

CENTER FOR HEALTH INFORMATION AND ANALYSIS

MASSACHUSETTS CASE MIX

HOSPITAL INPATIENT
DISCHARGE DATA (HIDD)

FISCAL YEAR 2017
DOCUMENTATION MANUAL



Massachusetts Case Mix FY2017 Hospital Inpatient Discharge Data

USER GUIDE

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Executive Summary

The FY2017 Hospital Inpatient Discharge Data Guide provides general information about CHIA's most recent inpatient data holdings. Each quarter, Massachusetts facilities provide CHIA with information that CHIA compiles into annual Hospital Inpatient Discharge databases (HIDDs). This data is collected from Massachusetts' acute care hospitals and includes all inpatient admissions. The FY2017 HIDD includes Inpatient discharges that occurred between October 1, 2016 and September 30, 2017. Facilities reported a total of 800,990 discharges.

The information in this guide includes high level data notes (data collection, data application, and use) and a codebook (data element list, data dictionary, Reference tables, and summary statistics). As always, CHIA strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.

New in FY2017

All information collected in FY2016 remains part of the FY2017 data set. In addition, CHIA partnered with the Acute Hospital community to begin collection of Emergency Department (ED) Boarding data. Specifically, Providers worked to submit ED Registration and Discharge Date and Time data.

CHIA also requested that Providers calculate the number of hours the patient spent in the Emergency Department prior to being admitted for Inpatient services.

As this was the first year of collection, not all Providers were able to contribute entries to the new data elements. CHIA will continue to work with all Providers to provide a fuller accounting of this data in the future.

Part A. Data Collection

Acute hospitals in Massachusetts are required to submit discharge 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 HIDD regulations by visiting 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 acute care hospitals to submit discharge data to CHIA 75 days after each quarter. The quarterly reporting intervals for the FY2017 HIDD are as follows:

- **Quarter 1:** October 1, 2016 - December 31, 2016
- **Quarter 2:** January 1, 2017 – March 31, 2017
- **Quarter 3:** April 1, 2017 – June 30, 2017
- **Quarter 4:** July 1, 2017 – September 30, 2017

CHIA reviews each hospital'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 is based upon the presence of one or more errors per discharge for the hospital's quarterly submission. CHIA checks for valid codes, correct formatting, and presence of the required data elements. If one percent or more of the discharges are rejected, CHIA rejects the entire submission.

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

Emergency Department (ED) and Outpatient Observation Unit Initiated Stays

Discharges that began in an ED and ended in an Inpatient stay will have a positive value in the "ED Indicator." Discharges that began in an observation unit and ended in an inpatient stay will have a positive value in the "Observation Indicator." Any ED or observation visit that resulted in an inpatient stay will appear in the FY2017 HIDD, and should not appear in the FY2017 Emergency Department Database or FY2017 Outpatient Observation Database.

If the ED Indicator, or other evidence of an emergency department visit, is noted in the data, then Providers were requested to begin reporting ED Boarding information. Emergency Department Admission and Discharge Date/Time data was requested.

HIDD Verification Report Process

Semi-annually CHIA sends each hospital a report on their discharge data to maintain and improve the quality of their submissions. The Verification Report process gives the hospitals the opportunity to review the data they have provided to CHIA and affirm data accuracy.

CHIA produces hospital-specific Verification Reports after each hospital successfully submits two quarters and four quarters of data. CHIA asks each hospital to review and verify the data contained within the report. Each Verification

Report has a series of frequency tables for selected data elements that include, but are not limited to, the number of discharges per month and breakouts by admission type, admission source, race, and disposition.

Hospitals affirm that reported data is accurate or identify any discrepancies on the year-end verification cycle. Hospitals certify the accuracy of their data by completing a Verification Report Response form. CHIA accepts two response types from hospitals:

A: A hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital's case mix profile.

B: A hospital indicates that the data on the report is accurate except for the discrepancies noted. If any data discrepancies exist, CHIA requests that hospitals provide written explanations of the discrepancies.

Users interested in the FY2017 HIDD Verification Reports should contact CHIA at 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 hospital or set of hospitals.

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 the request, limited information about how to use the CHIA is provided. Users needing additional assistance applying for data or using the data should contact [casemix.data@state.ma.us].

How to Apply for the Data

1. To obtain a copy of the Data Use Agreement and/or other documents required for application, go to: <http://www.chiamass.gov/chia-data/>.
2. Follow the links to the forms that correspond to the data (Case Mix, APCD) and application type (Government, Non-Government) that are appropriate to your data request.
3. For FY2017, Non-Government users can access pre-configured Limited Data Set (LDS), designed to protect patient data confidentiality while ensuring analytic value. This streamlined approach also improves CHIA's ability to deliver the data efficiently.

Securing CHIA Data Prior to Use

As an approved data recipient, or its agent, you are obliged by your application and confidentiality agreement to secure this 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 HIDD on CD-ROMs. 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 FY2017 Case Mix HIDD consists of up to 10 Microsoft Access Database (.mdb) files or 10 SAS files (.sas7bdat). Each file name will have a suffix of “_Full_AAAA_BBBB”. AAAA indicates the specific view of the data. BBBB indicates whether the data is from an LDS or Government dataset.

- The main FIPA_HIDD_2017_**Discharge** (table name: Discharge), contains one record per discharge. The unique identifier on this table is the RecordType20ID.
- FIPA_HIDD_2017_**DiagnosesCode** (table name: Diagnoses), contains one record per diagnosis reported for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecodType20ID.

