

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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# MASSACHUSETTS CASE MIX

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HOSPITAL EMERGENCY  
DEPARTMENT DATA (EDD)

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FISCAL YEAR 2016  
DOCUMENTATION MANUAL V1.00



# Massachusetts Case Mix Emergency Department Data (October 2017)

## USER GUIDE

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## Executive Summary

Each quarter, Massachusetts facilities provide to CHIA data collected from emergency rooms about visits that did not end in an inpatient admission or outpatient observation stay. The FY2016 Emergency Department Database (EDD) includes emergency department visits that occurred between October 1, 2015 and September 30, 2016. Facilities reported a total of 2,508,414 visits.

The FY2016 Emergency Department Database Guide provides general information about CHIA's most recent emergency department holdings. This information includes high level data notes (data collection, data application, and use) and a codebook (data element list, data dictionary, reference tables, and summary statistics).

### **New in FY 2016**

CHIA reported diagnoses and procedures using ICD-10-CM and ICD-10-PCS codes (International Classification of Diseases, Tenth Revision, Clinical Modification and Procedure Coding System). Most emergency departments reported only ICD-10 codes. Very few discharges had an ICD Indicator flag that identified ICD-9 codes. If a primary diagnosis, primary procedure did not match the code tables for each ICD Code set, that value was replaced by a "-" to indicate it was invalid for that ICD type.

## Part A. Data Collection

Selected facilities in Massachusetts are required to submit visit data to CHIA under *957 CMR 8.00 - APCD and Case Mix Data Submission* and *Regulation 957 CMR 5.00: Health Care Claims, Case Mix and Charge Data Release Procedures*. Researchers can access EDD regulations through CHIA's web site [<http://www.chiamass.gov/regulations>] or by faxing a request to CHIA at 617-727-7662.

*957 CMR 8.00 - APCD and Case Mix Data Submission* requires facilities to submit visit data to CHIA 75 days after each quarter. The quarterly reporting intervals for the FY2016 EDD are as follows:

- **Quarter 1:** October 1, 2015 - December 31, 2015
- **Quarter 2:** January 1, 2016 – March 31, 2016
- **Quarter 3:** April 1, 2016 – June 30, 2016
- **Quarter 4:** July 1, 2016 – September 30, 2016

CHIA reviewed each facility's quarterly data for compliance with *957 CMR 8.00 - APCD and Case Mix Data Submission* using a one percent error rate. The one percent error rate was based upon the presence of one or more errors per visit for the facility's quarterly submission. CHIA checked for valid codes, correct formatting, and presence of the required data elements. If one percent or more of the visits were rejected, CHIA rejected the entire submission.

Each facility received a quarterly error report about invalid visit information. Quarterly data that did not meet the one percent compliance standard must be resubmitted by the reporting facility until the standard is met.

### Defining Emergency Department

Regulation *105 CMR 130.020* defines what types of facilities were considered "Emergency Departments" and what was (and was not) a visit. The Hospital Uniform Reporting Manual (HURM) defined additional emergency services and also defined the regulations for emergency services under Massachusetts General Laws. Functional reporting permits and comparisons among facilities with varied organizational structures can be found in the *HURM*, Chapter III, § 3242.

An Emergency Department was defined as a department of a hospital or an off-site health care facility that provides emergency services as defined in *105 CMR 130.020*. The emergency department must have been listed on the license of the hospital, and qualify as a Satellite Emergency Facility as defined in *105 CMR 130.820* through *130.836*.

### Visits in Other CHIA databases

Any visit for which the patient was registered in the emergency department and did not result in an outpatient observation stay or the inpatient admission at the reporting facility, was considered an emergency department visit. A visit occurred even if the only service provided to a registered patient was a triage or screening. Data users interested in visits that resulted in an observation stay should use the outpatient observation database (FY2016 OOD). Data users interested in visits that resulted in an inpatient stay should use the inpatient database (FY2016 HIDD). Both the OOD and HIDD databases have an "ED Indicator" flag which identified care that began in the emergency room. The "Source of Admission" codes in OOD and HIDD and "Revenue" codes in HIDD can be used to identify stays or discharges that included emergency department services.

### EDD Verification Report Process

CHIA sent each facility a report on their visit data to maintain and improve the quality of data submissions. The Verification Report

process gave the facilities the opportunity to review the data they provided to CHIA and affirm data accuracy.

CHIA produced facility specific Verification Reports after each facility successfully submits two and four quarters of data. CHIA asked each facility to review and verify a summary of their submissions. Each Verification Report had a series of frequency tables for selected data elements that included, but was not limited to, the number of visits per month and breakouts by admission type, admission source, race, and disposition.

Facilities must affirm that reported data was accurate or identify any discrepancies on the year-end Verification report. Facilities certified the accuracy of their data by completing a Verification Report Response form. CHIA accepted two response types from facilities:

**A:** A facility indicated its agreement that the Verification Report data was accurate and represented the facility's case mix profile.

**B:** A facility indicated that the Verification Report data was accurate except for the discrepancies noted. If any data discrepancies existed, CHIA would request that the facility provide a written explanation of the discrepancies.

Users interested in the FY2016 EDD Verification Reports should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us). Please indicate the fiscal year of the Verification Report, the dataset name, and if you need information for a specific facility or set of facilities.



## Part B: Applying For and Using CHIA Data

Researchers interested in receiving CHIA data should follow the instructions below to receive access to the data. Due to the custom nature of each data request, limited information about how to use the CHIA is provided. Users needing additional assistance applying for data or using the data should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

### How to Apply for the Data

To obtain a copy of the Data Use Agreement and/or other documents, applicants should visit CHIA's casemix website at <http://www.chiamass.gov/chia-data/>.

1. Applicants should follow the links to the forms that correspond to the data (casemix) and application (Government or Non-Government) that as appropriate to the data request.
2. For FY2016 data, Non-Government applicants can request pre-configured Limited Data Sets (LDS). The LDS were designed to protect patient confidentiality while ensuring analytic value.

### Securing CHIA Data Prior to Use

Approved data recipients or agents are obliged by the application and confidentiality agreement to secure the FY2016 data in a manner that protects the confidentiality of the records and complies fully with the terms of CHIA's Data Use Agreement. All data obtained from CHIA must reside on an encrypted hard drive and/or secure network.

### Data Delivery

CHIA delivers FY2016 EDD on CD-ROMs. Data users must be able to meet the following hardware, and CD requirements. As well, users must be able to read and download the data files to their back office.

### Hardware Requirements:

- CD ROM Device
- Encrypted Hard Drive with 2.0 GB of space available

### Data Use

The FY2016 EDD consisted of up to 9 Microsoft Access Database (.mdb) files or 10 SAS files (.sas7bdat). Each file name had a suffix of "\_Full\_AAAA\_BBBB". AAAA indicated the specific view of the data. BBB indicated whether the data was from an LDS or Government dataset.

- The main FIPA\_EDD\_2016\_Visit (table name: Visits), contained one record per ED visit.
- FIPA\_EDD\_2016\_ServiceCode (table name: Services), contained one record per revenue code service reported for each visit. The Visit table (RecordType20ID) had a one-to-many relationship with this table.
- FIPA\_EDD\_2016\_DiagnosesCode (table name: Diagnoses), contained one record per diagnosis reported for each visit. The Visit table (RecordType20ID) had a one-to-many relationship with this table.
- FIPA\_EDD\_2016\_ProcedureCode (table name: Procedures), contained one record per procedure for each visit. The Visit table (RecordType20ID) had a one-to-many relationship with this table.
- FIPA\_EDD\_2016\_Organization (table name: OrgIDs) contains one record per ED organization. This table

could be used to lookup facility names, EMS region, and teaching status.

- FIPA\_EDD\_2016\_**PayerCategories** (table name: Payer) contained one record per ED payer.
- FIPA\_EDD\_2016\_**SubmissionLog** (table name: DataSubmissionLog) contained one record per quarter for each of the ED facilities filing data.
- FIPA\_EDD\_2016\_**Error Log** (table name: ErrorLog) contained records by quarter and by fiscal year on the number of records pass and fail and the reason for fail by IdOrgFiler.
- FIPA\_EDD\_2016\_**ServiceSummary** (table name: ServiceSummary), contained one record per quarter per facility. The Visit table (RecordType20ID) had a many-to-one relationship with this Table.

## Linking Files

CHIA used MS Access as a convenient data transport format. Most data users have imported the EDD into SQL, STATA™, SPSS™, SAS™, or R for analysis or data management. To accommodate the expanding one-to-many relationship between the main discharge table and other tables, FY2016 EDD files contained multiple tables linked by the **RecordType20ID** field. The Organization table can be linked to columns on the Visit table using the organization fields.

Any additional questions can be addressed by contacting CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us) .

## Part C: Data Elements

The purpose of the following section is to provide the user with an explanation of some of the data. For more information about specific data elements, facility reporting thresholds, or other questions about the data, please contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

### About the Limited Data Set (LDS)

The pre-configured Limited Data Set (LDS) is designed to protect patient data confidentiality while ensuring analytic value. The “core” data elements are available to all users (non-government and government). Users wishing to add to the “core” elements must indicate this by selecting from the list of “buy-ups”. An applicant could use the “Buy-up” process to receive more granular data. For example, the user can request a “buy-up” to a 5 digit patient zip code instead of a 3 digit patient zip code. CHIA must review buy-up requests and would approve the request based on the project description. CHIA makes an additional set of core elements available only to government users. These elements are provided to all government users. Government users must specifically identify requested Government-Only elements in their application.

### Master Data Elements List

For the FY2016 EDD, CHIA provided a master data elements list by table. Not every user had access to every data element – some were reserved for limited dataset buy-ups or for government use. All users had access to the “CORE” data. Users who choose limited dataset buy-ups may have received access to some “LDS” elements. Only government users may have access to the “GOV” or “GOV-SPEC” fields. Users interested in purchasing the data should visit the CHIA website for instructions.

#### VISIT TABLE—CORE ELEMENTS

AgeLDS	IdOrgTransfer	ProcedureCodingType
AmbulanceRunSheet	LengthOfStayHours	RecordType20ID
Charges	NewbornAgeWeeks	RegistrationDay
DaysBetweenVisits	OtherCareGiver	RegistrationYear
DepartureStatus	PatientBirthDate	SecondarySourceOfPayment
DischargeDay	PermanentPatientCountryLDS	SecondarySourceOfVisit
EDVisitID	PermanentPatientStateLDS	SexLDS
EmergencySeverity	PrimarySourceOfPayment	SourceOfVisit
HispanicIndicator	PrincipalConditionPresent	SubmissionControlID
Homeless	PrincipalDiagnosisCode	TemporaryPatientStateLDS
HospitalBillNumber	PrincipalECode	Transport
IdOrgHosp	PrincipalECodeConditionPresent	TypeOfVisit
IdOrgSite	PrincipalProcedureCode	VisitPassed

#### VISIT TABLE—LDS ELEMENTS

DischargeDate	PermanentPatientCityLDS	RegistrationMonthMM
DischargeDateMM	PhysicianNumber	TemporaryPatientCityLDS
Ethnicity1	Race1	VisitSequence
Ethnicity2	Race2	
OtherPhysicianNumber	RegistrationDate	

**VISIT TABLE—GOVERNMENT-ONLY ELEMENTS**

DischargeTime	OtherRace
LegacyCHIAMothersUHIN	PermanentPatientZIP3CodeLDS
LegacyCHIAPatientUHIN	PermanentPatientZIP5CodeLDS
MedicaidMemberID	RegistrationTime
MedicalRecordNumber	TemporaryPatientZip3CodeLDS
OtherEthnicity	TemporaryPatientZip5CodeLDS

