



Fiscal Year: 2010

**Outpatient Hospital Emergency Department
Database Documentation Manual**

DATE ISSUED: JULY 2011

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation manual is for use with the Emergency Department Visit 2010 database. The FY2010 ED data was made available as in July, 2011.

Section I. General Documentation

The General Documentation for the Fiscal Year 2010 Emergency Department Database includes background on its development and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process.

Section II. Technical Documentation

The Technical Documentation includes information on the fields calculated by the Division of Health Care Finance and Policy (DHCFP), and a data file summary section describing the hospital data that is contained in the file.

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

Copies of Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data, Amministrative Bulletin 02-06: Outpatient Emergency Department Visit Data Electronic Record Submission Specifications, and Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data may be obtained by logging on to the Division's web site at <http://www.mass.gov/dhcfp/>, or by faxing a request to the Division at 617-727-7662, or by emailing a request to the Division at Public.Records@state.ma.us.

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CD SPECIFICATIONS

Hardware Requirements:

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

CD Contents:

*This CD contains the Final / Full Year 2010 Emergency Department Data Product. It contains two Microsoft Access data base (MDB) files. The first file is the ED Visit file which contains one record per ED visit. The second file is the ED Service file which contains one record for each service provided each patient. Linkage can be performed between EDVisits and EDServices by utilizing the RecordType20ID, EDVisitID, and SubmissionControlID. These 3 combined will produce a 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:

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

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

PART A. BACKGROUND INFORMATION

1. GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: Provides information on the quarterly reporting periods and the development of the FY2010 Emergency Department Visit Database.

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

Case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the DHCFP strongly encourages hospitals to verify the accuracy of their data. A standard *Verification Report Response Form* is issued by the Division, and is used by each hospital to verify the accuracy of their data as it appears on their FY2010 Final Case-mix Verification Report. If a hospital finds data discrepancies, the DHCFP requests that the hospital submit written corrections that provide an accurate profile of that hospital's discharges.

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

1. Summary of Hospitals' FY2010 Verification Report Responses
2. Summary of Reported Discrepancies by Category
3. Individual Hospital Discrepancy Documentation

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

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting data for FY2010, and those that failed to provide any FY2010 data. Also lists hospital discharge and charge totals by quarter for data submissions.

PART F. SUPPLEMENTARY INFORMATION: Provides Supplements I through VI listed in the Table of Contents. Contains specific information on types of errors, hospital locations, and identification numbers.

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PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

Massachusetts hospitals are required to file case-mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2010 period, these quarterly reporting intervals were as follows:

Quarter 1:	October 1, 2009 – December 31, 2009
Quarter 2:	January 1, 2010 – March 31, 2010
Quarter 3:	April 1, 2010 – June 30, 2010
Quarter 4:	July 1, 2010 – September 30, 2010

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PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR DATABASE

The Massachusetts Division of Health Care Finance and Policy adopted final regulations regarding the collection of emergency department data from Massachusetts' hospitals, effective October 1, 2001. They are contained in Regulation 114.1 CMR 17.00, and the Data Specifications of Administrative bulletin 02-06, both of which are available on the Division's website.

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

Six Fiscal Year 2010 data levels have been created to correspond to the levels in *Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data"*.

Higher levels contain an increasing number of the data elements defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements include: medical record number, billing number, Medicaid Claim Certificate Number (Medicaid Recipient ID number), unique health information (UHIN) number, beginning and ending dates of service, date of birth, date(s) of surgery, and the unique physician number (UPN). The six levels include:

LEVEL I	Contains all case mix data elements, except the deniable data elements
LEVEL II	Contains all Level I data elements, plus the UPN
LEVEL III	Contains all Level I data elements, plus the patient UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL IV	Contains all Level I data elements, plus the UPN, the UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL V	Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.
LEVEL VI	Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number.

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PART A. BACKGROUND INFORMATION

4. DRG GROUPERS

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

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

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

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

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS - Continued

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

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

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PART B. DATA

1. DATA QUALITY STANDARDS

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit emergency department data to the Division 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in *Administrative Bulletin 02-06: Outpatient Emergency Department Visit Data Submission Specification*.

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

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

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

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

A hospital data **Submission** will be rejected if:

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

Each hospital received a quarterly error report displaying invalid discharge information. Quarterly data that does not meet the 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, Field Descriptions, and Error Types.

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PART B. DATA

1. DATA QUALITY STANDARDS - Continued

Verification Report Process:

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

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

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

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

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

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

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

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PART B. DATA

2. GENERAL DEFINITIONS

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

Emergency Department (ED)

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

Emergency Department Visit

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

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PART B. DATA

3. GENERAL DATA CAVEATS

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

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

Emergency Department Data

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

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

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

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

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

Patient Race

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

Hispanic Indicator

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

Ethnicity

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

Condition Present on Admission Indicator

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

Permanent & Temporary US Patient Address

Patient address includes the following fields:

- Patient Street Address
- Patient City/Town
- Patient State
- Permanent Patient Country (ISO-3166)

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

b. Existing Data Elements

Filing Org DPH Number

The Massachusetts Department of Public Health's four-digit identification number for the hospital that submits the data. A hospital may submit data for multiple affiliated hospitals or campuses.

Filing Org ID

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

Type of Visit

This is the patient's type of visit: Emergency, Urgent, Non-Urgent, Newborn, or Unavailable. 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.

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

Source of Visit

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

Secondary Source of Visit

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

Charges

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

Encrypted Physician Number (UPN)

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

Other Physician Number (UPN)

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

Other Caregiver Code

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

Principal Diagnosis

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

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

Associated Diagnosis Codes 1-5

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

Significant Procedure Code 1-4

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

Associated Significant Procedure Codes 1-3

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

Procedure Type Code

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

Ambulance Run Sheet Number

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

Patient Departure Status Code

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

Patient's Mode of Transport Code

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

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

Discharge Date and Discharge Time

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

Stated Reason For Visit

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

Patient Homelessness Indicator

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

Principal External Cause of Injury Code (E-Code)

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

Payer Codes

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

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

Unique Health Identification Number (UHIN)