- FIPA_HIDD_52017_**ProcedureCode** (table name: Procedures), contains one record per procedure for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecordType20ID.
- FIPA_HIDD_2017_**ServiceCode** (table name: Services), contains one record per revenue code service reported for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecordType20ID.
- FIPA_HIDD_2017_**Organization** (table name: Orglds) contains one record per organization. This table can be used to lookup facility names, EMS region, and Teaching status. The Discharge table has a many to one relationship with this Table, by linking the the appropriate Orgld (IdOrgFiler, IdOrgHosp, IdOrgSite or IdOrgTransfer).
- FIPA_HIDD_2017_**SubmissionLog_** (table name: DataSubmissionLog) contains one record per quarter for each of the Inpatient facilities filing data. The Discharge table has a many to one relationship with this Table, by linking the IdOrgFiler.
- FIPA_HIDD_2017_**Error Log_** (table name: ErrorLog) contains records by quarter and by fiscal year on the number of records pass and fail and the reason for fail by IdOrgFiler. The Discharge table has a one-to-many relationship with this Table, by linking the RecordType20ID.
- Groupers:
FIPA_HDD_2017_**APR20.0**, FIPA_HDD_2017_**APR261**, FIPA_HDD_2017_**APR300**,
FIPA_HDD_2017_**CMS350** contain grouper data. The Discharge table has a one to one relationship with each Table, by linking the RecordType20ID.

Linking Files

Historically, case mix data users receive a Microsoft Access version of the data. Access is not a recommended development platform, and is used here as a convenient data transport format only. Most users import the data 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 (due to lifting the limit on the number of diagnoses and procedure codes), files distributed will now contain multiple tables that are linked using the **RecordType20ID** field. The RecordType20ID field is a unique identifier used to link the main Discharge table to Services, Diagnoses, and Procedures tables. The Organization table can be linked to columns on the Discharge table that contain Organization ID numbers (Orgld's).

Any additional questions can be addressed by contacting CHIA at 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 by emailing 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.” The “Buy-up” process allows a user to receive more granular data – for example, instead of a 3 digit patient zip code; the user can request a “buy-up” to a 5 digit patient zip code. Note that buy-ups will be reviewed for approval by CHIA based on research needs related to 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 in their application.

Master Data Elements List

For the FY2017 HIDD, CHIA is providing a master data elements list by table. Not every user will see every data element—some are reserved for limited dataset buy-ups or for government use. All users should have access to the “CORE” data. Users who choose limited dataset buy-ups may receive 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.

DISCHARGE TABLE—CORE ELEMENTS

AdmissionDayOfWeek	LeaveOfAbsenceDays	PrincipalPreoperativeDays
AdmissionSourceCode1-2	LengthOfStay	PrincipalProcedureCode
AdmissionType	NewBornAge	PrincipalProcedureDate
AdmissionYear	NumberOfANDs	PrincipalProcedureMonth
AgeLDS	NumberOfDiagnosisCodes	Quarter
Birthweight	NumberOfProcedureCodes	RecordType20ID
ConditionPresentECode	OtherCareGiverCode	SecondaryPayerType
DaysBetweenStays	OutpatntObsrvStayFlagCode	SexLDS
DischargeDayOfWeek	PatientStatus	SpecialConditionIndicator
DischargePassed	PayerCode1	SubmissionControllID
DischargeYear	PayerCode2	SubmissionPassedFlag
Ecode	PeriodEndingDate	TemporaryPatientStateLDS
EDFlagCode	PeriodStartingDate	TemporaryPatientZip3CodeLDS
HispanicIndicator	PermanentPatientState	TotalChargesAll
HomelessIndicator	PermanentPatientZIPCode	TotalChargesAncillaries
IdOrgFiler	PrimaryPayerType	TotalChargesRoutine
IdOrgHosp	PrimaryConditionPresent	TotalChargesSpecial
IdOrgSite	PrimaryDiagnosisCode	Year
IdOrgTransfer		NumberOfHoursInED

DISCHARGE TABLE—LDS ELEMENTS

AdmissionDate	LegCHIAOperatingPhysicianP1-P14	PermanentPatientZIP5CodeLDS
AdmissionMonth	MothersUHIN	Race1
AttendingPhysicianNumber	OperatingPhysicianPrincipal	Race2

DischargeDate	OperatingPhysicianSignificant1-14	TemporaryPatientCityLDS
DischargeMonth	PeriodEndingDate	TemporaryPatientZip5CodeLDS
Ethnicity1	PeriodEndingMonth	UHIN
Ethnicity2	PeriodStartingDate	UHIN_SequenceNo
LegCHIAAttendingPhysicianNumber	PeriodStartingMonth	
LegCHIAOperatingPhysicianP	PermanentPatientCityLDS	

DISCHARGE TABLE—GOVERNMENT-ONLY ELEMENTS

MedicaidMemberID	MotherMedicalRecordNumber
DNRStatus	OtherEthnicity
EmployerZipCode	OtherRace
HospitalBillNo	PatientBirthDate
MedicalRecordNumber	VeteransStatus
EmergencyDepartmentRegistrationTime	EmergencyDepartmentDischargeTime
EmergencyDepartmentRegistrationHour	EmergencyDepartmentDischargeHour
EmergencyDepartmentRegistrationMinute	EmergencyDepartmentDischargeMinute

