Massachusetts Division of Health Care Finance and Policy

Fiscal Year 2006

Outpatient Hospital Observation Database Documentation Manual

September 2007

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INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation manual is for use with the Outpatient Hospital Observation Database for FY2006.

Section I. General Documentation
The General Documentation section includes background on the development of the FY2006 Outpatient Hospital Observation Database, 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 section also contains hospital-reported discrepancies received in response to the data verification process, and supplementary information, including a table of data field names and descriptions, a list of Type A and Type B errors, and a list of hospitals within the database.

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

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

Regulations:

Copies of Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data and Regulation 114.1 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data may be obtained for a fee by faxing a request to the Division at (617) 727-7662, or by emailing a request to the Division at Public.Records@state.ma.us. The Regulations also may be found at the Division's Web- site: www.mass.gov/dhcfp.

Compact Disk (CD) File Specifications

1) **Hardware Requirements**

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

2) **CD Contents**
   This CD contains the "Final/Full Year" 2006 Outpatient Hospital Observation
   Data Product. It contains two Microsoft Access database (MDB) files.

   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.

3) **File Naming Conventions**

   > OA06L#Q1
   > OA06L#Q2
   > OA06L#Q3
   > OA06L#Q4

   Where '#' stands for the level of data requested.

4) **2006 Outpatient Observation Record Counts**:

   For Hospital Year 2006 the number of outpatient observation stays
   collected from Massachusetts hospitals for Quarters 1 – 4 totaled 133,859.
   The distribution by quarter is as follows:

Quarter 1 = 32,867	(N = 70 Hospitals Reporting)
Quarter 2 = 33,499	(N = 70 Hospitals Reporting)
Quarter 3 = 33,996	(N = 70 Hospitals Reporting)
Quarter 4 = 33,497	(N = 70 Hospitals Reporting)

SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY2006 OOA Database & Description of the Six Data Levels

PART A. BACKGROUND INFORMATION

1. GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections.

PART A. BACKGROUND INFORMATION: Provides a general documentation overview, description of quarterly reporting periods, and information on the development of the FY2006 Outpatient Hospital Observation Database.

PART B. DATA: Describes the basic data quality standards as contained in Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data, some general definitions, general data caveats, and information on specific data elements. To ensure that the database is as accurate as possible, the Division strongly encourages hospitals to verify the accuracy of their data as it appears on the Outpatient Hospital Observation Database Verification Report, or to indicate that the hospital found discrepancies in its data. If a hospital finds data discrepancies, the DHCFP requests that the hospital submit written corrections that provide an accurate profile of that hospital's observation stays. Part C of the General Documentation details hospital responses.

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 Hospital's FY2006 OOA Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies by Category
4. Index of Hospitals Reporting Discrepancies
5. Individual Hospital Discrepancy Documentation

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

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting OOA data for FY2006 and those that failed to provide data. Also lists hospital discharge and charge totals by quarter for hospitals submitting data.

PART F. SUPPLEMENTARY INFORMATION: Provides Supplements I through VI as listed in the Table of Contents. Contains data element names, descriptions, and types of errors, hospital addresses, and identification numbers.

PART A. BACKGROUND INFORMATION

2. Definition of Quarterly Reporting Periods

All Massachusetts acute care hospitals are required to file data which describes the case mix of their patients as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2006 period, these quarterly reporting intervals were as follows:

Quarter 1:	October 1, 2005 – December 31, 2005
Quarter 2:	January 1, 2006 – March 31, 2006
Quarter 3:	April 1, 2006 – June 30, 2006
Quarter 4:	July 1, 2006 – September 30, 2006

PART A. BACKGROUND INFORMATION

3. Development of the FY2006 Outpatient Hospital Observation Database

The Massachusetts Division of Health Care Finance and Policy began collecting Outpatient Observation Data in July 1997. The Division's collection of Outpatient Observation Data was in response to increasing migration of hospital care to the outpatient observation setting from the tradition inpatient setting. Outpatient Observation patients are observed, evaluated, and treated, if necessary, before they are safely discharged from the hospital.

The Outpatient Observation Data includes patients who receive outpatient observation services and are not admitted to the hospital. Outpatient Observation services is defined generally for reporting purposes in the Case Mix Regulation 114.1 CMR 17.02 as:

> *Observation services are those furnished on a hospital's premises which are reasonable and necessary to further evaluate the patient's condition and provide treatment to determine the need for possible admission to the hospital. These services include the use of a bed and periodic monitoring by a hospital's physician, nursing, and other staff.*

PART A. BACKGROUND INFORMATION

3. Development of the FY2006 Outpatient Hospital Observation Database

Description of the Data Levels I - VI

Six Fiscal Year 2006 data levels have been created to correspond to the levels in ***Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data***". Higher levels contain an increasing number of the data elements defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements include: the Unique Health Identification Number (UHIN, which is the encrypted patient social security number), the patient medical record number, hospital billing number, Mother's UHIN, date of birth, beginning and ending dates of service, the Unique Physician Number (UPN, which is the encrypted Massachusetts Board of Registration in Medicine License Number), and procedure dates.

The six levels include:

LEVEL I   Contains all case mix data elements, except the deniable data elements

LEVEL II   Contains all Level I data elements, plus the UPN

LEVEL III Contains all Level I data elements, plus the patient UHIN, the mother's UHIN, an observation sequence number for each UHIN observation record, and may include the number of days between each subsequent observation stay for each UHIN number.

LEVEL IV Contains all Level I data elements, plus the patient UHIN, the mother's UHIN, the UPN, an observation sequence number for each UHIN observation record, and may include the number of days between each subsequent observation stay for each UHIN number.

LEVEL V   Contains all Level IV data elements, plus the patient's beginning service date, and ending service date and procedure dates.

LEVEL VI Contains all of the deniable data elements.

SECTION I. GENERAL DOCUMENTATION

PART B. DATA

1. OOA Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Specific OOA Data Elements
5. DHCFP Calculated Fields

PART B. DATA

1. OUPATIENT OBSERVATION DATA QUALITY STANDARDS

The Regulation requires hospitals to submit outpatient observation data 75 days after the close of each quarter. The quarterly data is then edited for compliance with regulatory requirements, as specified in ***Regulation 114.1 CMR 17.08: Outpatient Observation Data Specifications***.

The Regulation specifies a one percent error rate, based on the presence of type A and type B errors as follows:

Type A: One error per outpatient observation stays causes rejection of discharge.

Type B: Two errors per outpatient observation stay causes rejection of discharge.

If one percent or more of the discharges are rejected, then the entire data submission is rejected by the Division, and the hospital is informed that the submission failed the edit process. These edits primarily check for valid codes, correct formatting, and the presence of required data elements. Please see listing of data elements categorized by error type in the Supplement Section.

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

The Division strives to include data that has passed the one percent compliance standard in the data files we release to the public. When this is not possible, we include data which did not meet the 1% standard (i.e. failed the edits). Submissions which have failed are referred to as **Cautionary Submissions**. Observation stays within submissions that have failed the edit process are assigned a special flag which indicates that the submission failed.

Please see the Cautionary Use Data section for further technical details.

PART B. DATA

1. OUPATIENT OBSERVATION DATA QUALITY STANDARDS - *Continued*

<u>**Data Verification Process**</u>

The year-end Outpatient Observation Data verification process is intended to present the hospitals with a profile of their individual data as retained by the Division. The purpose of this process is to function as a quality control measure for hospitals to review the data they have provided to the Division of Health Care Finance and Policy.

Hospitals have an opportunity to review their data each year. The Division produces a Profile Report for the hospital to review that contains a series of frequency distribution tables covering selected data elements. Examples of these tables include number of observation patients by month, average hours of service, charge summary, and the top diagnoses and procedures. A complete listing of all tables is shown below.

Profile Report Distribution Tables

• Observation Patient by Month	• Patient Gender Distribution
• Average Hours of Service	• Patient Race Distribution
• Charge Summary	• Top 20 Zip Codes of Patient Origin
• Observation Type Distribution	• Top 10 Primary Diagnoses, Average Charge, and Average Hours of Service
• Originating Referral / Transferring Source	• Top 10 Principal Procedures
• Secondary Referral / Transferring Source	• Top 10 Primary Payers
• Other Primary Caregivers	• Top 10 Secondary Payers
• Departure Status Summary	

PART B. DATA

1. OUPATIENT OBSERVATION DATA QUALITY STANDARDS - *Continued*

Data Verification Process - *Continued*

After reviewing each Profile Report, hospitals are asked to file a response form which provides the Division with verification that the report has been reviewed. The **Profile Report Response Form** provides each hospital with two alternatives for their reply:

Hospital Agrees (also known as an "A" response): By checking this category, a hospital indicates its agreement that the data appearing on the Profile Report is accurate and that it represents the hospital's outpatient observation patient profile.

