CHIA.
center
for health
information
and analysis

Using the Inpatient Hospital Discharge Database (HDD)

Contents

INTRODUCTION

Overview

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation manual is for use with the Hospital Discharge Database (HDD) Fiscal Year (FY) 2014 database. The FY2014 HDD data reflected in this manual is based on inpatient discharges from October 1, 2013 through September 30, 2014.

This section also explains the CD specifications to provide ease of access to the HDD FY2014 database files.

General Documentation

General documentation for the Fiscal Year 2014 Hospital Discharge Database includes background on its development and the DRG Groupers, and provides users with an overview of data quality issues specific to this release. This document also contains hospital-reported discrepancies received in response to the data verification process.

Technical Documentation

The Technical Documentation includes information on the fields calculated by the Center for Health Information and Analysis (CHIA), 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.

Please note that significant changes were made to the Discharge File Table for Fiscal Year 2007. 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 957 CMR 5.00: Health Care Claims, Case Mix and Charge Data Release Procedures may be obtained by logging on to the Center's web site at http://www.chiamass.gov/regulations or by faxing a request to the Center at 617-727-7662.

Securing CHIA Data Prior to Use

As an approved data recipient, or its agent, you are obliged by your application and confidentiality agreement to secure this data in a manner that protects the confidentiality of the records and complies fully with the terms of CHIA's Data Use Agreement. All data obtained from CHIA should reside on an encrypted hard drive and/or secure network.

Compact Disc (CD) Specifications

Hardware Requirements:

- CD ROM Device
- Encrypted Hard Drive with 1.60 GB of space available

CD Contents:

This CD contains the Final/Full Year 2014 Hospital Inpatient Discharge Data Product. It contains the following Microsoft Access database (MDB) files:

- The Discharge Table, containing one record per discharge.
- The Revenue Code Table, containing one record per revenue code reported for each discharge.

In addition, Grouper files are now in separate Microsoft Access tables.

The RecordType20ID identifies key fields on the tables which are utilized for linkage purposes.

File Naming Conventions

This CD contains self-extracting compressed files, which uses the following file-naming convention. In the example, 2014 represents hospital Fiscal Year 2014 and L1 represents data element's Level (i.e., Ll – L6). (See Section *2. Contents of the Fiscal Year Database* on page 7 for more information.)

```
FIPA_HDD_Discharge_2014_Full_LX
```

To extract data from the CD and mount it on your encrypted hard drive or secure network, select the CD file and click on it. The system then prompts you to enter the destination and filename.

PART A. BACKGROUND INFORMATION:

1. Quarterly Reporting Periods

Massachusetts hospitals are required to file case-mix data which describes various characteristics of their patient population, as well as charges for services provided to their patients in accordance with *Regulation 114.1 CMR 17.00*. Hospitals report data to the Center on a quarterly basis. For Fiscal Year 2014, the quarterly reporting intervals were as follows:

Quarter 1: October 1, 2013 - December 31, 2013

Quarter 2: January 1, 2014 – March 31, 2014

Quarter 3: April 1, 2014 – June 30, 2014

Quarter 4: July 1, 2014 – September 30, 2014

> **Note:** Submitters are allowed 75 days to submit corrections.

2. Contents of the Fiscal Year Database

To assure patient privacy, minimum data is released per *957 CMR 5.00 Health Care Claims, Case Mix and Charge Data Release Procedures*. Data elements are grouped into six levels:

LEVEL I   No identifiable data elements and patient 3-Digit ZIP code only.

LEVEL II   Unique Physician Number (UPN) and patient 5-digit ZIP Code.

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 data elements except the patient identifier component of the Medicaid recipient ID number.

3. DRG Groupers and Methodology

The FY2014 Hospital Discharge database has **six** groupers, as follows:

- All Patient Version 21.0
- All Patient Version 25.1
- All Patient Refined Version 20.0

- All Patient Refined Version 26.1
- All Patient Refined Version 30.0
- CMS-DRG Version 30.0

In order to allow customers to perform trend analysis using prior releases of the Hospital Discharge Data, the Center maintains the All Patient Version 21.0 grouper and All Patient Refined Version 20.0 grouper data on a continuing basis.

The Centers for Medicare and Medicaid Services (CMS) updates its grouper annually, at present CMS-DRG Version 30.0 has replaced Version 29.

All Patient Groupers (3M AP-DRGs 21.0 and 25.1)

The All Patient DRG and the All Patient Refined DRG methodologies do not completely correspond with the updates to the CDC's *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* procedure and diagnosis codes in effect for this fiscal year. To compensate, the center used clinically representative code using a historical mapper utility provided by 3M Health Information Systems. This mapping is for the purpose of DRG assignment only 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.