DIAGNOSIS TABLE—CORE ELEMENTS

AssociatedIndicator
ConditionPresent
DiagnosisCode
Indicator
RecordType20ID

PROCEDURE TABLE—CORE ELEMENTS

AssociatedIndicator
Indicator

PreOperativeDays
ProcedureCode
ProcedureCodeDate
RecordType20ID

SERVICE TABLE—CORE ELEMENTS

AccommodationsID	Quarter	RevenueCodeType
AncillaryID	SubmissionControlID	Sequence
LineNumber	Year	TotalCharges
RevenueCode	RecordType20ID	UnitsOfService
RevenueCodeType	AccommodationsID	Quarter
Sequence	AncillaryID	SubmissionControlID
TotalCharges	LineNumber	Year
UnitsOfService	RevenueCode	RecordType20ID

GROUPEX—CORE ELEMENTS

APR200_ADM_DRG	APR300_ADM_DRG
APR200_ADM_MDC	APR300_ADM_MDC
APR200_ADM_RCD	APR300_ADM_RCD
APR200_ADM_ROM	APR300_ADM_ROM
APR200_ADM_SOI	APR300_ADM_SOI
APR200_DIS_DRG	APR300_DIS_DRG
APR200_DIS_MDC	APR300_DIS_MDC
APR200_DIS_RCD	APR300_DIS_RCD
APR200_DIS_ROM	APR300_DIS_ROM
APR200_DIS_SOI	APR300_DIS_SOI

APR261_ADM_DRG	CMS_ADM_DRG
APR261_ADM_MDC	CMS_ADM_MDC
APR261_ADM_RCD	CMS_ADM_RCD
APR261_ADM_ROM	CMS_ADM_ROM
APR261_ADM_SOI	CMS_ADM_SOI
APR261_DIS_DRG	CMS_DIS_DRG
APR261_DIS_MDC	CMS_DIS_MDC
APR261_DIS_RCD	CMS_DIS_RCD
APR261_DIS_ROM	CMS_DIS_ROM
APR261_DIS_SOI	CMS_DIS_SOI

Organization Table

The “Organization” table contains 1 record for every valid OrgId reported in the Discharge database. Referenced OrgId’s include: IdOrgFiler, IdOrgHosp, IdOrgSite, and IdOrgTransfer data elements in the Discharge database. A sample list of OrgId’s referenced in FY2017 HIDD is listed in Table 1.

Table 1: ORGANIZATION IDENTIFICATION

PRINCIPAL DATA ELEMENTS :	ORGID FIELDS
	IdOrgFiler
	IdOrgHosp
	IdOrgSite
	IdOrgTransfer
Rules	The Organization Table will contain 1 record for every valid OrgId reported in the Discharge database. The following table lists Hospitals only for submissions in a recent year.

CODE	DESCRIPTION/ORGANIZATION NAME
1	Anna Jaques Hospital
2	Athol Memorial Hospital
4	Baystate Medical Center
5	Baystate Franklin Medical Center
6	Baystate Mary Lane Hospital
7	Berkshire Health System - Berkshire Campus
8	Fairview Hospital
9	Berkshire Medical Center - Hillcrest Campus
10	Beth Israel Deaconess Medical Center - East Campus
16	Boston Medical Center
22	Brigham and Women's Hospital
25	Signature Healthcare - Brockton Hospital
27	Cambridge Health Alliance
39	Cape Cod Hospital
40	Falmouth Hospital
41	Steward - Norwood Hospital
42	Steward - Carney Hospital
46	Children's Hospital Boston
49	MetroWest Medical Center - Framingham Campus
50	Cooley Dickinson Hospital
51	Dana-Farber Cancer Institute
53	Beth Israel Deaconess Hospital - Needham
57	Emerson Hospital
59	Brigham and Women's - Faulkner Hospital
62	Steward - Good Samaritan Medical Center - Brockton Campus
66	Hallmark Health System - Lawrence Memorial Hospital Campus

CODE	DESCRIPTION/ORGANIZATION NAME
68	Harrington Memorial Hospital
71	Health Alliance Hospitals, Inc.
73	Heywood Hospital
75	Steward - Holy Family Hospital
77	Holyoke Medical Center
79	Beth Israel deaconess – Plymouth (Jordan)
81	Lahey Clinic -- Burlington Campus
83	Lawrence General Hospital
85	Lowell General Hospital – Main Campus
88	Martha's Vineyard Hospital
89	Massachusetts Eye and Ear Infirmary
91	Massachusetts General Hospital
97	Milford Regional Medical Center
98	Beth Israel Deaconess - Milton
99	Steward - Morton Hospital
100	Mount Auburn Hospital
101	Nantucket Cottage Hospital
103	New England Baptist Hospital
104	Tufts-New England Medical Center
105	Newton-Wellesley Hospital
106	Baystate Noble Hospital
109	Northeast Health System - Addison Gilbert Campus
110	Northeast Health System - Beverly Campus
114	Steward - Saint Anne's Hospital
115	Lowell General - Saints Campus
116	North Shore Medical Center, Inc. - Salem Campus
118	Mercy Medical Center - Providence Behavioral Health Hospital Campus