Hospital Discrepancies Noted (also known as a "B" response): By checking this category, a hospital indicates that the data on the report is accurate except for discrepancies noted.

If any discrepancies exist (i.e. a "B" response), the Division requests that hospitals provide a written explanation of the discrepancies, which will be included in this Outpatient Observation Documentation manual. A listing of the Profile Report Error Categories is shown below:

Profile Report Error Categories:

The discrepancy categories which hospitals may report on the Profile Report Verification Response form are as follows:

Patients by Month	Other Primary Caregivers	Diagnoses
Hours of Service	Departure Status	Procedures
Charge Summary	Age	Primary Payers
Observation Type Distribution	Sex	Secondary Payers
Originating Referring / Transfer Source	Race	CPT Codes
Secondary Referring / Transfer Source	Zip Codes	

Hospitals are strongly encouraged by the Division to review their Profile Report for inaccuracies and make necessary corrections so that subsequent quarters of data will be accurate.

PART B. DATA

2. GENERAL DEFINITIONS

Before providing a description of specific data elements, the following basic definition should be noted.

Outpatient Observation Services:

The Outpatient Observation Data includes patients who receive outpatient observation services and are not admitted to the hospital. Outpatient Observation services is defined generally for reporting purposes in the Case Mix Regulation 114.1 CMR 17.02 as:

Observation services are those furnished on a hospital's premises which are reasonable and necessary to further evaluate the patient's condition and provide treatment to determine the need for possible admission to the hospital. These services include the use of a bed and periodic monitoring by a hospital's physician, nursing, and other staff.

PART B. DATA

3. GENERAL DATA CAVEATS

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

- Collection and Verification of patient supplied information at the time of arrival;

- Medical Record Coding, consistency, and/or completeness;

- Extent of hospital data processing capabilities;

- Extent of hospital data processing systems;

- Varying degrees of commitment to quality of data;

- Non-comparability of data collection and reporting

4. DHCFP CALCULATED FIELDS

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

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

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

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

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

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

SECTION I. GENERAL DOCUMENTATION

PART C. HOSPITAL RESPONSES

1. Summary of Hospital FY2006 OOA Final
   Verification Report Responses
2. List of Error Categories Reported by Hospitals
3. Summary of Reported Discrepancies by
   Category and Hospital
4. Index of Hospitals Reporting Data Discrepancies
5. Individual Hospital Discrepancy Documentation

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2006
OOA Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2006	Anna Jaques Hospital	X			
2226	Athol Memorial Hospital	X			
2120	Baystate Franklin Medical Center	X			
2148	Baystate Mary Lane	X			
2339	Baystate Medical Center	X			
2313	Berkshire Medical Center	X			
2069	Beth Israel Deaconess Med. Ctr.	X			
2054	Beth Israel Deaconess – Needham		X		See comments.
2307	Boston Medical Center	X			
2921	Brigham & Women's	X			
2118	Brockton Hospital	X			
2108	Cambridge Health Alliance	X			
2135	Cape Cod Hospital	X			
2003	Caritas Carney Hospital		X		See comments.
2101	Caritas Good Samaritan Medical Center	X			

	Center				

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2006
OOA Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2225	Caritas Holy Family Hospital	X			
2114	Caritas Norwood Hospital	X			
2011	Caritas St. Anne's Hospital	X			
2085	Caritas St. Elizabeth's	X			
2139	Children's Hospital Boston	X			
2126	Clinton Hospital	X			
2155	Cooley-Dickinson Hospital	X			
2335	Dana Farber Cancer Center	X			
2018	Emerson Hospital	X			
2052	Fairview Hospital	X			
2289	Falmouth Hospital	X			
2048	Faulkner Hospital	X			
2038	Hallmark Health – Lawrence Memorial Hospital	X			

| 2058 | Hallmark Health – Melrose Hospital | X | | | |

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2006
OOA Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2143	Harrington Memorial Hospital	X			
2034	Health Alliance Hospitals, Inc.	X			
2036	Heywood Hospital	X			
2145	Holyoke Medical Center	X			
2157	Hubbard Regional Hospital		X		See comments.
2082	Jordan Hospital	X			
2033	Lahey Clinic Burlington	X			
2099	Lawrence General Hospital	X			
2040	Lowell General Hospital	X			
2042	Martha's Vineyard Hospital	X			
2167	Massachusetts Eye & Ear Infirmary		X		See comments.
2168	Mass. General Hospital	X			

2149	Mercy Medical Center – Springfield	X			

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2006
OOA Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2131	Merrimack Valley	X			
2020	MetroWest Medical Center	X			
2105	Milford Regional Medical Center	X			
2227	Milton Hospital	X			
2022	Morton Hospital	X			
2071	Mount Auburn Hospital	X			
2044	Nantucket Cottage Hospital	X			
2298	Nashoba Valley Medical Center	X			
2059	New England Baptist Hospital	X			
2075	Newton-Wellesley Hospital	X			
2076	Noble Hospital	X			
2061	North Adams Regional Hospital	X			
2014	North Shore Medical Center	X			

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2006
OOA Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2016	Northeast Health Systems – Addison Gilbert Hospital	X			
2007	Northeast Health Systems – Beverly Hospital	X			
2151	Quincy Medical Center	X			
2128	Saint Vincent Hospital	X			
2063	Saints Memorial Medical Center	X			
2107	South Shore Hospital	X			
2337	Southcoast Health Systems – Charlton Memorial Hospital	X			
2010	Southcoast Health Systems – St. Luke's Hospital	X			
2106	Southcoast Health Systems – Tobey	X			
2100	Sturdy Memorial Hospital	X			
2299	Tufts New England Medical Center	X			
2103	U Mass. Marlborough		X		See comments.
2841	UMass. Memorial Medical Center	X			

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2006
OOA Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2181	Wing Memorial Hospital & Medical Center	X			
2094	Winchester Hospital	X			

PART C. HOSPITAL RESPONSES
List of Error Categories FY2006

The following data discrepancies were reported by hospitals on their FY2006 OOA Profile Report Verification Response forms:

Patients By Month
Hours of Service
Charge Summary
Observation Type Distribution
Originating / Refer. / Transfer. Source
Secondary Refer. / Transfer Source
Other Primary Caregivers
Departure Status
Age
Sex
Race
Zip Codes
Diagnoses
Procedures
Primary Payors
Secondary Payors
CPT Codes

PART C. HOSPITAL RESPONSES

FY2006 Summary of Reported Discrepancies by Category & Hospital

Hospital	Visits by Month	Hours of Service	Charge Summary	Observation Type Distribution	Originating Referring / Transferring Source	Secondary Referring / Transferring Source
Beth Israel Deaconess - Needham	X					
Caritas Carney						
Hubbard					X	X
Mass. Eye & Ear		X				
U Mass. Marlborough					X	

PART C. HOSPITAL RESPONSES

FY2006 Summary of Reported Discrepancies by Category & Hospital

Hospital	Other Primary Caregivers	Departure Status	Age	Gender	Race	Zip Codes

Hospital	Primary Diagnoses	Principal Procedures	Primary Payers	Secondary Payers

PART C. HOSPITAL RESPONSES

4. INDEX OF HOSPITALS REPORTING DISCREPANCIES FOR FY2006

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Beth Israel Deaconess - Needham Hospital

Beth Israel Deaconess Needham reported discrepancies in the area of Patients by Month. The hospital reported the following explanation.

In reviewing our 2006 data, we did make an effort to look at the number of visits for Quarter 4. The number did in fact seem low compared to other quarters so we ran some in-house numbers for comparison. Our numbers indicated that your number was low not only for Quarter 4, but all other quarters as well.

Our numbers indicated the following number of visits per quarter:

Quarter 1: 193 visits versus your 143 visits
Quarter 2: 246 visits versus your 191 visits
Quarter 3: 171 visits versus your 123 visits
Quarter 4: 116 visits versus your 76 visits.

Our first thoughts concerning these discrepancies centered around where this data element was pulled from and we considered two possible fields in our abstract: Patient Status and Patient Class. Both fields have OBS listed, but we need to understand where your data was pulled from – we hope to be able to examine this at some point this year. The other issue we considered revolves around the system changes that occurred during Quarters 1 and 2 of '07 (it took us both quarters to get in line). We have noticed that our '07 numbers are more in line with your numbers and we're thinking there could be a programmatic glitch for '06. At this time, we are unable to discern exactly what the issue is, but we will be watching closely as we progress through FY '07.

