hospital	2	9,599	$10,092,540
138	Winchester Hospital	3	10,482	$10,817,011
138	Winchester Hospital	4	10,037	$11,074,965
	Totals		**39,870**	**$41,954,618**
	GRAND TOTALS		**2,520,633**	**$3,575,383,049**

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

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

TYPE 'A' ERRORS – Continued:
   ED Visits – Admitted to Inpatient at Site
   ED Visits – Admitted to Outpatient Observation at Site
   ED Visits – All Other Outpatient ED Visits at Site
   ED Visits – Total Registered at Site
   End of Record Indicator
   Number of Outpatient ED Visits
   Total Charges for Batch

TYPE 'B' ERRORS:
   Mother's Social Security Number
   Patient Race
   Patient Zip Code
   Discharge Time (effective 10/1/02)
   Type of Visit
   Source of Visit
   Secondary Source of Visit
   Other Physician Number
   ED Physician Number
   Other Caregiver Code
   Emergency Severity Index
   Homeless Indicator (effective 10/1/02)
   Service Line Item
   Race 1, 2 & Other Race
   Hispanic Indicator
   Ethnicity 1, 2 & Other Ethnicity
   Condition Present on Admission Primary Diagnosis, Associate Diagnoses I –
   XIV, & Primary E-Code
   Significant Procedure Date
   Operating Physician for Significant Procedure
   Permanent Patient Street Address, City/Town, State, Zip Code
   Patient Country
   Temporary Patient Street Address, City/Town, State, Zip Code

General Documentation
FY2009 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
- Tope 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 1&2
- Visits by Gender
- Top 20 Patient ZIP Codes
- Homeless Indicator
- Average Hours of Service and Charges

PART F. SUPPLEMENTARY INFORMATION

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
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

PART F. SUPPLEMENTARY INFORMATION

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
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	

PART F. SUPPLEMENTARY INFORMATION

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
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	

PART F. SUPPLEMENTARY INFORMATION

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
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	

PART F. SUPPLEMENTARY INFORMATION

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
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	

PART F. SUPPLEMENTARY INFORMATION

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
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	

PART F. SUPPLEMENTARY INFORMATION

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
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

PART F. SUPPLEMENTARY INFORMATION

<u>**SUPPLEMENT III. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**</u>

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

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

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

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.

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	
May 2009	Hubbard Regional Hospital	

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

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

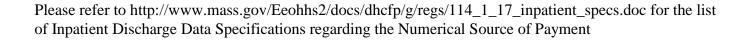## CONVERSIONS AND NON-ACUTE CARE HOSPITALS

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

PART F. SUPPLEMENTARY INFORMATION

<u>SUPPLEMENT V.</u>
<u>ALAPHABETICAL SOURCE OF PAYMENT LIST</u>

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
FY2009 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

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.

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES

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 Inpatient Data Code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00.