Commonwealth of Massachusetts

Center for Health Information and Analysis

Fiscal Year 2011

Inpatient Hospital Discharge Database

Documentation Manual

Issued: April 23, 2013

Table of Contents

Introduction

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation manual is for use with the HDD FY2011 database. The FY2011 HDD data reflected in this manual is based on the June 2012 refresh date.

Section I. General Documentation

> The General Documentation for the Fiscal Year 2011 Hospital Discharge Database includes background on its development and the DRG Groupers, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process.

Section II. Technical Documentation

> The Technical Documentation includes information on the fields calculated by the Center for Health Information and Analysis (CHIA), and a data file summary section describing the hospital data that is contained in the file. The data file section contains the Discharge File Table (formerly the record layout), Revenue File Table, and Data Code Tables. Also included are revenue code mappings.

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

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

> Copies of **Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data** and **Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data** may be obtained by logging on to the Center's web site at http://www.mass.gov/chia/, or by faxing a request to the Center at 617-727-7662, or by emailing a request to the Center atPublic.Records@state.ma.us.

Compact Disc (CD) File Specifications

Hardware Requirements:

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

CD Contents:

This CD contains the Final / Full Year 2011 Hospital Inpatient Discharge Data Product. It contains the following Microsoft Access data base (MDB) files.

- The first file is the **Discharge Table** and contains one record per discharge.
- The second file is the **Revenue Code Table** that contains one record per revenue code reported for each discharge.
- In addition, **Grouper** files are now in separate Microsoft Access tables.
- The **RecordType20ID** are key fields on the tables to be utilized for linkage purposes.

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

File Naming Conventions

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

a) Hosp_Inpatient_Discharge_2011_L1_zipped.exe will expand out to Hosp_Inpatient_Discharge_2011_L1.mdb
b) Hosp_Inpatient_Services_2011_zipped.exe will expand out to Hosp_Inpatient_Services_2011.mdb

In the above example, 2011 represents Hospital Fiscal Year and L1 represents Level 1.

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

Section I: General Documentation

Overview

Part A. Background Information:

Provides information on the quarterly reporting periods, the development of the FY2011 hospital case mix database, and the DRG methodology used.

Part B. Data:

The Data section 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 CHIA strongly encourages hospitals to verify the accuracy of their data. A standard Verification Report Response Form is issued by the Center, and is used by each hospital to verify the accuracy of their data as it appears on their FY2011 Final Case-mix Verification Report. If a hospital finds data discrepancies, the CHIA 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' FY2011 Verification Report Responses

2. Individual Hospital Discrepancy Documentation

Part D. Cautionary Use Hospitals:

Lists the hospitals for which the Center 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 FY2011, and those that failed to provide any FY2011 data. Also lists hospital discharge and charge totals by quarter for data submissions.

Part F. Supplementary Information

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

Part A. Background Information

1. Quarterly Reporting Periods

Massachusetts hospitals are required to file case-mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Center on a quarterly basis. For the 2011 period, these quarterly reporting intervals were as follows:

Quarter 1:   **October 1, 2010 - December 31, 2010**

Quarter 2:   **January 1, 2011 – March 31, 2011**

Quarter 3:   **April 1, 2011 – June 30, 2011**

Quarter 4:   **July 1, 2011 – September 30, 2011**

2. Development of Fiscal Year Database

Please note that the Center issued new submission specifications that took effect on October1, 2006. The new specifications changed the database significantly. There are new fields and new code values, as well as changes to certain existing code values. Further details are provided under the Data File contents section.

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

Six Fiscal Year 2011 data levels have been created to correspond to the levels in **Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data"**.

(Please note that in the past, for the lower levels of data, deniable elements were not included in the database at all. This year, the deniable elements will merely be suppressed.) The user will have access to deniable data elements depending on the level of data for which they have been approved, and as specified for the various levels below.

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

The six levels include:

LEVEL I	No identifiable data elements
LEVEL II	Unique Physician Number (UPN)
LEVEL III	Unique Health Information Number (UHIN)
LEVEL IV	UHIN and UP N.
LEVEL V	Date(s) of Admission; Discharge; Significant Procedures
LEVEL VI	Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number.

3. DRG Groupers and Methodology

The FY2011 Hospital Discharge database has been grouped with **five** groupers:

- • **All Patient Version 21.0**
- • **All Patient Version 25.1**
- • **All Patient Refined Version 20.0**
- • **All Patient Refined Version 26.1**
- • **MS-DRG V28.0**

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

In order to allow customers to perform trend analysis, with prior releases of the hospital discharge data, the **All Patient Version 21.0** grouper *and **All Patient Refined Version 20.0*** grouper have been maintained on the database.

The Centers for Medicare and Medicaid Services (CMS) grouper**, MS-DRG Version 28.0, has replaced Version 27**. In addition to discharge DRG, the initial DRG is also provided. The initial DRG is assigned before CMS HAC (hospital acquired conditions) is considered

ICD-9-CM Mapping

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

The Center uses the version of the **CMS grouper** compatible with the fiscal year. Consequently, mapping ICD-9-CM codes is not necessary for this grouping system.

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

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

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

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

is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality.

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

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

The four **severity of illness subclasses** and the four **risk of mortality subclasses** are numbered sequentially from 1 to 4 indicating respectively:

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

*For a handful of discharges, the risk of mortality and/or the severity of illness indicator(s) cannot be assigned due to data or ICD-9-CM coding errors. In these cases, the risk of mortality and/or the severity of illness indicator(s) are assigned a code of '0'.

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

APR-MDC 26.1, the severity subclass, and the mortality subclass:

For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Discharge File Table Summary in the variable named:

"APR _V261_Discharge_SOI" (Severity Level).

For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can found the Discharge File Table in the variable named

"APR_V261_Discharge_ROM " (Mortality Level).

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

Part B. Data

1. Data Quality Standards

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

- **Type A: One error per discharge causes rejection of discharge.**
- **Type B: Two errors per discharge cause rejection of discharge.**

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

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

Verification Report Process

The verification report process is intended to present the hospitals with a profile of their individual data as reported and retained by the Center. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to the Center and affirm its accuracy. The Verification Report itself is a series of frequency reports covering the selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Supplement II for a description of the Verification Report contents.

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

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

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

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

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

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

2. General Definitions

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

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

- Collection and Verification of Patient supplied information before or at admission;
- Medical record coding, consistency, and/or completeness;
- Extent of hospital data processing capabilities;
- Flexibility of hospital data processing systems;
- Varying degrees of commitment to quality of merged case mix and charge data;
- Capacity of financial processing system to record late occurring charges on the Center for Health Information and Analysis's electronic submission;
- Non-comparability of data collection and reporting.

Case Mix Data

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

3. General Data Caveats

Charge Data

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

Expanded Data Elements

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

4. Specific Data Elements

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

A.   *Existing Data Elements*

DPH Hospital ID Number – REPLACED with Org ID for FY2007

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

Patient Race

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

Leave of Absence (LOA) Days

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

Principal External Cause of Injury Code

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

Unique Physician Number (UPN)

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

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

MMMMM or **MMMMM3?**

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

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

Payer Codes

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

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

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

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

Source of Admission

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

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

Effective October 1, 1999, the Center added a new data element, Secondary Source of Admission, as well as a new source of admission code, "Transfer from Within Hospital Emergency Room". These additions were intended to accommodate those patients with two sources of admission (for example, patients transferred twice prior to being admitted). It is important to note that the code "Transfer from within" is intended to be used as a Secondary Source of Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

Patient Disposition

Six new discharge/transfer categories were added in January 1994 and October 1997.

- **Code 05:** To another type of institution for inpatient care or referred for outpatient services to another institution;
- **Code 08:** To home under care of a Home IV Drug Therapy Provider;
- **Code 13:** To rehab hospital;
- **Code 14:** To rest home;
- **Code 50:** Discharged to Hospice – Home (added 10/1/97);
- **Code 51:** Discharged to Hospice Medical Facility (added 10/1/97).

Accommodation and Ancillary Revenue Codes

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

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

Unique Health Identification Number (UHIN)

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

B.   *New Data Elements*

New Data Elements as of October 1, 2006

• Effective October 1, 2006, the following new data elements were added to Regulation 114.1 CMR 17.00.

• Additionally, new code values were added for race and patient status. Please note that implementation took place in two phases.

Race:

Previously there was a single field to report patient race. Beginning this year, there are three fields to report race: **Race 1**, **Race 2**, and **Other Race** (a free text field for reporting any additional races). Also, race codes have been updated.