**DIAGNOSIS TABLE—CORE ELEMENTS**

ConditionPresent
DiagnosisCode
PrincipallIndicator
Sequence

**PROCEDURE TABLE—CORE ELEMENTS**

PrincipallIndicator
ProcedureCode
Sequence

**SERVICE SUMMARY TABLE—CORE ELEMENTS**

InpatientVisits	OutpatientObservationVisits	Total ED Beds
Observation Beds	ServiceSiteSummaryKey	TotalRegisteredVisits
OrgID	SubmissionQuarter	TreatmentBeds

**ORGANIZATION TABLE—CORE ELEMENTS**

City	OrganizationName	Total ED Beds
DateInactive	OrganizationNumber	TotalRegisteredVisits
EMSRegion	OrganizationTypeID	TreatmentBeds
GroupName	TeachingStatus	
OrganizationGroupID	Type	

**PAYER CATEGORIES —CORE ELEMENTS**

ManagedCareCode	PayerSourceCode
MCareMCaidPrivCode	PayerSourceDefinition
PayerCategory	PayerType

**Age LDS**

If the date of birth and admission date were valid, then CHIA calculated Age LDS in years. The calculation was as follows:

1. Age was calculated to be the rounded integer value – of the difference between Date of Birth and Discharge date.
2. Age was zero when less than 1 year.
3. If Age was valid and < 90, then AgeLDS = Age;
4. If Age was valid and > 89 and <= 115, AgeLDS = 999
5. If Age was missing, negative value, or value > 115, then AgeLDS = null

## Diagnosis and Procedure Codes

For FY2016, CHIA organized the procedure and diagnosis fields into three tables—Visit, Diagnoses, and Procedure. The Visit table contained the Primary Diagnosis code (which cannot be an E-code) and the Primary Procedure code. All secondary diagnosis and procedure codes were contained on the Diagnoses and Procedure tables, respectively. Indicator codes were available for each secondary diagnosis of procedure code and were a based on order in which those codes were sent to CHIA.

Diagnoses and procedures were ordered as submitted by emergency departments to CHIA. CHIA did not require the order of diagnoses and procedures to be medically relevant. CHIA has not affirmed or confirmed the medical relevancy of the principal diagnosis, procedure, or e-codes. .

## Organization Identifiers (ORGID)

FY2016 EDD contained four organization identifier fields.

- **Massachusetts Filer Organization ID (IdOrgFiler):** The Organization ID for the facility that submitted the ED visit data to CHIA.
- **Massachusetts Site Organization ID (IdOrgSite):** The Organization ID for the site where the patient received ED care.
- **Massachusetts Hospital Organization ID (IdOrgHosp):** The Organization ID for the main hospital affiliation. For example 3108 (Cambridge Health Alliance) was the IdOrgHosp for the IdOrgSite 142 (Whidden Hospital).
- **Massachusetts Transfer Hospital Organization ID (IdOrgTransfer):** is the Organization ID for the facility from which a patient is transferred. If the patient was transferred from outside of Massachusetts, the IdOrgTransfer would be 9999999.

Most facilities provided emergency care at only one location. Therefore, they were considered to have a single campus or site, and needed to summarize their data only once. However, facilities may have submitted data about care provided at multiple sites. CHIA required the latter to summarize their data separately.

**TABLE 1. ORGANIZATION**

**DATA ELEMENTS :**

**ORGID**

IdOrgFiler  
 IdOrgHosp  
 IdOrgSite  
 IdOrgTransfer

**Rules**

The Organization Table contained 1 record for every valid OrgId reported.

IdOrgSite	IdOrgFiler	IdOrgHosp	Org Name	City	Zip Code
1	1	1	Anna Jaques Hospital	Newburyport	1950
2	2	2	Athol Memorial Hospital	Athol	1331
3	116	345	North Shore Medical Center - Union Campus	Lynn	1904
4	4	4	Baystate Medical Center	Springfield	1199
5	5	5	Baystate Franklin Medical Center	Greenfield	1301
6	6	6	Baystate Mary Lane Hospital	Ware	1082
7	7	6309	Berkshire Medical Center - Berkshire Campus	Pittsfield	1201
8	8	8	Fairview Hospital	Great Barrington	1230
10	10	8702	Beth Israel Deaconess Medical Center - East Campus	Boston	2215
16	16	3107	Boston Medical Center - Menino Pavilion Campus	Boston	2118

<b>IdOrgSite</b>	<b>IdOrgFiler</b>	<b>IdOrgHosp</b>	<b>Org Name</b>	<b>City</b>	<b>Zip Code</b>
22	22	22	Brigham and Women's Hospital	Boston	2115
25	25	25	Signature Healthcare Brockton Hospital	Brockton	2302
27	27	3108	Cambridge Health Alliance - Cambridge Hospital Campus	Cambridge	2139
39	39	39	Cape Cod Hospital	Hyannis	2601
40	40	40	Falmouth Hospital	Falmouth	2540
41	41	41	Steward Norwood Hospital, Inc.	Norwood	2062
42	42	42	Steward Carney Hospital, Inc.	Dorchester	2124
46	46	46	Boston Children's Hospital	Boston	2115
49	49	3110	MetroWest Medical Center - Framingham Campus	Framingham	1701
50	50	50	Cooley Dickinson Hospital	Northampton	1061
51	51	51	Dana-Farber Cancer Institute	Boston	2115
53	53	53	Beth Israel Deaconess Hospital - Needham	Needham	2492
57	57	57	Emerson Hospital	Concord	1742
59	59	59	Brigham and Women's Faulkner Hospital	Boston	2130
62	62	8701	Steward Good Samaritan Medical Center - Brockton Campus	Brockton	2301
66	66	3111	Hallmark Health - Lawrence Memorial Hospital Campus	Medford	2155
68	68	68	Harrington Memorial Hospital	Southbridge	1550
73	73	73	Heywood Hospital	Gardner	1440
75	75	75	Steward Holy Family Hospital, Inc.	Methuen	1844
77	77	77	Holyoke Medical Center	Holyoke	1040
79	79	79	Beth Israel Deaconess Hospital - Plymouth	Plymouth	2360
81	81	6546	Lahey Hospital & Medical Center, Burlington	Burlington	1805
83	83	83	Lawrence General Hospital	Lawrence	1842
85	85	85	Lowell General Hospital	Lowell	1854
88	88	88	Martha's Vineyard Hospital	Oak Bluffs	2557
89	89	89	Massachusetts Eye and Ear Infirmary	Boston	2114
91	91	91	Massachusetts General Hospital	Boston	2114
97	97	97	Milford Regional Medical Center	Milford	1757
98	98	98	Beth Israel Deaconess Hospital - Milton	Milton	2186
99	99	99	Morton Hospital, A Steward Family Hospital, Inc.	Taunton	2780
100	100	100	Mount Auburn Hospital	Cambridge	2138
101	101	101	Nantucket Cottage Hospital	Nantucket	2554
103	103	103	New England Baptist Hospital	Boston	2120
104	104	104	Tufts Medical Center	Boston	2111
105	105	105	Newton-Wellesley Hospital	Newton	2462
106	106	106	Noble Hospital	Westfield	1086
109	109	3112	Lahey Health - Addison Gilbert Hospital	Gloucester	1930
110	110	3112	Lahey Health - Beverly Hospital	Beverly	1915
112	112	112	Quincy Medical Center, A Steward Family Hospital, Inc.	Quincy	2169
114	114	114	Steward Saint Anne's Hospital, Inc.	Fall River	2721
115	115	85	Lowell General Hospital Saints Campus	Lowell	1852
116	116	345	North Shore Medical Center - Salem Campus	Salem	1970

IdOrgSite	IdOrgFiler	IdOrgHosp	Org Name	City	Zip Code
118	118	6547	Mercy Medical Center - Providence Behavioral Health Hospital Campus	Holyoke	1040
119	119	6547	Mercy Medical Center - Springfield Campus	Springfield	1102
122	122	122	South Shore Hospital	S. Weymouth	2190
123	123	3113	Southcoast Hospitals Group - Charlton Memorial Campus	Fall River	2720
124	124	3113	Southcoast Hospitals Group - St. Luke's Campus	New Bedford	2740
126	126	126	Steward St. Elizabeth's Medical Center	Boston	2135
127	127	127	Saint Vincent Hospital	Worcester	1608
129	129	129	Sturdy Memorial Hospital	Attleboro	2703
130	131	3115	UMass Memorial Medical Center - Memorial Campus	Worcester	1605
131	131	3115	UMass Memorial Medical Center - University Campus	Worcester	1655
132	132	132	Clinton Hospital - A member of the UMASS Memorial Health Center	Clinton	1510
133	133	133	Marlborough Hospital - A member of the UMASS Memorial Health Center	Marlborough	1752
138	138	138	Lahey Health - Winchester Hospital	Winchester	1890
139	139	139	Baystate Wing Hospital	Palmer	1069
141	141	3111	Hallmark Health - Melrose-Wakefield Hospital Campus	Melrose	2176
142	27	3108	Cambridge Health Alliance - WEDDen Hospital Campus	Everett	2149
145	145	3113	Southcoast Hospitals Group - Tobey Hospital Campus	Wareham	2571
457	49	3110	MetroWest Medical Center - Leonard Morse Campus	Natick	1760
4448	81	6546	Lahey Medical Center, Peabody	Peabody	1960
4460	4460	8701	Steward Good Samaritan Medical Center - NORCAP Lodge Campus	Foxboro	2035
6963	6963	6963	Shriners Hospitals for Children Boston	Boston	2114
8509	71	71	HealthAlliance Hospital - Leominster Campus	Leominster	1453
11466	11466	75	Holy Family Hospital at Merrimack Valley, A Steward Family Hospital, Inc.	Haverhill	1830
11467	11467	11467	Nashoba Valley Medical Center, A Steward Family Hospital, Inc.	Ayer	1432
11718	11718	11718	Shriners Hospitals for Children Springfield	Springfield	1104

## Data Limitations

The EDD was derived from patient visit summaries, which can be traced to information gathered upon admission or from information entered by admitting and attending health professionals into the medical record. The quality of the EDD depended on facility data collection policies and coding practices of the medical record staff.

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

- Collection and verification of patient supplied information before or at admission,
- Medical record coding, consistency, and/or completeness,



- Extent of facility data processing capabilities,
- Flexibility of facility data processing systems,
- Varying degrees of commitment to quality of merged case mix and charge data,
- Capacity of financial processing system to record late occurring charges on CHIA’s electronic submission,
- Non-comparability of data collection and reporting.

## Historical Data Elements

Users of multiple years of Case Mix data should be careful when merging multiple years of data. In order to maintain consistency across years, users may need to merge some codes used for specific data elements. Users with questions about new data elements or changes in coding from year to year should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

## Data Dictionary

FY2016 EDD data dictionary provides metadata for the following attributes:

- *Data Element* name as it appears in the file
- *Short description*: to help users understand the what the element contains
- *Primary table* the main table (MS ACCESS) or file (SAS) that the data element will appear in
- *Linking tables* other tables that contain the data element
- *Availability to users* indicates if the data is available to all users (“CORE”) a buy-up (“LDS”), or available only to government (“Government”)
- *Type of Data* describes if the data element is Categorical, Ordinal, an Identifier, Continuous, Date/Time, or Open Text
- *Format* indicates if the data is formatted in a specific fashion
- *CHIA derived or calculated* indicates if the field was created by CHIA
- *Reference table*: indicates if a Categorical data element has set of valid values that are associated with other information
- *Description*: is a longer explanation of the data element and its limitations

Users of the data with additional questions about any specific data element should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

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### Active

<b>Short description:</b>	CHIA processing field.
<b>Primary table:</b>	Submission
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Categorical
<b>Format:</b>	N
<b>Length:</b>	3
<b>Description:</b>	CHIA indicator of quarterly submission status.

