Commonwealth of Massachusetts

Center for Health Information and Analysis

Fiscal Year 2012

Outpatient Hospital Emergency Department

Database Documentation Manual

Issued: March 2014

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INTRODUCTION

This documentation manual consists of two sections General Documentation and Technical Documentation. This documentation manual is for use with the Emergency Department Visit 2011 database. The FY2012 ED data was made available in August 2013.

Section I. General Documentation

The General Documentation for the Fiscal Year 2012 Emergency Department Database includes background on its development and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process.

Section II. Technical Documentation

The Technical Documentation includes information on the fields calculated by the Center for Health Information and Analysis (CHIA), and a data file summary section describing the hospital data that is contained in the file.

Copies of **Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data**, **Outpatient Emergency Department Visit Data Electronic Records Submission Specification**, and **Regulation 957 CMR 5.00: Health Claims, Case Mix and Charge Data** release procedures may be obtained at the CHIA web site at http://www.mass.gov/chia/, or by faxing a request to CHIA at 617-727-7662.

CD SPECIFICATIONS

Hardware Requirements:

- CD ROM Device
- Hard Drive with **2.50 GB** of space available

CD Contents:

This CD contains the Final / Full Year 2012 Emergency Department Data Product. It contains two Microsoft Access data base (MDB) files.

1) The ED Visit file contains one record per ED visit.
2) The ED Service file contains one record for each service provided each patient.

Linkage can be performed between ED Visits and ED Services by utilizing the **RecordType20ID**, **EDVisitID**, and **SubmissionControlID**. These 3 combined will produce a unique visit key.

This is **an Access 2003 database**.

File Naming Conventions:

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

Hospital_EDVisit_CCYY_FullYear_L# and Hospital_EDServices_CCYY_FullYear

Where:
- CCYY = the Fiscal Year for the data included
- # = the level of data

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

GENERAL DOCUMENTATION

OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION

Part A provides information on the quarterly reporting periods and the development of the FY2012 Emergency Department Visit Database.

PART B. DATA

Part B 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 role in health care research and analysis. To ensure the database is as accurate as possible, CHIA strongly encourages hospitals to verify the accuracy of their data. A standard Verification Report Response Form is issued by CHIA, to each hospital to verify the accuracy of their data as it appears on their FY2012 Final Case-mix Verification Report. If a hospital finds data discrepancies, CHIA requests that the hospital submit written corrections that provide an accurate profile of that hospital's discharges.

PART C. HOSPITAL RESPONSES

Part C 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' FY2012 Verification Report Responses
2) Individual Hospital Discrepancy Documentation

PART D. CAUTIONARY USE HOSPITALS

Part D Cautions on data received from two hospitals regarding reporting emergency department deaths.

PART E. SUPPLEMENTARY INFORMATION

Part E contains specific information about error types, hospital names and addresses.

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 the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to CHIA on a quarterly basis based on the Federal Fiscal Year. For the 2012 period, these quarterly reporting intervals were as follows:

- **Quarter 1:   October 1, 2011 – December 31, 2011**
- **Quarter 2:   January 1, 2012 – March 31, 2012**
- **Quarter3:   April 1, 2012 – June 30, 2012**
- **Quarter 4:   July 1, 2012 – September 30, 2012**

2. DEVELOPMENT OF THE FISCAL YEAR DATABASE

The Massachusetts Center for Health Information and Analysis (CHIA) adopted final regulations regarding the collection of emergency department data from Massachusetts' hospitals, effective October 1, 2001. They are contained in **Regulation 114.1 CMR 17.00**, and the **Outpatient Emergency Department Visit Data Electronic Records Submission Specification**, both of which are available on CHIA's website.

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

DATA RELEASE LEVELS

To assure patient privacy, minimum data is released per **957 CMR 5.00: Health Care Claims, Case Mix and Change Data Release Procedures**. Data elements are grouped into six (6) levels:

LEVEL I	No identifiable data elements with exception of 5 digit zip code (in future years, Level 1 will have 3 digit zip code only)
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	Date of Birth; Medical Record Numbers; Billing Number

PART B. DATA

1. DATA QUALITY STANDARDS

Data Edits:

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

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

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

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

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

A hospital data *Submission* will be rejected if:

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

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

Please see Supplement I for a Table of Field Names and Error Types, and the Data Elements section for descriptions of fields.