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

Service Line Items

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

ED Treatment Bed

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

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PART B. DATA

4. SPECIFIC DATA ELEMENTS

ED-Based Observation Bed

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

ED Site

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

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PART B. DATA

5. DHCFP CALCULATED FIELDS

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

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

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

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

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

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

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	'COMMENTS'
1	Anna Jaques Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See comments
2	Athol Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Baystate Franklin Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Baystate Mary Lane Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Baystate Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Berkshire Medical Center - Berkshire Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53	Beth Israel Deaconess Hospital - Needham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Beth Israel Deaconess Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Boston Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Brigham and Women's Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Cambridge Health Alliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	Cape Cod Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46	Children's Hospital Boston	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
132	Clinton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50	Cooley Dickinson Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57	Emerson Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Fairview Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	Falmouth Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
59	Faulkner Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
66	Hallmark Health System - Lawrence Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
141	Hallmark Health System - Melrose-Wakefield Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68	Harrington Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71	Health Alliance Hospitals, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73	Heywood Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
77	Holyoke Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
79	Jordan Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
81	Lahey Clinic - Burlington Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
83	Lawrence General Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	'COMMENTS'
85	Lowell General Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
88	Martha's Vineyard Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
89	Massachusetts Eye and Ear Infirmary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See comments
91	Massachusetts General Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
119	Mercy Medical Center - Springfield Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70	Merrimack Valley Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49	MetroWest Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
97	Milford Regional Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
98	Milton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
99	Morton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
100	Mount Auburn Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
101	Nantucket Cottage Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52	Nashoba Valley Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
105	Newton Wellesley Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
106	Noble Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See comments
107	North Adams Regional Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
116	North Shore Medical Center, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
110	Northeast Health Systems - Beverly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
109	Northeast Health Systems - Addison Gilbert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
112	Quincy Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
127	Saint Vincent Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
115	Saints Memorial Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	Signature Healthcare Brockton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
122	South Shore Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
123	Southcoast Hospitals Group - Charlton Memorial Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
124	Southcoast Hospitals Group - St. Luke's Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
145	Southcoast Hospitals Group - Tobey Hospital Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41	Steward Norwood Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See comments

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	'COMMENTS'
62	Steward Good Samaritan Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75	Steward Holy Family Hospital and Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See comments
114	Steward St. Anne's Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
126	Steward St. Elizabeth's Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42	Stewart Carney Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
129	Sturdy Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
104	Tufts Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See comments
133	UMass. Marlborough Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
131	UMass. Memorial Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
139	UMass. Wing Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
138	Winchester Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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

Baystate Franklin Medical Center

Baystate Mary Lane Hospital

Baystate Medical Center

Berkshire Medical Center -
 Berkshire Campus

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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

Beth Israel Deaconess
 Hospital - Needham

Beth Israel Deaconess
 Medical Center

Boston Medical Center

Brigham and Women's
 Hospital

Cambridge Health Alliance

Cape Cod Hospital

Children's Hospital Boston

Clinton Hospital

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PART C. HOSPITAL RESPONSES

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

Health Alliance Hospitals,
 Inc.

 Heywood Hospital

 Holyoke Medical Center

 Jordan Hospital

 Lahey Clinic - Burlington
 Campus

 Lawrence General Hospital

 Lowell General Hospital

 Martha's Vineyard Hospital

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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

Massachusetts Eye and Ear
 Infirmary

Massachusetts General
 Hospital

Mercy Medical Center -
 Springfield Campus

Merrimack Valley Hospital

MetroWest Medical Center

Milford Regional Medical
 Center

Milton Hospital

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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

Mount Auburn Hospital

Nantucket Cottage Hospital

Nashoba Valley Medical
Center

Newton Wellesley Hospital

Noble Hospital X X X X

North Adams Regional
Hospital

North Shore Medical Center,
Inc.

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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

Northeast Health Systems -
 Beverly

Northeast Health Systems -
 Addison Gilbert

Quincy Medical Center

Saint Vincent Hospital

Saints Memorial Medical
 Center

Signature Healthcare
 Brockton Hospital

South Shore Hospital

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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

Southcoast Hospitals
 Group - Charlton Memorial
 Campus

Southcoast Hospitals
 Group - St. Luke's Campus

Southcoast Hospitals
 Group - Tobey Hospital
 Campus

Steward Norwood Hospital

x

Steward Good Samaritan
 Medical Center

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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

Steward St. Anne's Hospital

Steward St. Elizabeth's
 Hospital

Stewart Carney Hospital

Sturdy Memorial Hospital

Tufts Medical Center

X X X X X X X X X X

UMass. Marlborough
 Hospital

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 FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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

UMass. Memorial Medical
Center

x

UMass. Wing Memorial
Hospital

Winchester Hospital

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 FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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

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FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Anna Jaques Hospital

We do not agree with some of the data on report ED002, ED003 and ED009. We have corrected a software mapping problem for the ED009 data submission, going forward this area will show a significantly lower volume of patients seen by personal physicians. It is not possible to obtain the correct information, update the records and resubmit the new data. We continue to work on processes to improve the collection of this data.

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Massachusetts Eye and Ear Infirmary

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

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Noble Hospital

Total visits are off by 228. Our system has 24,852 visits.

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FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Steward Norwood Hospital

Q1 Exempt diagnosis are reported as blank instead of not applicable. Q2-Q4 are correctly reported as not applicable.

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Steward Holy Family Hospital and Medical Center

Q1 Exempt diagnosis are listed as blank instead of not applicable. Q2-Q4 are correctly reported as not applicable.

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Tufts Medical Center

Data not available for verification.

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

PADT D. CAUTIONARY USE HOSPITALS

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

The following are cautionary use hospitals for FY2010

* Massachusetts Eye and Ear - MEEI does not have any passed data for FY2010.

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FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTED DATA FOR FY2010

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Mary Lane Hospital
Baystate Medical Center
Berkshire Medical Center - Berkshire Campus
Beth Israel Deaconess Hospital - Needham
Beth Israel Deaconess Medical Center
Boston Medical Center
Brigham and Women's Hospital
Cambridge Health Alliance
Cape Cod Hospital
Children's Hospital Boston
Clinton Hospital
Cooley Dickinson Hospital
Emerson Hospital
Fairview Hospital
Falmouth Hospital
Faulkner Hospital
Hallmark Health System - Lawrence Memorial Hospital
Hallmark Health System - Melrose-Wakefield Hospital
Harrington Memorial Hospital
Health Alliance Hospitals, Inc.
Heywood Hospital
Holyoke Medical Center
Jordan Hospital
Lahey Clinic - Burlington Campus
Lawrence General Hospital
Lowell General Hospital
Martha's Vineyard Hospital
Massachusetts Eye and Ear Infirmary
Massachusetts General Hospital
Mercy Medical Center - Springfield Campus
Merrimack Valley Hospital
MetroWest Medical Center
Milford Regional Medical Center
Milton Hospital
Morton Hospital

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FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTED DATA FOR FY2010

Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
Newton Wellesley Hospital
Noble Hospital
North Adams Regional Hospital
North Shore Medical Center, Inc.
Northeast Health Systems - Beverly
Northeast Health Systems - Addison Gilbert
Quincy Medical Center
Saint Vincent Hospital
Saints Memorial Medical Center
Signature Healthcare Brockton Hospital
South Shore Hospital
Southcoast Hospitals Group - Charlton Memorial Campu
Southcoast Hospitals Group - St. Luke's Campus
Southcoast Hospitals Group - Tobey Hospital Campus
Steward Norwood Hospital
Steward Good Samaritan Medical Center
Steward Holy Family Hospital and Medical Center
Steward St. Anne's Hospital
Steward St. Elizabeth's Hospital
Stewart Carney Hospital
Sturdy Memorial Hospital
Tufts Medical Center
UMass. Marlborough Hospital
UMass. Memorial Medical Center
UMass. Wing Memorial Hospital
Winchester Hospital