---

### AgeLDS

<b>Short description:</b>	Age of the patient.
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Continuous
<b>Format:</b>	NN
<b>Length:</b>	3
<b>CHIA derived:</b>	Yes

---



**Description:** Age of the patient as calculated by CHIA. Rounded up to the nearest integer. Patients younger than 1 year or older than 80 years have their ages grouped. Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements in their analysis of this field.

**AmbulanceRunSheet**

**Short description:** EMS ambulance run sheet number.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Identifier  
**Description:** Reported by ED facility. May be present if patient arrived by ambulance.

**Charges**

**Short description:** Facility reported costs for a visit.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Continuous  
**Description:** The grand total of charges associated with the patient's emergency room visit. The total charge amount should be rounded to the nearest dollar. A charge of \$0 is not permitted unless the patient has a special Departure Status. Reported by facility. Does not include allowed or negotiated amounts. Not the actual dollars paid to the facility for care.  
**Summary statistics:** Table 7

**City**

**Short description:** Municipality in which the emergency room is located.  
**Primary table:** Organization  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** Name of the municipality in which the emergency room is located.

**ConditionPresent**

**Short description:** Flags whether the diagnosis was present on admission.  
**Primary table:** Diagnosis  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 2  
**Description:** Indicates the onset of a diagnosis preceded or followed admission. There is a present on admission (POA) indicator for every diagnosis and E-code.  
**Reference table:** Table 3

**DateInactive**

**Short description:** Date in which facility was inactive as an ED.  
**Primary table:** Organization  
**Availability to users:** CORE  
**Type of Data:** Date

**Description:** Date in which facility was inactive as an ED.

**DaysBetweenVisits**

**Short description:** CHIA derive field to allow for easy calculation of number of days between ED visits.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Continuous  
**Format:** NNN  
**Length:** 4  
**Description:** This CHIA calculated field indicates the number of days between each ED Visit for applicable patients. That is, a match with the UHIN only is used to make a determination that a patient has a revisit. The calculations is Date of Visit 2 - Date of Visit 1.

**Summary statistics:** Table 7

**DepartureStatus**

**Short description:** Standardized discharge status  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Format:** NN  
**Length:** 2  
**Description:** CHIA defined discharge status as reported by ED facility. This field identifies the disposition and destination of the patient after discharge from the ED. A small percentage of records are missing the leading zero used to pad codes 10 through 18.

**Summary statistics:** Table 8

**Reference Table**

CODE	DESCRIPTION
1	Routine (i.e. to home or usual place of residence)
3	Transferred to Other Facility
4	AMA
6	Eloped
8	Within Hospital Clinic Referral
9	Dead on Arrival (with or without resuscitative efforts in the ED)
0	Died during ED Visit
P	Patient met personal physician in the emergency department (not seen by staff)

**DiagnosisCode**

**Short description:** ICD-10 code for each diagnosis reported by the facility.  
**Primary table:** Diagnosis  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 7

**Description:** ICD-10 Associated Diagnosis. Excludes the decimal point. May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present. Associated External Cause Codes may be: ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).

**Reference table:** Standard ICD-9 or ICD-10 Diagnosis Codes

### DischargeDate

**Short description:** Date patient left emergency department.

**Primary table:** Visit

**Availability to users:** LDS

**Type of Data:** Date

**Format:** YYYYMMDD

**Length:** 8

**Description:** Calendar date of discharge from the ED.

### DischargeDay

**Short description:** Day of the month on which the patient was discharged from ED.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Date

**Format:** DD

**Length:** 3

**Description:** Calendar day of discharge from ED. Only values between 1 and 31 are valid.

### DischargeDateMM

**Short description:** Month in which patient was discharged from ED.

**Primary table:** Visit

**Availability to users:** LDS

**Type of Data:** Date

**Format:** MM

**Length:** 6

**Description:** Month of discharge from ED. Only two-digit values are valid.

### DischargeTime

**Short description:** Time stamp indicating when the patient departed the ED.

**Primary table:** Visit

**Availability to users:** GOV

**Type of Data:** TIME

**Format:** HH:MM:SS

**Description:** Time at which the patient was discharged from the ED. Hours in military time (0-24 hours). Only values between 00:00:00 and 24:59:59 are valid.

### EDVisitID

**Short description:** Facility specific unique visit key.

**Primary table:** Visit

**Linking tables:** Service

**Availability to users:** CORE  
**Type of Data:** Identifier  
**Description:** Facility specific identifier for visit. Used to link between tables. Users should use this field, along with the facility identifiers to associate visit data. The value is non-unique within the database as other facilities may use the same key for different visits.

---

**EmergencySeverity**

**Short description:** Facility calculated measure of severity.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** Patient’s score on the Emergency Severity Index, as described in “Reliability and Validity of a New Five-level Triage Instrument.” Wooers, R. et al. Academic Emergency Medicine 2000; 7:236-242. Must range from 1 to 5. Where 1 is highest severity and 5 is lowest severity. The Emergency Severity Index (ESI) is a system for triaging patients using an algorithm developed by researchers at Brigham & Women’s and Johns Hopkins facilities. It employs a five-level scale. It may be reported on Record Type 20 as an alternative to, or in addition to, the Type of Visit. Regardless of whether the ESI or the Type of Visit is reported, it should reflect the initial assessment of the patient, and not a subsequent revision of it due to information gathered during the course of the emergency department visit.  
**Summary Statistics:** Table 9

---

**EMSRegion**

**Short description:** Emergency response region (I-V) where facility is located.  
**Primary table:** Organization  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** Massachusetts emergency region code.

---

**ErrorCategory**

**Short description:** Indicates what the error was on a visit record.  
**Primary table:** ErrorLog  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**CHIA derived:** Yes  
**Description:** CHIA flag that indicates what the error was on a visit record. Used for processing.

---

**ErrorDescription:**

**Short description:** Standardized Description of the reported error.  
**Primary table:** ErrorLog

---

**Availability to users:** CORE  
**Type of Data:** Categorical  
**CHIA derived:** Yes  
**Description:** CHIA flag for a reported error in data. Used for processing.

**Ethnicity1, Ethnicity 2**

**Short description:** Standardized, facility reported ethnicity.  
**Primary table:** Visit  
**Availability to users:** LDS  
**Type of Data:** Categorical  
**Length:** 6  
**Description:** Primary (Ethnicity 1) or Secondary (Ethnicity 2) ethnicity as reported by the provider. CHIA's Provider community utilizes the full list of standard ethnicity codes, per the Center for Disease Control [[http://www.cdc.gov/nchs/data/dvs/Race\\_Ethnicity\\_CodeSet.pdf](http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf)] and the specific codes listed below.

**Reference table:**

CODE	DESCRIPTION
AMERCN	American
BRAZIL	Brazilian
CVERDN	Cape Verdean
CARIBI	Caribbean Island
PORTUG	Portuguese
RUSSIA	Russian
EASTEU	Eastern European
OTHER	Other Ethnicity
UNKNOW	Unknown/Not Specified

**HispanicIndicator**

**Short description:** Indicates whether patient was Hispanic.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 1  
**Description:** A flag for patients of Hispanic/Latino/Spanish culture or origin regardless of race.  
**Summary Statistics** Table 10

**Reference table:**

CODE	DESCRIPTION
Y	Patient is Hispanic/Latino/Spanish.
N	Patient is not Hispanic/Latino/Spanish.

**HomelessIndicator**

**Short description:** Indicates whether the patient was homeless.  
**Primary table:** Visit

**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 1  
**Description:** This flag indicates that the patient was homeless at the time of visit.  
**Summary statistics:** Table 11  
**Reference table:**

CODE	DESCRIPTION
Y	Patient is known to be homeless.
N	Patient is not known to be homeless.

### HospitalBillNumber

**Short description:** Unique patient billing record.  
**Primary table:** Visit  
**Availability to users:** GOV-SPEC  
**Type of Data:** Identifier  
**Format:** VARCHAR  
**Length:** 17  
**Description:** Facility unique number associated with all billing for the visit.

### ICD Indicator

**Short description:** ICD version  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 2  
**Description:** Indicates if the diagnoses, e-codes, and procedure codes are ICD-10 or ICD-9  
**Summary statistics:** Table 12

### IdOrgFiler

**Short description:** ID number of the facility that submitted ED claims.  
**Primary table:** Visit  
**Linking tables:** DataSubmissionLog  
ErrorLog  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** The Organization ID for the facility that submitted the ED visit data to CHIA.  
**Reference table:** Table 1

### IdOrgHosp

**Short description:** Facility identifier.

**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 8  
**Description:** The Organization ID for the main facility affiliation.  
**Reference table:** Table 1

---

**IdOrgSite**

**Short description:** Facility identifier.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 8  
**Description:** The Organization ID for the site where the patient received ED care.  
**Reference table:** Table 1

---

**IdOrgTransfer**

**Short description:** IDOrgTransfer Indicates where patient was transferred from.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 10  
**Description:** Organization ID for the facility from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the IdOrgTransfer will be 9999999.  
**Reference table:** Table 1

---

**FieldName**

**Short description:** Name of the data element that caused the error.  
**Primary table:** ErrorLog  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** Name of the data element that caused the error. Used for processing.

---

**GroupName**

**Short description:** Name of the system running the ED facility.  
**Primary table:** Organization  
**Availability to users:** CORE  
**Type of Data:** Open Text

---

**Description:** System that owns or runs the emergency department.

### InpatientVisits

**Short description:** A count of ED visits that resulted in inpatient visit per each submission (facility-Quarter).

**Primary table:** ServiceSummary

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** A count of ED visits that resulted in inpatient visit per each submission (facility-Quarter). Does not correspond to any visits in the database.

### LegCHIAMothersUHIN

**Short description:** Patient's mother's unique id.

**Primary table:** Visit

**Availability to users:** GOV

**Type of Data:** Identifier

**Format:** VARCHAR

**Length:** 9

**CHIA derived:** Yes

**Description:** CHIA generated unique identifier of a newborn's mother. For newborns or for infants less than 1 year old, CHIA derives a unique ID for the patient's mother. This unique ID allows a newborn visit to be associated with a Mother's visit. Linkable across records and fiscal years. Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as '000000001'. The utility of the UHIN field is dependent on the reporting data. For a small number of facilities, little or no UHIN data exists, as these institutions failed to report patients' uniquely identified information. Other facilities reported the same data repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's unique identifiers to her infant or assignment of a spouse's unique identifiers to a patient. Invalid data uses the code UHIN="4".

### LegCHIAPatientUHIN

**Short description:** Patient's unique id.

**Primary table:** Visit

**Availability to users:** GOV

**Type of Data:** Identifier

**Format:** VARCHAR



**Length:** 9  
**CHIA derived:** No  
**Description:** CHIA generated unique identifier of the patient. Linkable across records and fiscal years. Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as '000000001'. The utility of the UHIN field is dependent on the reporting data. For a small number of facilities, little or no UHIN data exists, as these institutions failed to report patients' uniquely identified information. Other facilities reported the same data repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's unique identifiers to her infant or assignment of a spouse's unique identifiers to a patient. Invalid data uses the code UHIN="4".

