Fiscal Year: 2010

Inpatient Hospital Discharge Database Documentation Manual

DATE ISSUED: JUNE 2011

INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation manual is for use with the HDD FY2010 database. The FY2010 HDD data reflected in this manual is based on the April 2011 refresh date.

Section I. General Documentation

The General Documentation for the Fiscal Year 2010 Hospital Discharge Database includes background on its development and the DRG Groupers, 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 Policy (DHCFP), and a data file summary section describing the hospital data that is contained in the file. The data file section contains the Discharge File Table (formerly the record layout), Revenue File Table, and Data Code Tables. Also included are revenue code mappings.

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

Please note that significant changes have been made to the Discharge File Table for FY2007. New fields and values have been added.

Copies of Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data 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.

CD SPECIFICATIONS

Hardware Requirements:

 * CD ROM Device
 * Hard Drive with 1.60 GB of space available

CD Contents:

*This CD contains the Final / Full Year 2010 Hospital Inpatient Discharge Data Product. It contains the following Microsoft Access data base (MDB) files. The first file is the Discharge Table and contains one record per discharge. The second file is the Revenue Code Table that contains one record per revenue code reported for each discharge. In addition, grouper files are now in separate Microsoft Access tables. The RecordType20ID are key fields on the tables to be utilized for linkage purposes.

As an approved applicant, or its agent, you are reminded that you are bound by your application and confidentiality agreement to secure this data in a sufficient manner, so as to protect the confidentiality of the data subjects.

File Naming Conventions:

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

    a) Hosp_Inpatient_Discharge_2010_L1_zipped.exe will expand out to Hosp_Inpatient_Discharge_2010_L1.mdb

    b) Hosp_Inpatient_Services_2010_zipped.exe will expand out to Hosp_Inpatient_Services_2010.mdb

In the above example, 2010 represents Hospital Fiscal Year and L1 represents Level 1.

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, the development of the FY2010 hospital case mix database, and the DRG methodology used.

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 FY2010 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' FY2010 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 FY2010, and those that failed to provide any FY2010 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 2010 period, these quarterly reporting intervals were as follows:

Quarter 1:   **October 1, 2009 – December 31, 2009**

Quarter 2:   **January 1, 2010 – March 31, 2010**

Quarter 3:   **April 1, 2010 – June 30, 2010**

Quarter 4:   **July 1, 2010 – September 30, 2010**

PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR DATABASE

Please note that the Division issued new submission specifications that took effect on October 1, 2006. The new specifications changed the database significantly. There are both new fields and new code values, as well as changes to certain existing code values. Further details are provided under the Data File contents section.

In 2001, the Division significantly restructured its Information System that produces the Hospital Case Mix and Charge Database. Two of the Division's objectives were to improve operational efficiency as well as to improve the quality of the database for data users. Improved data cleaning, integrity checks, and modification to the file structure were just a few ways we worked to improve the database. Additions that went into effect on October 1, 2001 included an ER indicator and an Observation indicator. Further detail is provided under the Data File Contents section.

Six Fiscal Year 2010 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"*.
(Please note that in the past, for the lower levels of data, deniable elements were not included in the database at all. This year, the deniable elements will merely be suppressed.) The user will have access to deniable data elements depending on the level of data for which they have been approved, and as specified for the various levels below.
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, date of admission, date of discharge, date of birth, date(s) of surgery, and the unique physician number (UPN). The six levels include:

LEVEL I	No identifiable data elements
LEVEL II	Unique Physician Number (UPN)
LEVEL III	Unique Health Information Number (UHIN)
LEVEL IV	UHIN and UPN.
LEVEL V	Date(s) of Admission; Discharge; Significant Procedures
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 FY2009 Hospital Discharge database has been grouped with 4 groupers:
1) All Patient Version 25.1
2) All Patient Version 21.0
3) All Patient Refined Version 26.1
4) MS-DRG V27.0

Beginning in October 1991, the DHCFP began using 3M's All-Patient Grouper to classify all patient discharges for hospital's profiles of discharges and for the yearly database. This change in the grouping methodology was made because the All-Patient DRG better represented the general population and provided improvements in areas such as Newborns and the HIV population.

The Centers for Medicare and Medicaid Services (CMS) grouper, MS-DRG Version 27.0, has replaced Version 26. In addition to discharge DRG, the initial DRG is also provided. The initial DRG is assigned before CMS HAC (hospital acquired conditions) is considered.

In order to allow customers to perform trend analysis, with prior releases of the hospital discharge data, the All Patient Version 21.0 grouper has been maintained on the database.

The All Patient-DRG methodology as well as the All Patient Refined DRG methodology is not totally congruent with the ICD-9-CM procedure and diagnosis codes in effect for this fiscal year. Therefore, it was necessary to convert some ICD-9-CM codes into a clinically representative code using the historical mapper utility provided
by 3M Health Information Systems. This conversion was done internally for the purpose of DRG assignment and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospitals. The Division uses the version of the CMS grouper compatible with the fiscal
year. Consequently, mapping ICD-9-CM codes is not necessary for this grouping
system.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS

All Patient Refined Grouper (3M APR-DRG 26.1)

The All Patient Refined DRGs (3M APR-DRG) are a severity/risk adjusted classification system that provide a more effective means of adjusting for patient differences. APR-Version 26.1 replaces the previously used APR V20.0.

The 3M APR-DRGs expand the basic DRG structure by adding four subclasses to each illness and risk of mortality. Severity of illness and risk of mortality relate to distinct patient attributes. Severity of illness relates to the extent of physiologic decompensation or organ system loss of function experience by the patient, while risk of mortality relates to the likelihood of dying. For example, a patient with acute cholecystitis as the only secondary diagnosis is considered a major severity of illness but a minor risk of mortality. The severity of illness is major since there is significant organ system loss of function associated with acute cholecystitis. However, it is unlikely that the acute cholecystitis alone will result in patient mortality and thus, the risk of mortality for this patient is minor. If additional diagnoses are present along with the acute cholecystitis, patient severity of illness and risk of mortality may increase. For example, if peritonitis is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality.

Since severity of illness and risk of mortality are distinct patient attributes, separate subclasses are assigned to a patient for severity of illness and risk of mortality. Thus, in the APR-DRG system, a patient is assigned three distinct descriptors:

*The base APR-DRG (e.g., APR-DRG 194 – Heart Failure or APR-DRG 440 – Kidney Transplant)
*The severity of illness subclass
*The risk of mortality subclass

The four severity of illness subclasses and the four risk of mortality subclasses are numbered sequentially from 1 to 4 indicating respectively, can not be assigned, minor, moderate, major, or extreme severity of illness or risk of mortality. For a handful of discharges, the risk of mortality and/or the severity of illness indicator(s) can not be assigned due to data or ICD-9-CM coding errors. In these cases, the risk of mortality and/or the severity of illness indicator(s) are assigned a code of '0'.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS

The Division's FY 2009 Discharge Database contains the **APR Discharge and Admit DRG Version 26.1, the APR Discharge and Admit MDC Version 26.1, the discharge and admit severity subclass, and the discharge and admit mortality subclass.** For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRG's in conjunction with severity of illness subclass is used.

APR-MDC 26.1, the severity subclass, and the mortality subclass. For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Discharge File Table Summary in the variable named "**APR _V261_Discharge_SOI" (Severity Level)**". For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can be found in the Discharge File Table in the variable named "**APR_V261_Discharge_ROM (Mortality Level)**".

Please note that the Division maintains listings of the DRG numbers and associated descriptions for all DRG Groupers included in the database. These are available upon request.

PART B. DATA

1. DATA QUALITY STANDARDS

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit case mix and charge data to the Division 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in ***Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data***, using a one percent error rate. The one percent error rate is based upon the presence of Type A and Type B errors as follows:

      Type A: **One error per discharge causes rejection of discharge.**

      Type B: **Two errors per discharge cause rejection of discharge**.

If one percent or more of the discharges are rejected, the entire submission is rejected by the DHCFP. These edits primarily check for valid codes, correct formatting, and presence of the required data elements. Please see Supplement I for a list of data elements categorized by error type.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met.