Verification Report Process:

The Verification Report process is intended to present hospitals with a profile of their individual data as reported and retained by CHIA. 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 CHIA and to affirm its accuracy. The Verification Report itself is a series of frequency reports covering selected data elements. Please refer to Supplement III for a description of the Verification Report contents.

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

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

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

If any data discrepancies exist (e.g., a "B" response), CHIA requests that hospitals provide written explanations of the discrepancies, Manual. The verification reports are available for review. Please direct requests to the attention of **Public Records** via fax to 617-727-7662, or by emailing a request to CHIA at **Public.Records@state.ma.us**.

2. GENERAL DEFINITIONS

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

Emergency Department (ED)

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

Emergency Department Visit

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

3. GENERAL DATA CAVEATS

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

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

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

4. SPECIFIC DATA ELEMENTS

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

Patient Race

There are three fields to report race. Race 1, Race 2, and Other Race (a free text field for reporting any additional races). Please see the Data Codes section for a listing of values. These are consistent with both the federal OMB standards and code set values, and the EOHHS Standards for Massachusetts. New as of October 1, 2006.

Hispanic Indicator

A flag to indicate whether the patient is or is not Hispanic/Latino/Spanish. New as of October 1, 2006.

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. New as of October 1, 2006.

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. New as of October 1, 2006.

Permanent & Temporary US Patient Address

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

Effective October 1, 2006

Filing Org ID

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

Type of Visit

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

Emergency Severity Index

The Emergency Severity Index (ESI) is a system for triaging patients using an algorithm developed by researchers at Brigham & Women's and Johns Hopkins Hospitals. It employs a five-level scale. It may be reported on Record Type 20 as an alternative to, or in addition to, the Type of Visit (Field 17), which is basically a three-level triage scale. The ESI is described in the following article: Wuerz, R. et al., Reliability and Validity of a New Five-Level

Triage Instrument, Academic Emergency Medicine 2000; 7:236-242. Regardless of whether the ESI or the Type of Visit is reported, it should reflect the initial assessment of the patient, and not a subsequent revision of it due to information gathered during the course of the ED visit. Only a small number of hospitals report this data element.

Source of Visit

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

Secondary Source of Visit

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

Charges

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

Encrypted Physician Number (UPN)

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

Other Physician Number (UPN)

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

Other Caregiver Code

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

Principal Diagnosis

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

Associated Diagnosis Codes 1-5

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

Significant Procedure Code 1-4

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

Associated Significant Procedure Codes 1-3

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

Procedure Type Code

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

Ambulance Run Sheet Number

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

Patient Departure Status Code

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

Patient's Mode of Transport Code

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

Discharge Date and Discharge Time

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

Stated Reason For Visit

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

Patient Homelessness Indicator

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

Principal External Cause of Injury Code (E-Code)

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

Payer Codes

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

Unique Health Identification Number (UHIN)

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

Service Line Items

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

ED Treatment Bed

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

ED-Based Observation Bed

> ED-based Observation Beds are beds located in a distinct area within or adjacent to the ED, which are intended for use by observation patients. Hospitals should include only beds that are set up and equipped on a permanent basis to treat patients. They should not include temporary use of stretchers, gurneys, etc.

ED Site

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

5. CHIA CALCULATED FIELDS

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

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

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

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

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

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

PART C. HOSPITAL RESPONSES

This section 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' FY2012 Verification Report Responses
2. Individual Hospital Discrepancy Documentation

In the table below, an "A" response indicates the Hospital agrees with the data verification reports provided by CHIA. A "B" response indicates the Hospital has issues remaining to be resolved; Hospital Comments regarding "B" responses are in the Comments column.