---

**LengthOfStayHours**

**Short description:** Count of days in the hospital..  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Continuous  
**Format:** NNN  
**Length:** 4  
**CHIA derived:** Yes  
**Description:** Count of hours between the admitting and discharge time for an ED visit.  
**Summary statistics:** Table 7

---

**ManagedCareCode**

**Short description:** Payer code indicating HMO.  
**Primary table:** PayerCategories  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**CHIA derived:** Yes  
**Description:** Subset of payer codes that indicate a managed care plan paid for the visit.  
**Reference table:** 0

---

**MedicalRecordNumber**

**Short description:** Visit identifier assigned by the facility  
**Primary table:** Visit  
**Availability to users:** GOV  
**Type of Data:** Identifier

---

**Format:** VARCHAR  
**Length:** 10  
**Description:** The unique number assigned to each patient within the hospital that distinguishes the patient and the patient's hospital record(s) from all others in that institution.

---

**MCareMCaidPrivCode**

**Short description:** Payer code indicating Medicare/MassHealth.  
**Primary table:** PayerCategories  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**CHIA derived:** Yes  
 Payer Type  
**Description:** Subset of payer codes that indicate Medicare or MassHealth payer for visit.  
**Reference table:** 0

---

**MedicaidMemberID**

**Short description:** Patient's MassHealth unique ID.  
**Primary table:** Visit  
**Availability to users:** GOV  
**Type of Data:** Identifier  
**Description:** Unique MassHealth Identifier of a patient.

---

**NewBornAgeWeeks**

**Short description:** Age of children younger than age 1. Valid values are 1-52.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Continuous  
**Format:** NN  
**Length:** Yes  
**Description:** Age in weeks for children younger than 53 weeks of age who are admitted to the ED. Weeks are calculated from the Admitting Date - the DOB, and then rounded to the nearest week. Only values between 0 and 52 are valid. All other values are invalid.  
**Summary statistics:** Table 7

---

**NumberOfEDVisitsFailed**

**Short description:** CHIA derived error field  
**Primary table:** DataSubmissionLog  
**Linking tables:** ErrorLog

---

**Availability to users:** CORE  
**Type of Data:** Continuous  
**Description:** Count of ED records that failed CHIA intake.

---

**NumberOfEDVisitsPassed**

**Short description:** CHIA derived error field  
**Primary table:** DataSubmissionLog  
**Linking tables:** ErrorLog  
**Availability to users:** CORE  
**Type of Data:** Continuous  
**CHIA derived:** Yes  
**Description:** Count of ED records that passed CHIA intake.

---

**NumberOfEDVisits**

**Short description:** Count of the number of ED visits for that facility in that quarter, including any inpatient or observation visits not captured in this database  
**Primary table:** Submission  
**Linking tables:** ErrorLog  
 ErrorLog  
**Availability to users:** CORE  
**Type of Data:** Continuous  
**Description:** Total number of registered ED Visits occurring during the reporting period that resulted in inpatient admission (whether preceded by observation stay or not).

---

**NumberOfErrors**

**Short description:** Count of errors in submission.  
**Primary table:** ErrorLog  
**Availability to users:** CORE  
**Type of Data:** Continuous

---

**ObservationBeds**

**Short description:** Count of observation beds for the ED facility.  
**Primary table:** ServiceSummary  
**Availability to users:** CORE  
**Type of Data:** Continuous

**Description:** Beds located in a distinct area within or adjacent to the emergency department, which are intended for use by observation patients. Facilities include only beds that are set up and equipped on a permanent basis to treat patients. They should not include temporary use of stretchers, gurneys, etc.

---

**OrgId**

**Short description:** Unique identifier for ED facility. Linkage across tables and fiscal years.  
**Primary table:** Organization  
**Linking tables:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** ED facility specific identifier.  
**Reference table:** Table 1

---

**OrganizationGroupID**

**Short description:** System ID.  
**Primary table:** Organization  
**Availability to users:** CORE  
**Type of Data:** Identifier  
**Description:** Code indicating the system that runs the emergency room  
**Reference Table:** Table 1

---

**OrganizationName**

**Short description:** Name of ED facility.  
**Primary table:** Org IDS  
**Linking tables:** DataSubmissionLog  
ErrorLog  
**Availability to users:** CORE  
**Type of Data:** Open Text  
**Format:** VARCHAR  
**Length:** 30  
**Description:** ED facility specific name.  
**Reference table:** Table 1

---

**OrganizationNumber**

**Short description:** ORGID of the facility that owns the emergency room.  
**Primary table:** Organization  
**Availability to users:** CORE  
**Type of Data:** Identifier

---

**Description:** ORGID of the facility that owns the emergency room.  
**Reference table:** Table 1

**OrganizationTypeID**

**Short description:** Analogue to ORGID.  
**Primary table:** Organization  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** See ORGID.  
**Reference table:** Table 1

**OtherCareGiver**

**Short description:** Indicates if the patient had a caregiver.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 1  
**Description:** This data element indicates the type of primary caregiver responsible for the patient’s care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver codes include resident, intern, nurse practitioner, and physician’s assistant.

**Summary Statistics** Table 13

**Reference table:**

CODE	DESCRIPTION
1	Resident
2	Intern
3	Nurse Practitioner
4	Not Used
5	Physician Assistant

**OtherEthnicity**

**Short description:** Non-standard patient ethnicity designations.  
**Primary table:** Visit  
**Availability to users:** GOV  
**Type of Data:** Open Text  
**Format:** VARCHAR  
**Length:** 20  
**Description:** Patient’s ethnicity as entered by the facility. Other ethnicity is an open text field for reporting additional ethnicities when ethnicity 1 or ethnicity 2 equals “R9”, or “Other ethnicity”.

**OtherPhysicianNumber**

**Short description:** Unique identifier of a non-attending physician.

**Primary table:** Visit

**Availability to users:** LDS

**Type of Data:** Identifier

**Description:** Physician’s state license number (BORIM #) for physician other than the ED Physician who provided services related to this visit. Reported if the physician’s involvement in the patient’s ED Visit is captured in the facility’s electronic information systems.

---

**OtherRace**

**Short description:** Non-standard patient race designations.

**Primary table:** Visit

**Availability to users:** GOV

**Type of Data:** Open Text

**Format:** VARCHAR

**Length:** 15

**Description:** Patient’s Race as entered by the facility. Other Race is an open text field for reporting additional races when Race 1 or Race 2 equals “R9”, or “Other Race”.

---

**OutpatientObservationVisits**

**Short description:** Count of the number of Observation visits that began in the ER.

**Primary table:** ServiceSummary

**Availability to users:** CORE

**Type of Data:** Continuous

**Description:** Indicates that the patient was admitted from the facility’s outpatient observation department or had prior outpatient utilization. Does not correspond to any other data in the database.

---

**Passed**

**Short description:** CHIA processing field

**Primary table:** DataSubmissionLog

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** CHIA indicator of quarterly submission status.

---

**PatientBirthDate**

**Short description:** Patient Date of Birth

**Primary table:** Discharge

---

**Availability to users:** GOV  
**Type of Data:** Date  
**Format:** YYYYMMDD  
**Length:** 8  
**Description:** Calendar date of patient's birth

---

**PayerCategory**

**Short description:** Standardized association of a payer with a type of insurance.  
**Primary table:** PayerCategories  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** A standardized payer code. MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.  
**Reference table:** Table 5

---

**PayerSourceCode**

**Short description:** Standardized payer source code.  
**Primary table:** PayerCategories  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** A standardized source of payerment code (different than payer code). Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.  
**Reference table:** Table 5

---

**PayerSourceDefinition**

**Short description:** Description of the standardized payer source codes.  
**Primary table:** PayerCategories  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** A description for use with standardized payer codes. Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.  
**Reference table:** Table 5

---

**PayerType**

**Short description:** Categorical. Type of payer.  
**Primary table:** PayerCategories

---

**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** Indicates the type of organization or individual who is payer.  
**Reference table:** Table 5

---

**PermanentPatientCityLDS**

**Short description:** Permanent city of residence for the patient.  
**Primary table:** Visit  
**Availability to users:** LDS  
**Type of Data:** Open Text  
**Format:** VARCHAR  
**Length:** 25  
**Description:** Primary city of residency for patient.

---

**PermanentPatientCountryLDS**

**Short description:** Permanent country of residence for the patient.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Open Text  
**Format:** VARCHAR  
**Length:** 2  
**Description:** Primary country of residency for patient.

---

**PermanentPatientStateLDS**

**Short description:** Permanent state of residence for the patient.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 2  
**Description:** Primary state of residency for patient.  
**Reference table:** Table 6

---

**PermanentPatientZIP3CodeLDS**

**Short description:** 3-digit zip code of the patient's permanent residence.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Zipcode  
**Format:** NNN  
**Length:** 9

---



**Description:** First three digits of patient's permanent zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont or Rhode Island) zip codes are set to zeros (0s) and the state is removed.

---

### PermanentPatientZIP5CodeLDS

**Short description:** 5-digit zip code of the patient's permanent residence.

**Primary table:** Visit

**Availability to users:** LDS

**Type of Data:** Zipcode

**Format:** NNNNN

**Length:** 9

**Description:** First five digits of patient's permanent zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont or Rhode Island) zip codes are set to zeros (0s) and the state is removed.

---

### PhysicianNumber

**Short description:** Uniquely identifies the attending physician.

**Primary table:** Visit

**Availability to users:** LDS

**Type of Data:** Identifier

**Description:** Physician's state license number (BORIM #) for the ED Physician who provided services related to this visit. Report if the physician's involvement in the patient's ED Visit is captured in the facility's electronic information systems.

---

### PrimarySourceofPayment

**Short description:** Primary payer for the visit.

**Primary table:** Visit

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Primary payer for the ED Visit. Please note that for SourceofPayment, the values are in "text" format, therefore, there may have duplicate numbers because of spaces in the field.

**Reference table:** Table 5

---

### PrincipalConditionPresent

**Short description:** Flag indicating that principal condition was present on admission.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 1  
**Description:** Indicates that principal condition was present on admission.  
**Reference table:** Table 3

---

### PrincipalDiagnosisCode

**Short description:** ICD-10 code for the Condition that led to the admission to the ED. ED determined.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 6  
**Description:** The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care.  
**Reference table:** Standard ICD-9 or ICD-10 Diagnosis Codes

---

### PrincipalECode

**Short description:** ICD-9 code for the E-Code that led to the admission to the ED.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** This data element describes the principal external cause of injuries, poisonings, and adverse effects using ICD-10 codes. ED determined. In addition to the dedicated E-Code field, facilities record additional E-Codes in the associated diagnosis fields for conditions having multiple causes.  
**Reference table:** Standard ICD-9 or ICD-10 E-Codes

---

### PrincipaECodeConditionPresent

**Short description:** Present on admission indicator  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** Flag indicating that principal e-code condition was present on admission. Determined by the emergency department.  
**Reference table:** Table 3

---

### PrincipallIndicator

<b>Short description:</b>	Indicates principal condition
<b>Primary table:</b>	Diagnosis
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Categorical
<b>Description:</b>	Indicates if the diagnosis code was principal or secondary. Each diagnosis record has this field.

---

### PrincipallIndicator

<b>Short description:</b>	Indicates principal procedure
<b>Primary table:</b>	Procedure
<b>Linking tables:</b>	CORE
<b>Availability to users:</b>	Categorical
<b>CHIA derived:</b>	Indicates if the procedure was principal or secondary. Each procedure record has this field.

---

### PrincipalProcedureCode

<b>Short description:</b>	ICD-10 code for the most important procedure in the ED visit.
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Categorical
<b>Length:</b>	7
<b>Description:</b>	The chief procedure performed in the ED as determined by the emergency department. In general visits do not need to have a principal procedure. Some visits will only have secondary procedures. Any principal procedures in the Visit Table will also appear in the ProcedureTable. These codes should not be Current Procedural Terminology (CPT) Codes.
<b>Reference table:</b>	Standard ICD-9 or ICD-10 Procedure Codes

---

### ProcedureCode

<b>Short description:</b>	Code for each significant procedure reported by the facility.
<b>Primary table:</b>	Procedure
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Categorical
<b>Length:</b>	7

**Description:** The ICD-10 or Current Procedural Terminology (CPT) code corresponding to procedures which carry an operative or anesthetic risk or require highly trained personnel, special equipment or facilities.. Should be used in conjunction with Procedur CodingType.