Centers for Medicaid and Medicare Services Grouper (CMS-DRGs 30.0)

The Center uses a version of the CMS grouper that is compatible with the fiscal year. Consequently, mapping ICD-9-CM codes is not necessary for this grouping system since CMS creates an annual update for each year consistent with changes in ICD-9-CM diagnosis and procedure codes

All Patient Refined Grouper (3M APR-DRGs 20.0, 26.1, and 30.0)

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 30.0 is an update to the previously used APR Version 26.1

The 3M APR-DRGs expand the basic DRG structure by adding four subclasses to each illness and risk of mortality. They are:

Table 1.	The base APR-DRG (e.g., APR-DRG 194 – Heart Failure or APR-DRG 440 – Kidney Transplant)
Table 2.	The Severity of Illness (SOI) subclass
Table 3.	The Risk of Mortality (ROM) subclass
Table 4.	The Major Diagnosis Category (MDC)

Severity of Illness and Risk of Mortality subclasses relate to distinct patient attributes. Severity of Illness relates to the extent of physiologic decompensation or systematic loss of organ function experienced 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 death, 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 four distinct descriptors:

The four **Severity of Illness** subclasses and the four **Risk of Mortality** subclasses are numbered sequentially from 0 to 4:

TABLE 1.   SOI AND ROM SUBCLASSES

Subclass	Definition
0	cannot be assigned
1	minor
2	moderate
3	major
4	extreme severity of illness or risk of mortality

> **Note:** For a handful of discharges, the **Risk of Mortality** and/or the **Severity of Illness** subclasses cannot 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 (zero).

The CHIA Discharge Database contains the APR Discharge and Admit DRG Version 26.1 and Version 30.0, the APR Discharge and Admit MDC Version 26.1 and Version 30.0, the discharge and admit severity subclass and the discharge and admit mortality subclass.

APR-MDC 26.1 and APR-MDC 30.0, 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 and APR_V300_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 found the Discharge File Table in the variable named:

```
APR_V261 and APR_V300_Discharge_ROM (Mortality Level)
```

> **Note:** The Center maintains listings of the DRG numbers and associated descriptions for all DRG Groupers included in the database. These are available upon request.

PART B.   CHIA DATA

1. Hospital Data Quality Verification

Case Mix Regulations

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires acute care hospitals to submit Case Mix and Charge Data to the Center 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 defined below:

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, CHIA rejects the entire submission. These edits primarily check for valid codes, correct formatting, and presence of the required data elements. See page 28 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 each hospital until the standard is met.

Verification Report Process

The Verification Report process presents the hospitals with a profile of their individual data as reported and retained by the Center. 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 Center 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). See page 51 for a description of the Verification Report contents.

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within the report. Hospitals need to affirm to the Center that reported data is accurate or 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:

> **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 (that is, a B

response), the Center requests that hospitals provide written explanations of the discrepancies so that they may be included in this manual. Please refer to Part G. SUPPLEMENTARY INFORMATION on page 28 for additional information.

2. Data Limitations

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.

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 Center for Health Information and Analysis's electronic submission;
- Non-comparability of data collection and reporting.

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 Hospita," 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. Further, the data submissions questions changed significantly in 2001 and 2006. New data fields and code values were added. This will affect users conducting long term longitudinal studies.

3. 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.

Details of Specific Data Elements

ORGANIZATION IDENTIFIERS (ORG ID)

CHIA FY2014 contains four organization identifier fields which is a CHIA assigned unique code for each Massachusetts hospital:

- Massachusetts Filer Organization ID (**IdOrgFiler**) – The Organization ID for the hospital that submitted the inpatient discharge data to CHIA.
- Massachusetts Site Organization ID (**IdOrgSite**) - The Organization ID for the site where the patient received inpatient care.
- Massachusetts Hospital Organization ID (**IdOrgHosp**) - The Organization ID for the main hospital affiliation. For example 3108 (Cambridge Health Alliance) is the **IdOrgHosp** for the **IdOrgSite** 142 (Whidden Hospital).
- Massachusetts Transfer Hospital Organization ID (**IdOrgTransfer**) - The Organization ID for the hospital from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the **IdOrgTransfer** will be 9999999.

See SUPPLEMENT III. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS on Page 31.

PATIENT RACE AND ETHINICITY

Because data collection methods vary from hospital to hospital, the accuracy of the reporting of these data elements 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

The Center requires hospitals to report LOA days when used. At present, the Center is unable to verify the use of these days if they are not reported, nor can the Center verify the number reported when a hospital provides the information. Therefore, the validity of this category relies solely on the accuracy of a given hospital's reporting practices.