FY 2012 VERIFICATION RESPONSE TRACKING LOG	Organization	Date Sent	HDD Date Form Recvd.	HDD Resubmit Date	HDD Hospital Response
1	Anna Jaques Hosp.	4/5/13	4/18/13		A
2	Athol Memorial Hosp.	4/5/13	5/9/13		A
5	Baystate Franklin Hospital	4/5/13	4/25/13		A
6	Baystate Mary Lane Hospital	4/5/13	4/19/13		A
4	Baystate Med. Ctr.	4/5/13	4/25/13		A
7	Berkshire Health Sys. - Berkshire Campus	4/8/13	4/19/13		A
10	Beth Israel Deaconess Med. Ctr.	4/8/13	4/18/13		A
53	Beth Israel Deaconess Med.- Needham Campus	4/5/13	4/19/13		A
98	Beth Israel Deaconess Med - Milton	4/5/13	4/24/13		A
46	Boston Children's Hospital	4/5/13	4/11/13		A
16	Boston Med. Ctr.	4/8/13	4/23/13		A
59	Brigham & Women's Faulkner Hospital	4/8/13	4/18/13		A
22	Brigham & Women's Hosp.	4/8/13	4/11/13		A
27	Cambridge Health Alliance	4/8/13	4/19/13		A
39	**Cape Cod Hosp.**	**5/31/13**			**Data not verified**
132	Clinton Hosp.	4/5/13			**Data not verified**
50	Cooley Dickinson Hosp.	5/13/13	6/3/13		A

51	Dana Farber Cancer Ctr.	4/5/13	4/11/13		A
57	Emerson	**4/5/13**	4/18/13		A
8	Fairview Hosp.	4/5/13	4/19/13		A
40	**Falmouth Hosp.**	**5/31/13**			**Data not Verified**
66	Hallmark Health Sys. - Lawrence Memorial Hosp.	4/8/13	4/18/13		A
141	Hallmark Health Sys. - Melrose, Wakefield Hosp. Campus	4/8/13	4/18/13		A
68	Harrington Memorial Hosp.	4/5/13	4/22/13		A
71	HealthAlliance Hosps., Inc	4/5/13	4/18/13		A
73	Heywood Hosp.	4/5/13	4/18/13		A
77	Holyoke Hosp.	4/5/13	4/19/13		**A**
79	**Jordan Hosp.**	5/31/13	4/26/13		**B**
81	Lahey Clinic Burlington Campus	4/8/13	4/19/13		A
83	**Lawrence General Hosp.**	4/8/13	4/18/13		**B**
85	Lowell General Hosp.	4/8/13	4/15/13		A
115	Lowell General Hosp. Saints Campus	4/8/13	4/18/13		A
133	Marlborough Hosp	4/8/13	4/19/13		A
88	Martha's Vineyard Hosp.	4/8/13	4/18/13		A
88	Mass Eye & Ear Infirmary	5/31/13	6/5/13		A
91	Mass General Hosp.	4/8/13	4/18/13		A
118	Mercy Hosp. - Providence Campus	4/8/13	5/20/13		A
119	Mercy Hosp. - Springfield Campus	4/8/13	4/16/13		A
11466	Merrimack Valley Hosp.	4/8/13	4/25/13		A
49	MetroWest Med. Ctr. - Framingham & Leon	4/8/13	4/18/13		A
97	Milford Regional Medical Center	4/8/13	4/17/13		A
99	Morton	4/8/13	**5/15/13**		B
100	Mount Auburn	4/8/13	4/18/13		A
101	Nantucket Cottage Hosp.	4/8/13	4/18/13		A
11467	Nashoba Valley Med. Ctr.	4/8/13	4/18/13		A
103	New England Baptist Hosp.	4/8/13	4/18/13		A
105	Newton-Wellesley Hosp.	4/8/13	4/30/13		A
106	Noble Hosp.	**5/31/13**			**Data not**