We appreciate your concern for our data, and we hope that over time we can move toward a 'clean' product.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Caritas Carney Hospital

Caritas Carney Hospital reported discrepancies in the data, but did not specify which category. The hospital submitted the following explanation:

Caritas Carney Hospital will be resubmitting Outpatient Observation data for 2006 due to errors discovered earlier this year. ED OBS were included with Outpat OBS for the first half of 2006. We will be resubmitting FY 2006 data to correct this data.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Hubbard Regional Hospital

Hubbard Regional Hospital reported discrepancies in the areas of Originating Refer. / Transfer. Source and Secondary Refer. / Transfer. Source. The hospital submitted the following explanation.

The discrepancies that are noted on the Observation 2006 data are:

1. OOA05 Originating Referral / Transferring Source

> #7 Outside Hospital Emergency Room Transfer was chosen and
> The correct selection is
> R – Inside Hospital ER Transfer

2. OOA06 Secondary Referral / Transferring Source

> Contacted vendor, CPSI, to add a second field for secondary referral.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Massachusetts Eye & Ear Infirmary

Massachusetts Eye & Ear Infirmary reported discrepancies in the area of Hours of Service. No explanation was submitted.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

U. Mass. Marlborough

U. Mass. Marlborough reported discrepancies in the area of Originating Referral / Transferring Source. The hospital provided the following explanation:

Outpatient observation for Q4 FY 06, "Originating Referral Transfer" data does not appear correct for Marlborough Hospital.

On page title OOA05 – Originating Referral / Transferring Source report data, Source 7 "outside hospital emergency room transfer" and Source R "within hospital emergency room transfer" values appear to have been transposed for Q4 FY06. Values for Source 7 appear as values for Source R, Source 7 is listed as n/a which appears incorrect.

SECTION I. GENERAL DOCUMENTATION

**PART D. CAUTIONARY USE HOSPITALS
FY2006**

PART D. CAUTIONARY USE HOSPITALS

The Outpatient Observation data files contain the most recent active data from each hospital. Active data includes submissions from hospitals that have "passed" the Division's edits, and also includes submissions that have "failed". Failing the edit process would mean that 1% or more of the observation stays did not pass the edit process. We consider data that did not pass the edit process to be "cautionary use" data.

We have included on each file a field called SubmissionPassed. This field serves as a flag and indicates whether the quarterly submission passed or failed the edit process.

If a submission passed the edit process, the SubmissionPassed field for all observation stays within that submission are assigned a value of -1.

If a submission failed the edit process, the SubmissionPassed field for all observation stays within that submission are assigned a value of 0.

PART D. CAUTIONARY USE HOSPITALS

<u>Hospitals with Cautionary and Missing OOA Data for FY2006</u>

The Division is pleased to announce that there were no cautionary use hospitals for FY2006.

SECTION I. GENERAL DOCUMENTATION

PART E. HOSPITALS SUBMITTING OBSERVATION DATA FOR FY2006

1. **List of Hospitals Submitting Data for FY2006**
2. **List of Hospitals with No Data Submissions**
3. **Outpatient Observation Visit Totals and Charges for Hospitals Submitting Data**
4. **List of Hospitals with no Observation Patients**

PART E. HOSPITALS SUBMITTING OBSERVATION DATA FOR FY2006

1. List of Hospitals Submitting Observation Data for FY2006

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Mary Lane
Baystate Medical Center
Berkshire Health Systems – Berkshire Medical Center
Beth Israel Deaconess Medical Center
Beth Israel Deaconess - Needham
Boston Medical Center – Harrison Avenue Campus
Brigham & Women's Hospital
Brockton Hospital
Cambridge Health Alliance
Cape Cod Hospital
Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Holy Family
Caritas Norwood Hospital
Caritas St. Anne's Hospital
Caritas St. Elizabeth's
Children's Hospital Boston
Clinton Hospital
Cooley-Dickinson Hospital
Dana Farber Cancer Center
Emerson Hospital
Fairview Hospital
Falmouth Hospital
Faulkner Hospital
Hallmark Health Systems – Lawrence Memorial
Hallmark Health Systems – Melrose Hospital
Harrington Memorial Hospital
Health Alliance Hospital
Heywood Hospital
Holyoke Hospital
Hubbard Regional Hospital
Jordan Hospital
Lahey Clinic – Burlington
Lawrence General Hospital
Lowell General Hospital
Martha's Vineyard Hospital

PART E. HOSPITALS SUBMITTING OBSERVATION DATA FOR FY2006

1. <u>List of Hospitals Submitting Observation Data for FY2006</u> - ***Continued***

Massachusetts Eye & Ear Infirmary
Massachusetts General Hospital
Mercy Medical Center – Springfield
Merrimack Valley Hospital
MetroWest Medical Center
Milford Regional Medical Center
Milton Hospital
Morton Hospital
Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
New England Baptist Hospital
Newton-Wellesley Hospital
Noble Hospital
North Adams Regional Hospital
North Shore Medical Center
Northeast Health Systems – Addison Gilbert
Northeast Health Systems – Beverly Hospital
Quincy Medical Center
Saint Vincent Hospital
Saints Memorial Medical Center
South Shore Hospital
Southcoast Health Systems – Charlton
Southcoast Health Systems – St. Luke's
Southcoast Health Systems – Tobey
Sturdy Memorial Hospital
Tufts New England Medical Center
UMass. Marlborough Hospital
UMass. Memorial Medical Center
UMass. Wing
Winchester Hospital

PART E. HOSPITALS SUBMITTING OBSERVATION DATA FOR FY2006

2. Hospitals with no Outpatient Observation Data Submissions FY2006

Hospital Name	Comments
Mercy Hospital - Providence	No observation patients for FY2006

PART E. HOSPITALS SUBMITTING OBSERVATION DATA FOR FY2006

3. Discharge & Charge Totals for Hospitals Submitting Data by Quarter

The following is a list of the discharge and charge totals for hospitals submitting FY2006 data by quarter. It is included here as a means of enabling users to cross check the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Anna Jaques Hospital	2006	396	$1,019,382
2	Anna Jaques Hospital		426	$1,053,058
3	Anna Jaques Hospital		371	$739,846
4	Anna Jaques Hospital		324	$727,541
	Totals		1,517	$3,539,827
1	Athol Memorial Hospital	2226	25	$201,997
2	Athol Memorial Hospital		36	$327,449
3	Athol Memorial Hospital		30	$293,466
4	Athol Memorial Hospital		41	$364,923
	Totals		132	$1,187,835
1	Baystate Franklin	2120	219	$1,547,786
2	Baystate Franklin		226	$1,700,632
3	Baystate Franklin		296	$2,194,856
4	Baystate Franklin		350	$2,442,579
	Totals		1,091	$7,885,853
1	Baystate Mary Lane Hospital	2148	184	$1,032,601
2	Baystate Mary Lane Hospital		149	$806,278
3	Baystate Mary Lane Hospital		142	$768,761
4	Baystate Mary Lane Hospital		137	$756,423
	Totals		612	$3,364,063
1	Baystate Medical Center	2339	1,123	$6,463,688
2	Baystate Medical Center		1,050	$6,039,357
3	Baystate Medical Center		1,044	$6,217,767
4	Baystate Medical Center		937	$5,868,226
	Totals		4,154	$24,589,038
1	Berkshire Health Systems – Berkshire	2313	694	$4,558,346
2	Berkshire Health Systems – Berkshire		691	$4,724,641
3	Berkshire Health Systems – Berkshire		727	$4,676,639
4	Berkshire Health Systems – Berkshire		679	$4,330,576
	Totals		2,791	$18,290,202
1	Beth Israel Deaconess – Needham	2054	143	$912,384
2	Beth Israel Deaconess – Needham		191	$1,276,291
3	Beth Israel Deaconess – Needham		123	$804,524
4	Beth Israel Deaconess – Needham		76	$478,549
	Totals		533	$3,471,748
1	Beth Israel Deaconess Medical Center	2069	1,047	$10,887,473
2	Beth Israel Deaconess Medical Center		1,247	$14,299,098
3	Beth Israel Deaconess Medical Center		1,332	$15,974,865
4	Beth Israel Deaconess Medical Center		1,332	$16,757,456
	Totals		4,958	$57,918,892