EXTERNAL CAUSE OF INJURY CODE (E-CODE)

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings, and adverse effects. In addition to the dedicated E-Code field, hospitals record additional E-Codes in the associated diagnosis fields for conditions having multiple causes.

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 appear in the **AttendingPhysID** and **OperatingPhysID** fields as:

MMMMM or MMMMM3

The following table shows the Hospital Discharge Database ID for these types of physicians.

TABLE 2.   HOSPITAL DISCHARGE DATABASE IDS

Hospital Discharge Database ID	Definition
DENSG	Dental Surgeon
PODTR	Podiatrist
OTHER	Any other type of physician

MIDWIF (the code for Midwife) appears in the AttendingPhysID and OperatingPhysID fields as:

K##### or K######.

PAYER CODES

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 Tufts Associated Health Plan.

In January 1994, payer information was expanded to include payer type and payer source. Over the years, payer type and payer source codes have been further expanded and updated to reflect the current industry. A complete listing of Payer types and sources, including the new codes, can be found in this manual under *Part G. 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."

Effective October 1, 1999, the Center 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 Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

PATIENT DISPOSITION

This element identifies the disposition and destination of the patient when discharged from the hospital.

TABLE 3.   **E-CODES**

E-Code	Discharge Circumstances and Patient Destination
01	Discharged/transferred to home or self-care (routine discharge)
02	Discharged/transferred to another short-term general hospital for inpatient care
03	Discharged, transferred to Skilled Nursing Facility (SNF)
04	Discharged/transferred to an Intermediate Care Facility (ICF)
05	Discharged/transferred to a Designated cancer Center or Children's Hospital
06	Discharged/transferred to home under care of organized home health service organization
07	Left against medical advice
08	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
12	Discharge Other
13	Discharge/transfer to rehab hospital
14	Discharge/transfer to rest home
15	Discharge to Shelter
20	Expired (or did not recover - Christian Science Patient)
50	Discharged to Hospice - Home
51	Discharged to Hospice Medical Facility
43	Discharged/transferred to federal healthcare facility
61	Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital.
63	Discharge/transfer to a Medicare certified long term care hospital.
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part unit of a hospital.
66	Discharged/transferred to a Critical Access Hospital (CAH).

A small percentage of records are missing the zero used to pad codes 10 thru 18. For example, the entire code might consist of the digit 7 (seven) rather than 07.

ACCOMMODATION AND ANCILLARY REVENUE CODES

Accommodation and Ancillary Revenue Codes have been expanded to coincide with the current UB-04 Revenue Codes, which became effective on March 1, 2007.

UNIQUE HEALTH IDENTIFICATION NUMBER (UHIN)

The patient's social security number is reported as a nine-digit number, which is then encrypted by the Center 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 Center. When a social security number is blank, a single dash (-) appears in the UNI field. For FY 2014 data have the code; invalid data uses the code: 4.

> **Note:** 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, for example, the husband or wife of the patient. The social security number for the mother of a newborn should not be reported in this field, as there is a separate field designated for social security number of the mother.

RACE

Prior to October 1, 2006, there was a single field to report patient race. Beginning October 1, 2006, 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. These codes are compliant with both the federal Office of Management and Budget (OMB) and those of Massachusetts' Executive Office of Health and Human Services (EOHHS) standards and code set values.

HISPANIC INDICATOR

A flag for patients of Cuban, Mexican, Puerto Rican or Central American or other Spanish or other Spanish culture or origin regardless of race.

ETHNICITY

In addition to Patient Race, Ethnicity allows you to utilize three additional fields to report a patient's ethnicity: They are Ethnicity 1, Ethnicity 2, and Other Ethnicity (a free text field for reporting additional ethnicities).

HOMELESS INDICATOR

A flag indicating that the patient is 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

Includes the following fields:

- Patient Street Address

- Patient City/Town
- Patient State
- Permanent Patient Country (ISO-3166) New Zip Code Requirements

> **Note:** If unknown or if the patient country is not the United States, zip codes must be set to zeros (0s).

NEW PATIENT STATUS VALUES

Values were updated to be consistent with UB-04 standards. The Code 05 defined as Discharged/transferred to a Designated cancer Center or Children's Hospital is a new definition which became effective April 2008 replacing Discharged/Transferred to Another Type of Health Care Institution Not Defined Elsewhere in This Code List."