					verified
107	North Adams Regional Hosp.	4/8/13	5/29/13		A
109	Northeast Health Sys - Addison	4/8/13	4/18/13		A
110	Northeast Health Sys - Beverly	4/8/13	4/18/13		A
116	North Shore Med. Ctr. / Salem Hosp & Union	4/8/13	4/19/13		A
112	Quincy Hosp.	4/8/13	4/22/13		A
127	Saint Vincent Hosp @ Worcester Med Ctr	4/8/13	4/23/13		A
6963	Shriners Hospital for Children - Boston	4/8/13	5/3/13		A
11718	Shriners Hospital for Children - Springfield	4/8/13	4/18/13		A
25	Signature Healthcare Brockton Hosp	4/8/13	4/18/13		A
122	South Shore Hosp.	4/8/13	4/26/13		A
123	Southcoast Health - Charlton Memorial	**5/31/13**			**Data not verified**
124	Southcoast Health - St. Lukes	**5/31/13**			**Data not verified**
145	Southcoast Health - Tobey Campus	**5/31/13**			**Data not verified**
42	Steward Carney Hospital	4/8/13	5/13/13		**A**
62	Steward Good Samaritan Medical Center	4/8/13	5/13/13		**A**
4460	Steward Good Sam Med Ctr - Norcap Lodge	4/8/13	5/12/13		**A**
75	Steward Holy Family Hospital	4/8/13	5/12/13		**A**
41	Steward Norwood Hospital	4/8/13	5/13/13		**A**
114	Steward Saint Anne's Hospital	4/8/13	5/12/13		**A**
126	Steward St. Elizabeth's Medical Center	4/8/13	5/13/13		**A**
129	Sturdy Memorial Hospital	4/8/13	4/22/13		A
104	Tufts-New England Med. Ctr.	4/8/13	4/22/13		A
131	U Mass. / Memorial Health - U. Mass Campus	4/8/13	4/29/13		B
139	U Mass / Wing Memorial Hosp.	4/8/13			data not verified
138	Winchester Hosp. & Family Med. Ctr.	4/8/13	4/13/13		A

2. Individual Hospital Discrepancy Documentation

Center for Health Information and Analysis

FY 2012 Hospital Inpatient Discharge Data Profile Report - Final.

General Instructions

RECEIVED
CENTER FOR HEALTH
INFORMATION AND ANALYSIS
2013 APR 26 A 9 55

Please review the enclosed FY 2012 Hospital Inpatient Discharge Data Profile Report - Final and check either the A or B response.

You may also submit additional written comments to the Division if you desire. Please respond NO LATER than 4/19/2013.

☐ A. I have reviewed the FY 2012 Hospital Inpatient Discharge Data Profile Report - Final and agree that the data as it appears in the reports is the data that was submitted to the Division, and that it accurately represents the hospital's Discharge Data profile.

☒ B. I have reviewed the FY 2012 Hospital Inpatient Discharge Data Profile Report - Final and agree that the data is accurate and complete except for the discrepancies found in the areas below:

☐ 001 - Source of Admission   ☐ 002 - Type of Admission

☒ 003 - Discharges by Month   *1ST QUARTER DISCHARGES ARE LOW*   ☐ 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   ☐ 012 - CMS v29 MDCs Listed In Rank Order

☐ 013 - Top 20 APR 26.1 DRGs Total Discharges   ☐ 014 - Length of Stay Frequency Report

☐ 015 - Ancillary Services by Discharges   ☐ 016 - Routine Accommodation Service by Discharges

☐ 017 - Special Care Accommodations by Discharges   ☐ 018 - Ancillary Services by Charges

☐ 019 - Routine Accommodation by Charges   ☐ 020 - Special Care Accommodation Svcs by Charges

☐ 021 - Condition Present on Admission   ☐ 022 - Top 20 Patient Zip Codes

☐ Check here if you are also including further detail (supporting documentation).

WE ARE IN THE PROCESS OF RESUBMITTING FIRST QUARTER FILES

Signature _____

Print Name _ROBERT G. NESS_____

Title _DIRECTOR OF FINANCIAL PLANNING___

Telephone Number _508 - 830 - 2227_____

Fax Number _508 - 830 - 2509_____

Hospital _JORDAN HOSPITAL_____

Date _4/26/13_____

Please FAX this form to: Cynthia Dukes-Reed

(617) 727-7662

Center for Health Information and Analysis

Two Boylston Street

Boston, MA 02116

(617) 988-3141

Center for Health Information and Analysis

FY 2012 Hospital Inpatient Discharge Data Profile Report - Final.