Verification Report Process

The verification report process is intended to present the 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 affirm its accuracy. The Verification Report itself is a series of frequency reports covering the selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Supplement II for a description of the Verification Report contents.

PART B. DATA

1. DATA QUALITY STANDARDS

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 a **Case Mix 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 this 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

The following general data caveats have been developed from the Division's Case Mix Data Advisory Group, staff members at the Massachusetts Hospital Association (MHA), the Massachusetts Health Data Consortium (MHDC), and the numerous admitting, medical records, financial, administrative, and data processing personnel who call to comment on the Division's procedural requirements.

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

- Collection and Verification of Patient supplied information before or at admission;

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

- Extent of hospital data processing capabilities;

- Flexibility of hospital data processing systems;

- Varying degrees of commitment to quality of merged case mix and charge data;

- Capacity of financial processing system to record late occurring charges on the Division of Health Care Finance and Policy's electronic submission;

- Non-comparability of data collection and reporting.

Case Mix Data

In general terms, the case mix data is derived from patient discharge summaries, which can be traced to information gathered upon admission, or from information entered by admitting and attending physicians into the medical record. The quality of the case mix data is dependent upon hospital data collection policies and coding practices of the medical record staff, as well as the DRG optimizing software used by the hospital.

PART B. DATA

3. GENERAL DATA CAVEATS

Charge Data

Issues to consider with charge data: A few hospitals do not have the capacity to add late occurring charges to their electronic submission within the present time frames for submitting data. In some hospitals, "days billed" or "accommodation charges" may not equal the length of the patient's stay in the hospital. One should note that charges are a reflection of the hospital's pricing strategy and may not be indicative of the cost of patient care delivery.

Expanded Data Elements

Care should also be used when examining data elements that have been expanded, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some of the expanded codes. For example, the Patient Disposition codes were expanded as of January 1, 1994 to include a new code for "Discharged/Transferred to a Rehab Hospital". Prior to this quarter, these discharges would have been reported under the code "Discharged/Transferred to Chronic or Rehab Hospital" which itself was changed to "Discharged/Transferred to Chronic Hospital". If examining these codes across years, one will need to combine the "rehab" and "chronic" codes in the data beginning January 1, 1994.

PART B. DATA

4. GENERAL DATA ELEMENTS

The purpose of the following section is to provide the user with an explanation of some of the data elements included in Regulation 114.1 CMR 17.00, and to give a sense of their reliability.

a. Existing Data Elements

DPH Hospital ID Number – <u>REPLACED</u> with Org ID for FY2007

The Massachusetts Department of Public Health's four-digit identification number. (See Supplement III). *Please note that DPH Hospital ID number has been replaced with Org ID for FY2007, beginning October 1, 2006.*

Patient Race

The accuracy of the reporting of this data element for any given hospital is difficult to ascertain. Therefore, the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of the hospital's population.

Leave of Absence (LOA) Days

Hospitals are required to report these days to the Division, if they are used. At present, the Division is unable to verify the use of these days if they are not reported, nor can the Division verify the number reported if a hospital does provide the information. Therefore, the user should be aware that the validity of this category relies solely on the accuracy of a given hospital's reporting practices.

Principal External Cause of Injury Code

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

Unique Physician Number (UPN)

The encrypted Massachusetts Board of Registration in Medicine's license number for the attending and operating physician.

Physicians that do not have Board of Registration in Medicine license numbers that are submitted in the Hospital Discharge Database as DENSG, PODTR, and OTHER (codes for Dental Surgeon, Podiatrist, and Other physician) appear in the AttendingPhysID and OperatingPhysID fields as MMMMM or MMMMM3?.

MIDWIF (the code for Midwife) appears in the AttendingPhysID and OperatingPhysID fields as K##### or K######.

PART B. DATA

4. GENERAL DATA ELEMENTS

Payer Codes

In January 1994, payer information was expanded to include payer type and payer source. Payer type is the general payer category, such as HMO, Commercial, or Workers' Compensation. Payer source is the specific health care coverage plan, such as Harvard Pilgrim Health Plan or Aetna Life Insurance.

Over the years, payer type and payer source codes have been further expanded and updated to reflect the current industry. Effective October 1, 1997, payer type codes started to include Point-Of-Service Plan (POS) and Exclusive Provider Organization (EPO). Effective October 1, 1999, payer type codes were updated for #21 – Commonwealth PPO to Type E – PPO (formerly type C – BCBS). Also effective on this date, payer source codes were expanded to include: 203 – Principal Financial Group; 204 – Christian Brothers; and 271 – Hillcrest HMO.

This year, the Division added a new Payer Type 'Q' for the Commonwealth Care category, and new Payer Sources for the Commonwealth Care plans.

A complete listing of Payer types and sources, including the new codes, can be found in this manual under Part F. Supplementary Information.

Source of Admission

In January 1994, three new sources of admission were added: ambulatory surgery, observation, and extramural birth (for newborns).

The codes were further expanded effective October 1, 1997, to better define each admission source. Physician referral was further clarified as "Direct Physician Referral" (versus calling a health plan for an HMO Referral or Direct Health Plan Referral"). "Clinic Referral" was separated into "Within Hospital Clinic Referral" and "Outside Hospital Clinic Referral". And "Emergency Room Transfer was further delineated to include "Outside Hospital Emergency Room Transfers" and "Walk-In/Self-Referrals". (The latter was added to reflect the fact that Walk-In/Self-Referrals are a common source of admission in hospital emergency rooms.)

Effective October 1, 1999, the Division added a new data element, Secondary Source of Admission, as well as a new source of admission code, "Transfer from Within Hospital Emergency Room", These additions were intended to accommodate those patients with two sources of admission (for example, patients transferred twice prior to being admitted). It is important to note that the code "Transfer from Within" is intended to be used as a Secondary Source of

PART B. DATA

4. GENERAL DATA ELEMENTS

Source of Admission

Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

Patient Disposition

Six new discharge/transfer categories were added in January 1994 and October 1997.
1)   Code 05: To another type of institution for inpatient care or referred for outpatient services to another institution;
2)   Code 08: To home under care of a Home IV Drug Therapy Provider;
3)   Code 13: To rehab hospital
4)   Code 14: To rest home
5)   Code 50: Discharged to Hospice – Home (added 10/1/97)
6)   Code 51: Discharged to Hospice Medical Facility (added 10/1/97)

Accommodation and Ancillary Revenue Codes

Accommodation and Ancillary Revenue Codes have been expanded to coincide with the current UB-92 Revenue Codes. Effective October 1, 1997, new Accommodation Revenue codes were added for Chronic (code 192), Subacute (code 196), Transitional Care Unit (TCU) (code 197), and for Skilled Nursing Facility (SNF) (code 198).

Also, effective in 1998, Ancillary Revenue Code 760 was separated into individual UB-92 components which include Treatment Room (code 761), Observation Room (code 762), and Other Observation Room (code 769). Please note that the required standard unit of service for codes 762 and 769 is "hours".

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, a 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 wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there exists a separate field designated for social security number of the newborn's mother.

PART B. DATA

4. GENERAL DATA ELEMENTS

b. 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.

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.

Homeless Indicator: A flag to indicate whether the patient is or is not known to be homeless.

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 now includes the following fields:
    Patient Street Address
    Patient City/Town
    Patient State
    Permanent Patient Country (ISO-3166)

New Zip Code Requirements: Zip codes must be 0's if unknown or if the patient country is not the United States.

New Patient Status Values: Please see data codes section for new values. Values were updated to be consistent with UB-92 standards.

HCF Organization ID: This replaces the MDPH Hospital Computer #. Previously this was reported for ED data only.

Transfer Hospital Org ID: Organization ID of the transferring hospital, if any.

PART B. DATA

4. GENERAL DATA ELEMENTS

Hospital Service Site Reference: OrgID for site of service.

Surgeon License Number & Date: Expanded from 3 to 15 procedures.

New Data Elements (as of October 1, 2001)

Effective October 1, 2001, two new data elements were added to Regulation 114.1 CMR 17.00 – an ER indicator and an Observation indicator.

ER Indicator
> A flag to indicate whether the patient was admitted from the hospital's emergency department.