CODE	DESCRIPTION/ORGANIZATION NAME
119	Mercy Medical Center - Springfield Campus
122	South Shore Hospital
123	Southcoast Hospitals Group - Charlton Memorial Campus
124	Southcoast Hospitals Group - St. Luke's Campus
126	Caritas Steward - St. Elizabeth's Medical Center
127	MetroWest - Saint Vincent Hospital
129	Sturdy Memorial Hospital
130	UMass Memorial Medical Center - Memorial Campus
131	UMass Memorial Medical Center - University Campus
132	Health Alliance - Clinton Hospital
133	Marlborough Hospital
138	Lahey Winchester Hospital
139	Baystate Wing Memorial Hospital
141	Hallmark Health System - Melrose-Wakefield Hospital Campus
142	Cambridge Health Alliance - Whidden Memorial Campus
143	Cambridge Health Alliance - Somerville Campus
145	Southcoast Health- Tobey Campus
457	MetroWest Medical Center - Leonard Morse Campus
4460	Steward - Good Samaritan Medical Center - Norcap Lodge Campus
6693	Shriners Hospital for Children – Boston
11466	Holy Family at Merrimack Valley
11467	Nashoba Valley Medical Center
11718	Shriner's Children's Hospital - Springfield

Groupers

For researcher convenience, CHIA performs data grouping using the 3M™ APR-DRG grouper and the CMS grouper. The All Patient Refined DRGs (3M APR-DRG) is a severity/risk adjusted classification system that provides a more effective means of adjusting for patient differences. For FY2017 HIDD, CHIA has produced four versions of the

Groupers: APR-DRG versions 20.0, 26.1 and 30.0 and CMS version 35.0. For each of these versions five data elements were generated: MDC DRG, ROM, and SOI.

- The **Diagnosis Related Group (DRG)** places a patient into a clinically relevant medical category.
- The **Major Diagnostic Categories (MDC)** is a classification system that parses all principal diagnoses into one of 25 categories primarily for use with DRGs and reimbursement activity. Each category relates to a physical system, disease, or contributing health factor
- **Risk of mortality (ROM)** is a clinical subclass indicating likelihood of dying. The ROM subclass data elements can be found in the ROM lookup table. In the APR-DRG system, a patient is assigned four distinct descriptors for ROM, numbered sequentially from 0 to 4. Researchers seeking to evaluate patient mortality, should use the 3M™ APR-DRGs in conjunction with the ROM subclass.
- **Severity of Illness (SOI)** relates to the extent of physiologic decompensation or systematic loss of organ function experienced by the patient In the APR-DRG system, a patient is assigned four distinct descriptors for SOI, numbered sequentially from 0 to 4. The SOI subclass data elements can be found in the SOI lookup table. CHIA recommends that researchers seeking to evaluate resource use or establishing patient care guidelines use the 3M™ APR-DRGs in conjunction with SOI subclass.

Organization of the Diagnosis and Procedure Codes

For FY2017, CHIA organized the procedure and diagnosis fields into three tables—Discharge, Diagnoses, and Procedure.

All secondary diagnosis and procedure codes are in the Diagnoses and Procedure tables, respectively. Indicator codes are available for each secondary diagnosis of procedure code and are based on the order in which those codes were sent to CHIA. Discharges reached a maximum of 98 secondary diagnosis codes, and a maximum of 147 secondary procedure codes.

Diagnoses and procedures are ordered as submitted to CHIA. CHIA does not require the order of diagnoses and procedures to be medically relevant. CHIA does not affirm or confirm the medical relevancy of the principal diagnosis, procedure, or e-code reported on the discharge table.

Organization Identifiers (ORGID)

FY2017 HIDD Interim contains four organization identifier fields. These fields are a CHIA assigned unique code for each Massachusetts facility:

- **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) is 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 is transferred from outside of Massachusetts, the IdOrgTransfer will be 9999999.

Age LDS

If the date of birth and admission date are valid, then CHIA calculates Age LDS in years. The calculation is as follows:

Age is calculated to be the rounded integer value – of the difference between Date of Birth and Discharge date. Age is zero when less than 1 year.

Where Age is valid and < 90, set AgeLDS = Age;

Where Age is valid and > 89 and <= 115, set AgeLDS = 999

Else, where Age is missing, negative value or value > 115, set AgeLDS = null

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.

Data Limitations

The HIDD is 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 HIDD is dependent upon 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 and flexibility of facility data processing capabilities,
- Capacity of financial processing system to record late occurring charges on CHIA's electronic submission,
- Non-comparability of data collection and reporting.

CHIA strongly suggests that users perform qualitative checks prior to drawing conclusions about the data.

Historical Data Elements

Users of multiple years of Case Mix data should be careful, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary 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.

Data Dictionary

FY2017 HIDD 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
- *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.

AccommodationsID

Short description:	CHIA created field.
Primary table:	Service
Linking tables:	
Availability to users:	CORE
Type of Data:	Identifier
CHIA derived:	No
Description:	
Reference table:	No

Active

Short description:	CHIA indicator of quarterly submission status.
Primary table:	DataSubmissionLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	No
Description:	Chia processing field.

Reference table: No

AdmissionDate

Short description: The date the patient was admitted to the hospital as an inpatient for this episode of care.

Primary table: Discharge

Linking tables:

Availability to users: LDS

Type of Data: Date

CHIA derived: No

Description:

Reference table: No

AdmissionDayOfWeek

Short description: Week day that patient was admitted to hospital.