General Instructions

Please review the enclosed FY 2012 Hospital Inpatient Discharge Data Profile Report - Final and check either the A or B response.

You may also submit additional written comments to the Division if you desire. Please respond NO LATER than 4/19/2013.

A. I have reviewed the FY 2012 Hospital Inpatient Discharge Data Profile Report - Final and agree than the data as it appears in the reports is the data that was submitted to the Division, and that it accurately represents the hospital's Discharge Data profile.

☑ B. I have reviewed the FY 2012 Hospital Inpatient Discharge Data Profile Report - Final and agree that the data is accurate and complete except for the discrepancies found in the areas below:

[ ] 001 - Source 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	[ ] 012 - CMS v29 MDC's Listed In Rank Order
[ ] 013 - Top 20 APR 26.1 DRGs Total Discharges	[ ] 014 - Length of Stay Frequency Report
[ ] 015 - Ancillary Services by Discharges	☑ 016 - Routine Accommodation Service by Discharges
[ ] 017 - Special Care Accommodations by Discharges	[ ] 018 - Ancillary Services by Charges
☑ 019 - Routine Accommodation by Charges	[ ] 020 - Special Care Accommodation Svcs by Charges
[ ] 021 - Condition Present on Admission	[ ] 022 - Top 20 Patient Zip Codes

[ ] Check here if you are also including further detail (supporting documentation).

Signature _Stephen Pincolloy_

Print Name _STEPHEN P. MOLLOY_

Title _Dir. Health Information Services_

Telephone Number _478 - 946 - 8111_

Fax Number _978 - 946 - 8191_

Hospital _Lawrence General Hospital_

Date _April 18, 2013_

Please FAX this form to:

Cynthia Dukes-Reed
(617) 727-7662

Center for Health Information and Analysis
Two Boylston Street
Boston, MA 02116
(617) 988-3141

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☐ 001 - Source of Admission	☐ 002 - Type of Admission
☑ 003 - Discharges by Month *Numbers are wrecked.*	☑ 004 - Primary Payer Type *29.94% on all lines is incorrect*
☐ 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	☐ 012 - CMS v29 MDCs Listed In Rank Order
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☐ 019 - Routine Accommodation by Charges	☐ 020 - Special Care Accommodation Svcs by Charges
☐ 021 - Condition Present on Admission	☐ 022 - Top 20 Patient Zip Codes

☑ Check here if you are also including further detail (supporting documentation).

Signature _Cannon K Aoke_

Print Name _Carmen K Acker_

Title _CFO_

Telephone Number _508-828-7881_

Fax Number _508-821-9836_

Hospital _Morton Hospital_

Date _5/15/13_

Please FAX this form to:

Cynthia Dukes-Reed
(617) 727-7662

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Two Boylston Street
Boston, MA 02116
(617) 988-3141

Center for Health Information and Analysis

FY 2012 Hospital Inpatient Discharge Data Profile Report - Final.

General Instructions

Please review the enclosed FY 2012 Hospital Inpatient Discharge Data Profile Report - Final and check either the A or B response.

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☑ 005 - Patient Disposition	☐ 006 - Discharges by Gender
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☑ 021 - Condition Present on Admission	☐ 022 - Top 20 Patient Zip Codes

☐ Check here if you are also including further detail (supporting documentation).

Signature _____

Print Name _Todd Keating_

Title _CFO_

Telephone Number _508-334-0256_

Fax Number _508-334-0495_

Hospital _U Mass Memorial_

Date _4-29-13_

Please FAX this form to:

Cynthia Dukes-Reed
(617) 727-7662

Center for Health Information and Analysis
Two Boylston Street
Boston, MA 02116
(617) 988-3141

PART D. CAUTIONARY USE HOSPITALS

For 2012, all hospitals were in compliance, however, CHIA noted two observations in the data since its release. In both instances, the hospitals re-submitted corrected data to CHIA. Please contact CHIA for corrected data:

Hallmark Health Systems overstated third quarter FY 2012 outpatient emergency department deaths for two campuses: Lawrence Memorial (OrgID 66) and Melrose-Wakefield Hospital (OrgID 141).