• Please see the Data Codes section for a listing of updated values. These are consistent with both the federal OMB standards and code set values, and the EOHHS Standards for Massachusetts.

Hispanic Indicator:

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

Ethnicity:

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

Homeless Indicator:

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

Condition Present on Admission Indicator:

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

Permanent & Temporary US Patient Address:

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

New Zip Code Requirements:

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

New Patient Status Values:

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

HCF Organization ID:

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

Transfer Hospital Org ID:

Organization ID of the transferring hospital, if any.

Hospital Service Site Reference:

OrgID for site of service.

Surgeon License Number & Date:

Expanded from 3 to 15 procedures.

New Data Elements as of October 1, 2001

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

ER Indicator

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

Observation Indicator

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

New Data Elements as of October 1, 1999

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

Secondary Source of Admission

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

Do Not Resuscitate (DNR) Status

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

Mother's Social Security Number (for infants up to one year old)

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

Mother's Medical Record Number (for newborns born in the hospital)

The medical record number assigned within the hospital to the newborn's mother. This medical record number distinguishes the patient's mother and the patient's mother's hospital record(s) from all others in that institution.

Facility Site Number

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

Organization ID

A unique facility number assigned by the Center.

Associated Diagnosis 9 – 14

This data element has been expanded to allow for up to 14 diagnoses.

Attending Physician License Number (Board of Registration in Medicine Number), and **Operating Physician for Principal Procedure (Board of Registration in Medicine Number)**

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

- Must be a valid and current Mass. Board of Registration in Medicine license number
  -or-
- Must be "DENSG", "PODTR", "OTHER" or "MIDWIF" as specified in Inpatient Data Elements Definitions (9) (b) of the Submission Guide.

Other Caregiver Field

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

Attending, Operating, and Additional Caregiver National Provider Identifier Fields

Please note that these are not yet part of the database. They are just placeholders for when they are implemented. These data elements will be required when available on a national basis.

C.   *Important Note Regarding the Use of Race Codes*

Beginning in FY07, the Center started using the federal OMB standard race codes and code set values. These are also consistent with the EOHHS standards for Massachusetts.

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

Please see the following table for new HCF Race Codes **Beginning FY 2007**:

New Race Code Beginning FY 2007	Description
R1	American Indian /Alaska Native
R2	Asian
R3	Black/African American
R4	Native Hawaiian or Other Pacific Islander
R5	White
R9	Other Race
Unknow	Unknown/not specified

Race Code Data for FY2006 and prior years:

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

Race Code	Description - FY2000 – FY2006	Pre-2000 Inpatient FIPA Code
1	White	White
2	Black	Black
3	Asian	Other
4	Hispanic	Unknown
5	American Indian	American Indian
6	Other	Asian
9	Unknown	Hispanic

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

D.   CHIA Calculated Fields

Admission Sequence Number

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

Days Between UHIN Stays

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

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

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

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

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

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

Part C. Hospital Responses

1. Summary of Hospitals' FY 2011 Verification Report Responses

ORG ID	HOSPITAL NAME	'A'	'B'	Comments
	Summary of Hospitals' FY 2011 Verification Report Responses			
1	Anna Jaques Hospital	X		
2	Athol Memorial Hospital	X		
5	Baystate Franklin Medical Ctr	X		
6	Baystate Mary Lane Hospital	X		
4	Baystate Medical Center	X		
7	Berkshire Medical Ctr. – Berkshire Campus	X		
53	Beth Israel Deaconess Hospital – Needham	X		
10	Beth Israel Deaconess Medical Center	X		
16	Boston Medical Center	X		
22	Brigham and Women's Hospital	X		
27	Cambridge Health Alliance	X		
27	Cambridge Health Alliance – Somerville Campus	X		
27	Cambridge Health Alliance - Whidden Memorial	X		
39	Cape Cod Hospital		X	See Comments
46	Children's Hospital Boston	X		
132	Clinton Hospital, a member of UMass Memorial Health Care	X		
50	Cooley Dickerson Hospital	X		
51	Dana-Farber Cancer Institute	X		
57	Emerson Hospital	X		
8	Fairview Hospital	X		
40	Falmouth Hospital		X	See Comments
59	Faulkner Hospital	X		
66	Hallmark Health Systems – Lawrence Memorial	X		
141	Halllmark Health Systems – Melrose-Wakefield	X		
68	Harrington Memorial Hospital	X		
71	Health Alliance Hospital, a member of UMass Memorial Health Care	X		
73	Heywood Hospital	X		

Summary of Hospitals' FY 2011 Verification Report Responses				
ORG ID	**HOSPITAL NAME**	**'A'**	**'B'**	**Comments**
77	Holyoke Medical Center	X		
79	Jordan Hospital	X		
81	Lahey Clinic – Burlington Campus	X		
83	Lawrence General Hospital		X	See Comments
85	Lowell General Hospital	X		
133	Marlborough Hospital, a member of UMass Memorial Health Care	X		
88	Martha's Vineyard Hospital	X		
89	Massachusetts Eye and Ear Infirmary	X		
91	Massachusetts General Hospital		X	See Comments
118	Mercy Medical Center – Providence Campus		X	See Comments
119	Mercy Medical Center – Springfield Campus		X	See Comments
70	Merrimack Valley Hospital	X		(includes data for Qtrs. 1, 2, &3)
11466	Merrimack Valley Hospital, A Steward Family	X		(includes data for Qtrs. 3 & 4)
49	MetroWest Medical Center	X		
97	Milford Regional Medical Center	X		
98	Milton Hospital	X		
99	Morton, Steward Family		X	See Comments
100	Mount Auburn Hospital	X		
101	Nantucket Cottage Hospital	X		
52	Nashoba Valley Med Ctr.	X		(includes data for Qtrs. 1, 2, &3)
11467	Nashoba Valley Med Ctr. A Steward Family	X		(Includes data for Qtrs. 3 & 4)
103	New England Baptist Hospital	X		
105	Newton Wellesley Hospital	X		
106	Noble Hospital	X		
107	North Adams Regional Hospital	X		
116	North Shore Medical Center, Inc.	X		
110	Northeast Health Systems – Beverly	X		
109	Northeast Health Systems – Addison Gilbert	X		
112	Quincy Medical Center, A Steward Family	X		
127	Saint Vincent Hospital		X	See Comments

Summary of Hospitals' FY 2011 Verification Report Responses				
ORG ID	HOSPITAL NAME	'A'	'B'	Comments
115	Saints Memorial Medical Center	X		
25	Signature Healthcare Brockton Hospital	X		
122	South Shore Hospital	X		
123	Southcoast Hospitals Group – Charlton Memorial Campus	X		
124	Southhcoast Hospitals Group – St Luke's Campus	X		
145	Southcoast Hospitals Group – Tobey Hospital Campus	X		
42	Steward Carney Hospital	X		
62	Steward Good Samaritan Medical Center	X		
4460	Steward Good Samaritan Medical Ctr. – Norcap Lodge Campus	X		
75	Steward Holy Family Hospital and Medical Ctr.	X		
41	Steward Norwood Hospital	X		
114	Steward St. Anne's Hospital	X		
126	Steward St. Elizabeth's Hospital	X		
129	Sturdy Memorial Hospital	X		
104	Tufts Medical Center	X		
131	U Mass. Memorial Med Ctr. – University Campus		X	See Comments
139	Wing Memorial Hospital – Member of UMass Memorial Health Care		X	See Comments
138	Winchester Hospital		X	See Comments

2. Individual Hospital Discrepancy Documentation

Cape Cod Hospital

FY 2011 Hospital Inpatient Discharge Data Profile – Data Error Analysis

1) Primary Source of Payment (94 cases) – Mostly Psych patients where payer not properly mapped.
2) Ancillary Services by Chares – charge category abstract code (18 cases) – charge categories not mapped in routine.
3) Patient Disposition – Discharge Disposition code (11) – table not mapped correctly.

In addition, we found Operating License Number errors needing correction.

Falmouth Hospital

FY 2011 Hospital Inpatient Discharge Data Profile – Data Error Analysis

1) Primary Source of Payment (6 cases) – Mostly patients where payer not properly mapped.

2) Patient Disposition – Discharge Disposition code (4 cases) – table not mapped correctly

In addition, we found Operating Physician License Number errors needing correction

Lawrence General Hospital – Hospital Comment

I am submitting the following comments regarding the FY 2011 Hospital Inpatient Discharge Data Profile Report for the Lawrence General Hospital.