HOSPITAL SERVICE SITE REFERENCE

This element is the Organization Identification name (**OrgID**) for the site (location) of service.

SURGEON LICENSE NUMBER & DATE

Expanded from 3 to 15 procedures beginning October 1, 2001.

ED FLAG INDICATOR CODE

A flag indicating that the patient was admitted from the hospital's emergency department.

OBSERVATION STAY FLAG INDICATOR CODE

A flag indicating that the patient was admitted from the hospital's outpatient observation department.

SECONDARY SOURCE OF ADMISSION

This is 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 Skilled Nursing Facility (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."

DO NOT RESUSCITATE (DNR) STATUS

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. This element indicates that the patient has a physician order not to resuscitate or the patient had a status of receiving palliative care 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 Center.

OTHER'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 Center.

ASSOCIATED DIAGNOSIS 9 – 14

This data element was expanded in 1999 to allow for up to 14 diagnoses.

ATTENDING PHYSICIAN LICENSE NUMBER (BOARD OF REGISTRATION IN MEDICINE NUMBER), AND OPERATING/PHYSICIAN FOR PRINCIPAL PROCEDURE (BOARD OF REGISTRATION IN MEDICINE NUMBER)

There is now choice of a Nurse Midwife Code for the Attending and Operating MD License Field:

- Must be a valid and current Mass. Board of Registration in Medicine license number,

   or

- Must be "DENSG", "PODTR", "OTHER" or "MIDWIF" as specified in Inpatient Data Elements Definitions (9)(b) of the Submission Guide.

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 C. FY 2014 RACE/ETHNICITY AND HISPANIC INDICATOR CODES

Race Code Data as of 2007

Beginning in FY07, the CHIA's predecessor agency adopted federal Office of Management and Budget (OMB) standard race codes, ethnicity, and code set values. These are also consistent with CDC standards. (See http://www.cdc.gov/nchs/data/dvs/RaceCodeList.pdf for additional information.)

There are now three fields for reporting race. Race 1 and Race 2 require the use of one of the codes in the table below. "Other Race" is a free text field for reporting additional races when R9 "Other Race" is indicated in Race 1 or Race 2.

See the table below for all HCF Race Codes Beginning FY 2007:

TABLE 4.   RACE CODES

Race Codes (As of FY 2007)	Description
R1	American Indian /Alaska Native
R2	Asian
R3	Black/African American
R4	Native Hawaiian or Other Pacific Islander
R5	White
R9	Other Race
Unknown	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 Center. 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 on page 19.

TABLE 5.   RACE CODES PRIOR TO FY2006

Race Code	Description - FY2000 – FY2006	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

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

PART D.   CHIA 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.

Age Calculations

Age Calculations use the following data conventions:

- Age is calculated by subtracting the date of birth from the admission date.
- 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.
- 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.
- 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.
- 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.
- Discretion should be used when a questionable age assignment is noted.

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.

Analysis of UHIN data by the Center 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 Center has found that, on average, 91% of the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitors the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN. Only valid SSNs are encrypted to a UHIN. It is valid for hospitals to report that the SSN is unknown. In these cases, the UHIN appears as '000000001'.

> **Note:** Based on these findings, CHIA strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.

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

Newborn Age Calculations

Newborn Age Calculations use the following data conventions:

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.

- 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.
- Discharges that are not newborns have '99' in this field.
- If a patient is 1 year old or older, the age in weeks is set to '99'.
- If a patient is less than 1 year old then:
- Patients' age is calculated in days using the Length of Stay (LOS) routine, described herein.
- Number of days in step 'a' above is divided by seven, and the remainder is dropped.

Preoperative Days

The Preoperative Days data element uses the following data conventions:

- 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).
- Preoperative days are set to 0000 when preoperative days are not applicable.
- For procedures performed before the day of admission, a negative sign (-) appears in the first position of the preoperative day field.
- Preoperative days are calculated by subtracting the patient's admission date from the surgery date.
- 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.
- Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described below.

Length of Stay (LOS) Calculations

The Length of Stay (LOS) Calculations data element uses the following data conventions:

- 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.
- Same day discharges have a length of stay of 1 day.
- If either the Admission Date or Discharge Date are invalid , LOS =0.
- Patient stays ending beyond the end of the reporting year are adjusted to give the correct LOS.

Unique Health Information Number (UHIN) Sequence Number

Unique Health Information Number (UHIN) Sequence Number data element uses the following data conventions:

- The Sequence Number is calculated by sorting the file by Unique Health Information Number, admission date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of admissions.
- UHIN Sequence Number is calculated by sorting the entire database by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
- If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
- 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.
- If a UHIN has 2 admissions on the same day, the discharge date is used as the secondary sort key.