PART E. HOSPITALS SUBMITTING OOA DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	DPH #	Total Discharges	Total Charges
1	Boston Medical Center – Harrison Ave.	2307	1,151	$7,978,614
2	Boston Medical Center – Harrison Ave.		1,420	$9,716,007
3	Boston Medical Center – Harrison Ave.		1,461	$10,158,065
4	Boston Medical Center – Harrison Ave.		1,519	$10,793,191
	Totals		5,551	$38,645,877
1	Brigham & Women's Hospital	2921	1,908	$19,433,745
2	Brigham & Women's Hospital		1,882	$18,968,465
3	Brigham & Women's Hospital		1,893	$19,174,006
4	Brigham & Women's Hospital		1,881	$19,270,536
	Totals		7,564	$76,846,752
1	Brockton Hospital	2118	580	$3,134,580
2	Brockton Hospital		637	$3,506,140
3	Brockton Hospital		558	$3,157,843
4	Brockton Hospital		588	$3,731,098
	Totals		2,363	$13,529,661
1	Cambridge Health Alliance	2108	384	$1,650,893
2	Cambridge Health Alliance		299	$1,284,010
3	Cambridge Health Alliance		341	$1,537,073
4	Cambridge Health Alliance		297	$1,383,097
	Totals		1,321	$5,855,073
1	Cape Cod Hospital	2135	406	$3,372,437
2	Cape Cod Hospital		275	$2,397,501
3	Cape Cod Hospital		202	$1,098,180
4	Cape Cod Hospital		229	$1,508,897
	Totals		1,112	$8,377,015
1	Caritas Carney Hospital	2003	256	$847,705
2	Caritas Carney Hospital		284	$1,007,054
3	Caritas Carney Hospital		169	$859,813
4	Caritas Carney Hospital		173	$858,243
	Totals		882	$3,572,815
1	Caritas Good Samaritan Medical Ctr.	2101	324	$1,219,199
2	Caritas Good Samaritan Medical Ctr.		262	$946,906
3	Caritas Good Samaritan Medical Ctr.		224	$889,407
4	Caritas Good Samaritan Medical Ctr.		253	$962,106
	Totals		1,063	$4,017,618
1	Caritas Holy Family Hospital	2225	268	$1,688,065
2	Caritas Holy Family Hospital		279	$1,886,142
3	Caritas Holy Family Hospital		432	$2,474,313
4	Caritas Holy Family Hospital		381	$2,373,595
	Totals		1,360	$8,422,115
1	Caritas Norwood Hospital	2114	305	$1,362,782
2	Caritas Norwood Hospital		311	$1,378,441
3	Caritas Norwood Hospital		332	$1,606,480
4	Caritas Norwood Hospital		298	$1,476,900
	Totals		1,246	$5,824,603

PART E. HOSPITALS SUBMITTING OOA DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Caritas St. Elizabeth's Hospital	2085	270	$1,381,395
2	Caritas St. Elizabeth's Hospital		228	$1,189,199
3	Caritas St. Elizabeth's Hospital		254	$1,316,050
4	Caritas St. Elizabeth's Hospital		248	$1,291,224
	Totals		1,000	$5,177,868
1	Children's Hospital Boston	2139	266	$3,080,848
2	Children's Hospital Boston		329	$3,255,377
3	Children's Hospital Boston		337	$3,407,867
4	Children's Hospital Boston		324	$3,440,006
	Totals		1,256	$13,184,098
1	Clinton Hospital	2126	80	$440,016
2	Clinton Hospital		84	$467,187
3	Clinton Hospital		82	$474,805
4	Clinton Hospital		94	$534,129
	Totals		340	$1,916,137
1	Cooley Dickinson Hospital	2155	200	$1,069,985
2	Cooley Dickinson Hospital		258	$1,362,497
3	Cooley Dickinson Hospital		259	$1,415,393
4	Cooley Dickinson Hospital		312	$1,719,014
	Totals		1,029	$5,566,889
1	Dana Farber	2335	13	$167,842
2	Dana Farber		5	$59,925
3	Dana Farber		8	$86,695
4	Dana Farber		10	$236,536
	Totals		36	$550,998
1	Emerson Hospital	2018	367	$2,105,699
2	Emerson Hospital		355	$2,059,228
3	Emerson Hospital		353	$2,135,137
4	Emerson Hospital		294	$1,734,067
	Totals		1,369	$8,034,131
1	Fairview Hospital	2052	41	$174,267
2	Fairview Hospital		42	$245,584
3	Fairview Hospital		55	$293,793
4	Fairview Hospital		53	$221,820
	Totals		191	$935,464
1	Falmouth Hospital	2289	271	$2,371,222
2	Falmouth Hospital		221	$2,074,227
3	Falmouth Hospital		214	$1,837,053
4	Falmouth Hospital		278	$2,227,210
	Totals		984	$8,509,712
1	Faulkner Hospital	2048	363	$3,777,947
2	Faulkner Hospital		377	$3,791,519
3	Faulkner Hospital		352	$3,341,563
4	Faulkner Hospital		330	$3,382,764
	Totals		1,422	$14,293,793

PART E. HOSPITALS SUBMITTING OOA DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Hallmark Health – Lawrence Memorial	2038	110	$572,508
2	Hallmark Health – Lawrence Memorial		99	$553,213
3	Hallmark Health – Lawrence Memorial		100	$590,132
4	Hallmark Health – Lawrence Memorial		92	$526,662
	Totals		401	$2,242,515
1	Hallmark Health – Melrose Hospital	2058	470	$1,949,374
2	Hallmark Health – Melrose Hospital		469	$1,966,753
3	Hallmark Health – Melrose Hospital		454	$1,927,215
4	Hallmark Health – Melrose Hospital		488	$2,228,418
	Totals		1,881	$8,071,760
1	Harrington Memorial Hospital	2143	363	$1,693,932
2	Harrington Memorial Hospital		325	$1,486,835
3	Harrington Memorial Hospital		384	$1,838,271
4	Harrington Memorial Hospital		318	$1,574,365
	Totals		1,390	$6,593,403
1	Health Alliance Hospital	2034	619	$2,223,052
2	Health Alliance Hospital		585	$1,428,546
3	Health Alliance Hospital		616	$1,561,396
4	Health Alliance Hospital		549	$1,412,432
	Totals		2,369	$6,625,426
1	Heywood Hospital	2036	561	$2,292,124
2	Heywood Hospital		565	$2,437,329
3	Heywood Hospital		533	$2,190,767
4	Heywood Hospital		460	$1,901,216
	Totals		2,119	$8,821,436
1	Holyoke Hospital	2145	225	$1,126,791
2	Holyoke Hospital		263	$1,506,821
3	Holyoke Hospital		261	$1,473,392
4	Holyoke Hospital		229	$1,261,116
	Totals		978	$5,368,120
1	Hubbard Regional Hospital	2157	204	$707,330
2	Hubbard Regional Hospital		228	$809,932
3	Hubbard Regional Hospital		201	$689,216
4	Hubbard Regional Hospital		255	$1,015,480
	Totals		888	$3,221,958
1	Jordan Hospital	2082	717	$5,041,990
2	Jordan Hospital		737	$5,391,359
3	Jordan Hospital		714	$5,075,294
4	Jordan Hospital		718	$5,193,633
	Totals		2,886	$20,702,276
1	Lahey Clinic Burlington	2033	1,039	$9,167,020
2	Lahey Clinic Burlington		989	$9,031,937
3	Lahey Clinic Burlington		1,026	$8,895,074
4	Lahey Clinic Burlington		973	$8,765,485
	Totals		4,027	$35,859,516

PART E. HOSPITALS SUBMITTING OOA DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Lawrence General Hospital	2099	581	$2,367,287
2	Lawrence General Hospital		615	$2,129,422
3	Lawrence General Hospital		551	$2,237,653
4	Lawrence General Hospital		712	$2,988,844
	Totals		2,459	$9,723,206
1	Lowell General Hospital	2040	264	$1,247,438
2	Lowell General Hospital		317	$1,498,203
3	Lowell General Hospital		330	$1,632,476
4	Lowell General Hospital		285	$1,475,217
	Totals		1,196	$5,853,334
1	Marlborough Hospital	2103	197	$1,501,200
2	Marlborough Hospital		177	$1,465,335
3	Marlborough Hospital		207	$1,675,178
4	Marlborough Hospital		213	$1,679,403
	Totals		794	$6,321,116
1	Martha's Vineyard Hospital	2042	140	$1,066,521
2	Martha's Vineyard Hospital		112	$1,063,204
3	Martha's Vineyard Hospital		137	$1,360,973
4	Martha's Vineyard Hospital		221	$2,526,659
	Totals		610	$6,017,357
1	Mass. Eye & Ear Infirmary	2167	609	$6,602,414
2	Mass. Eye & Ear Infirmary		560	$5,794,030
3	Mass. Eye & Ear Infirmary		754	$8,084,981
4	Mass. Eye & Ear Infirmary		711	$7,341,982
	Totals		2,634	$27,823,407
1	Massachusetts General Hospital	2168	1,571	$29,237,352
2	Massachusetts General Hospital		1,363	$23,779,510
3	Massachusetts General Hospital		1,535	$25,693,757
4	Massachusetts General Hospital		1,185	$19,890,204
	Totals		5,654	$98,600,823
1	Mercy Hospital - Springfield	2149	488	$3,844,770
2	Mercy Hospital - Springfield		567	$4,953,015
3	Mercy Hospital - Springfield		562	$4,714,066
4	Mercy Hospital - Springfield		560	$4,250,575
	Totals		2,177	$17,762,426
1	Merrimack Valley Hospital	2131	141	$1,023,854
2	Merrimack Valley Hospital		157	$1,003,717
3	Merrimack Valley Hospital		149	$943,116
4	Merrimack Valley Hospital		151	$957,866
	Totals		598	$3,928,553
1	MetroWest Medical Center	2020	1,120	$8,702,787
2	MetroWest Medical Center		1,246	$8,822,361
3	MetroWest Medical Center		1,284	$9,622,195
4	MetroWest Medical Center		1,180	$8,808,476
	Totals		4,830	$35,955,819