Primary table: Discharge

Linking tables:

Availability to users: CORE

Type of Data: Date

CHIA derived: No

Description:

Reference table: No

AdmissionMonth

Short description: Month in which patient was admitted to hospital.

Primary table: Discharge

Linking tables:

Availability to users: LDS

Type of Data: Date

CHIA derived: No

Description:

Reference table: No

AdmissionSourceCode1, AdmissionSourceCode2

Short description: How a patient entered the hospital.

Primary table: Discharge

Linking tables:

Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	These two codes indicate the source of originating, referring or transferring the patient to inpatient admissions. Reporting patterns for the source of stay data element may vary widely.
Reference table:	Source of Admission
Summary Statistics	AdmissionSourceCode1 Frequency

AdmissionType

Short description:	Admission status
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
CHIA derived:	No
Description:	A standardized category of the patient's status upon admission to the hospital.
Reference table:	Yes
Summary Statistics	AdmissionType Frequency

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

AdmissionYear

Short description:	Year in which patient was admitted to hospital.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
CHIA derived:	No
Description:	
Reference table:	No

AgeLDS

Short description:	Age of the patient.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	YY
Length:	3
CHIA derived:	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
Reference table:	No
Summary Statistics	AgeLDS Mean

AncillaryID

Short description:	CHIA created field.
Primary table:	Service
Linking tables:	
Availability to users:	CORE
Type of Data:	Identifier

Format: VARCHAR
Length:
CHIA derived: No
Description:
Reference table: No

ADM_DRG (APR200_, APR261_, APR300_)

Short description: Admitting diagnosis related group.
Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30.0
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length:
CHIA derived:
Description: Standard DRG based on admission diagnoses.
Reference table: Standard 3M Grouper Values

ADM_MDC (APR200_, APR261_, APR300_)

Short description: Admitting major diagnostic category.
Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30.
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length:
CHIA derived:
Description: Admission MDC should classify the patient, based on an Admission diagnoses and procedures, into a standard major diagnostic group.
Reference table: Standard 3M Grouper Values

ADM_RCD (APR200_, APR261_, APR300_)

Short description: Null grouper field.
Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:

Length:
CHIA derived:
Description: n/a.
Reference table:

ADM_ROM (APR200_, APR261_, APR300_)

Short description: Admitting risk of mortality.
Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30.1
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length:
CHIA derived:
Description: Admitting ROM should classify the patient, based on an admitting diagnoses and procedures, into a standard category of clinical risk.
Reference table: Standard 3M Grouper Values

ADM_SOI (APR200_, APR261_, APR300_)

Short description: Admitting severity of illness.
Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length:
CHIA derived:
Description: Admitting SOI should classify the patient, based on an admitting diagnoses and procedures, into a standard category of illness severity.
Reference table: Standard 3M Grouper Values

DIS_DRG (APR200_, APR261_, APR300_)

Short description: Discharge diagnosis related group.
Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:

Length:
CHIA derived:
Description: Standard DRG based on Discharge diagnoses..
Reference table: Standard 3M Grouper Values

DIS_MDC (APR200_, APR261_, APR300_)

Short description: Discharge major diagnostic category.
Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length:
CHIA derived:
Description: Discharge MDC should classify the patient, based on an Discharge diagnoses and procedures, into a standard major diagnostic group.
Reference table: Standard 3M Grouper Values

DIS_RCD (APR200_, APR261_, APR300_)

Short description: Null grouper field.
Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length:
CHIA derived:
Description: n/a.
Reference table:

DIS_ROM (APR200_, APR261_, APR300_)

Short description: Discharge risk of mortality
Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length:

CHIA derived:

Description: Discharges ROM should classify the patient, based on an discharges diagnoses and procedures, into a standard category of clinical risk. .

Reference table: Standard 3M Grouper Values

DIS_SOI (APR200_, APR261_, APR300_)

Short description: Discharge severity of illness.

Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30

Linking tables:

Availability to users: CORE

Type of Data: Categorical

Format:

Length:

CHIA derived:

Description: Discharges SOI should classify the patient, based on an discharges diagnoses and procedures, into a standard category of illness severity.

Reference table: Standard 3M Grouper Values

AssociatedIndicator

Short description: Category of diagnosis or procedure.

Primary table: Diagnosis

Linking tables: Procedure

Availability to users: CORE

Type of Data: Categorical

Format:

Length: 2

CHIA derived:

Description: Indicates if the diagnosis or procedure was primary, secondary, admitting, or discharge.

Reference table: Yes

Summary Statistics: No

CODE	DESCRIPTION
A	Admitting
D	Discharge
P	Principal
S	Secondary

AttendingPhysicianNumber

Short description:	ID of the Attending physician.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA derived:	No
Description:	
Reference table:	No

Birthweight

Short description:	The specific birth weight of the newborn recorded in grams.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	NNNN
Length:	4
CHIA derived:	No
Description:	Must be present if type of admission is 'newborn'
Reference table:	No

ClaimCertificateRID

Short description:	Medicaid Recipient Identification Number.
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Date
Format:	
Length:	12
CHIA derived:	No
Description:	
Reference table:	No

CMS_ADM_DRG

Short description:	CMS 35.0 Grouper - Admitting diagnosis related group.
Primary table:	Grouper – CMS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Admitting DRG should classify the patient, based on an admitting diagnoses and procedures, into a standard major diagnostic group.
Reference table:	Standard 3M Grouper Values

