

## ADMINISTRATIVE BULLETIN 24-02

### 957 CMR 8.00: All Payer Claims Database (APCD) and Case Mix and Charge Data Submission

Effective February 29, 2024

The Center for Health Information and Analysis (CHIA) is issuing this Administrative Bulletin pursuant to 957 CMR 8.06(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 relating to the Electronic Health Record Dataset (EHRD). The EHRD is a relatively new data collection effort in collaboration with MassHealth and EHRD data submission is currently voluntary.

CHIA is updating the Case Mix and Charge Data submission requirements. Effective February 29, 2024, an Error Type Category has been added to the CY 2024 EHRD Submission Guide.

Additionally, EHRD Data Quality Standards will be implemented to edit submitted data for compliance. A patient discharge/visit will be rejected under the following conditions:

- (a) Presence of one or more errors for Category A elements.
- (b) Presence of two or more errors for Category B elements.

An entire file will be rejected and returned to submitter if:

- (a) Any Category A elements of Header Record (Record Type 1) are in error or
- (b) if 1% or more of discharges/visits are rejected.

In addition, there are some minor clarifications made within the EHRD Submission Guide. The Submittal Schedule for EHRD and Case Mix quarterly submissions is not changing.

Data Element Name	Error Type Category
Hospital Submitter OrgID	A
Hospital Name	A
Period Starting Date	A
Period Ending Date	A
Number of Records	A
Medical Record Number	A
Health Plan Member ID	A
Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID)	A
Hospital Service Site Reference	A

Data Element Name	Error Type Category
Patient Last Name	A
Patient First Name	A
Patient Date of Birth	A
Patient Social Security Number	B
Permanent Patient Street Address	B
Permanent Patient City/Town	B
Permanent Patient State	B
Permanent Patient Zip Code	B
Permanent Patient Country	B
Temporary US Patient Street Address	-
Temporary US Patient City/Town	-
Temporary US Patient State	B
Temporary US Patient Zip Code	B
Patient Homeless Indicator	B
Date of Service	A
Visit Type	A
Race	A
Race Update Date	A
Race Verification Date	A
Hispanic Ethnicity	A
Hispanic Ethnicity Update Date	A
Hispanic Ethnicity Verification Date	A
Granular Ethnicity	A
Granular Ethnicity Update Date	A
Granular Ethnicity Verification Date	A
Written Language	NOTE
Written Language Update Date	NOTE
Written Language Verification Date	NOTE
Spoken Language	NOTE
Spoken Language Update Date	NOTE
Spoken Language Verification Date	NOTE
English Proficiency	NOTE
English Proficiency Update Date	NOTE
English Proficiency Verification Date	NOTE
Sexual Orientation	A
Sexual Orientation Update Date	A
Sexual Orientation Verification Date	A
Gender Identity	A
Gender Identity Update Date	A

Data Element Name	Error Type Category
Gender Identity Verification Date	A
Disability Question 1: Are you deaf or do you have difficulty hearing?	A
Disability Question 1 Update Date	A
Disability Question 1 Verification Date	A
Disability Question 2: Are you blind or do you have difficulty seeing?	A
Disability Question 2 Update Date	A
Disability Question 2 Verification Date	A
Disability Question 3: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	A
Disability Question 3 Update Date	A
Disability Question 3 Verification Date	A
Disability Question 4: Do you have difficulty walking or climbing stairs?	A
Disability Question 4 Update Date	A
Disability Question 4 Verification Date	A
Disability Question 5: Do you have difficulty dressing or bathing?	A
Disability Question 5 Update Date	A
Disability Question 5 Verification Date	A
Disability Question 6: Because of a physical, mental, or emotional condition, do you have difficulty doing errands such as visiting a doctor's office or shopping?	A
Disability Question 6 Update Date	A
Disability Question 6 Verification Date	A
Smoking Status	NOTE
Smoking Status Update Date	NOTE
Body Weight	NOTE
Body Weight Update Date	NOTE
Body Height	NOTE
Body Height Update Date	NOTE
Systolic Blood Pressure	NOTE
Systolic Blood Pressure Update Date	NOTE
Diastolic Blood Pressure	NOTE
Diastolic Blood Pressure Update Date	NOTE

Approved:



Lauren B. Peters 02/27/2024