PART E. HOSPITALS SUBMITTING OOA DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Milford Regional Medical Center	2105	800	$5,939,047
2	Milford Regional Medical Center		794	$5,819,127
3	Milford Regional Medical Center		769	$5,685,267
4	Milford Regional Medical Center		693	$5,055,034
	Totals		3,056	$22,498,475
1	Milton Hospital	2227	148	$781,426
2	Milton Hospital		155	$806,099
3	Milton Hospital		172	$844,079
4	Milton Hospital		155	$744,172
	Totals		630	$3,175,776
1	Morton Hospital	2022	393	$2,110,212
2	Morton Hospital		368	$2,136,750
3	Morton Hospital		376	$2,158,646
4	Morton Hospital		400	$2,369,775
	Totals		1,537	$8,775,383
1	Mount Auburn Hospital	2071	549	$1,686,712
2	Mount Auburn Hospital		523	$1,649,748
3	Mount Auburn Hospital		577	$1,782,225
4	Mount Auburn Hospital		600	$2,012,119
	Totals		2,249	$7,130,804
1	Nantucket Cottage Hospital	2044	42	$199,872
2	Nantucket Cottage Hospital		53	$243,989
3	Nantucket Cottage Hospital		57	$262,132
4	Nantucket Cottage Hospital		90	$500,496
	Totals		242	$1,206,489
1	Nashoba Valley Hospital	2298	174	$1,114,724
2	Nashoba Valley Hospital		142	$881,413
3	Nashoba Valley Hospital		129	$766,562
4	Nashoba Valley Hospital		92	$539,065
	Totals		537	$3,301,764
1	New England Baptist	2059	50	$370,767
2	New England Baptist		47	$337,725
3	New England Baptist		44	$280,500
4	New England Baptist		52	$342,590
	Totals		193	$1,331,582
1	Newton-Wellesley Hospital	2075	1,049	$9,429,264
2	Newton-Wellesley Hospital		987	$8,969,389
3	Newton-Wellesley Hospital		1,042	$9,274,486
4	Newton-Wellesley Hospital		964	$9,145,928
	Totals		4,042	$36,819,067
1	Noble Hospital	2076	68	$294,237
2	Noble Hospital		59	$251,968
3	Noble Hospital		55	$214,741
4	Noble Hospital		69	$263,273
	Totals		251	$1,024,219

PART E. HOSPITALS SUBMITTING OOA DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	North Adams Regional Hospital	2061	191	$1,926,180
2	North Adams Regional Hospital		180	$1,090,011
3	North Adams Regional Hospital		182	$1,258,935
4	North Adams Regional Hospital		190	$1,153,191
	Totals		743	$5,428,317
1	North Shore Medical Center	2014	426	$1,897,334
2	North Shore Medical Center		420	$1,745,017
3	North Shore Medical Center		416	$1,967,991
4	North Shore Medical Center		403	$1,929,629
	Totals		1,665	$7,539,971
1	Northeast Health – Addison Gilbert	2016	83	$419,587
2	Northeast Health – Addison Gilbert		68	$272,026
3	Northeast Health – Addison Gilbert		95	$391,396
4	Northeast Health – Addison Gilbert		89	$402,466
	Totals		335	$1,485,475
1	Northeast Health – Beverly	2007	484	$1,247,451
2	Northeast Health – Beverly		633	$1,628,484
3	Northeast Health – Beverly		676	$1,985,468
4	Northeast Health – Beverly		662	$1,924,178
	Totals		2,455	$6,785,581
1	Quincy Medical Center	2151	138	$884,160
2	Quincy Medical Center		168	$1,096,736
3	Quincy Medical Center		175	$1,093,912
4	Quincy Medical Center		177	$1,079,326
	Totals		658	$4,154,134
1	St. Anne's Hospital	2011	113	$861,831
2	St. Anne's Hospital		156	$1,105,504
3	St. Anne's Hospital		104	$826,152
4	St. Anne's Hospital		104	$788,805
	Totals		477	$3,582,292
1	Saint Vincent Hospital	2128	892	$4,743,215
2	Saint Vincent Hospital		826	$4,501,706
3	Saint Vincent Hospital		919	$5,198,925
4	Saint Vincent Hospital		1,015	$6,199,083
	Totals		3,652	$20,642,929
1	Saints Memorial Medical Center	2063	666	$2,565,591
2	Saints Memorial Medical Center		733	$2,664,199
3	Saints Memorial Medical Center		711	$3,102,006
4	Saints Memorial Medical Center		606	$2,686,694
	Totals		2,716	$11,018,490
1	South Shore Hospital	2107	1,134	$7,870,729
2	South Shore Hospital		1,275	$8,301,229
3	South Shore Hospital		1,224	$7,957,019
4	South Shore Hospital		1,210	$8,214,235
	Totals		4,843	$32,343,212

PART E. HOSPITALS SUBMITTING OOA DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
1	Southcoast Health - Charlton	2337	482	$2,251,018
2	Southcoast Health - Charlton		487	$2,511,621
3	Southcoast Health - Charlton		502	$2,661,325
4	Southcoast Health - Charlton		558	$3,008,922
	Totals		2,029	$10,432,886
1	Southcoast – St. Luke's	2010	447	$2,108,560
2	Southcoast – St. Luke's		564	$2,272,821
3	Southcoast – St. Luke's		494	$2,404,659
4	Southcoast – St. Luke's		470	$2,224,603
	Totals		1,975	$9,010,643
1	Southcoast - Tobey	2106	112	$401,635
2	Southcoast - Tobey		125	$477,847
3	Southcoast - Tobey		95	$389,074
4	Southcoast - Tobey		98	$434,935
	Totals		430	$1,703,491
1	Sturdy Memorial Hospital	2100	509	$2,820,853
2	Sturdy Memorial Hospital		465	$2,460,270
3	Sturdy Memorial Hospital		493	$2,740,277
4	Sturdy Memorial Hospital		539	$3,000,952
	Totals		2,006	$11,022,352
1	Tufts New England Medical Center	2299	471	$3,059,921
2	Tufts New England Medical Center		552	$3,241,561
3	Tufts New England Medical Center		471	$2,899,760
4	Tufts New England Medical Center		590	$3,472,165
	Totals		2,084	$12,673,407
1	UMass. Memorial Medical Center	2841	2,106	$14,072,959
2	UMass. Memorial Medical Center		1,976	$13,861,361
3	UMass. Memorial Medical Center		2,078	$14,114,448
4	UMass. Memorial Medical Center		2,145	$13,358,039
	Totals		8,305	$55,406,807
1	Winchester Hospital	2094	571	$2,629,227
2	Winchester Hospital		727	$3,189,621
3	Winchester Hospital		695	$3,140,499
4	Winchester Hospital		733	$3,435,245
	Totals		2,726	$12,394,592
1	Wing Memorial Hospital	2181	66	$245,078
2	Wing Memorial Hospital		78	$273,457
3	Wing Memorial Hospital		56	$205,552
4	Wing Memorial Hospital		55	$217,546
	Totals		255	$941,633
	TOTALS – ALL HOSPITALS		133,859	$944,830,299
			Total Discharges	**Total Charges**

PART E. HOSPITALS SUBMITTING OBSERVATION DATA FOR FY2006

4. **Hospitals that Do Not See Outpatient Observation Patients**

Hospital Name	Comments
Berkshire Health – Hillcrest Campus	Does not see observation patients.
Cambridge Health Alliance – Malden	Does not see observation patients.
Caritas Norcap Lodge	Does not see observation patients.
Kindred – Boston	Does not see observation patients.
Kindred – North Shore	Does not see observation patients.