PART E. FY2014 HOSPITAL VERIFICATION RESPONSES

Summary of Hospital Responses

The following table contains verification responses by hospital. See Table 7 for the definition of the Discrepancy Code found in this table.

TABLE 6. FY 2014 HDD HOSPITAL VERIFICATION RESPONSES

Org ID	Hospital Name	Date Form Recv'd	Date Resubmit	Hospital Response	"B" Error, Discrepancy Codes Indicated by Hospital"
1	Anna Jaques Hosp.	4/21/2015	-	A	
2	Athol Memorial Hosp.				
5	Baystate Franklin Med. Ctr.	4/27/2015	-	A	
6	Baystate Mary Lane Hospital	4/27/2015	-	A	
4	Baystate Med. Ctr.	4/27/2015	-	A	
139	Baystate Wing Memorial Hosp.				
7	Berkshire Health Sys. - Berkshire Campus	4/13/2015	-	A	
98	Beth Israel Deaconess - Milton	6/5/2015	4/10/2015	A	
53	Beth Israel Deaconess Med.- Needham Campus	4/28/2015	-	A	
79	Beth Israel Deaconess - Plymouth				
10	Beth Israel Deaconess Med. Ctr.				
46	Boston Children's Hosp.	4/13/2015	-	A	
16	Boston Med. Ctr.	4/27/2015	-	A	
59	Brigham & Women's Faulkner Hosp.	4/22/2015	-	A	
22	Brigham & Women's Hosp.	4/22/2015	-	A	
27	Cambridge Health Alliance				
39	Cape Cod Hosp.				
132	Clinton Hosp.	4/22/2015	-	B	"016, 018, 019"
50	Cooley Dickinson Hosp.	4/27/2015	-	A	
51	Dana Farber Cancer Ctr.				
57	Emerson	4/23/2015	4/25/2015	A	
8	Fairview Hosp.	4/24/2015	-	A	
40	Falmouth Hosp.				

Org ID	Hospital Name	Date Form Recv'd	Date Resubmit	Hospital Response	"B" Error, Discrepancy Codes Indicated by Hospital"
66	Hallmark Health Sys. - Lawrence Memorial Hosp.	4/22/2015	-	A	
141	"Hallmark Health Sys. - Melrose, Wakefield Hosp."	6/1/2015	4/9/2015	A	
68	Harrington Memorial Hosp.	4/9/2015	-	A	
71	"HealthAlliance Hosps., Inc"	4/24/2015	-	B	004
73	Heywood Hosp.	4/24/2015	-	A	
####	Holy Family at Merrimack Valley				
77	Holyoke Hosp.	4/23/2015	-	A	
109	Lahey Health - Addison Gilbert Hospital				
110	Lahey Health - Beverly Hospital				
138	Lahey - Winchester Hosp. & Family Med. Ctr.	4/23/2015	-	A	
81	Lahey Clinic Burlington Campus	4/22/2015	-	A	
83	Lawrence General Hosp.	4/24/2015	-	A	
85	Lowell General Hosp. - Main Campus	4/13/2015	-	A	
115	Lowell General Hosp. - Saint Campus	4/13/2015	-	A	
88	Martha's Vineyard Hosp.	4/22/2015	-	A	
89	Mass Eye & Ear Infirmary	5/21/2015	-	A	
91	Mass General Hosp.	6/8/2015	5/7/2015	B	001
118	Mercy Hosp. - Providence Campus	4/23/2015	-	A	
119	Mercy Hosp. - Springfield Campus	4/23/2015	-	A	
49	MetroWest Med. Ctr. - Framingham Campus	4/14/2015	-	A	
97	Milford Regional Medical Center	4/10/2015	-	B	001
99	Morton Hospital	4/21/2015	-	A	
100	Mount Auburn				
101	Nantucket Cottage Hosp.	4/21/2015	-	A	
103	New England Baptist Hosp.				
105	Newton-Wellesley	6/8/2015	5/6/2015	A	