Observation Indicator
> A flag to indicate whether the patient was admitted from the hospital's outpatient observation department.

New Data Elements (as of October 1, 1999)

Effective October 1, 1999, several new data elements were added to Regulation 114.1 CMR 17.00. They are as follows.

Secondary Source of Admission
> A code indicating the source of referring or transferring the patient to inpatient status in the hospital. The Primary Source of Admission is the originating, referring, or transferring facility or primary referral source causing the patient to enter the hospital's care. The secondary source of admission is the secondary referring or transferring source for the patient. For example, if a patient has been transferred from a SNF to the hospital's Clinic and is then admitted, the Primary Source of Admission is reported as "5 – Transfer from a SNF" and the Secondary Source of Admission is reported as "Within Hospital Clinic Referral".

PART B. DATA

4. GENERAL DATA ELEMENTS

Do Not Resuscitate (DNR) Status
> A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive a patient from potential or apparent death or that a patient was being treated with comfort measures only.

Mother's Social Security Number (for infants up to one year old)
> The social security number of the patient's mother reported as a nine-digit number for newborns or for infants less than 1 year old. The mother's social security number is encrypted into a Unique Health Information Number (UHIN) and is never considered a case mix data element. Only the UHIN is considered a database element and only this encrypted number is used by the Division.

Mother's Medical Record Number (for newborns born in the hospital)
> The medical record number assigned within the hospital to the newborn's mother. This medical record number distinguishes the patient's mother and the patient's mother's hospital record(s) from all others in that institution.

Facility Site Number
> A hospital determined number used to distinguish multiple sites that fall under one organizational ID number.

Organization ID
> A unique facility number assigned by the Division.

Associated Diagnosis 9 – 14
> This data element has been expanded to allow for up to 14 diagnoses.

Nurse Midwife Code for ATT and OP MD License Field

Other Caregiver Field
> The primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver includes resident, intern, nurse practitioner, and physician's assistant.

Attending, Operating, and Additional Caregiver National Provider Identifier Fields
> Please note that these are not yet part of the database. They are just placeholders for when they are implemented. These data elements will be required when available on a national basis.

PART B. DATA

4. GENERAL DATA ELEMENTS

c. Important Note Regarding the Use of Race Codes

Beginning in FY07, the Division started using the federal OMB standard race codes and code set values. These are also consistent with the EOHHS standards for Massachusetts. There are now three fields for reporting race. Race 1 and Race 2 require the use of one of the 2-digit codes (R1-R5) in the table below. Other Race is a free text field for reporting additional races.

Please see the following table for new HCF Race Codes:

New Race Code	Description
R1	American Indian /Alaska Native
R2	Asian
R3	Black/African American
R4	Native Hawaiian or Other Pacific Islander
R5	White
R9	Other Race
Unknow	Unknown/not specified

Race Code Data for FY2006 and prior years

If you have used data in previous years, you may have noted that the Race_Code information in the Inpatient file prior to FY2000 was inconsistent with the way the data was reported to the Division. Furthermore, the Inpatient data product was inconsistent with other data products, such as the Outpatient Observation data product. In FY2000, we corrected this inconsistency by standardizing the Race Code as the following table shows. Please note that to compare pre-FY2000 Inpatient data to data submitted between FY2000 – FY2006, you will have to standardize using the translation table below.

Race Code	Description	Pre-2000 Inpatient FIPA Code
1	White	White
2	Black	Black
3	Asian	Other
4	Hispanic	Unknown
5	American Indian	American Indian
6	Other	Asian
9	Unknown	Hispanic

*This format is consistent across all Division data products for these fiscal years, except pre-2000 Inpatient, and was the same format as reported to the Division.

PART B. DATA

4. GENERAL DATA ELEMENTS

e. DHCFP Calculated Fields

Admission Sequence Number
> This calculated field indicates the chronological order of admissions for patients with multiple inpatient stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays.**

Days Between UHIN Stays
> This calculated field indicates the number of days between each discharge and each consecutive admission for applicable patients. Again, a match with the UHIN only, is used to make a determination that a patient has been readmitted. (Please read the comments below.)**

Analysis of UHIN data by the Division has turned up problems with some of the reported data. 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 admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's 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% if 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 some qualitative checks of the data prior to drawing conclusions about that data.

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	'COMMENTS'
1	Anna Jaques Hospital	☑	☐	☐	
2	Athol Memorial Hospital	☑	☐	☐	
5	Baystate Franklin Medical Center	☑	☐	☐	
6	Baystate Mary Lane Hospital	☑	☐	☐	
4	Baystate Medical Center	☑	☐	☐	
7	Berkshire Medical Center - Berkshire Campus	☑	☐	☐	
7	Berkshire Medical Center - Hillcrest Campus	☑	☐	☐	
53	Beth Israel Deaconess Hospital - Needham	☑	☐	☐	
10	Beth Israel Deaconess Medical Center	☐	☑	☐	See comments
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	☑	☐	☐	
46	Children's Hospital Boston	☑	☐	☐	
132	Clinton Hospital	☑	☐	☐	
50	Cooley Dickinson Hospital	☑	☐	☐	
51	Dana-Farber Cancer Institute	☑	☐	☐	
57	Emerson Hospital	☑	☐	☐	
8	Fairview Hospital	☑	☐	☐	
40	Falmouth Hospital	☑	☐	☐	
59	Faulkner Hospital	☐	☐	☐	
66	Hallmark Health System - Lawrence Memorial Hospital	☑	☐	☐	
141	Hallmark Health System - Melrose-Wakefield Hospital	☑	☐	☐	
68	Harrington Memorial Hospital	☑	☐	☐	
71	Health Alliance Hospitals, Inc.	☑	☐	☐	

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	'COMMENTS'
73	Heywood Hospital	☑	☐	☐	
77	Holyoke Medical Center	☑	☐	☐	
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	☑	☐	☐	
118	Mercy Medical Center - Providence Campus	☑	☐	☐	
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	☑	☐	☐	
103	New England Baptist Hospital	☑	☐	☐	
105	Newton Wellesley Hospital	☐	☐	☐	
106	Noble Hospital	☑	☐	☐	
107	North Adams Regional Hospital	☑	☐	☐	
116	North Shore Medical Center, Inc.	☐	☑	☐	See comments
110	Northeast Health Systems - Beverly	☑	☐	☐	
109	Northeast Health Systems - Addison Gilbert	☑	☐	☐	
112	Quincy Medical Center	☑	☐	☐	
127	Saint Vincent Hospital	☐	☑	☐	See comments
115	Saints Memorial Medical Center	☑	☐	☐	
25	Signature Healthcare Brockton Hospital	☑	☐	☐	

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	'COMMENTS'
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	☑	☐	☐	
42	Steward Carney Hospital	☑	☐	☐	
62	Steward Good Samaritan Medical Center	☐	☐	☐	
4460	Steward Good Samaritan Medical Ctr - Norcap Lodge Campus	☑	☐	☐	
75	Steward Holy Family Hospital and Medical Center	☑	☐	☐	
41	Steward Norwood Hospital	☑	☐	☐	
114	Steward St. Anne's Hospital	☑	☐	☐	
126	Steward St. Elizabeth's Hospital	☑	☐	☐	
129	Sturdy Memorial Hospital	☑	☐	☐	
104	Tufts Medical Center	☐	☐	☐	
133	UMass. Marlborough Hospital	☑	☐	☐	
131	UMass. Memorial Medical Center	☑	☐	☐	
139	UMass. Wing Memorial Hospital	☐	☐	☐	
138	Winchester Hospital	☑	☐	☐	

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

	Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Dispostion	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission
Anna Jaques Hospital																					
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

	Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Disposition	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission
Berkshire Medical Center - Hillcrest Campus																					
Beth Israel Deaconess Hospital - Needham																					
Beth Israel Deaconess Medical Center																					
Boston Medical Center																					
Brigham and Women's Hospital																					
Cambridge Health Alliance																					

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

	Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Dispostion	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission
Cambridge Health Alliance - Somerville Campus																					
Cambridge Health Alliance - Whidden Memorial																					
Cape Cod Hospital																					
Children's Hospital Boston																					
Clinton Hospital																					
Cooley Dickinson Hospital																					
Dana-Farber Cancer Institute																					
Emerson Hospital																					

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

	Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Disposition	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission
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.																					