SECTION I. GENERAL DOCUMENTATION

PART F. SUPPLEMENTARY INFORMATION

Supplement I.
Table of Outpatient Observation Data Field Names,
Field Descriptions, and Error Types (A or B)

Supplement II.
Hospital Addresses, DPH ID, Org ID & Service Site
Numbers

Supplement III.
Alphabetical Source of Payment List

Supplement IV.
Numerical Source of Payment List

Supplement V.
Mergers, Name Changes, Closures, Conversions &
Non-Acute Care Hospitals

Supplement I. Data Element Field Names, Descriptions, and Error Categories

The following are the required data elements that hospitals must report to the Division in accordance with the Case Mix Regulation 114.1 CMR 17.00. We have also included additional fields created by the Division. ***Newly added for FY2002*** was an ***ED indicator*** that went into effect October 1, 2001. The flag indicates whether the patient was admitted to the outpatient observation stay from the hospital's emergency department.

In addition to the field names, the data description and error category for each field is listed below:

	Field Name:	Short Description:	Error Category:
1	Hos_ID	Hospital DPH number	A
2	MultiSiteN	Hospital's designated number for multiple sites merged under one DPH number	
3	Pt_ID	Unique Health Identification Number	A
4	MR_N	Patient's Medical Record number	A
5	Acct_N	Hospital billing number for the patient	A
6	MOSS	Mother's social security number for infants up to 1 year old	B
7	MCD_ID	Medicaid Claim Certificate Number	A
8	DOB	Patient's date of birth	A
9	Sex	Patient's sex	A
10	Race	Patient's race	B
11	Zip_Code	Patient's zip code	B

Supplement I. Data Element Field Names, Descriptions, and Error Categories

	Field Name:	Short Description:	Error Category:
12	Ext_Zcode	Patient's 4 digit zip code extension	
13	Beg_Date	Patient's beginning service date	A
14	End_Date	Patient's ending service date	A
15	Obs_Time	Initial encounter time of day	B
16	Ser_Unit	Unit of Service is hours	A
17	Obs_Type	Patient's type of visit status	B
18	Obs_1Srce	Originating, referring, or transferring source for Observation Visit	B
19	Obs_2Srce	Secondary referring or transferring source for Observation visit	B
20	Dep_Stat	Patient's departure status	A
21	Payr_Pri	Patient's primary source of payment	A
22	Payr_Sec	Patient's secondary payment source	A
23	Charges	Total charges for observation rounded up to the nearest dollar	A
24	Surgeon	Patient's surgeon for this visit: Unique Physician Number (UPN), or "DENSG", "PODTR" or "OTHER" or "MIDWIF"	B
25	Att_MD	Patient's attending physician: Unique physician Number (UPN), or "DENSG", "PODTR" or "OTHER" or "MIDWIF"	B
26	Oth_Care	Other caregiver	B
27	PDX	Patient's principal diagnosis: Valid ICD-9-CM code	A
28	Assoc_DX1	Patient's first associated diagnosis: Valid ICD-9-CM code	A

Supplement I. Data Element Field Names, Descriptions, and Error Categories

	Field Name:	Short Description:	Error Category:
29	Assoc_DX2	Patient's second associated diagnosis: Valid ICD-9-CM code	A
30	Assoc_DX3	Patient's third associated diagnosis: Valid ICD-9-CM code	A
31	Assoc_DX4	Patient's fourth associated diagnosis: Valid ICD-9-CM code	A
32	Assoc_DX5	Patient's fifth associated diagnosis: Valid ICD-9-CM code	A
33	P_PRO	Patient's Principal Procedure: Valid ICD-9-CM code	A
34	P_PRODATE	Date of patient's Principal Procedure	B
35	Assoc_PRO1	Patient's first associated procedure: Valid ICD-9-CM code	A
36	Assoc_DATE1	Date of patient's first associated procedure	B
37	Assoc_PRO2	Patient's second associated procedure: Valid ICD-9-CM code	A
38	Assoc_DATE2	Date of patient's second associated Procedure	B
39	Assoc_PRO3	Patient's third associated procedure: Valid ICD-9-CM code	A
40	Assoc_DATE3	Date of patient's third associated procedure	B
41	CPT1	Patient's first CPT code	A
42	CPT2	Patient's second CPT code	A
43	CPT3	Patient's third CPT code	A
44	CPT4	Patient's fourth CPT code	A
45	CPT5	Patient's fifth CPT code	A
46	ED_Flag	Character	A

Supplement I. Data Element Field Names, Descriptions, and Error Categories

Additional Fields Created by the Division:

MonthofBeg_Date	Month of Begin Date	NA
YearofBeg_Date	Year of Begin Date	NA
MonthofEnd_Date	Month of End Date	NA
YearofEnd_Date	Year of End Date	NA
AgeOfPatient	Patient Age	NA
AgeUnits	Term Patient Age is Based On	NA
ObsSeq_Num	Observation Sequence Number	NA
NoofDaysBtwObs	Number of Days Between Observation Stays	NA
SubmissionPassed	Submission Passed Edits Flag	NA

Notes:

1) ICD-9-CM Code = International Classification of Diseases, 9th Revision, Clinical Modification

   CPT = Physician's Current Procedural Terminology Codes

SUPPLEMENT II. HOSPITAL ADDRESSES, DPH ID, ORG ID & SERVICE SITE ID #'s

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Anna Jaques Hospital	25 Highland Ave. Newburyport, MA 01950	1	1	2006	1
Athol Memorial Hospital	2033 Main Street Athol, MA 01331	2	2	2226	2
Baystate Mary Lane	85 South Street Ware, MA 01082	6	6	2148	
Baystate Medical Center	3601 Main Street Springfield, MA 01107-1116	4	4	2339	4
Berkshire Medical Center – Berkshire Campus	725 North Street Pittsfield, MA 01201	6309	7	2313	7
Berkshire Medical Center – Hillcrest Campus	165 Tor Court Rd. Pittsfield, MA 01201	6309	7	2231	9
Beth Israel Deaconess Hospital – Needham	148 Chestnut Street Needham, MA 02192	53	53	2054	53
Beth Israel Deaconess Medical Center	330 Brookline Ave. Boston, MA 02215	8702	10	2069	10
Boston Medical Center – Harrison Avenue Campus	88 East Newton St. Boston, MA 02118	3107	16	2307	16
Boston Medical Center – East Newton Campus		3107	16	2084	144
Brigham and Women's Hospital	75 Francis Street Boston, MA 02115	22	22	2921	22
Brockton Hospital	680 Centre Street Brockton, MA 02402	25	25	2118	25
Cambridge Health Alliance – Cambridge Campus	65 Beacon Street Somerville, MA 02143	3108	27	2108	27
Cambridge Health Alliance – Somerville Campus		3108	27	2001	143
Cambridge Health Alliance – Whidden Memorial Campus		3108	27	2046	142
Cape Cod Hospital	27 Park Street Hyannis, MA 02601	39	39	2135	

SUPPLEMENT II. HOSPITAL ADDRESSES, DPH ID, ORG ID & SERVICE SITE ID #'s

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Caritas Carney Hospital	2100 Dorchester Avenue Dorchester, MA 02124	42	42	2003	
Caritas Good Samaritan Medical Center	235 North Pearl Street Brockton, MA 02301	8701	62	2101	
Caritas Good Samaritan Med. Ctr. – Norcap Lodge Campus	71 Walnut Avenue Foxboro, MA 02035	8701	4460	2KGH	
Caritas Holy Family Hospital and Medical Center	70 East Street Methuen, MA 01844	75	75	2225	
Caritas Norwood Hospital	800 Washington Street Norwood, MA 02062	41	41	2114	
Caritas St. Elizabeth's Hospital	736 Cambridge Street Brighton, MA 02135	126	126	2085	
Children's Hospital Boston	300 Longwood Avenue Boston, MA 02115	46	46	2139	
Clinton Hospital	201 Highland Street Clinton, MA 01510	132	132	2126	
Cooley Dickinson Hospital	30 Locust Street Northampton, MA 01060-5001	50	50	2155	
Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	51	51	2335	
Emerson Hospital	Route 2 Concord, MA 01742	57	57	2018	
Fairview Hospital	29 Lewis Avenue Great Barrington, MA 01230	8	8	2052	
Falmouth Hospital	100 Ter Heun Drive Falmouth, MA 02540	40	40	2289	
Faulkner Hospital	1153 Centre Street Jamaica Plain, MA 02130	59	59	2048	

SUPPLEMENT II. HOSPITAL ADDRESSES, DPH ID, ORG ID & SERVICE SITE ID #'s

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Franklin Medical Center	164 High Street Greenfield, MA 01301	5	5	2120	
Hallmark Health System – Lawrence Memorial Campus	170 Governors Avenue Medford, MA 02155	3111	66	2038	
Hallmark Health System – Melrose-Wakefield Campus	585 Lebanon Street Melrose, MA 02176	3111	141	2058	
Harrington Memorial Hospital	100 South Street Southbridge, MA 01550	68	68	2143	
Health Alliance Hospitals, Inc.	60 Hospital Road Leominster, MA 01453-8004	71	71	2034	
Health Alliance Hospital – Burbank Campus		71	71	2034	8548*
Health Alliance Hospital – Leominster Campus		71	71	2127	8509*
Heywood Hospital	242 Green Street Gardner, MA 01440	73	73	2036	
Holyoke Medical Center	575 Beech Street Holyoke, MA 01040	77	77	2145	
Hubbard Regional Hospital	340 Thompson Road Webster, MA 01570	78	78	2157	
Jordan Hospital	275 Sandwich Street Plymouth, MA 02360	79	79	2082	
Kindred Hospital - Boston	1515 Comm.Ave. Boston, MA 02135	136	136	2091	
Kindred Hospital Boston – North Shore	15 King Street Peabody, MA 01960	135	135	2171	
Lahey Clinic – Burlington Campus	41 Mall Road Burlington, MA 01805	6546	81	2033	81
Lahey Clinic North Shore		6546	81	2033	4448

*Use of Site ID began in FY2005.

