**ADMINISTRATIVE BULLETIN 19-04**

**957 CMR 8.00: All Payer Claims Database (APCD) and**

**Case Mix and Charge Data Submission**

**Effective August 26, 2019**

The Center for Health Information and Analysis (CHIA) is issuing this Administrative Bulletin pursuant to 957 CMR 8.07(1) to notify Hospitals required to submit data to CHIA in accordance with 957 CMR 8.00 of changes to the Case Mix and Charge Data file submission guidelines.

CHIA updated the FY 2020 Case Mix and Charge data submission requirements with one new data element, a Primary Payer Type Code for Emergency Department (ED) and Outpatient Observation (OOD).

CHIA also increased the number of Associated Diagnosis codes and CPT codes in the OOD Submission Guide.

Additionally, CHIA updated the edits and changed the existing ED Boarding data elements for Inpatient Discharge (HIDD) and OOD from error type “Note” to error type “B”. The edit specifications for Diagnosis Codes, External Cause Codes and Procedure Codes along with other assorted Case Mix and Charge Data field edits, descriptions and data code tables have been updated or improved for clarity.

The following table lists the data elements with updated specifications. Technical specifications for these fields are found within the related Submission Guides. The changes noted herein and within the Submission Guides will be in effect beginning with the quarterly submission of 10/1/2019 – 12/31/2019 (1st Quarter 2020). The due date for the filing of 1st Quarter 2020 is March 16, 2020.

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| **New Data Element** | **File Type** |
| Payer Type Code | Emergency Department, Outpatient Observation |
| Associated Diagnosis Code (11 through 15) | Outpatient Observation |
| CPT Code (6 through 10) | Outpatient Observation |
| **Existing Data Element with Updated Edits** | **File Type** |
| Payer Type/Source of Payment | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| Medicaid Claim Certificate Number (New MMIS ID/Medicaid) | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| Patient Last Name | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| Patient First Name | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| Principal External Cause Code | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| ICD Indicator | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| Associated Diagnosis Code | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| Number of hours in ED | Inpatient Discharge, Outpatient Observation |
| Emergency Department Registration Date/Time | Inpatient Discharge, Outpatient Observation |
| Emergency Department Discharge Date/Time | Inpatient Discharge, Outpatient Observation |
| Principal Diagnosis Code | Emergency Department |
| Procedure Code | Emergency Department |
| Stated Reason for Visit | Emergency Department |
| Condition Present on Observation | Emergency Department, Outpatient Observation |