UMass Memorial Medical Center (OrgID 131) overstated FY 2012 outpatient emergency departments deaths.

PART E. SUPPLEMENTARY INFORMATION

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

Type 'A' Errors:

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

TYPE 'B' ERRORS:

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

HOSPITAL VERIFICATION REPORT FIELDS

The Hospital Verification Report includes the following frequency distribution tables:

- Visits by Quarter
- Visit Types and Emergency Severities
- Source of Visits
- Mode of Transport
- Top 10 Principal Diagnosis by Number of Visits
- Tope 10 Principal E-Codes by Number of Visits
- Top 10 Significant Procedures by Number of Visits
- Number of Diagnosis per Visit
- Patient Departure Status
- Top 20 Primary Payers by Number of Visits
- Top 10 Principal Diagnosis by Charges
- Visits by Age
- Visits by Race 1&2
- Visits by Gender
- Top 20 Patient ZIP Codes
- Homeless Indicator
- Average Hours of Service and Charges
- Visits by Ethnicity 1 and 2
- Hispanic Indicator
- Principal Condition Present on Admission

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

Filer	Org Site	ID ORG HOSP	Organization Name	Address	Address Line 2	City	State	Zip Code
1	1	1	Anna Jaques Hospital	25 Highland Avenue		Newburyport	MA	01950
2	2	2	Athol Memorial Hospital	2033 Main Street		Athol	MA	01331
5	5	5	Baystate Franklin Medical Center	164 High Street		Greenfield	MA	01301
6	6	6	Baystate Mary Lane Hospital	85 South Street		Ware	MA	01082
4	4	4	Baystate Medical Center	759 Chestnut Street		Springfield	MA	01199
7	7	7	Berkshire Medical Center - Berkshire Campus	725 North Street		Pittsfield	MA	01201
***	9	9	Berkshire Medical Center - Hillcrest Campus	165 Tor Court		Pittsfield	MA	01201
53	53	53	Beth Israel Deaconess Hospital - Needham	148 Chestnut Street		Needham	MA	02492
10	10	10	Beth Israel Deaconess Medical Center - East Campus	330 Brookline Avenue		Boston	MA	02215
98	98	98	Beth Israel Deconess Hospital - Milton	199 Reedsdale Road		Milton	MA	02186
46	46	46	Boston Children's Hospital	300 Longwood Avenue		Boston	MA	02115
16	16	16	Boston Medical Center - Menino Pavilion Campus	One Boston Medical Center Place		Boston	MA	02118
59	59	59	Brigham and Women's Faulkner Hospital	1153 Centre Street		Boston	MA	02130
22	22	22	Brigham and Women's Hospital	75 Francis Street		Boston	MA	02115
27	27	27	Cambridge Health Alliance - Cambridge Hospital Campus	1493 Cambridge Street		Cambridge	MA	02139
***	143	143	Cambridge Health Alliance - Somerville Hospital Campus	230 Highland Avenue		Somerville	MA	02143
***	142	142	Cambridge Health Alliance - Whidden Hospital Campus	103 Garland Street		Everett	MA	02149
39	39	39	Cape Cod Hospital	27 Park Street		Hyannis	MA	02601
132	132	132	Clinton Hospital	201 Highland Street		Clinton	MA	01510
50	50	50	Cooley Dickinson Hospital	30 Locust Street		Northampton	MA	01061
51	51	51	Dana-Farber Cancer Institute	44 Binney Street		Boston	MA	02115
57	57	57	Emerson Hospital	133 Old Road to Nine Acre Corner		Concord	MA	01742
8	8	8	Fairview Hospital	29 Lewis Avenue		Great Barrington	MA	01230
40	40	40	Falmouth Hospital	100 Ter Heun Drive		Falmouth	MA	02540
66	66	66	Hallmark Health - Lawrence Memorial Hospital Campus	170 Governors Avenue		Medford	MA	02155
141	141	141	Hallmark Health - Melrose-Wakefield Hospital Campus	585 Lebanon Street		Melrose	MA	02176