CMS_ADM_MDC

Short description:	CMS 35.0 Grouper - Admitting major diagnostic category.
Primary table:	Grouper – CMS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Admitting MDC should classify the patient, based on an admitting diagnoses and procedures, into a standard major diagnostic group. lth factor.
Reference table:	Standard 3M Grouper Values

CMS_ADM_RCD

Short description:	Null grouper field.
Primary table:	Grouper – CMS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	n/a
Reference table:	

CMS_ADM_ROM

Short description:	CMS 35.0 Grouper - Admitting risk of mortality.
Primary table:	Grouper – CMS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Admitting ROM should classify the patient, based on admitting diagnoses and procedures, into a standard category of clinical risk. .
Reference table:	Standard 3M Grouper Values

CMS_ADM_SOI

Short description:	CMS 35.0 Grouper - Admitting risk of mortality
Primary table:	Grouper – CMS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Admitting SOI should classify the patient, based on admitting diagnoses and procedures, into a standard category of illness severity.
Reference table:	Standard 3M Grouper Values

CMS_DIS_DRG

Short description:	CMS 35.0 Grouper - Discharge diagnosis related group
Primary table:	Grouper – CMS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Discharge DRG should classify the patient, based on discharge diagnoses and procedures, into a standard major diagnostic group.

Reference table: Standard 3M Grouper Values

CMS_DIS_MDC

Short description: CMS 35.0 Grouper - Discharge major diagnostic category
Primary table: Grouper – CMS
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length:
CHIA derived:
Description: Discharge MDC should classify the patient, based on discharge diagnoses and procedures, into a standard major diagnostic group groups.
Reference table: Standard 3M Grouper Values

CMS_DIS_RCD

Short description: CHIA Derived data element
Primary table: Grouper – CMS
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length:
CHIA derived:
Description: N/A
Reference table:

CMS_DIS_ROM

Short description: CMS 35.0 Grouper - Discharge risk of mortality
Primary table: Grouper – CMS
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length:
CHIA derived:
Description: Discharge ROM should classify the patient, based on discharge

Reference table: diagnoses and procedures, into a standard category of clinical risk. .
Standard 3M Grouper Values

CMS_DIS_SOI

Short description: CMS 35.0 Grouper - Discharge risk of mortality
Primary table: Grouper – CMS
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length:
CHIA derived:
Description: Discharge SOI should classify the patient, based on an discharge diagnoses and procedures, into a standard category of illness severity.
Reference table: Standard 3M Grouper Values

ConditionPresent

Short description: Flags whether the diagnosis was present on admission.
Primary table: Diagnosis
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length: 2
CHIA derived: No
Description: Indicates the onset of a diagnosis preceded or followed admission. There is a POA indicator for every diagnosis and E-code.
Reference table: Condition Present

ConditionPresentECode

Short description: Flags whether the e-code was present on admission.
Primary table: Discharge
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length: 1
CHIA derived: No

Description: Indicates the onset of a diagnosis preceded or followed admission.
There is a POA indicator for every diagnosis and E-code.

Reference table: [Condition Present](#)

DaysBetweenStays

Short description: Count of stays between admissions.

Primary table: Discharge

Linking tables:

Availability to users: CORE

Type of Data: Continuous

Format:

Length: 4

CHIA derived:

Description: This CHIA calculated field indicates the number of days between each admission and each consecutive admission for applicable patients. That is, a match with the UHIN only is used to make a determination that a patient has been readmitted.

Reference table: No

DHCFPSubmissionFile

Short description: CHIA created field

Primary table: DataSubmissionLog

Linking tables:

Availability to users: CORE

Type of Data: Identifier

Format: VARCHAR

Length:

CHIA derived: No

Description:

Reference table: No

DiagnosisCode

Short description: ICD-10 code for each diagnosis reported by the facility.

Primary table: Diagnosis

Linking tables:

Availability to users: CORE

Type of Data: Categorical

Format:

Length:	7
CHIA derived:	No
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:	The date the patient was discharged from inpatient status in the hospital for this episode of care.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA derived:	No
Description:	Calendar date of discharge from the ED.
Reference table:	No

DischargeDayOfWeek

Short description:	Day of the month on which the patient was discharged from ED.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	DD
Length:	3
CHIA derived:	No
Description:	Calendar day of discharge from ED. Only values between 1 and 31 are valid
Reference table:	No

DischargeMonth

Short description:	Month in which patient was discharged from ED.
Primary table:	Discharge

Linking tables:

Availability to users:	LDS
Type of Data:	Date
Format:	MM
Length:	6
CHIA derived:	No
Description:	Month of discharge from ED. Only two-digit values are valid.
Reference table:	No

DischargePassed

Short description:	CHIA derived field
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	
Reference table:	No

DischargeYear

Short description:	Year in which patient was admitted to hospital.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	YYYY
Length:	4
CHIA derived:	No
Description:	
Reference table:	No

DNRStatus

Short description:	Indicates whether there is an order not to resuscitate the patient
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV

Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	
Description:	A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive from potential or apparent death or that a patient was being treated with comfort measures only.
Reference table:	Yes
Summary Statistics	DNRStatus Frequency

CODE	DESCRIPTION
1	DNR order written
2	Comfort measures only
3	No DNR order or comfort measures ordered