Lawrence General Hospital converted its hospital information system from McKesson Series to McKesson Paragon on November 7, 2011. FY 2011 4th quarter data was the first quarter in which our data submission emanated from the Paragon system, and as such, there are a number of data mapping errors in that quarter. We have not had a sufficient amount of time to thoroughly diagnose and correct these errors; consequently, we are submitting data we know to be inconsistent with previous quarters.

The reports that are affected are:

- **HDD-01: Source of Admission**. Q4 Transfers from a SNF and Normal Delivery are inaccurate. Transfers from a SNF should be 6; and Normal Newborns should be 443. We are making errors to work with our vendor to correct the mapping error.

- **HDD-02: Type of Admission**. There appears to be a user error in choosing Emergency vs. Elective. There should be approximately 300 more classified as Emergency and 300 fewer classified as Urgent.

- **HDD-04: Primary Payer Type**. There is a mapping problem between HMO and Medicaid Managed Care. We are working to resolve this issue.

- **HDD-05: Patient Disposition**. We incorrectly used Code 62 in Q4 for transfers to a rehabilitation hospital. All 66 cases should have been mapped to Cope 13.

- **HDD-015: Ancillary Services by Discharge**. Q4 reflects a more detailed breakdown of ancillary charges from that of the previous quarters due to the change in vendors. Future quarters will be similar to Q4.

- **HDD-018: Ancillary Services by Charges**. See HDD-015 above.

- **HDD-16: Routine Accommodation Services by Discharge**. See HDD-015 above.

- **HDD-19: Routine Accommodation by Charges**. See HDD-015 above.

Massachusetts General Hospital – Hospital Comment

I have reviewed the fiscal year 2011 Inpatient Hospital Discharge Data Profile Reports. The only discrepancy that I've found is the one that you point out last week. That discrepancy is the approximately $4 million difference between the amounts reported on the Mass General submissions and the amount found on the individual records, analysis attached. The difference is about $2 million each in quarters 2 and 3. As we discussed on the phone, this is a relatively small percentage of the total MGH revenue, and since it doesn't appear to be an ongoing issue, we will not resubmit any 2011 data.

MGH 2011 Charge Verification

Verification Report

	Ancillary	Routine	Special	Total	Variance
Q1	$511,591,963	$206,592,342	$70,414,584	$788,598,889	
Q2	$493,723,890	$203,614,282	$72,641,419	$769,979,591	
Q3	$503,621,958	$206,349,497	$75,369,816	$785,341,271	
Q4	$507,163,474	$207,747,688	$71,113,032	$786,024,194	
Total	**$2,016,101,285**	**$824,303,809**	**$289,538,851**	**$3,129,943,945**	

Processing Reports

	Total	Variance
Q1	$788,598,889	
Q2	$772,191,779	$2,212,188
Q3	$787,313,793	$1,972,522
Q4	$786,024,194	
Total	**$3,134,128,655**	**$4,184,710**

Q2 submission record type 95

	Total	Variance
Q2	**$495,936,078**	**$2,212,188**

Q3 submission record type 95

	Total	Variance
Q3	**$505,594,480**	**$1,972,522**

Mercy Medical Center – Providence Behavioral Health Hospital Campus

B Response – I have reviewed the FY 2011 Hospital Inpatient Discharge Data Profile Report and agree that the data is accurate and complete except for the discrepancies found in the area below:

004 – Primary Payer Type

Supporting documentation not received.

Mercy Medical Center – Springfield Campus

B Response – I have reviewed the FY 2011 Hospital Inpatient Discharge Profile Report and agree that the data is accurate and complete except for the discrepancies found in the area below:

001 – Source of Admission

Supporting documentation not received.

Morton Hospital – Hospital Comment

After review of the FY 2011 Hospital Inpatient discharge Data Profile Report, It was determined that the total # of discharges in the report (6274) did not match the total # of actual discharges (7370) as reported by the hospital.

In further review it was determined that an omission of a payer class in the abstracting dictionary caused this discrepancy. This has been fixed.

Saint Vincent

B response – I have reviewed the FY 2011 Hospital Inpatient discharge Profile Report and agree that the data is accurate and complete except for the discrepancies found below:

001 – Source of Admission

Supporting documentation not received

U Mass Memorial Medical Center - Hospital Comment

U Mass Memorial Medical Center instituted new admit source types and processes on 4/8/2011 by the Revenue Cycle department. The new types or codes differ from what was used in prior years. The new admit source types are:

1)   Non-Hlth FAC (Self Referred)

2)   Clinic or Physician Office

4)   Trans from Diff Acute Hosp

5)   Trans from a SNF/ICF

6)   Trans from Another HC Facility

8)   Court/Law Enforcement

9)   Information Not Available

D)   Trans In-House

E)   Trans from Amb Surge Center

F)   Trans from Hospice

17)   ER Admit

NB5)   Born Inside the Hospital

NB6)   Born Outside the Hospital

We feel the changes in percentages on submitted data are due to the fact that revenue cycle employees are using a difference set of criteria as to which of these codes they're using compared to 2010. if anything, 2011 data is probably more correct.

Winchester Hospital – Hospital Comment

There is a discrepancy in the Source of Admission for those patients who were admitted to the hospital via our Emergency Department. The FY 2011 report reflects that there were 0 patients with an admission source of "Within Hospital Emergency Room Transfer". It appears that these patients are captured in the source of admission category of "Direct Physician Referral".

After running an internal report on our Total FY 2011 Inpatients:

Admitted via our Emergency Department is 9,149 patients   60.9%

Admitted via Direct Physician Referral is 3,490 patients   23.04%

Wing Memorial Hospital – Hospital Comment

I am writing to let you know that as of April 6, 2012, Wing Memorial Hospital's ('Wing") actual discharges for Fiscal Year 2011 are approximately 1% less than those reported in the FY 2011 Hospital Inpatient Data Profile Report. After comparing the data, at this time we do not plan to resubmit our data to the Center.

As discussed in previous years, a portion of this variance may be due to inpatient /Observation classification changes and Wing will continue to review and compare the reports and if warranted will work to resolve any issues prior to the Fiscal Year 2012 final submission.

Please Note – Boston Medical Center's FY 2011 Quarter 1 Discharges

Boston Medical Center had 2 discharge records that were formatted incorrectly and therefore were not able to pass through to our database. Since we allow a threshold of 1% discharge error, the file was accepted and the remaining records passed through the system successfully.

Part D. Cautionary Use Hospitals

Previous year's data contained a separate file for the failed submissions. Beginning with FY2000, the database contains all submission together; both passed and failed submissions for all hospitals within the database. The Failed submissions are marked with an asterisk for easy identification

FY 2011: There are no cautionary use hospitals. All hospitals submitted 4 quarters of passed data for FY 2011.

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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.

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Anna Jaques Hospital	1	1,958	$20,499,608
2	Anna Jaques Hospital	1	1,912	$20,275,052
3	Anna Jaques Hospital	1	1,946	$21,582,535
4	Anna Jaques Hospital	1	1,890	$19,731,085
	Totals		**7,706**	**$82,088,280**
1	Athol Memorial Hospital	2	171	$2,506,153
2	Athol Memorial Hospital	2	189	$2,719,374
3	Athol Memorial Hospital	2	156	$2,112,989
4	Athol Memorial Hospital	2	134	$1,694,202
	Totals		**650**	**$9,032,718**
1	Baystate Franklin Medical Center	5	976	$14,941,105
2	Baystate Franklin Medical Center	5	961	$14,488,754
3	Baystate Franklin Medical Center	5	1,028	$15,197,328
4	Baystate Franklin Medical Center	5	1,096	$16,143,689
	Totals		**4,061**	**$60,770,876**
1	Baystate Mary Lane Hospital	6	286	$3,586,227
2	Baystate Mary Lane Hospital	6	289	$3,697,734
3	Baystate Mary Lane Hospital	6	287	$3,695,635
4	Baystate Mary Lane Hospital	6	261	$3,039,392
	Totals		**1,123**	**$14,018,988**
1	Baystate Medical Center	4	8,988	$209,766,996
2	Baystate Medical Center	4	8,898	$204,601,629
3	Baystate Medical Center	4	9,140	$216,255,734
4	Baystate Medical Center	4	9,212	$202,931,972
	Totals		**36,238**	**$833,556,331**