Org ID	Hospital Name	Date Form Recv'd	Date Resubmit	Hospital Response	"B" Error, Discrepancy Codes Indicated by Hospital"
	Hosp.				
106	Noble Hosp.				
107	North Adams Regional Hosp. Closed (3/31/15)	NA	NA	NA	
116	North Shore Med. Ctr. / Salem (Union) Hosp.	5/8/2015	-	A	
6963	Shriner's Hospital for Children Boston	4/28/2015	-	A	
####	Shriner's Hospital for Children Springfield	6/10/2015	4/17/2015	A	
25	Signature Brockton Hosp.	4/27/2015	-	A	
122	South Shore Hosp.	4/28/2015	-	A	
123	Southcoast Health - Charlton Memorial				
124	Southcoast Health - St. Lukes		4/17/2015		
145	Southcoast Health - Tobey Campus				
127	St. Vincent Hosp.	4/15/2015	-	B	004
42	Steward Carney Hosp.	4/23/2015	-	A	
4460	Steward Good Sam MC-Norcap Lodge	4/24/2015	-	A	
62	Steward Good Samaritan Med. Ctr.	4/24/2015	-	A	
####	Steward Nashoba Valley Med. Ctr.	4/24/2015	-	A	
112	Steward Quincy Hospital	4/24/2015	-	A	
75	Steward Holy Family Hosp.				
41	Steward Norwood Hosp.	4/23/2015	-	A	
114	Steward St. Anne's Hosp.	4/22/2015	-	A	
126	Steward St. Elizabeth Hosp.	4/23/2015	-	A	
129	Sturdy Memorial Hosp.	4/17/2015	-	A	
104	Tufts-New England Med. Ctr.	4/24/2015	-	A	
133	U Mass. / Marlborough Health	4/22/2015	-	B	"010, 016, 017, 019"
131	U Mass. / Memorial Health - U. Mass Campus	4/22/2015	-	B	"019, 010, 020"

The following table contains the definitions of the discrepancy codes found in Table 6.

TABLE 7.   **HOSPITAL PATIENT DISCHARGE PROFILE FORM REPORT CODES**

Code	Definition
001	Sources of Admission
002	Type of Admission
003	Discharges by Month
004	Primary Payer Type
005	Patient Disposition
006	Discharges by Gender
007	Discharges by Race
008	Discharges by Race/Ethnicity
009	Discharges by Ethnicity
010	Discharges by Patient Hispanic Indicator
011	Discharges by Age
014	Length of Stay Frequency Report
015	Ancillary Services by Discharges
016	Routine Accommodation Services by Discharges
017	Special Care Accommodation Services by Discharges
018	Ancillary Services by Charges
019	Routine Accommodation Services by Charges
020	Special Care Accommodation Svcs by Charges
021	Condition Present on Admission
022	Top 20 Patient Zip Codes

PART F. CAUTIONARY USE HOSPITALS

Not applicable for Fiscal Year.

PART G. SUPPLEMENTARY INFORMATION

CHIA reports all discrepancy detail based on hospital submissions of the *FY 2014 Hospital Inpatient Discharge Data Profile Report – Final Without Grouper Reports* form.

> **Note:** Verification reports are available for review. Please direct requests to the attention of CHIA Public Records by facsimile to 617-727-7662.

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

TABLE 8.   TYPE "A" ERRORS

Record Type
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 Primary
Payer Type Secondary
Mother's Medical Record 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
ED Flag Observation Flag HCF Org ID

Hospital Service Site Reference

TABLE 9.   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 DNR Status

Homeless Indicator
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 Primary E-
Code

Significant Procedure Date
Operating Physician for Significant

Procedure
Permanent Patient Street Address,
City/Town, State, Zip Code
Patient Country
Temporary Patient Street Address,
City/Town, State, Zip Code

SUPPLEMENT II. Content of Hospital Verification Report Package

The Hospital Verification Report includes frequency distribution found in the following tables:

TABLE 10.   HOSPITAL VERIFICATION REPORT FREQUENCY DISTRIBUTION TABLES

Source of Admissions
Type of Admissions
Discharges by Month
Primary Payer Type
Patient Disposition
Discharges by Gender
Discharges by Race 1
Discharges by Race 2
Discharges by Race/Ethnicity 1
Discharges by Race/Ethnicity 2
Discharges by Ethnicity1
Discharges by Ethnicity 2
Discharges by Patient Hispanic Indicator
Discharges by Age
CMS v 29 MDC's Listed in Rank Order
Top 20 APR 26.1 DRG with Most Total Discharges
Length of Stay
Ancillary Services by Discharges
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
Top 20 Patient Zip Code

Verification Response Forms must be completed by hospitals after data verification and returned to CHIA.