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

	Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Disposition	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission
Heywood Hospital																					
Holyoke Medical Center																					
Jordan Hospital																					
Lahey Clinic - Burlington Campus																					
Lawrence General Hospital																					
Lowell General Hospital																					
Martha's Vineyard Hospital																					
Massachusetts Eye and Ear Infirmary																					

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

	Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Disposition	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission
Massachusetts General Hospital																					
Mercy Medical Center - Providence Campus																					
Mercy Medical Center - Springfield Campus																					
Merrimack Valley Hospital																					
MetroWest Medical Center																					
Milford Regional Medical Center																					
Milton Hospital																					

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

	Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Disposition	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission
Morton Hospital																					
Mount Auburn Hospital																					
Nantucket Cottage Hospital																					
Nashoba Valley Medical Center																					
New England Baptist Hospital																					
Newton Wellesley Hospital																					
Noble Hospital																					
North Adams Regional Hospital																					

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

	Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Dispostion	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission
North Shore Medical Center, Inc.																					
Northeast Health Systems - Beverly																					
Northeast Health Systems - Addison Gilbert																					
Quincy Medical Center																					
Saint Vincent Hospital	X																	X			X
Saints Memorial Medical Center																					

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

	Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Dispostion	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission
Signature Healthcare Brockton Hospital																					
South Shore Hospital																					
Southcoast Hospitals Group - Charlton Memorial Campus																					
Southcoast Hospitals Group - St. Luke's Campus																					
Southcoast Hospitals Group - Tobey Hospital Campus																					
Steward Carney Hospital																					

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

	Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Dispostion	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission
Steward Good Samaritan Medical Center																					
Steward Good Samaritan Medical Ctr - Norcap Lodge Campus																					
Steward Holy Family Hospital and Medical Center																					
Steward Norwood Hospital																					
Steward St. Anne's Hospital																					
Steward St. Elizabeth's Hospital																					

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

	Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Dispostion	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission
Sturdy Memorial Hospital																					
Tufts Medical Center																					
UMass. Marlborough Hospital																					
UMass. Memorial Medical Center																					
UMass. Wing Memorial Hospital																					
Winchester Hospital																					

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Dispostion	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accomm. Svcs. By Chgs.	Condition Present on Admission

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Beth Israel Deaconess Medical Center

We are in the process of resubmitting FY10 data so these reports will change. However, the submission may not be completed by 4-11-11.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Massachusetts Eye and Ear Infirmary

Mass Eye and Ear did not respond to the Verification Reports.

PART C. HOSPITAL RESPONSES

<u>5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION</u>

<u>North Shore Medical Center, Inc.</u>

The number of discharges reported for the FY has decreased by 179. This is due to the fact that certain patient statuses get changed from inpatient to outpatient based on the claim being denied by payers.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Saint Vincent Hospital

Source of admissions frequency HDD-01, the R-Within Hospital ER Transfer seem to be off in 4th qtr and all seemed to move to Direct Physician referral

HDD-18 Ancillary Services by Charges Rev Code 410 Respiratory Services seemed to have dropped 3rd and 4th qtr which doesn't seem to be correct

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 failed submissions are marked with an asterisk for easy identification.

The following are cautionary use hospitals for FY2010

There is one cautionary hospital for the current fiscal year: Mass. Eye and Ear Infirmary - Only two quarters of Mass Eye and Ear Infirmary's data passed (Q1 and Q3). In addition, Mass. Eye and Ear Infirmary did not respond to the Verification Reports.

<u>Massachusetts Eye and Ear Infirmary</u>   Mass Eye and Ear did not respond to the Verification Report

PART E. HOSPITALS SUBMITTED DATA FOR FY2010

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Mary Lane Hospital
Baystate Medical Center
Berkshire Medical Center - Berkshire Campus
Berkshire Medical Center - Hillcrest 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
Children's Hospital Boston
Clinton Hospital
Cooley Dickinson Hospital
Dana-Farber Cancer Institute
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
Massachusetts Eye and Ear Infirmary
Massachusetts General Hospital
Mercy Medical Center - Providence Campus
Mercy Medical Center - Springfield Campus

PART E. HOSPITALS SUBMITTED DATA FOR FY2010

Merrimack Valley Hospital
MetroWest Medical Center
Milford Regional Medical Center
Milton Hospital
Morton Hospital
Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
New England Baptist Hospital
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
Steward Carney Hospital
Steward Good Samaritan Medical Center
Steward Good Samaritan Medical Ctr - Norcap Lodge C
Steward Holy Family Hospital and Medical Center
Steward Norwood Hospital
Steward St. Anne's Hospital
Steward St. Elizabeth's Hospital
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 FY2010

<u>LIST OF HOSPITALS WITH NO DATA FOR FY2010</u>

Kindred Hospital - Boston
Kindred Hospital - North Shore

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES AND CHARGES BY QUARTER

Qtr	Hospital Name	ORG ID	Total Discharges	Total Charges
1	Anna Jaques Hospital	1	1,940	$21,203,897
2	Anna Jaques Hospital		1,857	$21,365,495
3	Anna Jaques Hospital		2,024	$21,796,661
4	Anna Jaques Hospital		1,976	$20,091,768
	Totals		**7,797**	**$84,457,821**
1	Athol Memorial Hospital	2	258	$3,258,486
2	Athol Memorial Hospital		236	$3,613,149
3	Athol Memorial Hospital		227	$3,197,101
4	Athol Memorial Hospital		181	$2,575,198
	Totals		**902**	**$12,643,934**
1	Baystate Franklin Medical Center	5	1,076	$14,760,854
2	Baystate Franklin Medical Center		1,094	$15,500,181
3	Baystate Franklin Medical Center		1,072	$15,075,311
4	Baystate Franklin Medical Center		1,050	$14,121,524
	Totals		**4,292**	**$59,457,870**
1	Baystate Mary Lane Hospital	6	420	$4,360,052
2	Baystate Mary Lane Hospital		358	$3,633,983
3	Baystate Mary Lane Hospital		352	$3,578,712
4	Baystate Mary Lane Hospital		363	$3,798,913
	Totals		**1,493**	**$15,371,660**
1	Baystate Medical Center	4	9,676	$223,277,177
2	Baystate Medical Center		9,453	$216,567,905
3	Baystate Medical Center		9,499	$209,906,982

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

4	Baystate Medical Center		9,360	$208,273,529
	Totals		**37,988**	**$858,025,593**
1	Berkshire Medical Center - Berkshire Campus	7	2,754	$53,398,657
2	Berkshire Medical Center - Berkshire Campus		2,631	$51,510,494
3	Berkshire Medical Center - Berkshire Campus		2,721	$51,125,660
4	Berkshire Medical Center - Berkshire Campus		2,649	$51,129,684
	Totals		**10,755**	**$207,164,495**
1	Berkshire Medical Center - Hillcrest Campus	9	310	$1,593,295
2	Berkshire Medical Center - Hillcrest Campus		302	$1,581,528
3	Berkshire Medical Center - Hillcrest Campus		313	$1,418,584
4	Berkshire Medical Center - Hillcrest Campus		291	$1,301,464
	Totals		**1,216**	**$5,894,871**
1	Beth Israel Deaconess Hospital - Needham	53	598	$6,630,788
2	Beth Israel Deaconess Hospital - Needham		619	$7,369,713
3	Beth Israel Deaconess Hospital - Needham		591	$6,958,537
4	Beth Israel Deaconess Hospital - Needham		579	$7,013,383
	Totals		**2,387**	**$27,972,421**
1	Beth Israel Deaconess Medical Center - East Campus	10	9,940	$261,264,244
2	Beth Israel Deaconess Medical Center - East Campus		10,071	$264,046,691
3	Beth Israel Deaconess Medical Center - East Campus		10,936	$280,196,068
4	Beth Israel Deaconess Medical Center - East Campus		10,648	$271,250,641
	Totals		**41,595**	**$1,076,757,644**
1	Boston Medical Center - Harrison Avenue Campus	16	7,667	$173,808,576
2	Boston Medical Center - Harrison Avenue Campus		7,447	$160,701,112