**Reference table:** Yes Standard ICD-9 or ICD-10 Procedure Codes or CPT codes

**ProcedureCodingType**

**Short description:** Indicates the type of procedure code

**Primary table:** Procedure

**Availability to users:** CORE

**Type of Data:** Categorical

**Description:** Indicates if the code is an ICD-10 code, Current Procedural Terminology code, or Healthcare Common Procedure Code System (HCPCS) code.

**Quarter**

**Short description:** Quarter of submission.

**Primary table:** Submission

**Availability to users:** CORE

**Type of Data:** Date

**Format:** QQ

**Length:** 8

**Description:** Quarter in which the visit was submitted to CHIA.

**Race1, Race2**

**Short description:** Standardized, facility reported race.

**Primary table:** Visit

**Availability to users:** LDS

**Type of Data:** Categorical

**Length:** 6

**CHIA derived:** No

**Reference table:**

CODE	DESCRIPTION
R1	American Indian/Alaska Native
R2	Asian
R3	Black/African American
R4	Native Hawaiian or other Pacific Islander
R5	White
R9	Other Race
R1	American Indian/Alaska Native
R2	Asian
R3	Black/African American

### RecordType20ID

<b>Short description:</b>	Unique key to link from Visit table.
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Identifier
<b>Format:</b>	VARCHAR
<b>Length:</b>	1
<b>CHIA derived:</b>	Yes
<b>Description:</b>	Indicator for Record Type '20'. Required for every ED Visit. Only one allowed per ED Visit. ED Visit specific record identifier used to link data about a specific visit across CHIA data tables. Users should use this identifier with facility IDs and Discharge ids to capture a unique record.

---

### RegistrationDate

<b>Short description:</b>	Date of admission to the emergency department
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	LDS
<b>Type of Data:</b>	Date
<b>Format:</b>	YYYYMMDD
<b>Length:</b>	8
<b>Description:</b>	Calendar date of admission to the emergency department.

---

### RegistrationDay

<b>Short description:</b>	Day patient was admitted to ED
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	LDS
<b>Type of Data:</b>	Date
<b>Format:</b>	DD
<b>Description:</b>	Two digit date of admission to the emergency department. Only values between 1 and 31 are valid.

---

### RegistrationMonthMM

<b>Short description:</b>	Month of admission to ED
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	LDS
<b>Type of Data:</b>	MM
<b>Description:</b>	Month in which the patient was admitted to the emergency department. Only values between 1 and 12 are valid.

---

### RegistrationTime

<b>Short description:</b>	Time stamp indicating when the patient was admitted to the ED
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	GOV
<b>Type of Data:</b>	Time
<b>Format:</b>	HH:MM:SS
<b>Length:</b>	6
<b>Description:</b>	Time at which patient was admitted to the emergency department. Hours in military time (0-24). Only values between 00:00:00 and 24:59:59 are valid.

---

### RegistrationYear

<b>Short description:</b>	Year of admission to the ED
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Date
<b>Format:</b>	YYYY
<b>Length:</b>	4
<b>Description:</b>	Year patient was admitted to ED. As data is in Fiscal years, valid values may be 2015 and 2016.

---

### SecondarySourceOfPayment

<b>Short description:</b>	Secondary payer for the visit.
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Categorical
<b>Length:</b>	4
<b>Description:</b>	Secondary payer for this visit. Please note that the values are in text format and may have duplicates due to spaces and capitalization.
<b>Reference table:</b>	Table 5

---

### SecondarySourceOfVisit

<b>Short description:</b>	Secondary cause of the visit to the emergency room.
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Categorical
<b>Description:</b>	The two sources of visit codes (Source of Visit and Secondary Source of Visit) codes indicate the source of originating, referring, or transferring the patient to the ED.

---

### Sequence

<b>Short description:</b>	Order of visits during a fiscal year
<b>Primary table:</b>	Visit
<b>Linking tables:</b>	Service
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Continuous
<b>CHIA derived:</b>	Yes
<b>Description:</b>	This calculated field indicates the chronological order of Inpatient discharge for patients with multiple Inpatient discharges in a calendar. A match with the UHIN only, is used to make the determination that a patient has had multiple discharges. The Sequence Number uses the following data conventions: (1) The sequence number is calculated by sorting the file by UHIN and visit date (in ascending order). (2) The sequence number is then calculated by incrementing a counter for each UHIN's set of visits. A sequence number of "1" indicates the first admission for the UHIN in that fiscal year. (3) If a UHIN has two visits on the same day, the visit date is used as the secondary sort key. (4) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

---

### SecondarySourceOfVisit

<b>Short description:</b>	Secondary cause of visit.
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Categorical
<b>Description:</b>	The two sources of visit codes (Source of Visit and Secondary Source of Visit) codes indicate the source of originating, referring or transferring the patient to the ED. Reporting patterns for the Source of Visit data element may vary widely and, as a result, may not be reliable.
<b>Reference Table:</b>	Table 2

---

### ServiceID

<b>Short description:</b>	CHIA identifier for a revenue code.
<b>Primary table:</b>	Service
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Identifier
<b>Description:</b>	CHIA identifier for a revenue code.

---

### ServiceLineItem

<b>Short description:</b>	CHIA description of service field.
<b>Primary table:</b>	Service
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Ordinal

---

**Description:** Service Line Items are the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) Level II codes used to bill for specific items and services provided by the emergency department during the visit. In addition, the code DRUGS is used to report provision of any drugs for which there are no specific HCPCS codes available. Likewise, supply is used to report any supplies for which there are no specific HCPCS codes available. Since units of service are not collected in the database, it is possible that the item or service which a reported service line item code represents was actually provided to the patient more than once during the visit.

### ServiceSiteSummaryKey

**Short description:** CHIA identifier.  
**Primary table:** ServiceSummary  
**Availability to users:** CORE  
**Type of Data:** Identifier

### SexLDS

**Short description:** Indicates gender  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 1  
**CHIA derived:** No  
**Description:** Gender flag as assigned by emergency department.  
**Summary statistics:** Table 14  
**Reference table:**

CODE	DESCRIPTION
M	Male
F	Female
U	Unknown

### SourceOfVisit

**Short description:** How a patient reached the ED.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** The two sources of visit codes (Source of Visit and Secondary Source of Visit) codes indicate the source of originating, referring or transferring the patient to the ED. Reporting patterns for the Source of Visit data element may vary widely and, as a result, may not be reliable.  
**Summary statistics:** Table 15



Reference table: Table 2

---

**SubmissionActive**

**Short description:** CHIA processing field  
**Primary table:** ErrorLog  
**Linking tables:**  
**Availability to users:** CORE  
**Type of Data:** Categorical

---

**SubmissionControlID**

**Short description:** Unique per facility-quarter-submission. Key to link from the Visit table .  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Identifier  
**Format:** VARCHAR  
**Length:** 4  
**CHIA derived:** No  
**Description:** Unique id for a facility's submission of data to CHIA. Usually one Submission Control ID is associated with a facilities quarterly submissions.

---

**SubmissionPassed**

**Short description:** CHIA flag.  
**Primary table:** ErrorLog  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** Indicates that visit was submitted to CHIA and passed.

---

**SubmissionPassedFlag**

**Short description:** CHIA derived field  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 4

---

**SubmissionQuarter**

**Short description:** Indicates the quarter (1-4) in which the record was submitted to CHIA.  
**Primary table:** ErrorLog  
**Availability to users:** CORE

**Type of Data:** Date  
**Description:** Quarter in which the visit was submitted to CHIA.

---

**SubmissionYear**

**Short description:** Year in which the visit was submitted to CHIA.  
**Primary table:** ErrorLog  
**Availability to users:** CORE  
**Type of Data:** Date  
**Description:** Indicates the year (2015-2017) in which the record was submitted to CHIA.

---

**TeachingStatus**

**Short description:** Indicates if the Ed facility was located in a teaching facility.  
**Primary table:** Organization  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** Indicates whether the ED is part of an academic facility or engaged in health professional education.

---

**TemporaryPatientCityLDS**

**Short description:** Current municipality of residence for a patient, if different from permanent residence.  
**Primary table:** Visit  
**Availability to users:** LDS  
**Type of Data:** Open Text  
**Format:** VARCHAR  
**Length:** 25  
**Description:** MA city in which the patient temporarily resides.

---

**TemporaryPatientStateLDS**

**Short description:** Current state of residence for a patient, if different from permanent residence.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Length:** 2  
**Description:** Indicates "MA" if the patient temporarily resides in Massachusetts.  
**Reference table:** Table 6

---

**TemporaryPatientZip3CodeLDS**

**Short description:** Current 3-digit zip code of patient residence, if different from permanent residence.

---

**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Zipcode  
**Format:** NNN  
**Length:** 9  
**Description:** First three digits of patient's temporary, Massachusetts zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. The Limited Data Set supports selection of 3-character Zip Code or 5-character Zip Code for approval by CHIA. Government users may be able to request a 9-character Zip Code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, or Rhode Island) zip codes are set to zeros (0s) and the state is removed.

---

### TemporaryPatientZip5CodeLDS

**Short description:** Current 5-digit zip code of patient residence, if different from permanent residence.  
**Primary table:** Visit  
**Availability to users:** LDS  
**Type of Data:** Zipcode  
**Format:** NNNNN  
**Length:** 9  
**Description:** First five digits of patient's temporary, Massachusetts zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. The Limited Data Set supports selection of 3-character Zip Code or 5-character Zip Code for approval by CHIA. Government users may be able to request a 9-character Zip Code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, or Rhode Island) zip codes are set to zeros (0s) and the state is removed.

---

### TemporaryPatientZIPCode

**Short description:** Patient's zip code  
**Primary table:** Visit  
**Availability to users:** GOV  
**Type of Data:** Zipcode  
**Format:** NNNNNNNNN  
**Length:** 9  
**Description:** Zip code of patient's temporary Massachusetts address. CHIA does not alter or standardize the values in this field.

---

### TotalEDBeds

**Short description:** Total number of ED beds for a facility-submission-quarter.  
**Primary table:** ServiceSummary

---

**Availability to users:** CORE  
**Type of Data:** Continuous  
**Description:** Sum of all possible ED beds in the facility.

---

**TotalCharges**

**Short description:** Total charges associated with ED visits in a Facility-Submission-Quarter.  
**Primary table:** Service  
**Linking tables:** Service  
 DataSubmissionLog  
**Availability to users:** CORE  
**Type of Data:** Continuous  
**Description:** Sum of charges for the visit.

---

**TotalRegisteredVisits**

**Short description:** Total number of ED visits in that facility in that quarter.  
**Primary table:** ServiceSummary  
**Availability to users:** CORE  
**Type of Data:** Continuous  
**Description:** Total number of ED visits in that facility in that quarter.

---

**Transport**

**Short description:** How patient reached the ED.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** The patient's mode of transport to the emergency department.  
**Summary Statistics:** Table 16

---

**TreatmentBeds**

**Short description:** Number of beds in ED facility.  
**Primary table:** ServiceSummary  
**Availability to users:** CORE  
**Type of Data:** Continuous

**Description:** Unique identifier for ED facility. Linkage across tables and fiscal years. This data element measures the normal capacity of emergency departments. ED Treatment Bed includes only those beds in the emergency department that are set up and equipped on a permanent basis to treat patients. It does not include the temporary use of gurneys, stretchers, etc. Including stretchers, etc. would overestimate facilities' physical capacity to comfortably treat a certain volume of emergency department patients, although CHIA recognizes that in cases of overcrowding, emergency departments' may need to employ temporary beds.