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FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTED DATA FOR FY2010

LIST OF HOSPITALS WITH NO DATA FOR FY2010

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

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 FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

The following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES AND CHARGES BY QUARTER

ORG ID	Hospital Name	Qtr	Total Discharges	Total Charges
1	Anna Jaques Hospital	1	6,543	\$5,811,489
1	Anna Jaques Hospital	2	5,893	\$5,516,337
1	Anna Jaques Hospital	3	6,733	\$5,957,675
1	Anna Jaques Hospital	4	7,462	\$7,013,984
	Totals		26,631	\$24,299,485

2	Athol Memorial Hospital	1	2,580	\$5,404,996
2	Athol Memorial Hospital	2	2,375	\$5,291,181
2	Athol Memorial Hospital	3	2,588	\$5,306,819
2	Athol Memorial Hospital	4	2,570	\$5,627,329
	Totals		10,113	\$21,630,325

5	Baystate Franklin Medical Center	1	6,281	\$8,472,647
5	Baystate Franklin Medical Center	2	5,871	\$8,184,074
5	Baystate Franklin Medical Center	3	6,683	\$9,028,551
5	Baystate Franklin Medical Center	4	6,721	\$9,160,005
	Totals		25,556	\$34,845,277

6	Baystate Mary Lane Hospital	1	3,620	\$4,047,889
6	Baystate Mary Lane Hospital	2	3,336	\$4,084,802
6	Baystate Mary Lane Hospital	3	3,406	\$4,002,464
6	Baystate Mary Lane Hospital	4	3,592	\$4,100,498
	Totals		13,954	\$16,235,653

4	Baystate Medical Center	1	21,331	\$25,681,811
4	Baystate Medical Center	2	20,730	\$26,101,806
4	Baystate Medical Center	3	21,008	\$26,835,225

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FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

4	Baystate Medical Center	4	21,933	\$27,489,201
	Totals		85,002	\$106,108,043
7	Berkshire Medical Center - Berkshire Campus	1	11,565	\$13,043,620
7	Berkshire Medical Center - Berkshire Campus	2	10,636	\$13,227,307
7	Berkshire Medical Center - Berkshire Campus	3	11,706	\$14,913,941
7	Berkshire Medical Center - Berkshire Campus	4	12,302	\$16,634,859
	Totals		46,209	\$57,819,727
53	Beth Israel Deaconess Hospital - Needham	1	2,757	\$4,196,675
53	Beth Israel Deaconess Hospital - Needham	2	2,725	\$4,065,081
53	Beth Israel Deaconess Hospital - Needham	3	3,037	\$4,589,165
53	Beth Israel Deaconess Hospital - Needham	4	2,788	\$4,328,556
	Totals		11,307	\$17,179,477
10	Beth Israel Deaconess Medical Center - East Campus	1	6,895	\$15,865,931
10	Beth Israel Deaconess Medical Center - East Campus	2	6,890	\$16,409,945
10	Beth Israel Deaconess Medical Center - East Campus	3	7,357	\$17,225,074
10	Beth Israel Deaconess Medical Center - East Campus	4	7,666	\$18,340,964
	Totals		28,808	\$67,841,914
16	Boston Medical Center - Harrison Avenue Campus	1	26,117	\$31,586,904
16	Boston Medical Center - Harrison Avenue Campus	2	24,841	\$30,828,865
16	Boston Medical Center - Harrison Avenue Campus	3	26,679	\$33,515,102
16	Boston Medical Center - Harrison Avenue Campus	4	25,375	\$31,003,280
	Totals		103,012	\$126,934,151
22	Brigham and Women's Hospital	1	9,225	\$21,338,015

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PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

22	Brigham and Women's Hospital	2	8,657	\$20,226,452
22	Brigham and Women's Hospital	3	9,263	\$20,929,508
22	Brigham and Women's Hospital	4	9,504	\$22,069,370
	Totals		36,649	\$84,563,345
<hr/>				
27	Cambridge Health Alliance - Cambridge Campus	1	22,362	\$30,741,323
27	Cambridge Health Alliance - Cambridge Campus	2	20,816	\$29,841,280
27	Cambridge Health Alliance - Cambridge Campus	3	21,924	\$30,635,077
27	Cambridge Health Alliance - Cambridge Campus	4	22,398	\$32,553,011
	Totals		87,500	\$123,770,691
<hr/>				
39	Cape Cod Hospital	1	16,647	\$22,070,603
39	Cape Cod Hospital	2	15,880	\$22,195,282
39	Cape Cod Hospital	3	18,658	\$26,240,145
39	Cape Cod Hospital	4	22,469	\$32,381,319
	Totals		73,654	\$102,887,349
<hr/>				
46	Children's Hospital Boston	1	12,636	\$14,421,692
46	Children's Hospital Boston	2	12,375	\$14,422,649
46	Children's Hospital Boston	3	11,913	\$12,789,994
46	Children's Hospital Boston	4	10,590	\$10,513,383
	Totals		47,514	\$52,147,718
<hr/>				
132	Clinton Hospital	1	2,978	\$5,890,218
132	Clinton Hospital	2	2,791	\$6,160,680
132	Clinton Hospital	3	3,142	\$7,063,688
132	Clinton Hospital	4	3,076	\$6,687,916
	Totals		11,987	\$25,802,502
<hr/>				
50	Cooley Dickinson Hospital	1	7,343	\$7,633,411
50	Cooley Dickinson Hospital	2	6,966	\$8,122,407
50	Cooley Dickinson Hospital	3	7,445	\$8,711,020
50	Cooley Dickinson Hospital	4	7,670	\$8,934,170
	Totals		29,424	\$33,401,008

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

57	Emerson Hospital	1	7,155	\$9,643,573
57	Emerson Hospital	2	6,751	\$9,528,890
57	Emerson Hospital	3	7,535	\$10,566,495
57	Emerson Hospital	4	7,044	\$9,894,238
	Totals		28,485	\$39,633,196
<hr/>				
8	Fairview Hospital	1	2,784	\$3,200,944
8	Fairview Hospital	2	2,593	\$3,351,753
8	Fairview Hospital	3	2,980	\$3,764,893
8	Fairview Hospital	4	3,392	\$4,274,340
	Totals		11,749	\$14,591,930
<hr/>				
40	Falmouth Hospital	1	7,687	\$10,440,861
40	Falmouth Hospital	2	6,948	\$10,083,996
40	Falmouth Hospital	3	8,149	\$11,647,562
40	Falmouth Hospital	4	10,046	\$14,061,129
	Totals		32,830	\$46,233,548
<hr/>				
59	Faulkner Hospital	1	4,983	\$10,547,806
59	Faulkner Hospital	2	4,713	\$10,364,807
59	Faulkner Hospital	3	4,960	\$10,417,314
59	Faulkner Hospital	4	4,953	\$10,169,620
	Totals		19,609	\$41,499,547
<hr/>				
66	Hallmark Health System - Lawrence Memorial Hospital Campus	1	4,145	\$4,795,904
66	Hallmark Health System - Lawrence Memorial Hospital Campus	2	3,576	\$4,246,958
66	Hallmark Health System - Lawrence Memorial Hospital Campus	3	4,107	\$4,795,365
66	Hallmark Health System - Lawrence Memorial Hospital Campus	4	4,286	\$4,987,513
	Totals		16,114	\$18,825,740