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Berkshire Medical Center - Berkshire Campus	7	2,988	$57,648,022
2	Berkshire Medical Center - Berkshire Campus	7	2,970	$59,259,157
3	Berkshire Medical Center - Berkshire Campus	7	3,153	$59,771,347
4	Berkshire Medical Center - Berkshire Campus	7	3,415	$60,962,038
	Totals		**12,526**	**$237,640,564**
1	Beth Israel Deaconess Hospital - Needham	53	588	$6,704,423
2	Beth Israel Deaconess Hospital - Needham	53	574	$7,381,063
3	Beth Israel Deaconess Hospital - Needham	53	600	$7,562,402
4	Beth Israel Deaconess Hospital - Needham	53	553	$6,917,470
	Totals		**2,315**	**$28,565,358**
1	Beth Israel Deaconess Medical Center - East Campus	10	10,293	$283,075,005
2	Beth Israel Deaconess Medical Center - East Campus	10	10,078	$263,978,938
3	Beth Israel Deaconess Medical Center - East Campus	10	10,570	$260,675,267
4	Beth Israel Deaconess Medical Center - East Campus	10	10,123	$259,631,202
	Totals		**41,064**	**$1,067,360,412**
1	Boston Medical Center - Menino Pavilion Campus	16	7,343	$160,611,915
2	Boston Medical Center - Menino Pavilion Campus	16	7,096	$150,773,100
3	Boston Medical Center - Menino Pavilion Campus	16	7,281	$159,014,178
4	Boston Medical Center - Menino Pavilion Campus	16	7,204	$155,819,500
	Totals		**28,924**	**$626,218,693**
1	Brigham and Women's Hospital	22	12,856	$773,974,827
2	Brigham and Women's Hospital	22	12,583	$756,216,304
3	Brigham and Women's Hospital	22	13,184	$769,412,581
4	Brigham and Women's Hospital	22	13,042	$768,432,159
	Totals		**51,665**	**$3,068,035,871**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Cambridge Health Alliance - Cambridge Hospital Campus	27	3,139	$46,859,334
2	Cambridge Health Alliance - Cambridge Hospital Campus	27	3,065	$47,257,190
3	Cambridge Health Alliance - Cambridge Hospital Campus	27	3,119	$43,973,299
4	Cambridge Health Alliance - Cambridge Hospital Campus	27	3,354	$47,853,527
	Totals		**12,677**	**$185,943,350**
1	Cape Cod Hospital	39	4,004	$75,721,603
2	Cape Cod Hospital	39	4,095	$75,301,551
3	Cape Cod Hospital	39	4,160	$72,063,398
4	Cape Cod Hospital	39	4,426	$75,261,555
	Totals		**16,685**	**$298,348,107**
1	Children's Hospital Boston	46	4,397	$211,652,961
2	Children's Hospital Boston	46	4,576	$206,009,537
3	Children's Hospital Boston	46	4,271	$201,167,980
4	Children's Hospital Boston	46	4,127	$205,714,056
	Totals		**17,371**	**$824,544,534**
1	Clinton Hospital	132	319	$7,166,638
2	Clinton Hospital	132	321	$7,519,299
3	Clinton Hospital	132	335	$7,758,864
4	Clinton Hospital	132	317	$7,202,705
	Totals		**1,292**	**$29,647,506**
1	Cooley Dickinson Hospital	50	2,277	$34,418,860
2	Cooley Dickinson Hospital	50	2,187	$34,721,649
3	Cooley Dickinson Hospital	50	2,176	$32,685,814
4	Cooley Dickinson Hospital	50	2,203	$32,544,299
	Totals		**8,843**	**$134,370,622**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Dana-Farber Cancer Institute	51	249	$19,566,160
2	Dana-Farber Cancer Institute	51	261	$20,527,357
3	Dana-Farber Cancer Institute	51	248	$21,143,009
4	Dana-Farber Cancer Institute	51	283	$22,660,733
	Totals		**1,041**	**$83,897,259**
1	Emerson Hospital	57	2,186	$35,163,678
2	Emerson Hospital	57	2,198	$34,499,153
3	Emerson Hospital	57	2,357	$34,088,045
4	Emerson Hospital	57	2,292	$32,211,002
	Totals		**9,033**	**$135,961,878**
1	Fairview Hospital	8	316	$3,346,855
2	Fairview Hospital	8	338	$4,129,523
3	Fairview Hospital	8	314	$3,685,601
4	Fairview Hospital	8	292	$3,284,662
	Totals		**1,260**	**$14,446,641**
1	Falmouth Hospital	40	1,621	$24,266,470
2	Falmouth Hospital	40	1,689	$25,609,176
3	Falmouth Hospital	40	1,626	$24,855,863
4	Falmouth Hospital	40	1,678	$25,007,848
	Totals		**6,614**	**$99,739,357**
1	Faulkner Hospital	59	1,941	$47,640,514
2	Faulkner Hospital	59	1,873	$45,923,862
3	Faulkner Hospital	59	1,896	$44,630,928
4	Faulkner Hospital	59	1,861	$42,767,459
	Totals		**7,571**	**$180,962,763**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Hallmark Health - Lawrence Memorial Hospital Campus	66	1,308	$19,453,850
2	Hallmark Health - Lawrence Memorial Hospital Campus	66	1,238	$18,406,591
3	Hallmark Health - Lawrence Memorial Hospital Campus	66	1,214	$17,294,594
4	Hallmark Health - Lawrence Memorial Hospital Campus	66	1,195	$17,349,225
	Totals		**4,955**	**$72,504,260**
1	Hallmark Health - Melrose-Wakefield Hospital Campus	141	2,794	$33,886,130
2	Hallmark Health - Melrose-Wakefield Hospital Campus	141	2,783	$33,730,001
3	Hallmark Health - Melrose-Wakefield Hospital Campus	141	2,826	$34,447,829
4	Hallmark Health - Melrose-Wakefield Hospital Campus	141	2,736	$31,090,850
	Totals		**11,139**	**$133,154,810**
1	Harrington Memorial Hospital	68	1,185	$14,483,936
2	Harrington Memorial Hospital	68	1,247	$16,592,465
3	Harrington Memorial Hospital	68	1,214	$15,911,741
4	Harrington Memorial Hospital	68	1,144	$14,413,254
	Totals		**4,790**	**$61,401,396**
1	Health Alliance Hospital	71	2,028	$34,511,616
2	Health Alliance Hospital	71	1,985	$34,633,183
3	Health Alliance Hospital	71	2,014	$35,709,197
4	Health Alliance Hospital	71	1,956	$32,449,333
	Totals		**7,983**	**$137,303,329**
1	Heywood Hospital	73	1,381	$15,996,722
2	Heywood Hospital	73	1,279	$15,565,628
3	Heywood Hospital	73	1,334	$15,960,571
4	Heywood Hospital	73	1,286	$15,004,763
	Totals		**5,280**	**$62,527,684**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Holyoke Medical Center	77	1,641	$18,240,893
2	Holyoke Medical Center	77	1,726	$19,952,205
3	Holyoke Medical Center	77	1,589	$18,357,699
4	Holyoke Medical Center	77	1,480	$16,644,052
	Totals		**6,436**	**$73,194,849**
1	Jordan Hospital	79	2,837	$40,610,530
2	Jordan Hospital	79	2,605	$34,527,313
3	Jordan Hospital	79	2,741	$36,883,755
4	Jordan Hospital	79	2,658	$37,115,966
	Totals		**10,841**	**$149,137,564**
1	Lahey Clinic - Burlington Campus	81	5,489	$127,266,602
2	Lahey Clinic - Burlington Campus	81	5,402	$125,405,892
3	Lahey Clinic - Burlington Campus	81	5,446	$122,066,283
4	Lahey Clinic - Burlington Campus	81	5,551	$122,680,559
	Totals		**21,888**	**$497,419,336**
1	Lawrence General Hospital	83	3,027	$45,030,211
2	Lawrence General Hospital	83	3,119	$44,905,016
3	Lawrence General Hospital	83	3,256	$46,605,538
4	Lawrence General Hospital	83	3,255	$44,497,530
	Totals		**12,657**	**$181,038,295**
1	Lowell General Hospital	85	4,013	$54,577,179
2	Lowell General Hospital	85	4,259	$54,004,658
3	Lowell General Hospital	85	4,195	$55,369,988
4	Lowell General Hospital	85	4,006	$52,908,211
	Totals		**16,473**	**$216,860,036**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Marlborough Hospital	133	1,003	$18,476,020
2	Marlborough Hospital	133	1,077	$20,153,877
3	Marlborough Hospital	133	1,054	$19,031,712
4	Marlborough Hospital	133	1,085	$19,643,443
	Totals		**4,219**	**$77,305,052**
1	Martha's Vineyard Hospital	88	261	$4,293,205
2	Martha's Vineyard Hospital	88	332	$5,448,525
3	Martha's Vineyard Hospital	88	281	$3,890,950
4	Martha's Vineyard Hospital	88	348	$4,737,824
	Totals		**1,222**	**$18,370,504**
1	Massachusetts Eye and Ear Infirmary	89	211	$6,125,900
2	Massachusetts Eye and Ear Infirmary	89	227	$5,673,298
3	Massachusetts Eye and Ear Infirmary	89	240	$5,787,957
4	Massachusetts Eye and Ear Infirmary	89	235	$5,878,483
	Totals		**913**	**$23,465,638**
1	Massachusetts General Hospital	91	12,642	$788,598,889
2	Massachusetts General Hospital	91	12,186	$772,191,779
3	Massachusetts General Hospital	91	12,614	$787,313,793
4	Massachusetts General Hospital	91	12,862	$786,024,194
	Totals		**50,304**	**$3,134,128,655**
1	Mercy Medical Center - Providence Behavioral Health Hospital Campus	118	997	$13,570,646
2	Mercy Medical Center - Providence Behavioral Health Hospital Campus	118	1,021	$13,395,386
3	Mercy Medical Center - Providence Behavioral Health Hospital Campus	118	1,104	$14,837,391
4	Mercy Medical Center - Providence Behavioral Health Hospital Campus	118	1,062	$14,677,839
	Totals		**4,184**	**$56,481,262**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Mercy Medical Center - Springfield Campus	119	2,963	$59,825,192
2	Mercy Medical Center - Springfield Campus	119	2,937	$61,848,522
3	Mercy Medical Center - Springfield Campus	119	2,994	$61,316,282
4	Mercy Medical Center - Springfield Campus	119	2,858	$56,429,698
	Totals		**11,752**	**$239,419,694**
1	Merrimack Valley Hospital	70	935	$14,837,979
2	Merrimack Valley Hospital	70	922	$14,561,588
3	Merrimack Valley Hospital	70	317	$5,010,087
	Totals		**2,174**	**$34,409,654**
3	Merrimack Valley Hospital, A Steward Family Hospital, Inc.	11466	614	$10,179,551
4	Merrimack Valley Hospital, A Steward Family Hospital, Inc.	11466	909	$14,800,974
	Totals		**1,523**	**$24,980,525**