**Type**

**Short description:** Indicates the type of facility where visit occurred.  
**Primary table:** Organization  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** Categorizes emergency rooms by facility type.

**TypeofVisit**

**Short description:** Indicates the type of visit.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**Description:** Facilities indicate whether the visit was Emergency, Urgent, Non-Urgent, Newborn, or Unavailable.

**Summary statistics:** Table 17

**Reference table:**

CODE	DESCRIPTION
1	Emergency
2	Urgent
3	Non-Urgent
4	Newborn
5	Information Unavailable

**VisitPassed**

**Short description:** CHIA flag.  
**Primary table:** Visit  
**Availability to users:** CORE  
**Type of Data:** Categorical  
**CHIA derived:** Yes  
**Description:** CHIA flag. Used for processing.

### VisitSequence

<b>Short description:</b>	Order in which visits occurred for this patient.
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	LDS
<b>Type of Data:</b>	Ordinal
<b>CHIA derived:</b>	Yes
<b>Description:</b>	This calculated field indicates the chronological order of ED visits for patients with multiple ED visits in a calendar. A match with the UHIN only, is used to make the determination that a patient has had multiple stays. The Sequence Number uses the following data conventions: 1. The sequence number is calculated by sorting the file by UHIN and visit date (in ascending order).2. The sequence number is then calculated by incrementing a counter for each UHIN's set of visits. A sequence number of "1" indicates the first admission for the UHIN in that fiscal year.3. If a UHIN has two visits on the same day, the visit date is used as the secondary sort key. If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

### Year

<b>Short description:</b>	Indicates year of submission.
<b>Primary table:</b>	Visit
<b>Availability to users:</b>	CORE
<b>Type of Data:</b>	Date
<b>Format:</b>	YY
<b>Description:</b>	Calendar Year the data was submitted.

### Longer Reference Tables

FY2016 EDD has 20 standard reference tables. These relate to categorical variables are driven by the *Hospital Inpatient Discharge Database April 2014 Submission Guide*. Some of the tables have been integrated into the data dictionary. This section contains longer tables to tables used by multiple data elements. Users of the data with additional questions about any specific Reference table: should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

**TABLE 2. VISIT SOURCE**

Data Elements	<b>SourceOfVisit</b>
	SecondarySourceofVisit
Rules	All other values are invalid Newborns have a special source of visit table (see below).

CODE	DESCRIPTION
0	Information Not Available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral/HMO Referral

CODE	DESCRIPTION
4	Transfer from Acute Care Hospital
5	Transfer from a Skilled Nursing Facility (SNF)
6	Transfer from Intermediate Care Facility (ICF)
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other
F	Transfer from a Hospice Facility
L	Outside Hospital Clinic Referral
M	Walk-In/Self-Referral
T	Transfer from Another Institution's Ambulatory Surgery (SDS)
Y	Within Hospital Ambulatory Surgery Transfer (SDS Transfer)
E	EMS Transport Decision

  

CODE	FOR NEWBORN:
Z	Information Not Available - Newborn
A	Normal Delivery
B	Premature Delivery
C	Sick Baby
D	Extramural Birth

**TABLE 3. CONDITION PRESENT**

Data Elements	<b>PrincipalConditionPresent</b> ConditionPresent PrincipalECodeConditionPresent
Rules	All other values invalid.

CODE	DESCRIPTION
Y	Yes
N	No
U	Unknown
W	Clinically undetermined
1	Not applicable (only valid for NCHS official published list of not applicable ICD-10-CM codes for POA flag)
[Blank]	Not applicable (only valid for NCHS official published list of not applicable ICD-10-CM codes for POA flag)

**TABLE 4. PAYER TYPE**

Data Elements	<b>PayerType</b> ManagedCareCode MCareMCaidPrivCode	
Rules	All other values invalid.	
PAYER TYPE CODE	PAYER TYPE ABBREVIATION	PAYER TYPE DEFINITION
1	SP	Self-Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care

<b>5</b>	GOV	Other Government Payment
<b>6</b>	BCBS	Blue Cross
<b>C</b>	BCBS-MC	Blue Cross Managed Care
<b>7</b>	COM	Commercial Insurance
<b>D</b>	COM-MC	Commercial Managed Care
<b>8</b>	HMO	HMO
<b>9</b>	FC	Free Care
<b>0</b>	OTH	Other Non-Managed Care Plans
<b>E</b>	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
<b>J</b>	POS	Point-of-Service Plan
<b>K</b>	EPO	Exclusive Provider Organization
<b>T</b>	AI	Auto Insurance
<b>Q</b>	ComCare	Commonwealth Care/ConnectorCare Plans
<b>Z</b>	DEN	Dental Plans
<b>N</b>	None	None (Valid only for Secondary Payer)

**TABLE 5. PAYER SOURCE**

Data Elements	PayerSourceCode PayerSourceDefinition SecondarySourceOfPayment PayerCategory PrimarySourceOfPayment
Rules	All other values are invalid Some codes are valid as Secondary Source of Payment

PAYER SOURCE CODE	PAYER TYPE CODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
1	8	Harvard Community Health Plan	HMO
2	C	Bay State - a product of HMO Blue	Blue Cross Managed Care
3	C	Network Blue (PPO)	Blue Cross Managed Care
4	8	Fallon Community Health Plan	HMO
7	8	Tufts Associated Health Plan	HMO
8	8	Pilgrim Health Care	HMO
9	8	United Health Plan of New England (Ocean State)	HMO
10	E	Pilgrim Advantage - PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
11	C	Blue Care Elect	Blue Cross Managed Care
13	J	Community Health Plan Options (New York)	Point-of-Service Plan
14	J	Health New England Advantage POS	Point-of-Service Plan
17	D	Prudential Healthcare POS	Commercial Managed Care
18	D	Prudential Healthcare PPO	Commercial Managed Care
19	8	Matthew Thornton	HMO
20	8	HCHP of New England (formerly RIGHA)	HMO
21	E	Commonwealth PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
22	D	Aetna Open Choice PPO	Commercial Managed Care
23	D	Guardian Life Insurance Company PPO	Commercial Managed Care
24	8	Health New England	HMO
25	8	Pioneer Plan	HMO
27	D	First AllAmerica Financial Life Insurance PPO	Commercial Managed Care



PAYER SOURCE CODE	PAYER TYPE CODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
28	D	Great West Life PPO	Commercial Managed Care
30	7	CIGNA (Indemnity)	Commercial Insurance
31	D	One Health Plan HMO (Great West Life)	Commercial Managed Care
33	D	Mutual of Omaha PPO	Commercial Managed Care
34	D	New York Life Care PPO	Commercial Managed Care
35	D	United Healthcare Insurance Company - HMO	Commercial Managed Care
36	D	United Healthcare Insurance Company - PPO	Commercial Managed Care
37	8	HCHP-Pilgrim HMO (integrated product)	HMO
38	8	Health New England Select (self-funded)	HMO
39	8	Pilgrim Direct	HMO
40	8	Kaiser Foundation	HMO
42	8	ConnectiCare Of Massachusetts	HMO
43	8	MEDTAC	HMO
44	8	Community Health Plan	HMO
45	8	Health Source New Hampshire	HMO
46	8	Blue CHIP (BCBS Rhode Island)	HMO
47	8	Neighborhood Health Plan	HMO
48	8	US Healthcare	HMO
49	E	Healthsource CMHC Plus PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
50	6	Blue Health Plan for Kids	Blue Cross
51	7	Aetna Life Insurance	Commercial Insurance
52	7	Boston Mutual Insurance	Commercial Insurance
54	7	Continental Assurance Insurance	Commercial Insurance
55	7	Guardian Life Insurance	Commercial Insurance
56	7	Hartford L&A Insurance	Commercial Insurance
57	7	John Hancock Life Insurance	Commercial Insurance
58	7	Liberty Life Insurance	Commercial Insurance
59	7	Lincoln National Insurance	Commercial Insurance
62	7	Mutual of Omaha Insurance	Commercial Insurance
63	7	New England Mutual Insurance	Commercial Insurance
64	7	New York Life Care Indemnity	Commercial Insurance
65	7	Paul Revere Life Insurance	Commercial Insurance
66	7	Prudential Insurance	Commercial Insurance
67	7	First Allmerica Financial Life Insurance	Commercial Insurance
69	7	Corporate Health Insurance Liberty Plan	Commercial Insurance
70	7	Union Labor Life Insurance	Commercial Insurance
71	E	ADMAR	PPO and Other Managed Care Plans Not Elsewhere Classified
72	7	Healthsource New Hampshire	Commercial Insurance
73	7	United Health and Life	Commercial Insurance
74	7	United Healthcare Insurance Company	Commercial Insurance
75	D	Prudential Healthcare HMO	Commercial Managed Care
77	E	Options for Healthcare PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
78	D	Phoenix Preferred PPO	Commercial Managed Care
79	E	Pioneer Health Care PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
80	E	Tufts Total Health Plan PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
81	C	HMO Blue	Blue Cross Managed Care

PAYER SOURCE CODE	PAYER TYPE CODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
82	D	John Hancock Preferred	Commercial Managed Care
83	E	US Healthcare Quality Network Choice- PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
84	E	Private Healthcare Systems PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
85	7	Liberty Mutual	Commercial Insurance
86	E	United Health & Life PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
87	D	CIGNA PPO	Commercial Managed Care
88	E	Freedom Care	PPO and Other Managed Care Plans Not Elsewhere Classified
89	7	Great West/NE Care	Commercial Insurance
90	E	Healthsource Preferred (self-funded)	PPO and Other Managed Care Plans Not Elsewhere Classified
91	7	New England Benefits	Commercial Insurance
93	E	Psychological Health Plan	PPO and Other Managed Care Plans Not Elsewhere Classified
94	7	Time Insurance Co	Commercial Insurance
95	E	Pilgrim Select - PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
96	7	Metrahealth (United Health Care of NE)	Commercial Insurance
97	7	UniCare	Commercial Insurance
98	9	Healthy Start	Free Care
99	J	Other POS (not listed elsewhere)	Point-of-Service Plan
100	7	Transport Life Insurance	Commercial Insurance
101	7	Quarto Claims	Commercial Insurance
102	7	Wausau Insurance Company	Commercial Insurance
103	4	Medicaid (includes MassHealth)	Medicaid
104	B	Medicaid Managed Care-Primary Care Clinician	Medicaid Managed Care
106	B	Medicaid Managed Care-Central Mass Health Care	Medicaid Managed Care
107	B	Medicaid Managed Care - Community Health Plan	Medicaid Managed Care
108	B	Medicaid Managed Care - Fallon Community Health Plan	Medicaid Managed Care
109	B	Medicaid Managed Care - Harvard Community Health Plan	Medicaid Managed Care
110	B	Medicaid Managed Care - Health New England	Medicaid Managed Care
111	B	Medicaid Managed Care - HMO Blue	Medicaid Managed Care
112	B	Medicaid Managed Care - Kaiser Foundation Plan	Medicaid Managed Care
113	B	Medicaid Managed Care - Neighborhood Health Plan	Medicaid Managed Care
114	B	Medicaid Managed Care - United Health Plans of NE	Medicaid Managed Care
115	B	Medicaid Managed Care - Pilgrim Health Care	Medicaid Managed Care
116	B	Medicaid Managed Care -Tufts Associated Health Plan	Medicaid Managed Care
118	B	Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership	Medicaid Managed Care
119	B	Medicaid Managed Care Other (not listed elsewhere)	Medicaid Managed Care
120	5	Out-of-State Medicaid	Other Government Payment
121	3	Medicare	Medicare
125	F	Medicare HMO - Fallon Senior Plan	Medicare Managed Care
127	F	Medicare HMO - Health New England Medicare Wrap	Medicare Managed Care
128	F	Medicare HMO - HMO Blue for Seniors	Medicare Managed Care
129	F	Medicare HMO - Kaiser Medicare Plus Plan	Medicare Managed Care