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

141	Hallmark Health System - Melrose-Wakefield Hospital Campus	1	8,405	\$9,879,971
141	Hallmark Health System - Melrose-Wakefield Hospital Campus	2	7,816	\$9,651,353
141	Hallmark Health System - Melrose-Wakefield Hospital Campus	3	8,252	\$9,956,391
141	Hallmark Health System - Melrose-Wakefield Hospital Campus	4	8,520	\$10,492,127
	Totals		32,993	\$39,979,842
68	Harrington Memorial Hospital	0	1	\$212,168
68	Harrington Memorial Hospital	1	7,640	\$10,463,074
68	Harrington Memorial Hospital	2	7,209	\$10,345,942
68	Harrington Memorial Hospital	3	8,108	\$11,608,167
68	Harrington Memorial Hospital	4	8,240	\$11,987,237
	Totals		31,198	\$44,616,588
71	Health Alliance Hospitals, Inc.	1	9,252	\$15,657,588
71	Health Alliance Hospitals, Inc.	2	8,681	\$15,438,675
71	Health Alliance Hospitals, Inc.	3	8,852	\$15,452,808
71	Health Alliance Hospitals, Inc.	4	8,992	\$15,825,163
	Totals		35,777	\$62,374,234
73	Heywood Hospital	1	4,495	\$6,418,049
73	Heywood Hospital	2	4,257	\$6,633,055
73	Heywood Hospital	3	4,439	\$7,126,944
73	Heywood Hospital	4	4,870	\$7,718,932
	Totals		18,061	\$27,896,980
77	Holyoke Medical Center	1	9,207	\$8,205,009
77	Holyoke Medical Center	2	8,632	\$8,386,486
77	Holyoke Medical Center	3	8,762	\$8,375,685
77	Holyoke Medical Center	4	9,031	\$8,873,525
	Totals		35,632	\$33,840,705

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

79	Jordan Hospital	1	10,680	\$15,270,376
79	Jordan Hospital	2	9,549	\$14,206,065
79	Jordan Hospital	3	11,033	\$16,058,655
79	Jordan Hospital	4	11,569	\$16,128,240
	Totals		42,831	\$61,663,336

81	Lahey Clinic -- Burlington Campus	1	9,598	\$11,998,736
81	Lahey Clinic -- Burlington Campus	2	8,736	\$11,494,643
81	Lahey Clinic -- Burlington Campus	3	9,892	\$12,632,532
81	Lahey Clinic -- Burlington Campus	4	10,135	\$12,775,207
	Totals		38,361	\$48,901,118

83	Lawrence General Hospital	1	16,019	\$20,073,025
83	Lawrence General Hospital	2	15,059	\$19,500,120
83	Lawrence General Hospital	3	15,917	\$20,567,468
83	Lawrence General Hospital	4	15,857	\$20,965,136
	Totals		62,852	\$81,105,749

85	Lowell General Hospital	1	10,237	\$12,868,733
85	Lowell General Hospital	2	9,642	\$12,312,057
85	Lowell General Hospital	3	10,462	\$13,163,413
85	Lowell General Hospital	4	10,635	\$13,630,079
	Totals		40,976	\$51,974,282

88	Martha's Vineyard Hospital	1	2,742	\$5,457,646
88	Martha's Vineyard Hospital	2	2,132	\$4,729,719
88	Martha's Vineyard Hospital	3	3,604	\$7,913,600
88	Martha's Vineyard Hospital	4	5,345	\$10,899,884
	Totals		13,823	\$29,000,849

89	Massachusetts Eye and Ear Infirmary	3	4,809	\$2,630,585
89	Massachusetts Eye and Ear Infirmary	4	4,765	\$2,674,383
	Totals		9,574	\$5,304,968

91	Massachusetts General Hospital	0	13	\$25,513

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

91	Massachusetts General Hospital	1	15,945	\$53,196,904
91	Massachusetts General Hospital	2	15,626	\$53,598,784
91	Massachusetts General Hospital	3	16,058	\$54,611,346
91	Massachusetts General Hospital	4	16,939	\$56,008,898
	Totals		64,581	\$217,441,445
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119	Mercy Medical Center - Springfield Campus	1	16,519	\$16,116,974
119	Mercy Medical Center - Springfield Campus	2	16,091	\$16,614,475
119	Mercy Medical Center - Springfield Campus	3	16,981	\$17,912,544
119	Mercy Medical Center - Springfield Campus	4	17,636	\$18,258,339
	Totals		67,227	\$68,902,332
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70	Merrimack Valley Hospital	1	5,306	\$5,749,648
70	Merrimack Valley Hospital	2	4,979	\$5,534,052
70	Merrimack Valley Hospital	3	5,385	\$5,787,563
70	Merrimack Valley Hospital	4	5,435	\$5,982,069
	Totals		21,105	\$23,053,332
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49	MetroWest Medical Center - Framingham Campus	1	13,056	\$18,040,184
49	MetroWest Medical Center - Framingham Campus	2	12,476	\$17,802,219
49	MetroWest Medical Center - Framingham Campus	3	13,301	\$18,305,422
49	MetroWest Medical Center - Framingham Campus	4	12,828	\$18,437,018
	Totals		51,661	\$72,584,843
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97	Milford Regional Medical Center	1	10,985	\$13,942,404
97	Milford Regional Medical Center	2	10,476	\$14,085,849
97	Milford Regional Medical Center	3	11,666	\$15,217,590
97	Milford Regional Medical Center	4	11,861	\$15,398,443
	Totals		44,988	\$58,644,286
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98	Milton Hospital	1	4,404	\$6,690,453
98	Milton Hospital	2	4,224	\$6,583,930
98	Milton Hospital	3	4,560	\$6,932,356
98	Milton Hospital	4	4,747	\$6,791,792