Ecode

Short description:	ICD-10 External Cause code.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	6
CHIA derived:	No
Description:	International Classification of Diseases, 10th Revision, Clinical Modification (ICD) V-codes, and or W-codes, X-codes, or Y-codes (V00-Y99) are used to categorize events and conditions describing the external cause of injuries, poisonings, and adverse effects. Codes adequate to describe the external cause are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings of the ICD-10(S00-T88) or where the ICD-10 codes demonstrate that an additional E-code is appropriate. The principal external cause of injury code shall describe the mechanism that caused the most severe injury, poisoning, or adverse effect. Additional codes used to report place of occurrence or to completely describe the mechanism(s) that contributed to the injury or poisoning or the causal circumstances surrounding

any injury or poisoning are reported in the Diagnosis table. This data element describes the principal external cause of injuries, poisonings, and adverse effects using ICD-9 codes. 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 Diagnosis Codes

EDFlagCode

Short description: Indicates if admission began in the Emergency Department
Primary table: Discharge
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length: 1
CHIA derived: No
Description:
Reference table:
Summary Statistics EFlagCode Frequency

CODE	DESCRIPTION
0	Not admitted from the ED, no ED visit reflected in this record
1	Not admitted from the ED, but ED visit(s) reflected in this record
2	Admitted from the ED

EmergencyDepartmentRegistrationDate:

Short description: Date of patient registration from the hospital's emergency department
Primary table: Discharge
Availability to users: CORE
Type of Data: Categorical

EmergencyDepartmentRegistrationTime

Short description: Time of patient registration from the hospital's emergency department
Primary table: Discharge
Availability to users: CORE
Type of Data: Categorical

EmergencyDepartmentDischargeDate

Short description: Date of patient discharge from the hospital's emergency department
Primary table: Discharge
Availability to users: CORE
Type of Data: Categorical

EmergencyDepartmentDischargeTime

Short description: Time of patient discharge from the hospital's emergency department
Primary table: Discharge
Availability to users: CORE
Type of Data: Categorical

EmployerZipCode

Short description: Zip code of the patient's employer
Primary table: Discharge
Linking tables:
Availability to users: GOV
Type of Data: Zipcode
Format: NNNNNNNNN
Length: 9
CHIA derived: No
Description:
Reference table: No

EmployerZipCode

Short description: Zip code of the patient's employer
Primary table: Discharge
Linking tables:

Availability GOV
to users:
Type of Data: Zipcode
Format: NNNNNNNNN
Length: 9
CHIA No
derived:
Description:
Reference No
table:

ErrorCategory

Short Indicates what the error was on a visit record.
description:
Primary ErrorLog
table:
Linking
tables:
Availability CORE
to users:
Type of Data: Categorical
Format:
Length:
CHIA Yes
derived:
Description: CHIA flag. Used for processing.
Reference No
table:

ErrorDescription:

Short Standardized Description: of the reported error.
description:
Primary ErrorLog
table:
Linking
tables:
Availability CORE
to users:
Type of Data: Categorical

Format:
Length:
CHIA Yes
derived:
Description: CHIA flag. Used for processing.
Reference No
table:

Ethnicity1, Ethncity 2

Short Standardized, facility reported ethnicity.
description:
Primary Discharge
table:
Linking
tables:
Availability LDS
to users:
Type of Data: Categorical
Format:
Length: 6
CHIA No
derived:
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] 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:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	A flag for patients of Hispanic/Latino/Spanish culture or origin regardless of race.
Reference table:	Yes
Summary Statistics	HispanicIndicator Frequency

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:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	This flag indicates that the patient was homeless at the time of visit.
Reference table:	
Summary statistics	HomessIndicator Frequency

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

HospitalBillNo

Short description:	Unique patient billing record.
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Identifier
Format:	VARCHAR
Length:	17
CHIA derived:	No
Description:	Facility unique number associated with all billing for the visit.
Reference table:	No

ICD Indicator

Short description:	ICD version
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	2
CHIA derived:	No
Description:	Indicates if the diagnoses, e-codes, and procedure codes are ICD-10 or ICD-9
Reference table:	Yes

CODE	DESCRIPTION
9	Indicates all the codes in the discharge are ICD-9
0	Indicates all the codes in the discharge are ICD-10

IdOrgFiler

Short description:	ID number of the facility that submitted ED claims.
Primary table:	Discharge
Linking tables:	DataSubmissionLog ErrorLog
Availability to users:	CORE

Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	No
Description:	The Organization ID for the facility that submitted the ED visit data to CHIA.
Reference table:	Organization

IdOrgHosp

Short description:	Facility identifier.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	8
CHIA derived:	No
Description:	The Organization ID for the main facility affiliation.
Reference table:	Organization

IdOrgSite

Short description:	Facility identifier.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	8
CHIA derived:	No
Description:	The Organization ID for the site where the patient received ED care.
Reference table:	Organization

IdOrgTransfer

Short description:	IdOrgTransfer Indicates where patient was transferred from.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE

Type of Data:	Categorical
Format:	
Length:	10
CHIA derived:	No
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:	Organization

Indicator

Short description:	Indicates the order in which facilities submitted Procedure Codes for a visit.
Primary table:	Procedure
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	2
CHIA derived:	No
Description:	Order in which corresponding diagnosis code was submitted to CHIA
Reference table:	No

Indicator

Short description:	Indicates the order in which facilities submitted Diagnosis Codes for a visit.
Primary table:	Diagnosis
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	2
CHIA derived:	No
Description:	Order in which corresponding procedure code was submitted to CHIA
Reference table:	No