SUPPLEMENT II. HOSPITAL ADDRESSES, DPH ID, ORG ID & SERVICE SITE ID #'s

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Lawrence General Hospital	One General Street Lawrence, MA 01842-0389	83	83	2099	
Lowell General Hospital	295 Varnum Avenue Lowell, MA 01854	85	85	2040	
Marlborough Hospital	57 Union Street Marlborough, MA 01752-9981	133	133	2103	
Martha's Vineyard Hospital	Linton Lane Oak Bluffs, MA 02557	88	88	2042	
Massachusetts Eye & Ear Infirmary	243 Charles Street Boston, MA 02114-3096	89	89	2167	
Massachusetts General Hospital	55 Fruit Street Boston, MA 02114	91	91	2168	
Mercy Medical Center - Providence Behavioral Health Hospital	1233 Main Street Holyoke, MA 01040	6547	118	2150	118
Mercy Medical Center– Springfield Campus	271 Carew Street Springfield, MA 01102	6547	119	2149	119
Merrimack Valley Hospital	140 Lincoln Avenue Haverhill, MA 01830-6798	70	70	2131	
MetroWest Medical Center – Framingham Campus	115 Lincoln Street Framingham, MA 01701	3110	49	2020	49
MetroWest Medical Center – Leonard Morse Campus	67 Union Street Natick, MA 01760	3110	457	2039	457
Milford Regional Medical Center	14 Prospect Street Milford, MA 01757	97	97	2105	
Milton Hospital	92 Highland Street Milton, MA 02186	98	98	2227	
Morton Hospital and Medical Center	88 Washington Street Taunton, MA 02780	99	99	2022	
Mount Auburn Hospital	330 Mt. Auburn St. Cambridge, MA 02238	100	100	2071	

SUPPLEMENT II. HOSPITAL ADDRESSES, DPH ID, ORG ID & SERVICE SITE ID #'s

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Nantucket Cottage Hospital	57 Prospect Street Nantucket, MA 02554	101	101	2044	
Nashoba Valley Medical Center	200 Groton Road Ayer, MA 01432	52	52	2298	
New England Baptist Hospital	125 Parker Hill Avenue Boston, MA 02120	103	103	2059	
Newton-Wellesley Hospital	2014 Washington Street Newton, MA 02162	105	105	2075	
Noble Hospital	115 West Silver Street Westfield, MA 01086	106	106	2076	
North Adams Regional Hospital	Hospital Avenue North Adams, MA 01247	107	107	2061	
North Shore Medical Center – Salem Campus	81 Highland Avenue Salem, MA 01970	345	116	2014	116
North Shore Medical Center – Union Campus	500 Lynnfield St. Lynn, MA 01904-1424	345	116 Formerly #3	2073	3
Northeast Health System–Addison Gilbert Campus	298 Washington St Gloucester, MA 01930	3112	109	2016	
Northeast Health System – Beverly Campus	85 Herrick Street Beverly, MA 01915	3112	110	2007	
Quincy Medical Center	114 Whitwell St. Quincy, MA 02169	112	112	2151	
Saint Anne's Hospital	795 Middle Street Fall River, MA 02721	114	114	2011	
Saint Vincent Hospital at Worcester Medical Center	20 Worcester Ctr. Blvd. Worcester, MA 01608	127	127	2128	
Saints Memorial Medical Center	One Hospital Drive Lowell, MA 01852	115	115	2063	
South Shore Hospital	55 Fogg Road South Weymouth, MA 02190	122	122	2107	

SUPPLEMENT II. HOSPITAL ADDRESSES, DPH ID, ORG ID & SERVICE SITE ID #'s

Current Organization Name	Hospital Address	Hospital Org ID	Filing Org ID	DPH ID	Site ID
Southcoast Hospitals Group – Charlton Memorial Campus	363 Highland Avenue Fall River, MA 02720	3113	123	2337	
Southcoast Hospitals Group – St. Luke's Campus	101 Page Street New Bedford, MA 02740	3113	124	2010	
Southcoast Hospitals Group – Tobey Hospital Campus	43 High Street Wareham, MA 02571	3113	145	2106	
Sturdy Memorial Hospital	211 Park Street Attleboro, MA 02703	129	129	2100	
Tufts-New England Medical Center	750 Washington Street Boston, MA 02111	104	104	2299	
U.Mass. Memorial Medical Center – Memorial Campus	120 Front Street Worcester, MA 01608	3115	131	2841 Formerly #2124	130
UMass. Memorial Medical Center – University Campus		3115	131	2841	131
Winchester Hospital	41 Highland Avenue Winchester, MA 01890	138	138	2094	
Wing Memorial Hospital and Medical Centers	40 Wright Street Palmer, MA 01069-1187	139	139	2181	

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
272	Auto Insurance	T	AI
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue ChiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) – POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon Umass.)	8	HMO

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
14	Health new England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage – PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select – PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
203	Principal Financial Group (Principal Mutual Life)	7	COM
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice-PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

** Supplemental Payer Source
***Please list under the specific carrier when possible

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SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC

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NUMERICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon Umass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage – PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health new England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice – PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select – PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

Supplement IV.

NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

Supplement IV.

NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) – POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

Supplement IV.

NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

Supplement IV.

NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
2236-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC

** Supplemental Payer Source
*** Please list under the specific carrier when possible

Supplement IV.

NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker's Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC

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

MERGERS – ALPHABETICAL LIST

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

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

MERGERS – ALPHABETICAL LIST

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

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

NAME CHANGES – ALPHABETICAL LIST

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

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

NAME CHANGES

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

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

CLOSURES

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

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

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

CONVERSIONS & 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

PART A. CALCULATED FIELD DOCUMENTATION

1. **Age Calculation**
2. **Observation Sequence Number Calculation**
3. **No. of Days Between Observation Stays Calculation**

PART A. CALCULATED FIELD DOCUMENTATION

1. <u>Age Calculation</u>

Brief Description:

AgeOfPatient is calculated using the DateDiff Function in Access, which subtracts the date of birth (DOB) from the End_Date. Age is calculated to the nearest year (the remainder is dropped) if patient is at least 1 year old. The AgeUnits field is assigned a value of 'YEARS'. Age is calculated to the nearest week (the remainder is dropped) if a patient is less than 1 year old. The AgeUnits field is assigned a value of 'WEEKS'.

If the observation did not pass the edits for any reason the age is not calculated and the AgeOfPatient field is set to zero and the AgeUnits field is left blank.

Detailed Description:

1. If the observation passed the edits then the DateDiff function is used to determine the age in weeks of the patient by subtracting the Date of Birth from the End of Service Date.

2. If the age in weeks is greater than 51 then the DateDiff function is used to determine the age in years of the patient by subtracting the Date of Birth from the End of Service Date and the AgeUnits is set to "Years".

3. If the age in weeks is less than or equal to 51 then the DateDiff function is used to determine the age in weeks of the patient by subtracting the Date of Birth from the End of Service Date and the AgeUnits is set to "Weeks".

4. If the observation did not pass the edits then the AgeOfPatient is set to zero and the AgeUnits field is left blank.

PART A. CALCULATED FIELD DOCUMENTATION

2. Observation Sequence Number Calculation

Brief Description:

The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End Date. The Observation Sequence Number (ObsSeqNo) is then calculated by incrementing a counter for each of the PT_ID's observation stays.

If the observation did not pass the edits for any reason the Observation Sequence Number is not calculated and the ObsSeqNo field is set to zero.

Detailed Description:

1. The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End_Date.

2. The sequence number is calculated by incrementing a counter from 1 to nnn, where a sequence number of 1 indicates the first observation stay for a PT_ID and nnn indicates the last observation stay for the PT_ID.