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

	Totals		17,935	\$26,998,531
99	Morton Hospital and Medical Center	1	11,536	\$11,716,552
99	Morton Hospital and Medical Center	2	10,342	\$10,959,768
99	Morton Hospital and Medical Center	3	11,538	\$11,959,531
99	Morton Hospital and Medical Center	4	11,746	\$12,358,162
	Totals		45,162	\$46,994,013
100	Mount Auburn Hospital	1	6,655	\$10,465,013
100	Mount Auburn Hospital	2	6,167	\$10,168,081
100	Mount Auburn Hospital	3	6,768	\$10,821,509
100	Mount Auburn Hospital	4	6,917	\$11,067,061
	Totals		26,507	\$42,521,664
101	Nantucket Cottage Hospital	1	1,643	\$2,059,835
101	Nantucket Cottage Hospital	2	1,306	\$1,920,544
101	Nantucket Cottage Hospital	3	2,246	\$3,205,547
101	Nantucket Cottage Hospital	4	4,232	\$6,789,083
	Totals		9,427	\$13,975,009
52	Nashoba Valley Medical Center	1	3,346	\$5,187,082
52	Nashoba Valley Medical Center	2	2,957	\$5,041,891
52	Nashoba Valley Medical Center	3	3,509	\$5,706,600
52	Nashoba Valley Medical Center	4	3,413	\$6,103,390
	Totals		13,225	\$22,038,963
105	Newton-Wellesley Hospital	1	11,875	\$24,057,616
105	Newton-Wellesley Hospital	2	6,958	\$14,857,669
105	Newton-Wellesley Hospital	3	14,696	\$36,579,665
105	Newton-Wellesley Hospital	4	14,598	\$36,821,181
	Totals		48,127	\$112,316,131
106	Noble Hospital	1	6,423	\$6,209,038
106	Noble Hospital	2	5,738	\$5,768,049
106	Noble Hospital	3	6,369	\$6,208,103

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

106	Noble Hospital	4	6,550	\$6,521,530
	Totals		25,080	\$24,706,720
107	North Adams Regional Hospital	1	4,808	\$5,593,375
107	North Adams Regional Hospital	2	4,089	\$4,853,800
107	North Adams Regional Hospital	3	4,529	\$5,274,702
107	North Adams Regional Hospital	4	4,537	\$5,507,237
	Totals		17,963	\$21,229,114
116	North Shore Medical Center, Inc. - Salem Campus	1	20,310	\$41,338,843
116	North Shore Medical Center, Inc. - Salem Campus	2	18,404	\$38,224,232
116	North Shore Medical Center, Inc. - Salem Campus	3	18,660	\$37,797,552
116	North Shore Medical Center, Inc. - Salem Campus	4	19,309	\$40,197,240
	Totals		76,683	\$157,557,867
109	Northeast Hospital Corporation - Addison Gilbert Campus	1	2,766	\$4,128,317
109	Northeast Hospital Corporation - Addison Gilbert Campus	2	2,618	\$3,860,892
109	Northeast Hospital Corporation - Addison Gilbert Campus	3	2,991	\$4,259,865
109	Northeast Hospital Corporation - Addison Gilbert Campus	4	3,379	\$4,925,952
	Totals		11,754	\$17,175,026
110	Northeast Hospital Corporation - Beverly Campus	1	9,353	\$13,716,779
110	Northeast Hospital Corporation - Beverly Campus	2	8,803	\$12,999,113
110	Northeast Hospital Corporation - Beverly Campus	3	9,289	\$13,575,897
110	Northeast Hospital Corporation - Beverly Campus	4	9,455	\$13,963,001
	Totals		36,900	\$54,254,790
112	Quincy Medical Center	1	7,744	\$7,999,167
112	Quincy Medical Center	2	7,141	\$7,574,337
112	Quincy Medical Center	3	7,660	\$7,819,878
112	Quincy Medical Center	4	8,156	\$8,600,900

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

Totals			30,701	\$31,994,282
127	Saint Vincent Hospital	1	10,933	\$14,767,384
127	Saint Vincent Hospital	2	10,909	\$15,437,822
127	Saint Vincent Hospital	3	11,469	\$15,666,026
127	Saint Vincent Hospital	4	12,256	\$16,437,971
Totals			45,567	\$62,309,203
115	Saints Medical Center	1	9,965	\$7,359,852
115	Saints Medical Center	2	9,317	\$7,761,494
115	Saints Medical Center	3	9,656	\$8,606,398
115	Saints Medical Center	4	10,005	\$9,226,302
Totals			38,943	\$32,954,046
25	Signature Healthcare Brockton Hospital	1	12,567	\$20,445,730
25	Signature Healthcare Brockton Hospital	2	11,910	\$20,671,164
25	Signature Healthcare Brockton Hospital	3	12,579	\$22,101,025
25	Signature Healthcare Brockton Hospital	4	12,625	\$21,461,852
Totals			49,681	\$84,679,771
122	South Shore Hospital	1	15,302	\$28,586,200
122	South Shore Hospital	2	14,221	\$27,729,209
122	South Shore Hospital	3	15,503	\$29,185,452
122	South Shore Hospital	4	15,618	\$29,483,408
Totals			60,644	\$114,984,269
123	Southcoast Hospitals Group - Charlton Memorial Campus	1	14,171	\$15,614,478
123	Southcoast Hospitals Group - Charlton Memorial Campus	2	12,591	\$14,421,033
123	Southcoast Hospitals Group - Charlton Memorial Campus	3	13,720	\$15,334,616
123	Southcoast Hospitals Group - Charlton Memorial Campus	4	14,679	\$16,226,719
Totals			55,161	\$61,596,846

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

124	Southcoast Hospitals Group - St. Luke's Campus	1	16,493	\$22,505,004
124	Southcoast Hospitals Group - St. Luke's Campus	2	15,313	\$23,041,918
124	Southcoast Hospitals Group - St. Luke's Campus	3	16,018	\$22,912,954
124	Southcoast Hospitals Group - St. Luke's Campus	4	16,874	\$23,571,789
	Totals		64,698	\$92,031,665
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145	Southcoast Hospitals Group - Tobey Hospital Campus	1	6,546	\$7,221,800
145	Southcoast Hospitals Group - Tobey Hospital Campus	2	5,747	\$6,553,135
145	Southcoast Hospitals Group - Tobey Hospital Campus	3	6,812	\$8,013,052
145	Southcoast Hospitals Group - Tobey Hospital Campus	4	7,787	\$9,295,895
	Totals		26,892	\$31,083,882
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42	Steward Carney Hospital	1	5,943	\$6,437,056
42	Steward Carney Hospital	2	5,759	\$6,558,023
42	Steward Carney Hospital	3	6,366	\$7,072,224
42	Steward Carney Hospital	4	6,330	\$7,099,995
	Totals		24,398	\$27,167,298
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62	Steward Good Samaritan Medical Center - Brockton Campus	1	10,399	\$13,342,075
62	Steward Good Samaritan Medical Center - Brockton Campus	2	9,510	\$12,799,885
62	Steward Good Samaritan Medical Center - Brockton Campus	3	10,577	\$13,900,745
62	Steward Good Samaritan Medical Center - Brockton Campus	4	10,666	\$12,042,131
	Totals		41,152	\$52,084,836
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75	Steward Holy Family Hospital and Medical Center	1	8,868	\$10,366,012
75	Steward Holy Family Hospital and Medical Center	2	8,078	\$10,104,329
75	Steward Holy Family Hospital and Medical Center	3	8,682	\$10,449,230