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

3	Boston Medical Center - Harrison Avenue Campus		7,475	$165,508,779
4	Boston Medical Center - Harrison Avenue Campus		7,662	$165,643,226
	Totals		**30,251**	**$665,661,693**
1	Brigham and Women's Hospital	22	12,900	$729,596,919
2	Brigham and Women's Hospital		12,583	$713,297,708
3	Brigham and Women's Hospital		13,053	$730,022,955
4	Brigham and Women's Hospital		13,218	$709,055,751
	Totals		**51,754**	**$2,881,973,333**
1	Cambridge Health Alliance - Cambridge Campus	27	1,836	$26,406,954
2	Cambridge Health Alliance - Cambridge Campus		1,793	$25,760,597
3	Cambridge Health Alliance - Cambridge Campus		1,996	$27,585,337
4	Cambridge Health Alliance - Cambridge Campus		1,822	$25,576,866
	Totals		**7,447**	**$105,329,754**
1	Cambridge Health Alliance - Whidden Memorial Campus	142	1,127	$18,055,449
2	Cambridge Health Alliance - Whidden Memorial Campus		1,082	$18,837,171
3	Cambridge Health Alliance - Whidden Memorial Campus		1,127	$18,514,332
4	Cambridge Health Alliance - Whidden Memorial Campus		1,167	$19,235,106
	Totals		**4,503**	**$74,642,058**
1	Cape Cod Hospital	39	4,032	$75,738,911
2	Cape Cod Hospital		3,846	$74,584,849
3	Cape Cod Hospital		4,115	$75,668,636
4	Cape Cod Hospital		4,289	$81,949,028
	Totals		**16,282**	**$307,941,424**
1	Children's Hospital Boston	46	4,638	$229,465,423
2	Children's Hospital Boston		4,719	$207,601,229

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

3	Children's Hospital Boston		4,553	$211,782,740
4	Children's Hospital Boston		4,237	$179,319,852
	Totals		**18,147**	**$828,169,244**
1	Clinton Hospital	132	305	$6,856,281
2	Clinton Hospital		343	$7,319,008
3	Clinton Hospital		335	$7,381,735
4	Clinton Hospital		344	$7,728,991
	Totals		**1,327**	**$29,286,015**
1	Cooley Dickinson Hospital	50	2,301	$35,683,928
2	Cooley Dickinson Hospital		2,306	$35,469,387
3	Cooley Dickinson Hospital		2,317	$34,949,426
4	Cooley Dickinson Hospital		2,237	$32,407,275
	Totals		**9,161**	**$138,510,016**
1	Dana-Farber Cancer Institute	51	237	$15,887,428
2	Dana-Farber Cancer Institute		246	$18,642,139
3	Dana-Farber Cancer Institute		293	$23,420,215
4	Dana-Farber Cancer Institute		322	$23,554,535
	Totals		**1,098**	**$81,504,317**
1	Emerson Hospital	57	2,226	$37,123,623
2	Emerson Hospital		2,251	$36,307,534
3	Emerson Hospital		2,358	$35,574,496
4	Emerson Hospital		2,218	$34,333,779
	Totals		**9,053**	**$143,339,432**
1	Fairview Hospital	8	370	$3,581,397
2	Fairview Hospital		382	$4,045,764
3	Fairview Hospital		337	$3,688,795
4	Fairview Hospital		334	$3,643,588
	Totals		**1,423**	**$14,959,544**
1	Falmouth Hospital	40	1,594	$24,601,456

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

2	Falmouth Hospital		1,569	$24,710,620
3	Falmouth Hospital		1,582	$24,256,300
4	Falmouth Hospital		1,681	$23,765,208
	Totals		**6,426**	**$97,333,584**
1	Faulkner Hospital	59	1,870	$44,944,490
2	Faulkner Hospital		1,843	$44,579,837
3	Faulkner Hospital		1,900	$44,045,606
4	Faulkner Hospital		1,948	$43,011,987
	Totals		**7,561**	**$176,581,920**
1	Hallmark Health System - Lawrence Memorial Hospital Campus	66	1,327	$19,328,034
2	Hallmark Health System - Lawrence Memorial Hospital Campus		1,324	$19,398,913
3	Hallmark Health System - Lawrence Memorial Hospital Campus		1,283	$17,988,307
4	Hallmark Health System - Lawrence Memorial Hospital Campus		1,290	$19,064,222
	Totals		**5,224**	**$75,779,476**
1	Hallmark Health System - Melrose-Wakefield Hospital Campus	141	2,756	$31,927,607
2	Hallmark Health System - Melrose-Wakefield Hospital Campus		2,828	$33,954,845
3	Hallmark Health System - Melrose-Wakefield Hospital Campus		2,792	$33,220,071
4	Hallmark Health System - Melrose-Wakefield Hospital Campus		2,742	$31,870,445
	Totals		**11,118**	**$130,972,968**
1	Harrington Memorial Hospital	68	902	$12,091,746
2	Harrington Memorial Hospital		993	$12,720,901
3	Harrington Memorial Hospital		1,067	$13,570,151
4	Harrington Memorial Hospital		1,094	$13,682,987

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

	Totals		**4,056**	**$52,065,785**
1	Health Alliance Hospital -- Burbank Campus	8548	185	$4,699,911
2	Health Alliance Hospital -- Burbank Campus		208	$4,883,818
3	Health Alliance Hospital -- Burbank Campus		182	$3,997,939
4	Health Alliance Hospital -- Burbank Campus		197	$4,582,046
	Totals		**772**	**$18,163,714**
1	Health Alliance Hospital -- Leominster Campus	8509	1,955	$33,089,367
2	Health Alliance Hospital -- Leominster Campus		1,983	$34,128,763
3	Health Alliance Hospital -- Leominster Campus		1,923	$32,121,490
4	Health Alliance Hospital -- Leominster Campus		1,872	$29,623,768
	Totals		**7,733**	**$128,963,388**
1	Heywood Hospital	73	1,335	$14,925,955
2	Heywood Hospital		1,333	$15,525,106
3	Heywood Hospital		1,355	$15,170,759
4	Heywood Hospital		1,359	$14,937,555
	Totals		**5,382**	**$60,559,375**
1	Holyoke Medical Center	77	1,655	$17,492,677
2	Holyoke Medical Center		1,619	$15,389,001
3	Holyoke Medical Center		1,832	$18,020,471
4	Holyoke Medical Center		1,585	$15,644,171
	Totals		**6,691**	**$66,546,320**
1	Jordan Hospital	79	2,768	$37,847,591
2	Jordan Hospital		2,751	$37,768,039
3	Jordan Hospital		2,885	$38,643,629
4	Jordan Hospital		2,909	$39,346,469
	Totals		**11,313**	**$153,605,728**
1	Lahey Clinic -- Burlington Campus	81	5,256	$121,395,299
2	Lahey Clinic -- Burlington Campus		5,264	$121,163,093
3	Lahey Clinic -- Burlington Campus		5,423	$120,606,406

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

4	Lahey Clinic -- Burlington Campus		5,315	$121,493,203
	Totals		**21,258**	**$484,658,001**
1	Lahey Clinic North Shore	4448	103	$830,975
2	Lahey Clinic North Shore		105	$788,633
3	Lahey Clinic North Shore		110	$823,096
4	Lahey Clinic North Shore		116	$843,494
	Totals		**434**	**$3,286,198**
1	Lawrence General Hospital	83	3,163	$42,997,609
2	Lawrence General Hospital		3,064	$43,390,746
3	Lawrence General Hospital		3,020	$42,337,475
4	Lawrence General Hospital		2,949	$41,066,865
	Totals		**12,196**	**$169,792,695**
1	Lowell General Hospital	85	3,779	$49,172,720
2	Lowell General Hospital		3,968	$53,767,044
3	Lowell General Hospital		4,030	$52,150,351
4	Lowell General Hospital		3,918	$51,508,349
	Totals		**15,695**	**$206,598,464**
1	Martha's Vineyard Hospital	88	245	$3,864,123
2	Martha's Vineyard Hospital		219	$3,731,338
3	Martha's Vineyard Hospital		342	$4,747,058
4	Martha's Vineyard Hospital		387	$4,776,613
	Totals		**1,193**	**$17,119,132**
1	Massachusetts Eye and Ear Infirmary	89	250	$5,793,112
3	Massachusetts Eye and Ear Infirmary		289	$6,537,780
	Totals		**539**	**$12,330,892**
1	Massachusetts General Hospital	91	12,611	$710,875,863
2	Massachusetts General Hospital		12,277	$695,409,661
3	Massachusetts General Hospital		12,884	$721,950,699
4	Massachusetts General Hospital		12,565	$722,359,469