68	68	68	Harrington Memorial Hospital	100 South Street		Southbridge	MA	01550
71	71	71	HealthAlliance Hospital	60 Hospital Road		Leominster	MA	01453
***	8548	8548	HealthAlliance Hospital - Burbank Campus	275 Nichols Road		Fitchburg	MA	01420
***	8509	8509	HealthAlliance Hospital - Leominster Campus	60 Hospital Road		Leominster	MA	01453
73	73	73	Heywood Hospital	242 Green Street		Gardner	MA	01440
77	77	77	Holyoke Medical Center	575 Beech Street		Holyoke	MA	01040
79	79	79	Jordan Hospital	275 Sandwich Street		Plymouth	MA	02360
136	136	136	Kindred Hospital Boston	1515 Commonwealth Avenue		Boston	MA	02135
135	135	135	Kindred Hospital Boston North Shore	15 King Street		Peabody	MA	01960
81	81	81	Lahey Clinic - Burlington Campus	41 Mall Road		Burlington	MA	01805
***	4448	4448	Lahey Clinic North Shore	One Essex Center Drive		Peabody	MA	01960
83	83	83	Lawrence General Hospital	One General Street		Lawrence	MA	01842
85	85	85	Lowell General Hospital	295 Varnum Avenue		Lowell	MA	01854
133	133	133	Marlborough Hospital	157 Union Street		Marlborough	MA	01752
88	88	88	Martha's Vineyard Hospital	One Hospital Road	P.O. Box 1477	Oak Bluffs	MA	02557
89	89	89	Massachusetts Eye and Ear Infirmary	243 Charles Street		Boston	MA	02114
91	91	91	Massachusetts General Hospital	55 Fruit Street		Boston	MA	02114
118	118	118	Mercy Medical Center - Providence Behavioral Health Hospital Campus	1233 Main Street		Holyoke	MA	01040
119	119	119	Mercy Medical Center - Springfield Campus	271 Carew Street		Springfield	MA	01102
11466	11466	11466	Merrimack Valley Hospital, A Steward Family Hospital, Inc.	140 Lincoln Avenue		Haverhill	MA	01830
49	49	3110	MetroWest Medical Center - Framingham Campus	115 Lincoln Street		Framingham	MA	01701
***	457	457	MetroWest Medical Center - Leonard Morse Campus	67 Union Street		Natick	MA	01760
97	97	97	Milford Regional Medical Center	14 Prospect Street		Milford	MA	01757
99	99	99	Morton Hospital, A Steward Family Hospital, Inc.	88 Washington Street		Taunton	MA	02780
100	100	100	Mount Auburn Hospital	330 Mount Auburn Street		Cambridge	MA	02138
101	101	101	Nantucket Cottage Hospital	57 Prospect Street		Nantucket	MA	02554
11467	11467	11467	Nashoba Valley Medical Center, A Steward Family Hospital, Inc.	200 Groton Road		Ayer	MA	01432
103	103	103	New England Baptist Hospital	125 Parker Hill Avenue		Boston	MA	02120