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

75	Steward Holy Family Hospital and Medical Center	4	8,488	\$10,596,445
	Totals		34,116	\$41,516,016
41	Steward Norwood Hospital	1	9,094	\$13,652,042
41	Steward Norwood Hospital	2	8,393	\$13,382,619
41	Steward Norwood Hospital	3	9,132	\$14,356,744
41	Steward Norwood Hospital	4	9,148	\$14,560,035
	Totals		35,767	\$55,951,440
114	Steward Saint Anne's Hospital	1	9,376	\$12,345,477
114	Steward Saint Anne's Hospital	2	8,081	\$11,741,840
114	Steward Saint Anne's Hospital	3	8,546	\$12,294,786
114	Steward Saint Anne's Hospital	4	8,678	\$12,384,751
	Totals		34,681	\$48,766,854
126	Steward St. Elizabeth's Medical Center	1	5,599	\$6,472,589
126	Steward St. Elizabeth's Medical Center	2	5,557	\$6,609,818
126	Steward St. Elizabeth's Medical Center	3	6,286	\$7,358,064
126	Steward St. Elizabeth's Medical Center	4	6,316	\$7,266,120
	Totals		23,758	\$27,706,591
129	Sturdy Memorial Hospital	1	10,627	\$12,686,035
129	Sturdy Memorial Hospital	2	9,571	\$11,958,523
129	Sturdy Memorial Hospital	3	10,409	\$12,592,536
129	Sturdy Memorial Hospital	4	10,668	\$13,170,502
	Totals		41,275	\$50,407,596
104	Tufts Medical Center	0	75	\$100,023
104	Tufts Medical Center	1	8,052	\$11,513,666
104	Tufts Medical Center	2	7,493	\$11,455,467
104	Tufts Medical Center	3	8,103	\$13,750,527
104	Tufts Medical Center	4	8,529	\$14,731,115
	Totals		32,252	\$51,550,798
133	UMass Marlborough Hospital	1	5,650	\$10,995,438

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2010

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

133	UMass Marlborough Hospital	2	5,314	\$11,298,410
133	UMass Marlborough Hospital	3	5,764	\$11,836,542
133	UMass Marlborough Hospital	4	5,769	\$11,735,048
	Totals		22,497	\$45,865,438
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131	UMass Memorial Medical Center - University Campus	1	26,153	\$59,648,844
131	UMass Memorial Medical Center - University Campus	2	25,054	\$59,365,382
131	UMass Memorial Medical Center - University Campus	3	25,624	\$59,902,984
131	UMass Memorial Medical Center - University Campus	4	26,013	\$61,881,596
	Totals		102,844	\$240,798,806
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139	UMass Wing Memorial Hospital	1	4,633	\$5,938,456
139	UMass Wing Memorial Hospital	2	4,317	\$5,659,917
139	UMass Wing Memorial Hospital	3	4,829	\$6,152,126
139	UMass Wing Memorial Hospital	4	4,912	\$6,314,891
	Totals		18,691	\$24,065,390
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138	Winchester Hospital	1	10,000	\$10,255,039
138	Winchester Hospital	2	9,507	\$10,242,694
138	Winchester Hospital	3	10,198	\$10,780,612
138	Winchester Hospital	4	9,755	\$11,072,246
	Totals		39,460	\$42,350,591
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	GRAND TOTALS		2,509,688	\$3,743,168,961

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

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

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

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

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

TYPE 'A' ERRORS – Continued:

ED Visits – Admitted to Inpatient at Site
ED Visits – Admitted to Outpatient Observation at Site
ED Visits – All Other Outpatient ED Visits at Site
ED Visits – Total Registered at Site
End of Record Indicator
Number of Outpatient ED Visits
Total Charges for Batch

TYPE 'B' ERRORS:

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

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

The Hospital Verification Report includes the following frequency distribution tables:

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

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

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

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

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

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

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Cape Cod Hospital	27 Park Street Hyannis, MA 02601	39	39	
Children's Hospital Boston	300 Longwood Avenue Boston, MA 02115	46	46	
Clinton Hospital	201 Highland Street Clinton, MA 01510	132	132	
Cooley Dickinson Hospital	30 Locust Street Northampton, MA 01060-5001	50	50	
Emerson Hospital	Route 2 Concord, MA 01742	57	57	
Fairview Hospital	29 Lewis Avenue Great Barrington, MA 01230	8	8	
Falmouth Hospital	100 Ter Heun Drive Falmouth, MA 02540	40	40	
Faulkner Hospital	1153 Centre Street Jamaica Plain, MA 02130	59	59	
Hallmark Health System - Lawrence Memorial Hospital	170 Governors Avenue Medford, MA 02155	3111	66	
Hallmark Health System - Melrose-Wakefield Hospital	585 Lebanon Street Melrose, MA 02176	3111	141	
Harrington Memorial Hospital	100 South Street Southbridge, MA 01550	68	68	
Health Alliance Hospitals, Inc.	600 Hospital Road Leominster, MA 01453-8004	71	71	

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

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

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID</u> <u>ORG</u> <u>HOSP</u>	<u>ID</u> <u>ORG</u> <u>FILER</u>	<u>SITE</u> <u>NO.*</u>
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
Lawrence General Hospital	One General Street Lawrence, MA 01842-0389	83	83	
Lowell General Hospital	295 Varnum Avenue Lowell, MA 01854	85	85	
Martha's Vineyard Hospital	Linton Lane Oak Bluffs, MA 02557	88	88	
Massachusetts Eye and Ear Infirmary	243 Charles Street Boston, MA 02114-3096	89	89	
Massachusetts General Hospital	55 Fruit Street Boston, MA 02114	91	91	
Mercy Medical Center - Springfield Campus	271 Carew Street Springfield, MA 01102	6547	119	
Merrimack Valley Hospital	140 Lincoln Avenue Haverhill, MA 01830-6798	70	70	
MetroWest Medical Center	115 Lincoln Street Framingham, MA 01701	3110	49	49

General Documentation
 FY2010 Outpatient Hospital Emergency Department Database

PART F. SUPPLEMENTARY INFORMATION

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

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID</u> <u>ORG</u> <u>HOSP</u>	<u>ID</u> <u>ORG</u> <u>FILER</u>	<u>SITE</u> <u>NO.*</u>
Milford Regional Medical Center	14 Prospect Street Milford, MA 01757	97	97	
Milton Hospital	199 Reedsdale Rd Milton, MA 02186	98	98	
Morton Hospital	88 Washington St Taunton, MA 02780	99	99	
Mount Auburn Hospital	330 Mt. Auburn St. Cambridge, MA 02238	100	100	
Nantucket Cottage Hospital	57 Prospect St Nantucket, MA 02554	101	101	
Nashoba Valley Medical Center	200 Groton Road Ayer, MA 01432	52	52	52
Newton Wellesley Hospital	2014 Washington St Newton, MA 02162	105	105	
Noble Hospital	115 West Silver Street Westfield, MA 01086	106	106	
North Adams Regional Hospital	Hospital Avenue North Adams, MA 02147	107	107	
North Shore Medical Center, Inc.	81 Highland Avenue Salem, MA 01970	345	116	116
Northeast Health Systems - Beverly	85 Herrick Street Beverly, MA 01915	3112	110	
Northeast Health Systems - Addison Gilbert	298 Washington St Gloucester, MA 01930	3112	109	