> NOTE: **Hospital discharges were grouped with All Patient Version 25.1, 21.0, All Patient Refined Version 26.1, and CMS-DRG v28.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification.**

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

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

TABLE 11.   HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

Current Organization Name	Hospital Address	ID ORG HOSP 1	ID ORG FILER 1	SITE NO.*1
Anna Jaques Hospital	25 Highland Ave Newburyport, MA 01950			
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	759 Chestnut St Springfield, MA 01199	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 Pittsfield, MA 01201			9
Beth Israel Deaconess Hospital – Needham	148 Chestnut Street Needham, MA 02192	53	53	53
Beth Israel Deaconess Medical Center - East Campus	330 Brookline Avenue Boston, MA 02215	8702	10	10
Boston Children's Hospital	300 Longwood Avenue Boston, MA 02115	46	46	
Boston Medical Center – Menino Pavilion	One Boston Medical Center Place Boston, MA 02118	3107	16	16

Current Organization Name	Hospital Address	ID ORG HOSP 1	ID ORG FILER 1	SITE NO.*1
Boston Medical Center – Newton Pavilion Campus	One Boston Medical Center Place Boston, MA 02118			144
Brigham and Women's Faulkne Hospital r	1153 Centre Street Jamaica Plain, MA 02130	22	59	59
Brigham and Women's Hospital	75 Francis St Boston, MA 02115	22	22	22
Cambridge Health Alliance –Cambridge Hospital Campus	1493 Cambridge Street Cambridge, MA 02139	3108	27	27
Cambridge Health Alliance – Somerville Campus	230 Highland Avenue Somerville, MA			143
Cambridge Health Alliance – Whidden Hospital Campus	103 Garland Street Everett, MA 02149			142
Cape Cod Hospital	27 Park Street Hyannis, MA 02601	39	39	
Clinton Hospital	201 Highland Street Clinton, MA 01510	132	132	
Cooley Dickinson Hospital	30 Locust Street Northampton, MA 01061-5001	50	50	
Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	51	51	
Emerson Hospital	133 Old Road to Nine Acre Corner 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	see Brigham & Women's Faulkner Hospital			
Hallmark Health System – Lawrence	170 Governors Avenue Medford, MA 02155	3111	66	

Current Organization Name	Hospital Address	ID ORG HOSP 1	ID ORG FILER 1	SITE NO.*1
Hallmark Health System - Melrose-Wakefield Hospital Campus	585 Lebanon Street Melrose, MA 02176	3111	141	
Harrington Memorial Hospital	100 South Street Southbridge, MA 01550	68	68	
Health Alliance Hospitals, Inc.	60 Hospital Road Leominster, MA 01453-8004	71	71	
Health Alliance Hospital – Burbank Campus	275 Nichols Road Fitchburg, MA 01420			8548
Health Alliance Hospital –Leominster Campus	60 Hospital Road Leominster, MA 01453			8509
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	
Lahey Clinic - Burlington Campus	41 Mall Road Burlington, MA 01805	6546	81	81
Lahey Clinic - North Shore	One Essex Center Drive Peabody, MA 01960			4448
Lawrence General Hospital	One General Street Lawrence, MA 01842-0389	83	83	
Lowell General Hospital	295 Varnum Avenue Lowell, MA 01854	85	85	
Marlborough Hospital	57 Union Street Marlborough, MA 01752-9981	133	133	
Martha's Vineyard Hospital	One Hospital Road Oak Bluffs, MA 02557	88	88	
Massachusetts Eye and Ear Infirmary	243 Charles Street Boston, MA 02114-3096	89	89	

Current Organization Name	Hospital Address	ID ORG HOSP 1	ID ORG FILER 1	SITE NO.*1
Massachusetts General Hospital	55 Fruit Street Boston, MA 02114	91	91	
Mercy Medical Center – Providence Behavioral Health Hospital 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	
Merrimack Valley Hospital, A Steward Family Hospital (11466 New Org ID as of 5/1/2011)		11466*	11466	
MetroWest Medical Center – Framingham Campus	115 Lincoln Street Framingham, MA 01702	3110	49	49
MetroWest Medical Center – Leonard Morse Campus	67 Union Street Natick, MA 01760	3110	49	457
Holyoke Medical Center	575 Beech Street Holyoke, MA 01040	77	77	
Jordan Hospital	275 Sandwich Street Plymouth, MA 02360	79	79	
Lahey Clinic - Burlington Campus	41 Mall Road Burlington, MA 01805	6546	81	81
Lahey Clinic - North Shore	One Essex Center Drive Peabody, MA 01960			4448
Lawrence General Hospital	One General Street Lawrence, MA 01842-0389	83	83	
Lowell General Hospital	295 Varnum Avenue Lowell, MA 01854	85	85	
Marlborough Hospital	57 Union Street Marlborough, MA 01752-9981	133	133	
Martha's Vineyard Hospital	One Hospital Road Oak Bluffs, MA 02557	88	88	