PAYER SOURCE CODE	PAYER TYPE CODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
131	F	Medicare HMO - Pilgrim Enhance 65	Medicare Managed Care
132	F	Medicare HMO - Matthew Thornton Senior Plan	Medicare Managed Care
133	F	Medicare HMO -Tufts Medicare Supplement (TMS)	Medicare Managed Care
134	F	Medicare HMO - Other (not listed elsewhere)	Medicare Managed Care
135	3	Out-of-State Medicare	Medicare
136	6	BCBS Medex	Blue Cross
137	7	AARP/Medigap supplement	Commercial Insurance
138	7	Banker's Life and Casualty Insurance	Commercial Insurance
139	7	Bankers Multiple Line	Commercial Insurance
140	7	Combined Insurance Company of America	Commercial Insurance
141	7	Other Medigap (not listed elsewhere)	Commercial Insurance
142	6	Blue Cross Indemnity	Blue Cross
143	9	Free Care	Free Care
144	5	Other Government	Other Government Payment
145	1	Self-Pay	Self-Pay
146	2	Worker's Compensation	Worker's Compensation
147	7	Other Commercial (not listed elsewhere)	Commercial Insurance
148	8	Other HMO (not listed elsewhere)	HMO
149	E	PPO and Other Managed Care	PPO and Other Managed Care Plans Not Elsewhere Classified
150	0	Other Non-Managed Care (not listed elsewhere)	Other Non-Managed Care Plans
151	5	CHAMPUS	Other Government Payment
152	0	Foundation	Other Non-Managed Care Plans
153	0	Grant	Other Non-Managed Care Plans
154	6	BCBS Other (Not listed elsewhere)	Blue Cross
155	C	Blue Cross Managed Care Other	Blue Cross Managed Care
156	6	Out of state BCBS	Blue Cross
157	D	Metrahealth - PPO (United Health Care of NE)	Commercial Managed Care
158	D	Metrahealth - HMO (United Health Care of NE)	Commercial Managed Care
159	N	None (Valid only for Secondary Source of Payment)	None (Valid only for Secondary Payer)
160	C	Blue Choice (includes Healthflex Blue) - POS	Blue Cross Managed Care
161	D	Aetna Managed Choice POS	Commercial Managed Care
162	D	Great West Life POS	Commercial Managed Care
163	D	United Healthcare Insurance Company - POS	Commercial Managed Care
164	J	Healthsource CMHC Plus POS	Point-of-Service Plan
165	J	Healthsource New Hampshire POS (self-funded)	Point-of-Service Plan
166	J	Private Healthcare Systems POS	Point-of-Service Plan
167	J	Fallon POS	Point-of-Service Plan
169	J	Kaiser Added Choice	Point-of-Service Plan
170	J	US Healthcare Quality POS	Point-of-Service Plan
171	D	CIGNA POS	Commercial Managed Care
172	D	Metrahealth - POS (United Health Care of NE)	Commercial Managed Care
173	F	Aetna Medicare Open	Medicare Managed Care
174	8	Aetna Health Inc. - Quality POS	HMO
175	8	Aetna Health, Inc. - HMO	HMO
176	7	Carelink (CIGNA & Tufts)	Commercial Insurance
177	7	Chesapeake Life Insurance Company	Commercial Insurance
178	5	Children's Medical Security Plan (CMSP)	Government
179	7	First Health Life and Health Insurance Company	Commercial Insurance

PAYER SOURCE CODE	PAYER TYPE CODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
180	F	Fresenius Medical Care Health Plan (Medicare Advantage Plan)	Medicare Managed Care
181	D	First AllAmerica Financial Life Insurance EPO	Commercial Managed Care
182	D	UniCare Preferred Plus Managed Access EPO	Commercial Managed Care
183	K	Pioneer Health Care EPO	Exclusive Provider Organization
184	K	Private Healthcare Systems EPO	Exclusive Provider Organization
185	7	Connecticut General Life - Indemnity	Commercial Insurance
186	J	Connecticut General Life - POS	POS
187	E	Connecticut General Life - PPO	PPO
188	J	Fallon Flex POS	POS
189	7	Fallon Major Medical - Indemnity	Commercial Insurance
190	D	Fallon Preferred Care - PPO	Commercial Managed Care
191	D	Genworth Preferred PPO	Commercial Managed Care
192	D	Guarantee Trust Life Insurance Company - PPO	Commercial Managed Care
193	7	Harvard Pilgrim - Indemnity	Commercial Insurance
194	8	Harvard Pilgrim - POS	HMO
195	8	Harvard Pilgrim - PPO	HMO
196	8	Harvard Pilgrim Health Care, Inc. (HMO)	HMO
197	7	Health Insurance Plan of New York (HIP)	Commercial Insurance
198	7	John Alden Life Insurance Company	Commercial Insurance
199	K	Other EPO (not listed elsewhere)	Exclusive Provider Organization
200	7	Hartford Life Insurance Co	Commercial Insurance
201	7	Mutual of Omaha	Commercial Insurance
202	7	New York Life Insurance	Commercial Insurance
203	7	Principal Financial Group (Principal Mutual Life)	Commercial Insurance
204	7	Christian Brothers Employee	Commercial Insurance
205	E	Health New England Select Premier PPO	PPO
206	7	Health New England Guaranteed Issue - Individual Plans	Commercial Insurance
207	B	Network Health (Cambridge Health Alliance MCD Program)	Medicaid Managed Care
208	B	HealthNet (Boston Medical Center MCD Program)	Medicaid Managed Care
209	7	Mid-West National Life Insurance Company of Tennessee	Commercial Insurance
210	F	Medicare HMO - Pilgrim Preferred 65	Medicare Managed Care
211	F	Medicare HMO - Neighborhood Health Plan Senior Health Plus	Medicare Managed Care
212	F	Medicare HMO - Healthsource CMHC Central Care Supplement	Medicare Managed Care
213	F	Medicare HMO - Medicare Complete Plans offered by SecureHorizons	Medicare Managed Care
214	F	Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance	Medicare Managed Care
215	F	Tufts Medicare HMO - Medicare Preferred	Medicare Managed Care
216	F	Medicare Special Needs Plan - Commonwealth Care Alliance	Medicare Managed Care
217	F	Medicare Special Needs Plan - Fallon Community Health Plan	Medicare Managed Care
218	F	Medicare Special Needs Plan - Senior Whole Health	Medicare Managed Care
219	F	Medicare Special Needs Plan - United Health Group Evercare Mass. SCO and Evercare Plan IP	Medicare Managed Care

PAYER SOURCE CODE	PAYER TYPE CODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
220	F	Medicare HMO - Blue Care 65	Medicare Managed Care
221	F	Medicare HMO - Harvard Community Health Plan 65	Medicare Managed Care
222	F	Medicare HMO - Healthsource CMHC	Medicare Managed Care
223	F	Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus	Medicare Managed Care
224	F	Medicare HMO - Tufts Secure Horizons	Medicare Managed Care
225	F	Medicare HMO - US Healthcare	Medicare Managed Care
226	D	United Health Care of New England, Inc.	Commercial Managed Care
227	E	Northeast Health Direct - PPO	PPO
228	7	Oxford Health Plans	Commercial Insurance
229	7	Professional Insurance Company (Indemnity)	Commercial Insurance
230	F	Medicare HMO - HCHP First Seniority	Medicare Managed Care
231	F	Medicare HMO - Pilgrim Prime	Medicare Managed Care
232	F	Medicare HMO - Seniorcare Direct	Medicare Managed Care
233	F	Medicare HMO - Seniorcare Plus	Medicare Managed Care
234	F	Medicare HMO - Managed Blue for Seniors	Medicare Managed Care
235	7	Trustmark Life Insurance Company	Commercial Insurance
236	8	Tufts Health Maintenance Organization, Inc. (TAHMO)	HMO
237	E	Tufts Insurance Company PPO	PPO
238	8	Tufts Associated Health Maintenance Organization, Inc. PPO	HMO
239	8	Tufts Associated Health Maintenance Organization, Inc. POS Plan	HMO
240	E	Unicare PPO	PPO
241	7	Union Security Insurance Company	Commercial Insurance
242	7	Wellcare Health Plans, Inc.	Commercial Insurance
243	8	Pioneer Health Network	HMO
244	7	Tufts Medicare Complement (TMC)	Commercial Insurance
245	F	Trail Blazer Health Enterprises, LLC	Medicare Managed Care
246	C	Preferred Blue PPO	Blue Cross Managed Care
247	7	Humana Insurance Company **	Commercial Insurance
248	7	Mail Handlers Benefit Plan	Commercial Insurance
249	7	MEGA Life and Health Insurance Company	Commercial Insurance
250	D	CIGNA HMO	Commercial Managed Care
251	8	Healthsource CMHC HMO	HMO
252	F	Health New England (HNE) Medicare Advantage Plan	Medicare Managed Care
253	F	Blue Medicare PFFS	Medicare Managed Care
254	F	Cigna Medicare Access Plans	Medicare Managed Care
255	F	Health Net Pearl	Medicare Managed Care
256	F	Humana Gold PFFS	Medicare Managed Care
257	F	Today's Options Premier from Universal American	Medicare Managed Care
258	F	Unicare Security Choice	Medicare Managed Care
259	8	CeltiCare Health Plan of Massachusetts	Commercial Insurance
270	D	UniCare Preferred Plus PPO	Commercial Managed Care
271	8	Hillcrest HMO	HMO
272	T	Auto Insurance	Auto Insurance
273	F	MassHealth Senior Care Options****	Medicare Managed Care
274	B	Medicaid Managed Care - Network Health	Medicaid Managed Care
275	F	Medicare SCO - NaviCare (HMO)	Medicare Managed Care
276	F	Medicare SCO - Tufts Senior Care Options	Medicare Managed Care

PAYER SOURCE CODE	PAYER TYPE CODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
277	F	Medicare SCO - United Health Care	Medicare Managed Care
278	F	Medicare SCO - Commonwealth Care Alliance	Medicare Managed Care
279	F	Medicare One Care - Fallon Total Care	Medicare Managed Care
280	F	Medicare One Care - Network Health	Medicare Managed Care
281	F	Medicare One Care - Commonwealth Care Alliance	Medicare Managed Care
282	B	BMC MassHealth CarePlus	Medicaid Managed Care
283	B	Fallon MassHealth CarePlus	Medicaid Managed Care
284	B	NHP MassHealth CarePlus	Medicaid Managed Care
285	B	Network Health MassHealth CarePlus	Medicaid Managed Care
286	B	Celticare MassHealth CarePlus	Medicaid Managed Care
287	B	MassHealth CarePlus	Medicaid Managed Care
288	Q	Boston Medical Center HealthNet ConnectorCare	Commonwealth Care Plans
289	Q	CeltiCareConnectorCare	Commonwealth Care Plans
290	Q	Fallon ConnectorCare	Commonwealth Care Plans
291	Q	Health New England ConnectorCare	Commonwealth Care Plans
292	Q	Minuteman Health ConnectorCare	Commonwealth Care Plans
293	Q	Neighborhood Health ConnectorCare	Commonwealth Care Plans
294	Q	Network Health ConnectorCare	Commonwealth Care Plans
295	8	Meritain	HMO
300	Q	CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification	Commonwealth Care Plans
301	Q	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I	Commonwealth Care Plans
302	Q	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II	Commonwealth Care Plans
303	Q	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III	Commonwealth Care Plans
304	Q	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type IV	Commonwealth Care Plans
400	Q	CommCare: Cambridge Network Health Forward – General Classification	Commonwealth Care Plans
401	Q	CommCare: Cambridge Network Health Forward – Plan Type I	Commonwealth Care Plans
402	Q	CommCare: Cambridge Network Health Forward – Plan Type II	Commonwealth Care Plans
403	Q	CommCare: Cambridge Network Health Forward – Plan Type III	Commonwealth Care Plans
404	Q	CommCare: Cambridge Network Health Forward – Plan Type IV	Commonwealth Care Plans
500	Q	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification	Commonwealth Care Plans
501	Q	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077)	Commonwealth Care Plans
502	Q	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220)	Commonwealth Care Plans
503	Q	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221)	Commonwealth Care Plans