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PART F. SUPPLEMENTARY INFORMATION

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

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Quincy Medical Center	114 Whitwell Street Quincy, MA 02169	112	112	
Saint Vincent Hospital	20 Worcester Ctr. Blvd. Worcester, MA 01608	127	127	
Saints Memorial Medical Center	One Hospital Drive Lowell, MA 01852	115	115	
Signature Healthcare Brockton Hospital	680 Centre Street Brockton, MA 02402	25	25	25
South Shore Hospital	55 Fogg Road South Weymouth, MA 02190	122	122	
Southcoast Hospitals Group - Charlton Memorial Campus	363 Highland Avenue Fall River, MA 02720	3113	123	
Southcoast Hospitals Group - St. Luke's Campus	101 Page Street New Bedford, MA 02740	3113	124	
Southcoast Hospitals Group - Tobey Hospital Campus	43 High Street Wareham, MA 02571	3113	145	
Steward Norwood Hospital	800 Washington Street Norwood, MA 02062	41	41	
Steward Good Samaritan Medical Center	235 North Pearl Street Brockton, MA 02301	8701	62	
Steward Holy Family Hospital and Medical Center	70 East Street Methuen, MA 01844	75	75	

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PART F. SUPPLEMENTARY INFORMATION

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

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID</u> <u>ORG</u> <u>HOSP</u>	<u>ID</u> <u>ORG</u> <u>FILER</u>	<u>SITE</u> <u>NO.*</u>
Steward St. Anne's Hospital	795 Middle Street Fall River, MA 02721	114	114	
Steward St. Elizabeth's Hospital	736 Cambridge Street Brighton, MA 02135	126	126	
Stewart Carney Hospital	2100 Dorchester Avenue Dorchester, MA 02124	42	42	
Sturdy Memorial Hospital	211 Park Street Attleboro, MA 02703	129	129	
Tufts Medical Center	750 Washington Street Boston, MA 02111	104	104	
UMass. Marlborough Hospital	57 Union Street Marlborough, MA 01752-9981	133	133	
UMass. Memorial Medical Center	120 Front Street Worcester, MA 01608	3115	131	130
UMass. Wing Memorial Hospital	40 Wright Street Palmer, MA 01069-1187	139	139	
Winchester Hospital	41 Highland Avenue Winchester, MA 01890	138	138	

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

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PART F. SUPPLEMENTARY INFORMATION

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

MERGERS - ALPHABETICAL LIST

Name of New Entity	Names of Original Entities	DATE
Berkshire Health System	-Berkshire Medical Center -Hillcrest Hospital -Fairview Hospital	July 1996
Beth Israel Deaconess Medical Center	-Beth Israel Hospital -N.E. Deaconess Hospital	October 1996
Boston Medical Center	-Boston University Med. Ctr. -Boston City Hospital -Boston Specialty/Rehab	July 1996
Cambridge Health Alliance NOTE: As of July 2001, Cambridge Health Alliance included Cambridge, Somerville, Whidden, & Malden's 42 Psych beds. Malden now closed. Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility's discharges.	-Cambridge Hospital -Somerville Hospital	July 1996
Good Samaritan Medical Center	-Cardinal Cushing Hospital -Goddard Memorial	October 1993
Hallmark Health Systems NOTE: As of July 2001 includes only Lawrence Memorial & Melrose-Wakefield	-Lawrence Memorial -Hospital Malden Hospital -Unicare Health Systems (Note: Unicare was formed in July 1996 as a result of the merger of Melrose-Wakefield and Whidden Memorial Hospital)	October 1997
Health Alliance Hospitals, Inc.	-Burbank Hospital -Leominster Hospital	November 1994
Lahey Clinic	-Lahey -Hitchcock (NH)	January 1995
Medical Center of Central Massachusetts	-Holden District Hospital -Worcester Hahnemann -Worcester Memorial	October 1989
MetroWest Medical Center	-Leonard Morse Hospital -Framingham Union	January 1992

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

MERGERS - ALPHABETICAL LIST

Name of New Entity	Names of Original Entities	Date
Northeast Health Systems	-Beverly Hospital -Addison Gilbert Hospital	October 1996
North Shore Medical Center	-North Shore Medical Center (dba Salem Hospital) and -Union Hospital NOTES: 1. Salem Hospital merged with North Shore Children's Hospital in April 1988 2. Lynn Hospital merged with Union Hospital in 1986 to form Atlanticare	March 2004
Saints Memorial Medical Center	-St. John's Hospital -St. Joseph's Hospital	October 1992
Sisters of Providence Health System	-Mercy Medical Center -Providence Hospital	June 1997
Southcoast Health Systems	-Charlton Memorial Hospital -St. Luke's Hospital -Tobey Hospital	June 1996
UMass. Memorial Medical Center	-UMMC -Memorial -Memorial-Hahnemann	April 1999

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

MERGERS - CHRONOLOGICAL LIST

Date	Entity Names
1986	Atlanticare (Lynn & Union)
April 1988	Salem (North Shore Children's and Salem)
October 1989	Medical Center Central Mass (Holden, Worcester, Hahnemann and Worcester Memorial)
January 1992	MetroWest (Framingham Union and Leonard Morse)
October 1992	Saints Memorial (St. John's and St. Joseph's)
October 1993	Good Samaritan (Cardinal Cushing and Goddard Memorial)
November 1994	Health Alliance (Leominster and Burbank)
January 1995	Lahey Hitchcock (Lahey & Hitchcock (NH))
June 1996	Southcoast Health System (Charlton, St. Luke's and Tobey)
July 1996	Berkshire Medical Center (Berkshire Medical Center and Hillcrest)
July 1996	Cambridge Health Alliance (Cambridge and Somerville)
July 1996	Boston Medical Center (University and Boston City)
July 1996	UniCare Health Systems (Melrose-Wakefield and Whidden)
October 1996	Northeast Health Systems (Beverly and Addison-Gilbert)
October 1996	Beth Israel Deaconess Medical Center (Deaconess and Beth Israel)
June 1997	Mercy (Mercy and Providence)
October 1997	Hallmark Health System, Inc. (Lawrence Memorial, Malden, UniCare [formerly Melrose-Wakefield and Whidden])
April 1998	UMass. Memorial Medical Center (UMMC, Memorial and Memorial-Hahnemann)
July 2001	Cambridge Health Alliance (Cambridge, Somerville, Whidden and Malden's 42 Psych beds)
July 2001	Hallmark Health now only Melrose Wakefield and Lawrence Memorial
June 2002	CareGroup sold Deaconess-Waltham to a private developer who leased the facility back to Waltham Hosp. (new name)
July 2002	Deaconess-Glover now under a new parent: Beth Israel Deaconess (was under CareGroup parent)
March 2004	North Shore Medical Center (dba Salem) and Union merge (still North Shore Medical Center)