Current Organization Name	Hospital Address	ID ORG HOSP 1	ID ORG FILER 1	SITE NO.*1
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 Behavioral Health Hospital 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	
Merrimack Valley Hospital, A Steward Family Hospital (11466 New Org ID as of 5/1/2011)		11466*	11466	
MetroWest Medical Center – Framingham Campus	115 Lincoln Street Framingham, MA 01702	3110	49	49
MetroWest Medical Center – Leonard Morse Campus	67 Union Street Natick, MA 01760	3110	49	457
Milford Regional Medical Center	14 Prospect Street Milford, MA 01757	97	97	
Milton Hospital Note: Due 1/1/12 merger, name has changed to Beth Israel Deaconess Hospital-Milton)	199 Reedsdale Rd Milton, MA 02186	98	98	
Morton Hospital, A Steward Family	88 Washington St Taunton, MA 02780	99	99	
Mount Auburn Hospital	330 Mt. Auburn St. Cambridge, MA 02138	100	100	
Nantucket Cottage Hospital	57 Prospect St Nantucket, MA 02554	101	101	
Nashoba Valley Medical Center	200 Groton Road Ayer, MA 01432	52	52	52
Nashoba Valley Medical Center, A Steward Family Hospital, Inc (11467 new OrgID as of 5/1/2011)		11467	11467	

Current Organization Name	Hospital Address	ID ORG HOSP 1	ID ORG FILER 1	SITE NO.*1
New England Baptist Hospital	125 Parker Hill Avenue Boston, MA 02120	103	103	
Newton Wellesley Hospital	2014 Washington St Newton, MA 02462	105	105	
Noble Hospital	115 West Silver Street Westfield, MA 01086	106	106	
North Adams Regional Hospital	71 Hospital Avenue North Adams, MA 02147	107	107	
North Shore Medical Center, Inc Salem Campus	81 Highland Avenue Salem, MA 01970	345	116	116
North Shore Medical Center, Inc Union Campus	500 Lynnfield Street Lynn, MA 01904			3
Northeast Hospital - Addison Gilbert Campus	298 Washington St Gloucester, MA 01930	3112	109	
Northeast Hospital – Beverly Campus	85 Herrick Street Beverly, MA 01915	3112	110	
Quincy Medical Center, A Steward Family Hospital, Inc.	114 Whitwell Street Quincy, MA 02169	112	112	
Saint Vincent Hospital	123 Summer St 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 02302	25	25	
South Shore Hospital	55 Fogg Road South Weymouth, MA 02190	122	122	
Southcoast Hospitals Group – Charlton Memorial Campus	363 Highland Avenue Fall River, MA 02720	3113	123	
Southcoast Hospitals Group - St. Luke's Campus	101 Page Street New Bedford, MA 02740	3113	124	

Current Organization Name	Hospital Address	ID ORG HOSP 1	ID ORG FILER 1	SITE NO.*1
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 – Brockton Campus	235 North Pearl Street Brockton, MA 02301	8701	62	
Steward Good Samaritan Medical Ctr Norcap Lodge Campus - NO ED	71 Walnut Street 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 Medical Center	736 Cambridge Street Boston, MA 02135	126	126	
Sturdy Memorial Hospital	211 Park Street Attleboro, MA 02703	129	129	
Tufts Medical Center	800 Washington Street Boston, MA 02111	104	104	
UMass. Memorial Medical Center – University Campus	55 Lake Avenue North Worcester, MA 01655	3115	131	
UMass. Memorial Medical Center – Memorial Campus	119 Belmont Street Worcester, MA 01605			130
Winchester Hospital	41 Highland Avenue Winchester, MA 01890	138	138	
Wing Memorial Hospital	40 Wright Street Palmer, MA 01069-1187	139	139	

SUPPLEMENT IV. REFERENCES

Where to Find CHIA Data

You will find:

- Data release specifications
- Submission file specifications,
- Inpatient data code tables,
- And revenue mappings at:

    URL: http://chiamass.gov/regulations/

Accessing CHIA Data

The *Requirement for Submission of Hospital Case Mix and Charge Data* outlies the HDD data release file fields and Access 3 database structure for the various HDD Data Release Levels.

For the record layout and field descriptions along with the starting and ending positions, as specified for the Hospital Inpatient Discharge submission files, refer to the *Hospital Inpatient Discharge Data Electronic Records Submission Specification.*

Use the *Hospital Inpatient Discharge Data Electronic Records Submission Specification* covering the Inpatient Data Code tables for all data elements requiring codes not otherwise specified in *114.1 CMR 17.00.*