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

	Totals		**50,337**	**$2,850,595,692**
1	Mercy Medical Center - Providence Behavioral Health Hospital Campus	118	1,036	$14,547,712
2	Mercy Medical Center - Providence Behavioral Health Hospital Campus		1,040	$14,488,052
3	Mercy Medical Center - Providence Behavioral Health Hospital Campus		1,054	$13,964,663
4	Mercy Medical Center - Providence Behavioral Health Hospital Campus		966	$12,012,844
	Totals		**4,096**	**$55,013,271**
1	Mercy Medical Center - Springfield Campus	119	3,096	$61,919,620
2	Mercy Medical Center - Springfield Campus		3,074	$60,810,947
3	Mercy Medical Center - Springfield Campus		2,977	$60,164,979
4	Mercy Medical Center - Springfield Campus		2,984	$55,597,508
	Totals		**12,131**	**$238,493,054**
1	Merrimack Valley Hospital	70	1,017	$15,970,638
2	Merrimack Valley Hospital		967	$15,157,497
3	Merrimack Valley Hospital		938	$15,278,612
4	Merrimack Valley Hospital		951	$14,934,563
	Totals		**3,873**	**$61,341,310**
1	MetroWest Medical Center - Framingham Campus	49	2,675	$37,349,965
2	MetroWest Medical Center - Framingham Campus		2,832	$39,214,711
3	MetroWest Medical Center - Framingham Campus		2,797	$37,632,526
4	MetroWest Medical Center - Framingham Campus		2,890	$39,705,563
	Totals		**11,194**	**$153,902,765**
1	MetroWest Medical Center - Leonard Morse Campus	457	1,187	$20,131,478
2	MetroWest Medical Center - Leonard Morse Campus		1,103	$17,680,691
3	MetroWest Medical Center - Leonard Morse Campus		1,111	$17,676,775

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

4	MetroWest Medical Center - Leonard Morse Campus		1,124	$18,924,084
	Totals		**4,525**	**$74,413,028**
1	Milford Regional Medical Center	97	2,129	$34,115,289
2	Milford Regional Medical Center		2,105	$35,136,440
3	Milford Regional Medical Center		2,051	$31,727,066
4	Milford Regional Medical Center		2,089	$31,904,755
	Totals		**8,374**	**$132,883,550**
1	Milton Hospital	98	1,170	$17,015,769
2	Milton Hospital		1,155	$17,630,530
3	Milton Hospital		1,253	$18,653,023
4	Milton Hospital		1,159	$17,551,422
	Totals		**4,737**	**$70,850,744**
1	Morton Hospital and Medical Center	99	1,578	$15,398,927
2	Morton Hospital and Medical Center		1,688	$16,162,851
3	Morton Hospital and Medical Center		1,707	$17,137,084
4	Morton Hospital and Medical Center		1,729	$16,086,351
	Totals		**6,702**	**$64,785,213**
1	Mount Auburn Hospital	100	3,712	$52,723,567
2	Mount Auburn Hospital		3,648	$51,269,966
3	Mount Auburn Hospital		3,878	$54,142,544
4	Mount Auburn Hospital		3,629	$47,846,580
	Totals		**14,867**	**$205,982,657**
1	Nantucket Cottage Hospital	101	125	$1,305,137
2	Nantucket Cottage Hospital		120	$1,338,225
3	Nantucket Cottage Hospital		123	$1,145,499
4	Nantucket Cottage Hospital		139	$1,610,821
	Totals		**507**	**$5,399,682**
1	Nashoba Valley Medical Center	52	437	$7,077,584

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

2	Nashoba Valley Medical Center		441	$6,715,832
3	Nashoba Valley Medical Center		466	$6,770,619
4	Nashoba Valley Medical Center		443	$6,703,357
	Totals		**1,787**	**$27,267,392**
1	New England Baptist Hospital	103	1,840	$47,279,145
2	New England Baptist Hospital		1,769	$46,081,733
3	New England Baptist Hospital		1,891	$47,669,761
4	New England Baptist Hospital		1,675	$43,724,969
	Totals		**7,175**	**$184,755,608**
1	Newton-Wellesley Hospital	105	4,985	$106,744,750
2	Newton-Wellesley Hospital		5,118	$98,772,832
3	Newton-Wellesley Hospital		5,173	$93,508,807
4	Newton-Wellesley Hospital		5,075	$93,907,053
	Totals		**20,351**	**$392,933,442**
1	Noble Hospital	106	829	$13,686,079
2	Noble Hospital		932	$14,707,813
3	Noble Hospital		862	$13,003,956
4	Noble Hospital		852	$12,603,423
	Totals		**3,475**	**$54,001,271**
1	North Adams Regional Hospital	107	727	$11,854,337
2	North Adams Regional Hospital		803	$12,594,685
3	North Adams Regional Hospital		791	$12,612,620
4	North Adams Regional Hospital		703	$11,355,481
	Totals		**3,024**	**$48,417,123**
1	North Shore Medical Center, Inc. - Salem Campus	116	4,066	$99,348,423
2	North Shore Medical Center, Inc. - Salem Campus		3,954	$102,603,724
3	North Shore Medical Center, Inc. - Salem Campus		4,024	$104,110,705
4	North Shore Medical Center, Inc. - Salem Campus		4,020	$97,090,333
	Totals		**16,064**	**$403,153,185**

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

1	North Shore Medical Center, Inc. - Union Campus	3	1,374	$40,623,317
2	North Shore Medical Center, Inc. - Union Campus		1,345	$38,328,179
3	North Shore Medical Center, Inc. - Union Campus		1,355	$39,882,815
4	North Shore Medical Center, Inc. - Union Campus		1,241	$35,539,084
	Totals		**5,315**	**$154,373,395**
1	Northeast Hospital Corporation - Addison Gilbert Campus	109	579	$6,710,995
2	Northeast Hospital Corporation - Addison Gilbert Campus		570	$6,629,010
3	Northeast Hospital Corporation - Addison Gilbert Campus		562	$6,771,414
4	Northeast Hospital Corporation - Addison Gilbert Campus		603	$6,698,400
	Totals		**2,314**	**$26,809,819**
1	Northeast Hospital Corporation - Beverly Campus	110	4,546	$50,908,524
2	Northeast Hospital Corporation - Beverly Campus		4,676	$52,841,149
3	Northeast Hospital Corporation - Beverly Campus		4,602	$53,362,715
4	Northeast Hospital Corporation - Beverly Campus		4,538	$54,146,436
	Totals		**18,362**	**$211,258,824**
1	Quincy Medical Center	112	1,582	$23,357,523
2	Quincy Medical Center		1,517	$21,241,341
3	Quincy Medical Center		1,542	$21,073,634
4	Quincy Medical Center		1,406	$19,900,137
	Totals		**6,047**	**$85,572,635**
1	Saint Vincent Hospital	127	4,066	$76,072,933
2	Saint Vincent Hospital		4,285	$75,602,592
3	Saint Vincent Hospital		4,340	$70,674,960
4	Saint Vincent Hospital		4,273	$69,446,176
	Totals		**16,964**	**$291,796,661**
1	Saints Medical Center	115	1,679	$24,402,402