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

NAME CHANGES

Name of New Entity	Original Entities	Date
Baystate Mary Lane	Mary Lane Hospital	
Beth Israel Deaconess Medical Center	-Beth Israel Hospital -New England Deaconess Hospital	
Beth Israel Deaconess Needham	-Glover Memorial -Deaconess-Glover Hospital	July 2002
Boston Medical Center – Harrison Avenue Campus	Boston City Hospital University Hospital	
Boston Regional Medical Center	New England Memorial Hospital	Now Closed.
Cambridge Health Alliance – (now includes Cambridge, Somerville & Whidden)	Cambridge Hospital Somerville Hospital	
Cambridge Health Alliance – Malden & Whidden	Hallmark Health Systems – Malden & Whidden	Malden now closed.
Cape Cod Health Care Systems	Cape Cod Hospital Falmouth Hospital	
Caritas Good Samaritan Medical Center	Cardinal Cushing Hospital Goddard Memorial Hospital	
Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	Norwood Hospital Southwood Hospital Good Samaritan Med. Ctr.	
Caritas St. Elizabeth’s Medical Center	St. Elizabeth’s Medical Center	
Children’s Hospital Boston	Children’s Hospital	February 2004
Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose-Wakefield Hospital	Lawrence Memorial Hospital Melrose-Wakefield Hospital	
Holy Family Hospital	Bon Secours Hospital	
Kindred Hospitals – Boston & North Shore	Vencor Hospitals – Boston & North Shore	
Lahey Clinic Hospital	Lahey Hitchcock Clinic	
MetroWest Medical Center – Framingham Union Hospital & Leonard Morse Hospital	Framingham Union Hospital Leonard Morse Hospital / Columbia MetroWest Medical Center	
Merrimack Valley Hospital	Haverhill Municipal (Hale) Hospital	Essent Health Care purchased this facility in September 2001

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

NAME CHANGES

Name of New Entity	Original Entities	Date
Milford Regional Medical Center	Milford-Whitinsville Hospital	
Nashoba Valley Hospital	Nashoba Community Hospital Deaconess-Nashoba Nashoba Valley Medical Center	January 2003
Northeast Health Systems	Beverly Hospital Addison Gilbert Hospital	
North Shore Medical Center - Salem	Salem Hospital North Shore Children's Hospital	
North Shore Medical Center - Union	Union Hospital	
Quincy Hospital	Quincy City Hospital	
Southcoast Health Systems	Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	
Tufts Medical Center	Tufts New England Medical Center, New England Medical Center	January 2008
UMass. Memorial – Clinton Hospital	Clinton Hospital	
UMass. Memorial – Health Alliance Hospital	Health Alliance Hospitals, Inc.	
UMass. Memorial – Marlborough Hospital	Marlborough Hospital	
UMass. Memorial – Wing Memorial Hospital	Wing Memorial Hospital	
Waltham Hospital	Waltham-Weston Hospital Deaconess Waltham Hospital	June 2002. Now closed.

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

CLOSURES

Date	Hospital Name	Comments
June 1989	Sancta Maria	
September 1990	Mass. Osteopathic	
June 1990	Hunt	Outpatient only now.
July 1990	St. Luke's Middleborough	
September 1991	Worcester City	
May 1993	Amesbury	
July 1993	Saint Margaret's	
June 1994	Heritage	
June 1994	Winthrop	
October 1994	St. Joseph's	
December 1994	Ludlow	
October 1996	Providence	
November 1996	Goddard	
1996	Lynn	
January 1997	Dana Farber	Inpatient acute beds now at Brigham & Women's
March 1997	Burbank	
February 1999	Boston Regional	
April 1999	Malden	
August 1999	Symmes	
July 2003	Waltham	

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

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

CONVERSIONS AND NON-ACUTE CARE HOSPITALS

HOSPITAL	COMMENTS
Fairlawn Hospital	Converted to non-acute care hospital
Heritage Hospital	Converted to non-acute care hospital
Vencor – Kindred Hospital Boston	Non-acute care hospital
Vencor – Kindred Hospital North Shore	Non-acute care hospital

General Documentation
FY2010 Outpatient Hospital Emergency Department Database
PART F. SUPPLEMENTARY INFORMATION
SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST

Please refer to http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_1_17_ed_data_specs.doc for the list of Outpatient Emergency Department Data Specifications regarding the Alphabetical Source of Payment

General Documentation
FY2010 Outpatient Hospital Emergency Department Database

SUPPLEMENT VI.
NUMERICAL SOURCE OF PAYMENT LIST

Please refer to http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_1_17_ed_data_specs.doc for the list of Outpatient Emergency Department Data Specifications regarding the Numerical Source of Payment

Technical Documentation
FY2010 Outpatient Hospital Emergency Department Database

SECTION II. TECHNICAL DOCUMENTATION

For your information, we have included a page of physical specifications for the data file at the beginning of this manual. Please refer to CD Specifications on page 2 for further details.

Technical Documentation included in this section of the manual is as follows:

Part A. Calculated Field Documentation

Part B. Data File Summary

Record layout gives a description of each field along with the starting and ending positions. A copy of this layout accompanies this manual for the users' review.

Calculated fields are age, newborn age in weeks, and Unique Health Information Number (UHIN). Each description has three parts:

First is a description of any Conventions. For example, how are missing values used?

Second is a Brief Description of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a Detailed Description of how the calculation is performed. This description follows the code very closely.

Technical Documentation
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PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATIONS

A) Conventions:

- 1) Age is calculated if the date of birth and admission date are valid. If either one is invalid, then '999' is placed in this field.
- 2) Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) Brief Description:

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

C) Detailed Description:

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

PART A. CALCULATED FIELD DOCUMENTATION

2. NEWBORN AGE

A) Conventions:

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have '99' in this field.

B) Brief Description:

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped.

C) Detailed Description:

- 1) If a patient is 1 year old or older, the age in weeks is set to '99'.
- 2) If a patient is less than 1 year old then:
 - a) Patients' age is calculated in days using the Length of Stay (LOS) routine, described herein.
 - b) Number of days in step 'a' above is divided by seven, and the remainder is dropped.

PART A. CALCULATED FIELD DOCUMENTATION

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

A) Conventions:

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

B) Brief Description:

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

C) Detailed Description:

- 1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, registration date, then discharge date (both dates are sorted in ascending order).
- 2) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
- 3) If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first visit for the UHIN, and nnnn indicates the last visit for the UHIN.
- 4) If a UHIN has 2 visits on the same day, the discharge date is used as the secondary sort key.

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PART B. DATA FILE SUMMARY

3. OUTPATIENT EMERGENCY DEPARTMENT DATA CODE TABLES

Please refer to http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_1_17_ed_data_specs.doc for the list of Outpatient Emergency Department Data Specifications regarding the Outpatient Emergency Department Data Code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00.