105	105	105	Newton-Wellesley Hospital	2014 Washington Street		Newton	MA	02462
106	106	106	Noble Hospital	PO Box 1634		Westfield	MA	01086
107	107	107	North Adams Regional Hospital	71 Hospital Avenue		North Adams	MA	01247
116	116	116	North Shore Medical Center - Salem Campus	81 Highland Avenue		Salem	MA	01970
***	3	3	North Shore Medical Center - Union Campus	500 Lynnfield Street		Lynn	MA	01904
109	109	109	Northeast Hospital - Addison Gilbert Campus	298 Washington Street		Gloucester	MA	01930
110	110	110	Northeast Hospital - Beverly Campus	85 Herrick Street		Beverly	MA	01915
112	112	112	Quincy Medical Center, A Steward Family Hospital, Inc.	114 Whitwell Street		Quincy	MA	02169
127	127	127	Saint Vincent Hospital	123 Summer Street		Worcester	MA	01608
115	115	115	Saints Medical Center	One Hospital Drive		Lowell	MA	01852
6963	6963	6963	Shriners Hospitals for Children Boston	51 Blossom Street		Boston	MA	02114
11718	11718	11718	Shriners Hospitals for Children Springfield	516 Carew Street		Springfield	MA	01104
25	25	25	Signature Healthcare Brockton Hospital	680 Centre Street		Brockton	MA	02302
122	122	122	South Shore Hospital	55 Fogg Road		South Weymouth	MA	02190
123	123	123	Southcoast Hospitals Group - Charlton Memorial Campus	363 Highland Avenue		Fall River	MA	02720
124	124	124	Southcoast Hospitals Group - St. Luke's Campus	101 Page Street		New Bedford	MA	02740
145	145	145	Southcoast Hospitals Group - Tobey Hospital Campus	43 High Street		Wareham	MA	02571
42	42	42	Steward Carney Hospital, Inc.	2100 Dorchester Avenue		Dorchester	MA	02124
62	62	62	Steward Good Samaritan Medical Center - Brockton Campus	235 North Pearl Street		Brockton	MA	02301
4460	4460	4460	Steward Good Samaritan Medical Center - NORCAP Lodge Campus	71 Walnut Street		Foxboro	MA	02035
75	75	75	Steward Holy Family Hospital, Inc.	70 East Street		Methuen	MA	01844
41	41	41	Steward Norwood Hospital, Inc.	800 Washington Street		Norwood	MA	02062
114	114	114	Steward Saint Anne's Hospital, Inc.	795 Middle Street		Fall River	MA	02721
126	126	126	Steward St. Elizabeth's Medical Center	736 Cambridge Street		Boston	MA	02135
129	129	129	Sturdy Memorial Hospital	211 Park Street	P.O. Box 2963	Attleboro	MA	02703
104	104	104	Tufts Medical Center	800 Washington Street		Boston	MA	02111
131	131	131	UMass Memorial Medical Center - University Campus	55 Lake Avenue North		Worcester	MA	01655

***	130	130	UMass Memorial Medical Center - Memorial Campus	119 Belmont Street		Worcester	MA	01605
138	138	138	Winchester Hospital	41 Highland Avenue		Winchester	MA	01890
139	139	139	Wing Memorial Hospital	40 Wright Street		Palmer	MA	01069

***These organizations are included in the filing from the organization shown immediately above it.

SECTION II. TECHNICAL DOCUMENTATION

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATIONS

A) Conventions:

1) Age is calculated if the **date of birth** and **admission date** are valid.

- If either one is invalid, then '999' is placed in this field.

2) **Discretion should be used** whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) Brief Description:

Age is calculated by subtracting the **date of birth** from the **admission date**.

C) Detailed Description:

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

2. NEWBORN AGE CALCULATIONS

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 in (B) above.

b) Number of days in step 'a' above is divided by seven, and the remainder is dropped.

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

A) Conventions:

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

B) Brief Description:

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

C) Detailed Description:

1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, registration date, then discharge date (both dates are sorted in ascending order).

2) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

3) If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first visit for the UHIN, and nnnn indicates the last visit for the UHIN.

4) If a UHIN has 2 visits on the same day, the discharge date is used as the secondary sort key.

PART B. OUTPATIENT EMERGENCY DEPARTMENT DATA CODE TABLES

Please refer to **Outpatient Emergency Department Visit Data Electronic Records Submission Specification** on the CHIA website for information regarding the Outpatient Emergency Department Data Code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00.

> http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-ed-data-specs.pdf

The specification contains the ED submission file record layout and field requirements, as well as lists and descriptions of the expected values for the following **ED data code tables**:

- IDHCFP Organization IDs for Hospitals
- Payer Type Code
- Source of Payment Code
- Patient Sex
- Patient Race
- Patient Hispanic Indicator
- Patient Ethnicity
- Type of Visit
- Source of Visit
- Patient Departure Status Code
- Other Caregiver Code
- Patient's Mode of Transport
- Homeless Indicator
- Condition Present on Visit Flag