1	MetroWest Medical Center - Framingham Campus	49	3,840	$56,007,251
2	MetroWest Medical Center - Framingham Campus	49	3,759	$54,248,124
3	MetroWest Medical Center - Framingham Campus	49	3,790	$54,469,424
4	MetroWest Medical Center - Framingham Campus	49	3,585	$51,062,467
	Totals		**14,974**	**$215,787,266**
1	Milford Regional Medical Center	97	2,029	$32,699,809
2	Milford Regional Medical Center	97	2,276	$34,244,825
3	Milford Regional Medical Center	97	2,309	$35,012,431
4	Milford Regional Medical Center	97	2,080	$30,529,475
	Totals		**8,694**	**$132,486,540**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Milton Hospital	98	1,125	$17,598,371
2	Milton Hospital	98	1,163	$18,752,538
3	Milton Hospital	98	1,106	$17,170,313
4	Milton Hospital	98	1,129	$16,085,265
	Totals		**4,523**	**$69,606,487**
1	Morton Hospital, A Steward Family Hospital, Inc.	99	1,652	$15,844,584
2	Morton Hospital, A Steward Family Hospital, Inc.	99	1,688	$15,648,308
3	Morton Hospital, A Steward Family Hospital, Inc.	99	1,525	$14,538,911
4	Morton Hospital, A Steward Family Hospital, Inc.	99	1,409	$13,881,310
	Totals		**6,274**	**$59,913,113**
1	Mount Auburn Hospital	100	3,681	$53,849,193
2	Mount Auburn Hospital	100	3,455	$50,938,250
3	Mount Auburn Hospital	100	3,581	$52,822,233
4	Mount Auburn Hospital	100	3,458	$50,499,311
	Totals		**14,175**	**$208,108,987**
1	Nantucket Cottage Hospital	101	121	$1,462,735
2	Nantucket Cottage Hospital	101	155	$1,854,945
3	Nantucket Cottage Hospital	101	121	$1,471,260
4	Nantucket Cottage Hospital	101	147	$1,934,588
	Totals		**544**	**$6,723,528**
1	Nashoba Valley Medical Center	52	492	$7,133,296
2	Nashoba Valley Medical Center	52	504	$7,465,720
3	Nashoba Valley Medical Center	52	170	$2,451,155
	Totals		**1,166**	**$17,050,171**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
3	Nashoba Valley Medical Center, A Steward Family Hospital, Inc.	11467	324	$4,752,103
4	Nashoba Valley Medical Center, A Steward Family Hospital, Inc.	11467	423	$6,054,837
	Totals		**747**	**$10,806,940**
1	New England Baptist Hospital	103	1,749	$48,847,185
2	New England Baptist Hospital	103	1,775	$49,386,733
3	New England Baptist Hospital	103	1,810	$47,432,647
4	New England Baptist Hospital	103	1,734	$46,913,432
	Totals		**7,068**	**$192,579,997**
1	Newton-Wellesley Hospital	105	4,982	$103,895,247
2	Newton-Wellesley Hospital	105	5,242	$105,243,956
3	Newton-Wellesley Hospital	105	5,543	$107,633,541
4	Newton-Wellesley Hospital	105	5,343	$101,559,653
	Totals		**21,110**	**$418,332,397**
1	Noble Hospital	106	887	$14,901,923
2	Noble Hospital	106	896	$14,251,455
3	Noble Hospital	106	826	$13,224,938
4	Noble Hospital	106	847	$13,667,406
	Totals		**3,456**	**$56,045,722**
1	North Adams Regional Hospital	107	776	$13,528,041
2	North Adams Regional Hospital	107	758	$13,144,624
3	North Adams Regional Hospital	107	709	$12,070,105
4	North Adams Regional Hospital	107	642	$10,632,392
	Totals		**2,885**	**$49,375,162**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	North Shore Medical Center - Salem Campus	116	5,174	$151,470,718
2	North Shore Medical Center - Salem Campus	116	5,381	$155,408,591
3	North Shore Medical Center - Salem Campus	116	5,354	$153,326,342
4	North Shore Medical Center - Salem Campus	116	5,370	$143,840,778
	Totals		**21,279**	**$604,046,429**
1	Northeast Hospital - Addison Gilbert Campus	109	603	$7,138,444
2	Northeast Hospital - Addison Gilbert Campus	109	589	$7,414,732
3	Northeast Hospital - Addison Gilbert Campus	109	631	$6,581,556
4	Northeast Hospital - Addison Gilbert Campus	109	637	$6,509,811
	Totals		**2,460**	**$27,644,543**
1	Northeast Hospital - Beverly Campus	110	4,454	$53,379,455
2	Northeast Hospital - Beverly Campus	110	4,641	$55,225,581
3	Northeast Hospital - Beverly Campus	110	4,898	$54,553,800
4	Northeast Hospital - Beverly Campus	110	4,537	$51,196,332
	Totals		**18,530**	**$214,355,168**
1	Quincy Medical Center, A Steward Family Hospital, Inc.	112	1,466	$20,812,168
2	Quincy Medical Center, A Steward Family Hospital, Inc.	112	1,531	$21,817,441
3	Quincy Medical Center, A Steward Family Hospital, Inc.	112	1,479	$20,316,749
4	Quincy Medical Center, A Steward Family Hospital, Inc.	112	1,399	$18,052,737
	Totals		**5,875**	**$80,999,095**
1	Saint Vincent Hospital	127	5,016	$81,355,961
2	Saint Vincent Hospital	127	4,918	$78,817,221
3	Saint Vincent Hospital	127	4,934	$74,396,108
4	Saint Vincent Hospital	127	4,910	$71,825,118
	Totals		**19,778**	**$306,394,408**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Saints Medical Center	115	1,651	$25,005,501
2	Saints Medical Center	115	1,703	$26,615,818
3	Saints Medical Center	115	1,615	$26,479,651
4	Saints Medical Center	115	1,551	$24,683,520
	Totals		**6,520**	**$102,784,490**
1	Signature Healthcare Brockton Hospital	25	3,680	$51,681,846
2	Signature Healthcare Brockton Hospital	25	3,445	$50,734,550
3	Signature Healthcare Brockton Hospital	25	3,238	$46,739,749
4	Signature Healthcare Brockton Hospital	25	3,503	$47,019,907
	Totals		**13,866**	**$196,176,052**
1	South Shore Hospital	122	6,492	$94,149,035
2	South Shore Hospital	122	6,590	$98,477,894
3	South Shore Hospital	122	6,761	$99,701,215
4	South Shore Hospital	122	6,454	$94,947,698
	Totals		**26,297**	**$387,275,842**
1	Southcoast Hospitals Group - Charlton Memorial Campus	123	4,237	$85,521,223
2	Southcoast Hospitals Group - Charlton Memorial Campus	123	4,365	$90,066,246
3	Southcoast Hospitals Group - Charlton Memorial Campus	123	4,271	$86,773,843
4	Southcoast Hospitals Group - Charlton Memorial Campus	123	4,198	$80,774,242
	Totals		**17,071**	**$343,135,554**
1	Southcoast Hospitals Group - St. Luke's Campus	124	5,535	$93,284,217
2	Southcoast Hospitals Group - St. Luke's Campus	124	5,693	$94,753,064
3	Southcoast Hospitals Group - St. Luke's Campus	124	5,750	$93,176,610
4	Southcoast Hospitals Group - St. Luke's Campus	124	5,410	$89,613,743
	Totals		**22,388**	**$370,827,634**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Southcoast Hospitals Group - Tobey Hospital Campus	145	1,253	$18,316,001
2	Southcoast Hospitals Group - Tobey Hospital Campus	145	1,332	$19,888,676
3	Southcoast Hospitals Group - Tobey Hospital Campus	145	1,317	$18,711,252
4	Southcoast Hospitals Group - Tobey Hospital Campus	145	1,428	$19,310,372
	Totals		**5,330**	**$76,226,301**
1	Steward Carney Hospital, Inc.	42	1,560	$19,793,885
2	Steward Carney Hospital, Inc.	42	1,516	$20,807,703
3	Steward Carney Hospital, Inc.	42	1,423	$18,875,478
4	Steward Carney Hospital, Inc.	42	1,336	$17,224,128
	Totals		**5,835**	**$76,701,194**
1	Steward Good Samaritan Medical Center - Brockton Campus	62	3,370	$41,744,304
2	Steward Good Samaritan Medical Center - Brockton Campus	62	3,513	$44,399,611
3	Steward Good Samaritan Medical Center - Brockton Campus	62	3,360	$41,080,711
4	Steward Good Samaritan Medical Center - Brockton Campus	62	3,367	$40,747,397
	Totals		**13,610**	**$167,972,023**
1	Steward Good Samaritan Medical Center - NORCAP Lodge Campus	4460	543	$2,306,620
2	Steward Good Samaritan Medical Center - NORCAP Lodge Campus	4460	637	$2,483,366
3	Steward Good Samaritan Medical Center - NORCAP Lodge Campus	4460	656	$2,365,627
4	Steward Good Samaritan Medical Center - NORCAP Lodge Campus	4460	688	$2,466,331
	Totals		**2,524**	**$9,621,944**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Steward Holy Family Hospital, Inc.	75	2,779	$38,822,469
2	Steward Holy Family Hospital, Inc.	75	2,782	$41,246,863
3	Steward Holy Family Hospital, Inc.	75	2,929	$42,833,231
4	Steward Holy Family Hospital, Inc.	75	2,869	$42,097,421
	Totals		**11,359**	**$164,999,984**
1	Steward Norwood Hospital, Inc.	41	3,200	$43,398,611
2	Steward Norwood Hospital, Inc.	41	3,513	$45,521,660
3	Steward Norwood Hospital, Inc.	41	3,214	$41,563,752
4	Steward Norwood Hospital, Inc.	41	3,246	$40,648,639
	Totals		**13,173**	**$171,132,662**
1	Steward Saint Anne's Hospital, Inc.	114	1,689	$25,793,876
2	Steward Saint Anne's Hospital, Inc.	114	1,815	$28,548,706
3	Steward Saint Anne's Hospital, Inc.	114	1,759	$27,600,343
4	Steward Saint Anne's Hospital, Inc.	114	1,729	$27,789,453
	Totals		**6,992**	**$109,732,378**
1	Steward St. Elizabeth's Medical Center	126	3,528	$71,745,385
2	Steward St. Elizabeth's Medical Center	126	3,571	$72,092,525
3	Steward St. Elizabeth's Medical Center	126	3,537	$72,128,299
4	Steward St. Elizabeth's Medical Center	126	3,277	$64,953,530
	Totals		**13,913**	**$280,919,739**
1	Sturdy Memorial Hospital	129	1,861	$25,238,195
2	Sturdy Memorial Hospital	129	1,794	$24,450,503
3	Sturdy Memorial Hospital	129	1,837	$23,846,347
4	Sturdy Memorial Hospital	129	1,805	$22,527,733
	Totals		**7,297**	**$96,062,778**

PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

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

Qtr	Hospital Name	Org ID	Total Discharges	Total Charges
1	Tufts Medical Center	104	5,244	$205,672,004
2	Tufts Medical Center	104	5,206	$212,969,481
3	Tufts Medical Center	104	5,338	$209,591,378
4	Tufts Medical Center	104	5,400	$211,550,537
	Totals		**21,188**	**$839,783,400**
1	UMass Memorial Medical Center - University Campus	131	11,438	$441,818,645
2	UMass Memorial Medical Center - University Campus	131	11,638	$430,775,407
3	UMass Memorial Medical Center - University Campus	131	11,688	$440,214,089
4	UMass Memorial Medical Center - University Campus	131	11,397	$428,514,031
	Totals		**46,161**	**$1,741,322,172**
1	Winchester Hospital	138	3,764	$28,404,319
2	Winchester Hospital	138	3,901	$31,297,728
3	Winchester Hospital	138	3,840	$31,566,246
4	Winchester Hospital	138	3,507	$27,713,513
	Totals		**15,012**	**$118,981,806**
1	Wing Memorial Hospital and Medical Centers	139	953	$17,214,256
2	Wing Memorial Hospital and Medical Centers	139	957	$17,321,702
3	Wing Memorial Hospital and Medical Centers	139	932	$16,118,513
4	Wing Memorial Hospital and Medical Centers	139	901	$15,215,093
	Totals		**3,743**	**$65,869,564**
	GRAND TOTALS		**853,209**	**$21,198,034,121**

PART F. SUPPLEMENTARY INFORMATION

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

TYPE "A" ERRORS:

Record Type
Starting Date Period
Ending Date Medical
Record Number Patient
Sex
Patient Birth Date
Admission Date
Discharge Date
Primary Source of Payment
Patient Status Billing
Number Primary
Payer Type Primary
Payer Type Secondary
Mother's Medical Record Number
Revenue Code
Units of Service
Total Charges (by Revenue Code)
Principal Diagnosis Code
Associate Diagnosis Code (I – XIV)
Number of ANDS
Principal Procedure Code
Significant Procedure Code I
Significant Procedure Code II
Significant Procedure Code III-XIV
Physical Record Count
Record Type 2X Count
Record Type 3X Count
Record Type 4X Count
Record Type 5X Count
Record Type 6X Count
Total Charges: Special Services
Total Charges: Routine Services

TYPE "A" ERRORS:

Total Charges: Ancillaries

Total Charges: (ALL CHARGES)

Number of Discharges

Total Charges: Accomodations

Total Charges: Ancillaries

ED Flag

Observation Flag

HCF Org ID

Hospital Service Site Reference

TYPE "B" ERRORS:

Patient Race

Type of Admission

Source of Admission

Patient Zip Code

Veteran Status

Patient Social Security Number

Birth Weight - grams

Employer Zip Code

DNR Status

Homeless Indicator

Mother's Social Security Number

Facility Site Number

External Cause of Injury Code

Attending Physician License Number

Operating Physician License Number

Other Caregiver

Attending Physician

National Provider Identifier (NPI)

ATT NPI Location Code

Operating Physician

 National Provider Identifier (NPI)

Operating NPI

Location Code

Additional Caregiver

TYPE "B" ERRORS:

National Provider Identified

Date of Principal Procedure

Date of Significant Procedures (I and II)

Race 1, 2, and Other Race

Hispanic Indicator

Ethnicity 1, 2, and Other Ethnicity

Condition Present on Admission

Primary Diagnosis

Associate Diagnoses I-XIV

Primary E-Code

Significant Procedure Date

Operating Physician for Significant Procedure

Permanent Patient Street Address, City/Town, State, Zip Code

Patient Country

Temporary Patient Street Address, City/Town, State, Zip Code

SUPPLEMENT II. Content of Hospital Verification Report Package

The Hospital Verification Report includes the following frequency distribution tables:

Hospital Verification Report frequency distribution tables:

Source of Admissions

Type of Admissions

Discharges by Month

Primary Payer Type

Patient Disposition

Discharges by Gender

Discharges by Race 1

Discharges by Race 2

Discharges by Race/Ethnicity 1

Discharges by Race/Ethnicity 2

Discharges by Ethnicity1

Discharges by Ethnicity 2

Discharges by Patient Hispanic Indicator

Discharges by Age

CMS v 28 MDC's Listed in Rank Order

Top 20 APR 26.1 DRG with Most Total Discharges

Length of Stay

Ancillary Services by Discharges

Routine Accommodation Services by Discharges

Special Care Accommodation by Discharges

Ancillary Services by Charges

Routine Accommodation by Charges

Special Care Accommodation Services by Charges

Condition Present on Admission

Top 20 Patient Zip Code

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

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

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
Anna Jaques Hospital	25 Highland Ave Newburyport, MA 01950	1	1	1
Athol Memorial Hospital	2033 Main Street Athol, MA 01331	2	2	2
Baystate Franklin Medical Center	164 High Street Greenfield, MA 01301	5	5	
Baystate Mary Lane Hospital	85 South Street Ware, MA 01082	6	6	
Baystate Medical Center	759 Chestnut St Springfield, MA 01199	4	4	4
Berkshire Medical Center – Berkshire Campus	725 North Street Pittsfield, MA., 01201	6309	7	7
Berkshire Medical Center – Hillcrest Campus	*165 Tor Court* *Pittsfield, MA 01201*			*9*
Beth Israel Deaconess Hospital – Needham	148 Chestnut Street Needham, MA 02192	53	53	53
Beth Israel Deaconess Medical Center - East Campus	330 Brookline Avenue Boston, MA 02215	8702	10	10
Boston Children's Hospital	300 Longwood Avenue Boston, MA 02115	46	46	
Boston Medical Center – Menino Pavilion	One Boston Medical Center Place Boston, MA 02118	3107	16	16
Boston Medical Center - Newton Pavilion Campus	One Boston Medical Center Place Boston, MA 02118			144
Brigham and Women's Faulkner Hospital	1153 Centre Street Jamaica Plain, MA 02130	22	59	59
Brigham and Women's Hospital	75 Francis St Boston, MA 02115	22	22	22
Cambridge Health Alliance – Cambridge Hospital Campus	1493 Cambridge Street Cambridge, MA 02139	3108	27	27
Cambridge Health Alliance – Somerville Campus	230 Highland Avenue Somerville, MA			143

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
Cambridge Health Alliance – Whidden Hospital Campus	103 Garland Street Everett, MA 02149			142
Cape Cod Hospital	27 Park Street Hyannis, MA 02601	39	39	
Clinton Hospital	201 Highland Street Clinton, MA 01510	132	132	
Cooley Dickinson Hospital	30 Locust Street Northampton, MA 01061-5001	50	50	
Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	51	51	
Emerson Hospital	133 Old Road to Nine Acre Corner Concord, MA 01742	57	57	
Fairview Hospital	29 Lewis Avenue Great Barrington, MA 01230	8	8	
Falmouth Hospital	100 Ter Heun Drive Falmouth, MA 02540	40	40	
Faulkner Hospital	see Brigham & Women's Faulkner Hospital			
Hallmark Health System – Lawrence Memorial Hospital Campus	170 Governors Avenue Medford, MA 02155	3111	66	
Hallmark Health System - Melrose-Wakefield Hospital Campus	585 Lebanon Street Melrose, MA 02176	3111	141	
Harrington Memorial Hospital	100 South Street Southbridge, MA 01550	68	68	
Health Alliance Hospitals, Inc.	60 Hospital Road Leominster, MA 01453-8004	71	71	
Health Alliance Hospital – Burbank Campus	275 Nichols Road Fitchburg, MA 01420			8548
Health Alliance Hospital –Leominster Campus	60 Hospital Road Leominster, MA 01453			8509
Heywood Hospital	242 Green Street Gardner, MA 01440	73	73	

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
Holyoke Medical Center	575 Beech Street Holyoke, MA 01040	77	77	
Jordan Hospital	275 Sandwich Street Plymouth, MA 02360	79	79	
Lahey Clinic - Burlington Campus	41 Mall Road Burlington, MA 01805	6546	81	81
Lahey Clinic - North Shore	One Essex Center Drive Peabody, MA 01960			4448
Lawrence General Hospital	One General Street Lawrence, MA 01842-0389	83	83	
Lowell General Hospital	295 Varnum Avenue Lowell, MA 01854	85	85	
Marlborough Hospital	57 Union Street Marlborough, MA 01752-9981	133	133	
Martha's Vineyard Hospital	One Hospital Road Oak Bluffs, MA 02557	88	88	
Massachusetts Eye and Ear Infirmary	243 Charles Street Boston, MA 02114-3096	89	89	
Massachusetts General Hospital	55 Fruit Street Boston, MA 02114	91	91	
Mercy Medical Center – Providence Behavioral Health Hospital Campus	1233 Main St Holyoke, MA 01040	6547	118	118
Mercy Medical Center - Springfield Campus	271 Carew Street Springfield, MA 01102	6547	119	
Merrimack Valley Hospital Merrimack Valley Hospital, A Steward Family Hospital (*11466 New Org ID as of 5/1/2011)	140 Lincoln Avenue Haverhill, MA 01830-6798	70 11466*	70 11466	
MetroWest Medical Center – Framingham Campus	115 Lincoln Street Framingham, MA 01702	3110	49	49
MetroWest Medical Center – Leonard Morse Campus	67 Union Street Natick, MA 01760	3110	49	457

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
Milford Regional Medical Center	14 Prospect Street Milford, MA 01757	97	97	
Milton Hospital (NOTE: 1/1/12 merger – name change to Beth Israel Deaconess Hospital-Milton)	199 Reedsdale Rd Milton, MA 02186	98	98	
Morton Hospital, A Steward Family Hospital, Inc.	88 Washington St Taunton, MA 02780	99	99	
Mount Auburn Hospital	330 Mt. Auburn St. Cambridge, MA 02138	100	100	
Nantucket Cottage Hospital	57 Prospect St Nantucket, MA 02554	101	101	
Nashoba Valley Medical Center	200 Groton Road Ayer, MA 01432	52	52	52
Nashoba Valley Medical Center, A Steward Family Hospital, Inc *(11467 new org id as of 5/1/2011)		11467*	11467	
New England Baptist Hospital	125 Parker Hill Avenue Boston, MA 02120	103	103	
Newton Wellesley Hospital	2014 Washington St Newton, MA 02462	105	105	
Noble Hospital	115 West Silver Street Westfield, MA 01086	106	106	
North Adams Regional Hospital	71 Hospital Avenue North Adams, MA 02147	107	107	
North Shore Medical Center, Inc. – Salem Campus	81 Highland Avenue Salem, MA 01970	345	116	116
North Shore Medical Center, Inc. – Union Campus	500 Lynnfield Street Lynn, MA 01904			3
Northeast Hospital - Addison Gilbert Campus	298 Washington St Gloucester, MA 01930	3112	109	

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
Northeast Hospital – Beverly Campus	85 Herrick Street Beverly, MA 01915	3112	110	
Quincy Medical Center, A Steward Family Hospital, Inc.	114 Whitwell Street Quincy, MA 02169	112	112	
Saint Vincent Hospital	123 Summer St Worcester, MA 01608	127	127	
Saints Memorial Medical Center	One Hospital Drive Lowell, MA 01852	115	115	
Signature Healthcare Brockton Hospital	680 Centre Street Brockton, MA 02302	25	25	
South Shore Hospital	55 Fogg Road South Weymouth, MA 02190	122	122	
Southcoast Hospitals Group – Charlton Memorial Campus	363 Highland Avenue Fall River, MA 02720	3113	123	
Southcoast Hospitals Group - St. Luke's Campus	101 Page Street New Bedford, MA 02740	3113	124	
Southcoast Hospitals Group – Tobey Hospital Campus	43 High Street Wareham, MA 02571	3113	145	
Steward Carney Hospital	2100 Dorchester Avenue Dorchester, MA 02124	42	42	
Steward Good Samaritan Medical Center – Brockton Campus	235 North Pearl Street Brockton, MA 02301	8701	62	
Steward Good Samaritan Medical Ctr - Norcap Lodge Campus **NO ED**	*71 Walnut Street* *Foxboro, MA 02035*	*8701*	*4460*	
Steward Holy Family Hospital and Medical Center	70 East Street Methuen, MA 01844	75	75	
Steward Norwood Hospital	800 Washington Street Norwood, MA 02062	41	41	
Steward St. Anne's Hospital	795 Middle Street Fall River, MA 02721	114	114	