3. If the observation did not pass the edits then the ObsSeqNo is set to zero.

PART A. CALCULATED FIELD DOCUMENTATION

3. Number of Days Between Observation Stays Calculation

Brief Description:

The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End Date. For PT_IDs with 2 or more observation stays the Number of Days Between Observation Stays (NoofDaysBtwObs) is calculated using the DateDiff Function in Access which subtracts the previous observation end date from the current End_Date.

If the observation did not pass the edits for any reason the Number of Days Between Observation Stays is not calculated and the Noof DaysBtwObs field is set to zero.

Detailed Description:

1. The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End_Date.

2. If this is the first occurrence of a PT_ID the Number of Days Between Observation Stays is set to zero.

3. If a second occurrence of a PT_ID is found then the Number of Days Between Observation Stays (NoofDaysBtwObs) is calculated by using the DateDiff Function in Access, which subtracts the previous observation end date from the current End_Date.

4. Step 3 is repeated for all subsequent observation stays until the PT_ID changes.

5. If the observation did not pass the edits then the NoofDaysBtwObs is set to zero.

PART B. DATA FILE STRUCTURE

1. Outpatient Observation .MDB File Structure

Field Name	Type	Width
Hos_ID	Text	4
Multi_SiteN	Text	1
Pt_ID	**Text**	**9**
MR_N	**Text**	**10**
Acct_N	**Text**	**17**
MOSS	**Character**	**9**
DOB	**Text**	**10**
Sex	Text	1
Race	Text	1
Zip_Code	Text	5
Beg_Date	**Date/Time**	**8**
End_Date	**Date/Time**	**8**
Obs_Time	Text	4
Ser_Unit	Text	6
Obs_Type	Text	1
Obs_1Srce	Text	1
Obs_2Srce	Text	1
Dep_Stat	Text	1
Payr_Pri	Text	4
Payr_Sec	Text	4
Charges	Number (long)	4
Surgeon	**Text**	**7**
Att_MD	**Text**	**7**
Oth_Care	Text	1
PDX	Text	5
Assoc_DX1	Text	5
Assoc_DX2	Text	5
Assoc_DX3	Text	5
Assoc_DX4	Text	5
Assoc_DX5	Text	5
P_PRO	Text	4
P_PRODATE	**Date/Time**	**8**
Assoc_Pro1	Text	4
AssocDate1	**Date/Time**	**8**
Assoc_Pro2	Text	4
AssocDate2	**Date/Time**	**8**
Assoc_Pro3	Text	4

PART B. DATA FILE STRUCTURE

1. Outpatient Observation .MDB File Structure

Field Name	Type	Width
AssocDate3	**Date/Time**	**8**
CPT1	Text	5
CPT2	Text	5
CPT3	Text	5
CPT4	Text	5
CPT5	Text	5
ED_Flag	Text	1
MonthofBeg_Date	Number (Integer)	2
YearofBeg_Date	Number (Integer)	2
MonthofEnd_Date	Number (Integer)	2
YearofEnd_Date	Number (Integer)	2
AgeOfPatient	Number (Integer)	4
AgeUnits	Text	255
ObsSeqNo	Number (Long)	4
NoofDaysBtwObsSBT	Number (Long)	4
SubmissionPassed	Yes/No	1

Please note: The data fields listed in bold are considered **Deniable Data Elements**.
Depending on the level of data purchased, these fields may not be present on the file.

PART B. DATA FILE SUMMARY

2. Outpatient Observation Data Codes

The following are the data codes for the required data elements that hospitals must report to the Division in accordance with Case Mix Regulation 114.1 CMR 17.00. We have also included data codes for the additional fields created by the Division. Each recipient for outpatient observation data has been granted approval by the Division to receive a certain level of data. Please refer to Section III for a description of Data Levels I – VI and to Section VII, Appendix D to review the specific data elements contained in your data files. Please note that the higher levels contain an increasing number of Deniable Data Elements.

Field Name	Description
Hos_ID	Hospital Department of Public Health number
Multi_SiteN	Optional field for a hospital's determined number used to distinguish multiple sites that fall under one DPH number
Pt_ID	Unique Health Identification Number (UHIN)
MR_N	Patient's hospital medical record number
Acct_N	Hospital's billing number for the patient
MOSS	Mother's UHIN for infants up to one year old or less
MCD_ID	Medicaid Claim Certificate Number
DOB	Birth month, day, and year
Sex	1 = male; 2 = female; 3 = unknown
Race	1 = White; 2 = Black; 3=Asian; 4 = Hispanic; 5 = Native American; 6 = Other; 9 = Unknown
Zip_Code	Patient's residential 5-digit zip code
Ext_Zcode	Patient's residential 4 digit zip code extension
Beg_Date	Month, day, and year when service begins
End_Date	Month, day, and year when service ends
Obs_Time	Initial Observation encounter time. The time the patient became an Observation Stay patient.
Ser_Unit	The amount of time the patient has spent as an Observation Stay patient. The unit of service for Observation Stay is hours.

PART B. DATA FILE SUMMARY

2. Outpatient Observation Data Codes

Field Description	Description
Obs_Type	Observation Visit Status: 1 = Emergency, 2 = Urgent, 3 = Elective, 4 = Newborn, 5 = Information Not Available
Obs_1Srce	Originating Observation Visit Source: 1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral 3 = Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Information Not Available, L = Outside Hospital Clinic Referral, M = Walk-In/Self-Referral, R = Inside Hospital ER Transfer, T = Transfer from another Institution's SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer Example: If a patient is transferred from a SNF to the hospital's clinic and then becomes an Observation Stay status, the Originating Observation Source would be "5 – Transfer from SNF".
Obs_2Srce	Secondary Observation Visit Source: 1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral 3 = Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Information Not Available, L = Outside Hospital Clinic Referral, M = Walk-In/Self-Referral, R = Inside Hospital ER Transfer, T = Transfer from another Institution's SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer Example: If a patient is transferred from a SNF to the hospital's clinic and then becomes an Observation Stay status, the Secondary Observation Source would be "2 – Within Hospital Clinic Transfer".
Dep_Stat	Patient Disposition (Departure Status): 1 = Routine, 2 = Adm to Hospital, 3 = Transferred, 4 = AMA, 5 = Expired
Payr_Pri	Primary Source of Payment. Please see Appendix H for Alphabetical Source of Payment List & Appendix I for Numerical Source of Payment List
Payr_Sec	Secondary Source of Payment. Please see Appendix H for Alphabetical Source of Payment List & Appendix I for Numerical Source of Payment List
Charges	Grand total of all charges associated with the patient's observation stay.

PART B. DATA FILE SUMMARY

2. Outpatient Observation Data Codes

Field Description	Description
Surgeon	Unique Physician Number (UPN), or "DENSG" = Dental Surgeon, "PODTR" = Podiatrist or "OTHER" = for situations where no permanent physician license number is assigned or if a limited license is assigned, or "MIDWF" = Midwife, Or ------- = Invalid
Att_MD	Unique Physician Number (UPN), or "DENSG" = Dental Surgeon, "PODTR" = Podiatrist or "OTHER" = for situations where no permanent physician license number is assigned or if a limited license is assigned, or "MIDWF" = Midwife, Or ------- = Invalid
Oth_Care	Other primary caregiver responsible for patient's care: 1 = Resident, 2 = Intern, 3 = Nurse Practitioner, 4 = Not Used, 5 = Physician Assistant
PDX	ICD9 Principal Diagnosis excluding decimal point
Assoc_DX	ICD9 Associated Diagnosis, up to five associated diagnoses excluding the decimal point
P_PRO	Principal ICD9 Procedure excluding decimal point
P_PRODATE	Date of Patient's Principal Procedure
Assoc_PRO	ICD9 Associated Procedures, up to three associated procedures excluding the decimal point
AssocDATE	Date(s) of patient's associated procedures, up to three
CPT	CPT4, up to five CPT codes
ED_Flag	Flag to indicate whether patient was admitted to this outpatient observation stay from this facility's ED

PART B. DATA FILE SUMMARY

2. Outpatient Observation Data Codes

Additional Fields Created by the Division:

Field Description	Description
MonthofBeg_Date	1 = January, 2 = February, 3 = March, 4 = April, 5 = May, 6 = June, 7 = July, 8 = August, 9 = September, 10 = October, 11 = November, 12 = December
YearOfBeg_Date	4 digit year
MonthOfEnd_Date	1 = January, 2 = February, 3 = March, 4 = April, 5 = May, 6 = June, 7 = July, 8 = August, 9 = September, 10 = October, 11 = November, 12 = December
YearofEnd_Date	4 digit year
AgeOfPatient	In years if >=1, in weeks if <1
AgeUnits	Weeks or Years
ObsSeqNum	Observation Sequence Number
NoofDaysBtwObs	Number of Days Between Observation Stays
SubmissionPassed	-1 = Passed, 0 = Failed