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

2	Saints Medical Center		1,688	$26,190,724
3	Saints Medical Center		1,558	$23,934,660
4	Saints Medical Center		1,551	$23,620,245
	Totals		**6,476**	**$98,148,031**
1	Signature Healthcare Brockton Hospital	25	3,651	$52,227,511
2	Signature Healthcare Brockton Hospital		3,680	$50,977,817
3	Signature Healthcare Brockton Hospital		3,654	$48,318,850
4	Signature Healthcare Brockton Hospital		3,626	$49,865,704
	Totals		**14,611**	**$201,389,882**
1	South Shore Hospital	122	6,394	$90,265,061
2	South Shore Hospital		6,432	$89,656,163
3	South Shore Hospital		6,598	$93,079,693
4	South Shore Hospital		6,767	$93,390,867
	Totals		**26,191**	**$366,391,784**
1	Southcoast Hospitals Group - Charlton Memorial Campus	123	3,934	$74,584,932
2	Southcoast Hospitals Group - Charlton Memorial Campus		3,989	$79,988,107
3	Southcoast Hospitals Group - Charlton Memorial Campus		4,043	$80,021,766
4	Southcoast Hospitals Group - Charlton Memorial Campus		4,172	$78,639,238
	Totals		**16,138**	**$313,234,043**
1	Southcoast Hospitals Group - St. Luke's Campus	124	4,661	$78,252,997
2	Southcoast Hospitals Group - St. Luke's Campus		4,888	$85,702,400
3	Southcoast Hospitals Group - St. Luke's Campus		5,039	$83,984,982
4	Southcoast Hospitals Group - St. Luke's Campus		5,335	$84,428,688
	Totals		**19,923**	**$332,369,067**
1	Southcoast Hospitals Group - Tobey Hospital Campus	145	1,155	$16,213,534

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

2	Southcoast Hospitals Group - Tobey Hospital Campus		1,232	$16,895,184
3	Southcoast Hospitals Group - Tobey Hospital Campus		1,277	$18,099,650
4	Southcoast Hospitals Group - Tobey Hospital Campus		1,377	$19,016,621
	Totals		**5,041**	**$70,224,989**
1	Steward Carney Hospital	42	1,617	$22,531,818
2	Steward Carney Hospital		1,636	$21,306,978
3	Steward Carney Hospital		1,736	$20,900,810
4	Steward Carney Hospital		1,556	$20,007,318
	Totals		**6,545**	**$84,746,924**
1	Steward Good Samaritan Medical Center - Brockton Campus	62	3,303	$41,839,960
2	Steward Good Samaritan Medical Center - Brockton Campus		3,366	$43,511,806
3	Steward Good Samaritan Medical Center - Brockton Campus		3,181	$40,989,612
4	Steward Good Samaritan Medical Center - Brockton Campus		3,368	$40,677,058
	Totals		**13,218**	**$167,018,436**
1	Steward Good Samaritan Medical Center - Norcap Lodge Campus	4460	578	$2,404,120
2	Steward Good Samaritan Medical Center - Norcap Lodge Campus		623	$2,611,226
3	Steward Good Samaritan Medical Center - Norcap Lodge Campus		622	$2,384,127
4	Steward Good Samaritan Medical Center - Norcap Lodge Campus		630	$2,553,609
	Totals		**2,453**	**$9,953,082**
1	Steward Holy Family Hospital and Medical Center	75	2,813	$37,396,706
2	Steward Holy Family Hospital and Medical Center		2,760	$36,771,188

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

3	Steward Holy Family Hospital and Medical Center		2,731	$36,780,378
4	Steward Holy Family Hospital and Medical Center		2,673	$36,144,205
	Totals		**10,977**	**$147,092,477**
1	Steward Norwood Hospital	41	3,249	$43,622,955
2	Steward Norwood Hospital		3,320	$42,568,281
3	Steward Norwood Hospital		3,434	$45,000,880
4	Steward Norwood Hospital		3,422	$43,789,593
	Totals		**13,425**	**$174,981,709**
1	Steward Saint Anne's Hospital	114	1,542	$23,112,733
2	Steward Saint Anne's Hospital		1,718	$26,827,975
3	Steward Saint Anne's Hospital		1,694	$26,580,190
4	Steward Saint Anne's Hospital		1,684	$26,333,921
	Totals		**6,638**	**$102,854,819**
1	Steward St. Elizabeth's Medical Center	126	3,396	$69,663,831
2	Steward St. Elizabeth's Medical Center		3,486	$70,063,497
3	Steward St. Elizabeth's Medical Center		3,730	$73,647,289
4	Steward St. Elizabeth's Medical Center		3,519	$70,229,086
	Totals		**14,131**	**$283,603,703**
1	Sturdy Memorial Hospital	129	1,812	$23,873,036
2	Sturdy Memorial Hospital		1,799	$25,426,787
3	Sturdy Memorial Hospital		1,789	$23,772,433
4	Sturdy Memorial Hospital		1,827	$22,676,368
	Totals		**7,227**	**$95,748,624**
1	Tufts Medical Center	104	5,208	$195,650,087
2	Tufts Medical Center		5,158	$190,872,399
3	Tufts Medical Center		5,300	$215,864,960
4	Tufts Medical Center		5,409	$213,315,194
	Totals		**21,075**	**$815,702,640**
1	UMass Marlborough Hospital	133	1,034	$18,225,798

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

2	UMass Marlborough Hospital		1,081	$19,238,133
3	UMass Marlborough Hospital		1,040	$18,169,722
4	UMass Marlborough Hospital		1,000	$17,301,537
	Totals		**4,155**	**$72,935,190**
1	UMass Memorial Medical Center - Memorial Campus	130	5,554	$163,163,681
2	UMass Memorial Medical Center - Memorial Campus		5,347	$165,842,305
3	UMass Memorial Medical Center - Memorial Campus		5,533	$159,737,012
4	UMass Memorial Medical Center - Memorial Campus		5,595	$163,195,803
	Totals		**22,029**	**$651,938,801**
1	UMass Memorial Medical Center - University Campus	131	5,591	$260,917,304
2	UMass Memorial Medical Center - University Campus		5,749	$260,798,842
3	UMass Memorial Medical Center - University Campus		6,033	$262,134,091
4	UMass Memorial Medical Center - University Campus		5,926	$261,745,355
	Totals		**23,299**	**$1,045,595,592**
1	UMass Wing Memorial Hospital	139	956	$15,127,602
2	UMass Wing Memorial Hospital		967	$16,453,087
3	UMass Wing Memorial Hospital		934	$14,738,545
4	UMass Wing Memorial Hospital		912	$14,577,261
	Totals		**3,769**	**$60,896,495**
1	Winchester Hospital	138	3,785	$29,204,419
2	Winchester Hospital		3,710	$28,467,279
3	Winchester Hospital		3,875	$29,684,370
4	Winchester Hospital		3,780	$29,076,442

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

Totals	**15,150**	**$116,432,510**
GRAND TOTALS	**851,154**	**$20,478,679,898**

PART F. SUPPLEMENTARY INFORMATION

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

TYPE "A" ERRORS:

Record Type
Submitter Name
Receiver ID
DPH Hospital Computer Number
Type of Batch
Period Starting Date
Period Ending Date
Medical Record Number
Patient Sex
Patient Birth Date
Admission Date
Discharge Date
Primary Source of Payment
Patient Status Billing
Number Primary
Payer Type Secondary
Payer Type
Mother's Medical Record Number
Primary National Payer Identification Number
Secondary National Payer Identification Number
Revenue Code
Units of Service
Total Charges (by Revenue Code)
Principal Diagnosis Code
Associate Diagnosis Code (I – XIV)
Number of ANDS
Principal Procedure Code
Significant Procedure Code I
Significant Procedure Code II
Significant Procedure Code III-XIV
Physical Record Count
Record Type 2X Count
Record Type 3X Count
Record Type 4X Count
Record Type 5X Count
Record Type 6X Count

Total Charges: Special Services
Total Charges: Routine Services
Total Charges: Ancillaries
Total Charges: (ALL CHARGES)
Number of Discharges
Total Charges: Accommodations
Total Charges: Ancillaries
Submitter Employer Identification Number (EIN)
Number of Providers on Electronic submission
Count of Batches
ED Flag
Observation Flag
HCF Org ID
MA Transfer Hospital Org ID
Hospital Service Site Reference