PAYER SOURCE CODE	PAYER TYPE CODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
504	Q	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 4 (Group No. 4455222)	Commonwealth Care Plans
600	Q	CommCare: Neighborhood Health Plan– General Classification	Commonwealth Care Plans
601	Q	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1)	Commonwealth Care Plans
602	Q	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2)	Commonwealth Care Plans
603	Q	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3)	Commonwealth Care Plans
604	Q	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4)	Commonwealth Care Plans
700	Q	CommCare: Cellicare Health Plan of Massachusetts / Commonwealth Care General Classification	Commonwealth Care Plans
701	Q	CommCare: Cellicare Health Plan of Massachusetts / Commonwealth Care - Plan 1	Commonwealth Care Plans
702	Q	CommCare: Cellicare Health Plan of Massachusetts / Commonwealth Care - Plan 2	Commonwealth Care Plans
703	Q	CommCare: Cellicare Health Plan of Massachusetts / Commonwealth Care - Plan 3	Commonwealth Care Plans
704	Q	CommCare: Cellicare Health Plan of Massachusetts / Commonwealth Care Bridge Program	Commonwealth Care Plans
800	Z	Aetna Dental	Commercial Managed Care
801	Z	Aflac	Commercial Insurance
802	Z	AllState	Commercial Insurance
803	Z	Altus Dental	Commercial Managed Care
804	Z	Ameritas Life Insurance Corp	Commercial Insurance
805	Z	Anthem Blue Cross Blue Shield	Blue Cross Managed Care
806	Z	Assurant	PPO and Other Managed Care Plans Not Elsewhere Classified
807	Z	Blue Cross Blue Shield of MA	Blue Cross Managed Care
808	Z	Blue Cross Blue Shield of RI	Blue Cross Managed Care
809	Z	Children's Medical Security	Government
810	Z	Cigna Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
811	Z	Creative Plan Dental Administrators	PPO and Other Managed Care Plans Not Elsewhere Classified
812	Z	Delta Dental of MA	Commercial Managed Care
813	Z	Delta Dental - Other	Commercial Managed Care
814	Z	Delta Dental of New York	Commercial Managed Care
815	Z	DentaQuest Commonwealth Care	Commonwealth Care Plans
816	Z	DentaQuest MassHealth	Medicare Managed Care
817	Z	DentaQuest Senior Whole Health	PPO and Other Managed Care Plans Not Elsewhere Classified
818	Z	EverCare Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
819	Z	Fallon Health Plan	Commercial Insurance
820	Z	Great West Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
821	Z	Guardian Dental	Medicaid



PAYER SOURCE CODE	PAYER TYPE CODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
822	Z	Harvard Pilgrim Health Care	PPO and Other Managed Care Plans Not Elsewhere Classified
823	Z	MetLife Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
824	Z	Principal Plan Dental	Medicare Managed Care
825	Z	Unicare Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
826	Z	United Concordia	Other Government Payment
827	Z	United HealthCare: Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
828	Z	Alicare	Commercial Insurance
829	Z	Adventist Risk Management INC	Commercial Insurance
830	Z	Blue Cross Blue Shield of Texas	Blue Cross Managed Care
831	Z	Brokers National Life insurance	Commercial Insurance
832	Z	Cba Blue Dental	Blue Cross Managed Care
833	Z	Chesterfield Resources	Commercial Insurance
834	Z	Companion Life insurance	Commercial Insurance
835	Z	Dental Health Alliance	Commercial Insurance
836	Z	EBS Benefit Solutions	Commercial Insurance
837	Z	Empire Blue Cross	Blue Cross Managed Care
838	Z	Excellus Blue cross	Blue Cross Managed Care
839	Z	Fortis	Commercial Insurance
840	Z	GEHA Connection Dental	Commercial Insurance
841	Z	GHI	Commercial Insurance
842	Z	Lincoln Financial Group	Commercial Insurance
843	Z	London Health Administrators	Commercial Insurance
844	Z	Midwest Life Insurance	Commercial Insurance
845	Z	Premier Access Dental Plans	Commercial Insurance
846	Z	Sentry Life Insurance	Commercial Insurance
847	Z	Sonoco	Commercial Insurance
848	Z	Sun Life Dental Benefits	Commercial Insurance
849	Z	Symetra Life Insurance Company	Commercial Insurance
850	Z	Tricare Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
851	Z	Dentemax Insurance	Commercial Insurance
990	9	Free Care - Co-pay, Deductible, or Co-Insurance	Free Care
995	H	Health Safety Net Office	HSNO
996	9	Charity Care	Other Free Care (Charity Care)

**VALID AS SECONDARY SOURCE PAYER CODE**

**PAYER SOURCE DEFINITION**

137	AARP/Medigap Supplement
138	Banker's Life and Casualty Insurance
139	Bankers Multiple Line
136	BCBS Medex
140	Combined Insurance Company of America
200	Hartford Life Insurance co.
127	Medicare HMO -Health New England Medicare Wrap
212	Medicare HMO - Healthsource CMHC Central Care Supplement
128	Medicare HMO -HMO Blue for Seniors
129	Medicare HMO-Kaiser Medicare Plus Plan



VALID AS SECONDARY SOURCE PAYER CODE	PAYER SOURCE DEFINITION
131	Medicare HMO-Pilgrim Enhance 65
210	Medicare HMO-Pilgrim Preferred 65
201	Mutual of Omaha
211	Neighborhood Health Plan Senior Health Plus
202	New York Life Insurance Company
141	Other Medigap (not listed elsewhere) ***
133	Medicare HMO -Tufts Medicare Supplement (TMS)

**TABLE 6. STATE**

Data Elements      **PermanentPatientStateLDS**  
                             TemporaryPatientStateLDS

Rules                    All other values are invalid.  
                             Must be present when Patient Country is 'US'  
                             Must be valid U.S. postal code for state

STATE/POSSESSION	ABBREVIATION	STATE/POSSESSION	ABBREVIATION
Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
American Samoa	AS	Nevada	NV
Arizona	AZ	New Hampshire	NH
Arkansas	AR	New Jersey	NJ
California	CA	New Mexico	NM
Colorado	CO	New York	NY
Connecticut	CT	North Carolina	NC
Delaware	DE	North Dakota	ND
District of Columbia	DC	N.Mariana Islands	MP
Federated States of Micronesia	FM	Ohio	OH
Florida	FL	Oklahoma	OK
Georgia	GA	Oregon	OR
Guam	GU	Palau	PW
Hawaii	HI	Pennsylvania	PA
Idaho	ID	Puerto Rico	PR
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Marshall Islands	MH	Virgin Islands	VI
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Missouri	MO		

## Part D: Summary Statistics

For the FY2016 EDD data, CHIA produced a number of descriptive statistics for some continuous data elements in the Visit table. CHIA also produced tabulations for selected categorical data elements in the Visit table

**TABLE 7. DESCRIPTIVE STATISTICS**

DATAELEMENT	N	N MISSING	MINIMUM	MEAN	MAXIMUM
DaysBetweenVisits	2508414	0	0	20.72	365
LengthOfStayHours	2506666	1748	0	4.05	130856.52
Charges	2508304	110	0	1998.65	590998
NewbornAgeWeeks	2508413	1	0	97.63	99
NewbornAgeWeeks*	47622	0	0	26.94	52
Charges (Newborn Only)	47621	1	0	990.24	17446

\* NewBornAgeWeeks is with "99" when unknown. Only weeks between 0 and 52 are valid.

**TABLE 8. DEPARTURE STATUS**

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
-	29	0	29	0
0	4626	0.18	4655	0.19
1	2316438	92.35	2321093	92.53
3	108601	4.33	2429694	96.86
4	23918	0.95	2453612	97.82
6	52735	2.1	2506347	99.92
8	1020	0.04	2507367	99.96
9	887	0.04	2508254	100
P	97	0	2508351	100
.	63	0	2508414	100

**TABLE 9. EMERGENCY SEVERITY**

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
0	11	0	11	0
1	1326	0.46	1337	0.47
2	33350	11.64	34687	12.11
3	159521	55.67	194208	67.78
4	84860	29.62	279068	97.39
5	7473	2.61	286541	100
.	2,221,873			

**TABLE 10. HISPANIC INDICATOR**

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
.	3280			
N	2089044	83.39	2089044	83.39
Y	416090	16.61	2505134	100

**TABLE 11. HOMELESS INDICATOR**

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
-	265	0.01	265	0.01
<b>N</b>	2465415	98.29	2465680	98.3
<b>Y</b>	42730	1.7	2508410	100
<b>n</b>	4	0	2508414	100

**TABLE 12. ICD INDICATOR**

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
.	7	0	7	0
<b>0</b>	2508131	99.99	2508138	99.99
<b>9</b>	269	0.01	2508407	100

**TABLE 13. OTHER CARE GIVER CODE**

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
<b>0</b>	1	0.03	1	0.03
<b>3</b>	1690	50.58	1691	50.61
<b>5</b>	1650	49.39	3341	100
*	2,505,073			

**TABLE 14. SEX**

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
<b>F</b>	1328687	52.97	1328687	52.97
<b>M</b>	1179698	47.03	2508385	100
<b>U</b>	29	0	2508414	100

**TABLE 15. SOURCE OF VISIT**

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
	159	0.01	159	0.01
<b>0</b>	2104	0.08	2263	0.09
<b>1</b>	400315	15.96	402578	16.05
<b>2</b>	3876	0.15	406454	16.2
<b>3</b>	10	0	406464	16.2
<b>4</b>	2413	0.1	408877	16.3
<b>5</b>	5625	0.22	414502	16.52
<b>6</b>	816	0.03	415318	16.56
<b>7</b>	375	0.01	415693	16.57
<b>8</b>	1802	0.07	417495	16.64
<b>9</b>	151551	6.04	569046	22.69
<b>A</b>	10	0	569056	22.69
<b>B</b>	2	0	569058	22.69
<b>D</b>	15	0	569073	22.69

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
E	17047	0.68	586120	23.37
L	4498	0.18	590618	23.55
M	1917390	76.44	2508008	99.98
R	185	0.01	2508193	99.99
T	8	0	2508201	99.99
W	20	0	2508221	99.99
X	7	0	2508228	99.99
Y	185	0.01	2508413	100
Z	1	0	2508414	100

**TABLE 16. TRANSPORT**

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
.	11	0	11	0
1	433527	17.28	433528	17.28
2	209	0.01	433747	17.29
3	4839	0.19	438586	17.48
4	1818180	72.48	2256766	89.97
5	61845	2.47	2318611	92.43
9	189803	7.57	2508414	100

**TABLE 17. TYPE OF VISIT**

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
.	71,7725			
1	2010102	82.49	2010102	82.49
2	388128	15.93	2398230	98.42
3	34304	1.41	2432534	99.83
4	19	0	2432553	99.83
5	4136	0.17	2436689	100