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

Current Organization Name	Hospital Address	ID ORG HOSP	ID ORG FILER	SITE NO.*
Steward St. Elizabeth's Medical Center	736 Cambridge Street Boston, MA 02135	126	126	
Sturdy Memorial Hospital	211 Park Street Attleboro, MA 02703	129	129	
Tufts Medical Center	800 Washington Street Boston, MA 02111	104	104	
UMass. Memorial Medical Center – University Campus	55 Lake Avenue North Worcester, MA 01655	3115	131	
UMass. Memorial Medical Center – Memorial Campus	119 Belmont Street Worcester, MA 01605			130
Winchester Hospital	41 Highland Avenue Winchester, MA 01890	138	138	
Wing Memorial Hospital	40 Wright Street Palmer, MA 01069-1187	139	139	

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

SUPPLEMENT IV. 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 Notes: 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 Notes: As of July 2001 includes only Lawrence Memorial & Melrose-Wakefield	-Lawrence Memorial -Hospital Malden Hospital -Unicare Health Systems Notes: 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

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

MERGERS – ALPHABETICAL LIST (cont.)

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

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

MERGERS – CHRONOLOGICAL LIST

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

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

NAME CHANGES

Name of New Entity	Original Entities	Date
Baystate Mary Lane	-Mary Lane Hospital	
Beth Israel Deaconess Medical Center	-Beth Israel Hospital -New England Deaconess Hospital	
Beth Israel Deaconess Needham	-Glover Memorial -Deaconess-Glover Hospital	July 2002
Boston Medical Center – Menino Pavilion	-Boston Medical Center – Harrison Avenue Campus	
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	
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	
Kindred Hospitals – Boston & North Shore	-Vencor Hospitals – Boston & North Shore	
Lahey Clinic Hospital	-Lahey Hitchcock Clinic	
Merrimack Valley Hospital, A Steward Family Hospital, Inc.	Merrimack Valley Hospital	Acquired by Steward Health Care May 2011
MetroWest Medical Center – Framingham Union Hospital and Leonard Morse Hospital	Framingham Union Hospital Leonard Morse Hospital/ Columbia MetroWest Medical Center	
Milford Regional Medical Center	Milford-Whitinsville Hospital	
Morton Hospital, A Steward Family Hospital	Morton Hospital	Acquired by Steward Health Care 2011

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

NAME CHANGES (Cont.)

Name of New Entity	Original Entities	Date
Nashoba Valley Medical Center, A Steward Family Hospital	Nashoba Valley Medical Center	Acquired by Steward Health Care May 2011
Northeast Health Systems	Beverly Hospital and Addison Gilbert Hospital	
North Shore Medical Center - Salem	Salem Hospital and North Shore Children's Hospital	
North Shore Medical Center - Union	Union Hospital	
Quincy Medical Center, A Steward Family Hospital, Inc.	Quincy Medical Center	Acquired by Steward Health Care 2011
Southcoast Health Systems	Charlton Memorial Hospital St Luke's Hospital Tobey Hospital	January 2008
Steward Carney Hospital	Carney Hospital	Acquired by Steward Health Care 2010
Steward Good Samaritan Medical Center, Brockton Campus	Caritas Good Samaritan	Acquired by Steward Health Care 2010
Steward Good Samaritan Medical Center – Norcap Lodge Campus	Caritas Good Samaritan Medical – Norcap Lodge Campus	Acquired by Steward Health Care 2010
Steward Holy Family Hospital	Caritas Holy Family Hospital	Acquired by Steward Health Care 2010
Steward Norwood Hospital	Caritas Norwood Hospital	Acquired by Steward Health Care 2010
Steward Saint Anne's Hospital	Caritas Saint Anne's Hospital	Acquired by Steward Health Care 2010
Steward St. Elizabeth's Medical Center	Caritas St. Elizabeth Medical Center	Acquired by Steward Health Care 2010

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

NAME CHANGES (Cont.)

Name of New Entity	Original Entities	Date
Tufts Medical Center	Tufts New England Medical Center, New England Medical Center	January 2008
Health Alliance Hospital – A Member of UMass Memorial Health Care	Health Alliance Hospital	
Marlborough Hospital – A Member of UMass Memorial Health Care	Marlborough Hospital	
Wing Memorial Hospital - A Member of UMass Memorial Health Care	Wing Memorial Hospital	
Clinton Hospital – A Member of UMass Memorial Health Care	Clinton Hospital	
UMass Memorial Medical Center – University Campus	UMass Memorial Medical Center	

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 use other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.)

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

CONVERSIONS AND NON-ACUTE CARE HOSPITALS

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

SECTION II. TECHNICAL DOCUMENTATION

Overview

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

Calculated fields are:

- age,
- newborn age in weeks,
- preoperative days,
- length of stay,
- Unique Health
- Information Number (UHIN), and
- days between stays.

Each description has three parts:

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

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

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

Part B. Data Code Tables

HDD Data Code Tables are referenced in this section.

Other Technical Documentation Resources:

Data Release File Specifications:

The specification document outlining the **HDD data release file fields and Access 3 database structure** for the various **HDD Data Release Levels** is in development at the time of release of this document. When complete this will be published on the **CHIA website**.

Submission File Specifications:

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

> http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.pdf
> or
> http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.doc

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATIONS

A) Conventions:

1) Age is calculated if the date of birth and admission date are valid. If either one is invalid, then '999' is placed in this field.

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

B) Brief Description:

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

C) Detailed Description:

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

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

2. NEWBORN AGE CALCULATIONS

A) Conventions:

1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.

2) Discharges that are not newborns have '99' in this field.

B) Brief Description:

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

C) Detailed Description:

1) If a patient is 1 year old or older, the age in weeks is set to '99'.

2) If a patient is less than 1 year old then:

a) Patients' age is calculated in days using the Length of Stay (LOS) routine, described herein.

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

3. PREOPERATIVE DAYS

A) Conventions:

1) A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to 1, etc. A procedure performed on the day before admission will have preoperative days set to negative one (-1).

2) Preoperative days are set to 0000 when preoperative days are not applicable.

3) For procedures performed before the day of admission, a negative sign (-) will appear in the first position of the preoperative day field.

B) Brief Description:

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

C) Detailed Description:

1) If there is no procedure date, or if the procedure date or admission date is invalid, or if the procedure date occurs after the discharge date, then preoperative days is set to 0000.

2) Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described herein.

4. LENGTH OF STAY (LOS) CALCULATIONS

A) Conventions:

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

B) Brief Description:

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

C) Detailed Description:

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

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

5. LENGTH OF STAY (LOS) ROUTINE

A) Conventions:

None

B) Brief Description:

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

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

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

A) Conventions:

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

B) Brief Description:

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

C) Detailed Description:

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

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

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

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

7. DAYS BETWEEN STAYS

A) Conventions:

1) If the UHIN is undefined (not reported unknown or invalid), the days between stays is set to zero.

2) If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error

B) Brief Description:

1) The Days Between Stays is calculated by sorting the file by UHIN, admission date, and discharge date.

2) For UHINs with two or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

C) Detailed Description:

1) The Days Between Stays data element is calculated by sorting the entire database by UHIN, and sequence number.

2) If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.

3) If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, the Days Between Stays is set to zero.

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

   a. If the previous discharge date is greater than the current admission date; OR

   b. The previous discharge date or current admission date is invalid, (i.e., 03/63/95), Days Between Stays is set to '9999' to indicate an error.

5) Step 4 is repeated for all subsequent re-admissions until the UHIN changes.

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

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

PART B. DATA CODE TABLES

1. INPATIENT DATA CODE TABLES

Please refer to the **Hospital Inpatient Discharge Data Electronic Records Submission Specification** on the CHIA website regarding the Inpatient Data Code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00:

http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.pdf
 or
http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.doc

2. REVENUE CODE MAPPINGS

Please refer to the **Hospital Inpatient Discharge Data Electronic Records Submission Specification** on the CHIA website regarding the Inpatient Data Code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00:

http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.pdf
 or
http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.doc