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

TYPE "B" ERRORS:

Patient Race
Type of Admission
Source of Admission
Patient Zip Code
Veteran Status
Patient Social Security Number
Birth Weight - grams
Employer Zip Code
Mother's Social Security Number
Facility Site Number
External Cause of Injury Code
Attending Physician License Number
Operating Physician License Number
Other Caregiver
Attending Physician National Provider Identifier (NPI)
ATT NPI Location Code
Operating Physician National Provider Identifier (NPI)
Operating NPI Location Code
Additional Caregiver National Provider Identified
Date of Principal Procedure
Date of Significant Procedures (I and II)
Race 1, 2, and Other Race
Hispanic Indicator
Ethnicity 1, 2, and Other Ethnicity
Condition Present on Admission Primary Diagnosis, Associate Diagnoses I-XIV, and 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, Stte, Zip Code

General Documentation
FY2010 Inpatient Hospital Discharge Database

The Hospital Verification Report includes the following frequency distribution tables:

Source of Admissions
Type of Admissions
Discharges by Month
Primary Payer Type
Patient Disposition
Discharges by Gender
Discharges by Race
Discharges by Race/Ethnicity
Discharges by Ethnicity
Discharges by Patient Hispanic Indicator
Discharges by Age
MDC's Listed in Rank Order (APR 20)
Top 20 DRGs with Most Total Discharges (APR 20)
Length of Stay
Ancillary Services by Discharges
Routine Accommodation Services by Discharges
Special Care Accommodation by Discharges
Ancillary Services by Charges
Routine Accommodation by Charges
Special Care Accommodation Services by Charges
Condition Present on Admission

Verification Response Forms: Completed by hospitals after data verification and returned to the DHCFP.

*NOTE: Hospital discharges were grouped with All Patient Version 25.1, 21.0, All Patient Refined Version 26.1, and CMS-DRG v27.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification.

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
Berkshire Medical Center - Hillcrest Campus	165 Tor Court Rd Pittsfield, MA 01201	6309	7	9
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

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	65 Beacon Street Somerville, MA 02143	3108	27	27
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	
Children's Hospital Boston	300 Longwood Avenue Boston, MA 02115	46	46	
Clinton Hospital	201 Highland Street Clinton, MA 01510	132	132	
Cooley Dickinson Hospital	30 Locust Street Northampton, MA 01060-5001	50	50	
Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	51	51	
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	

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
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	
Jordan Hospital	275 Sandwich Street Plymouth, MA 02360	79	79	
Kindred Hospital - Boston	1515 Commonwealth Avenue Boston, MA 02135	136	136	
Kindred Hospital - North Shore	15 King St Peabody, MA 01960	135	135	
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	

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.*
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 - Providence Campus	1233 Main St Holyoke, MA 01040	6547	118	118
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	
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	

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.*
Nashoba Valley Medical Center	200 Groton Road Ayer, MA 01432	52	52	52
New England Baptist Hospital	125 Parker Hill Avenue Boston, MA 02120	103	103	
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	
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

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.*
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	
Steward Carney Hospital	2100 Dorchester Avenue Dorchester, MA 02124	42	42	
Steward Good Samaritan Medical Center	235 North Pearl Street Brockton, MA 02301	8701	62	
Steward Good Samaritan Medical Ctr - Norcap Lodge Campus	71 Walnut Avenue Foxboro, MA 02035	8701	4460	
Steward Holy Family Hospital and Medical Center	70 East Street Methuen, MA 01844	75	75	
Steward Norwood Hospital	800 Washington Street Norwood, MA 02062	41	41	
Steward St. Anne's Hospital	795 Middle Street Fall River, MA 02721	114	114	
Steward St. Elizabeth's Hospital	736 Cambridge Street Brighton, MA 02135	126	126	

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.*
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	
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

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

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

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)

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	

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

General Documentation
FY2010 Inpatient Hospital Discharge Database
PART F. SUPPLEMENTARY INFORMATION
<u>**SUPPLEMENT V.**</u>
<u>**ALAPHABETICAL SOURCE OF PAYMENT LIST**</u>

Please refer to http://www.mass.gov/eohhs/docs/dhcfp/g/regs/114-1-17-inpatient-specs.pdf for the list of Inpatient Discharge Data Specifications regarding the Alphabetical Source of Payment

General Documentation
FY2010 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
NUMERICAL SOURCE OF PAYMENT LIST

Please refer to http://www.mass.gov/eohhs/docs/dhcfp/g/regs/114-1-17-inpatient-specs.pdf 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

    Part C.   Revenue Code Mappings

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, preoperative days, length of stay, Unique Health Information Number (UHIN), and days between stays. 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:

1) 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.

2) If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15 (the patient is a newborn), then the age is assumed to be zero.

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. PREOPERATIVE DAYS

A) Conventions:

1) A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to 1, etc. A procedure performed on the day before admission will have preoperative days set to negative one (-1).
2) Preoperative days are set to 0000 when preoperative days are not applicable.
3) For procedures performed before the day of admission, a negative sign (-) will appear in the first position of the preoperative day field.

B) Brief Description:

Preoperative days are calculated by subtracting the patient's admission date from the surgery date.

C) Detailed Description:

1) If there is no procedure date, or if the procedure date or admission date is invalid, or if the procedure date occurs after the discharge date, then preoperative days is set to 0000.
2) Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described herein.

PART A. CALCULATED FIELD DOCUMENTATION

4. LENGTH OF STAY (LOS) CALCULATIONS

A) Conventions:

Same day discharges have a length of stay of 1 day.

B) Brief Description:

Length of Stay (LOS) is calculated by subtracting the admission date from the discharge date (and then subtracting Leave of Absence Days (LOA) days). If the result is zero (for same day discharges), then the value is changed to 1.

C) Detailed Description:

1) The length of stay is calculated using the LOS routine.

2) If the value is zero, then it is changed to a 1.

PART A. CALCULATED FIELD DOCUMENTATION

5. LENGTH OF STAY (LOS) ROUTINE

A) Conventions:

None.

B) Brief Description:

1) Length of Stay (LOS) is calculated by subtracting the admission date from the Discharge Date and then subtracting the Leave of Absence from the total. If either date is invalid, length of stay = 0.

2) Days are accumulated a year at a time, until both dates are in the same year. At this point, the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

PART A. CALCULATED FIELD DOCUMENTATION

6. 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, admission date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of admissions.

C) Detailed Description:

1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, admission 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 admission for the UHIN, and nnnn indicates the last admission for the UHIN.
4) If a UHIN has 2 admissions on the same day, the discharge date is used as the secondary sort key.

PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS

 A) Conventions:

   1) If the UHIN is undefined (not reported unknown or invalid), the days between stays is set to zero.
   2) If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error

 B) Brief Description:

   The Days Between Stays is calculated by sorting the file by UHIN, admission date, and discharge date. For UHINs with two or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

 C) Detailed Description:

   1) The Days Between Stays data element is calculated by sorting the entire database by UHIN, and sequence number.
   2) If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.
   3) If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, the Days Between Stays is set to zero.

   4) If a second occurrence of the UHIN is found, Days Between Stays is calculated by finding the number of days between the previous discharge date and the current admission date, with the following caveats:

    A) If the previous discharge date is greater than the current admission date; OR
    B) The previous discharge date or current admission date is invalid, (i.e., 03/63/95), Days Between   Stays is set to '9999' to indicate an error.
   5) Step 4 is repeated for all subsequent re-admissions until the UHIN changes.

   6) The method used to calculate Length of Stay is also used to calculate Days Between Stays.

   7) If the Discharge Date on the first admission date is the same as the admission date on the first re-admission, Days Between Stays is set to zero. This situation occurs for transfer patients, as well as for women admitted into the hospital with false labor.

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES

Please refer to http://www.mass.gov/eohhs/docs/dhcfp/g/regs/114-1-17-inpatient-specs.pdf 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.

Technical Documentation
FY2010 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

Please refer to http://www.mass.gov/eohhs/docs/dhcfp/g/regs/114-1-17-inpatient-specs.pdf 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.