LeaveOfAbsenceDays

Short description:	Days patient was absent from hospital stay during admission/discharge period..
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	NNNN
Length:	4
CHIA derived:	No
Description:	If the patient left the hospital during the stay, then this field must indicate how many days the patient was absent during the total length of stay.
Reference table:	No

LegCHIAAttendingPhysicianNumber

Short description:	ID of the Attending physician
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA derived:	No
Description:	
Reference table:	No

LegCHIAOperatingPhysicianP

Short description:	ID of the primary Procedure Physician
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	8
CHIA derived:	No
Description:	
Reference table:	No

LegCHIAOperatingPhysicianP1-P14

Short description:	ID of any other physician who performed a significant procedure on the patient
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA derived:	No
Description:	CHIA identifier of operating physicians 1 through 14. Ordered as reported by hospital in agreement with Significant Procedures 1 through 14.
Reference table:	No

LengthOfStay

Short description:	Count of days in the hospital..
Primary table:	Discharge
Linking tables:	
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.
Reference table:	No

LineNumber

Short description:	CHIA processing field
Primary table:	Service
Linking tables:	Service
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	
CHIA derived:	

Description:
Reference table: No

MedicalRecordNumber

Short description: Admission identifier assigned by the facility
Primary table: Discharge
Linking tables:
Availability to users: GOV-SPEC
Type of Data: Open Text
Format: VARCHAR
Length: 10
CHIA derived: No
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.
Reference table: No

MotherMedicalRecordNumber

Short description: Patient's mother's unique hospital assigned identifier
Primary table: Discharge
Linking tables:
Availability to users: GOV-SPEC
Type of Data: Open Text
Format: VARCHAR
Length: 10
CHIA derived: No
Description: The medical record number assigned within the hospital to the newborn's mother is to be reported for the newborn. The medical record number of the newborn's mother distinguishes the patient's mother and the patient's mother's hospital record(s) from all others in that institution.
Reference table: No

MothersUHIN

Short description: Patient's mother's unique id.
Primary table: Discharge
Linking tables:
Availability to users: LDS

Type of Data:	Open Text
Format:	VARCHAR
Length:	9
CHIA derived:	No
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".
Reference table:	No

NewBornAge

Short description:	Newborn's age in weeks at admission
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	NN
Length:	2
CHIA derived:	Yes
Description:	
Reference table:	No

NumberDischargesFailed

Short description:	CHIA derived error field
Primary table:	DataSubmissionLog
Linking tables:	ErrorLog
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	
CHIA derived:	
Description:	
Reference table:	No

NumberDischargesPassed

Short description:	CHIA derived error field
Primary table:	DataSubmissionLog
Linking tables:	ErrorLog
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	
CHIA derived:	
Description:	
Reference table:	No

NumberOfANDs

Short description:	Total administratively necessary days
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	4
CHIA derived:	No
Description:	The number of days which were deemed clinically unnecessary in accordance with review by the Division of Medical Assistance.
Reference table:	No

NumberOfDiagnosisCodes

Short description:	Count of diagnosis codes in a particular submission.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	3
CHIA derived:	
Description:	
Reference table:	No

NumberOfDischarges

Short description:	Count of discharges in a particular submission.
Primary table:	DataSubmissionLog
Linking tables:	ErrorLog
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	
CHIA derived:	
Description:	
Reference table:	No

NumberOfErrors

Short description:	Count of errors in submission.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	
CHIA derived:	
Description:	
Reference table:	

NumberOfProcedureCodes

Short description:	Count of procedure codes in a particular submission.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	3
CHIA derived:	
Description:	
Reference table:	No

OperatingPhysicianPrincipal

Short description:	ID of the primary operating Physician
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA derived:	No
Description:	
Reference table:	No

OperatingPhysicianSignificant1-14

Short description:	ID of any other physician who operated on the patient
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA derived:	No
Description:	
Reference table:	No

OrgId

Short description:	Unique identifier for ED facility. Linkage across tables and fiscal years.
Primary table:	Org IDS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	No
Description:	ED facility specific identifier.
Reference table:	Yes Error! Reference source not found.

OrgName

Short description:	Name of ED facility.
Primary table:	Org IDS
Linking tables:	DataSubmissionLog ErrorLog
Availability to users:	CORE
Type of Data:	Open Text
CHIA derived:	No
Description:	ED facility specific name.
Reference table:	No

OtherCareGiverCode

Short description:	Indicates if the patient had a caregiver.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
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.
Reference table:	Yes
Summary Statistics	OtherCareGiverCode Frequency

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:	Discharge
Linking tables:	
Availability to users:	GOV
Type of Data:	Open Text
Format:	VARCHAR
Length:	20
CHIA derived:	No
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".
Reference table:	No

OtherRace

Short description:	Non-standard patient race designations.
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV
Type of Data:	Open Text
Format:	VARCHAR
Length:	15
CHIA derived:	No
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".
Reference table:	No

OutpatntObsrvStayFlagCode

Short description:	Indicates admission began in observation unit
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	
Description:	
Reference table:	Yes
Summary Statistics	OutpatientObsrvStayFlagCode Frequency

Passed

Short description:	CHIA processing field
Primary table:	DataSubmissionLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	No
Description:	
Reference table:	No

PatientBirthDate

Short description:	Patient Date of Birth
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA derived:	No
Description:	
Reference table:	No

PatientStatus

Short description:	A code indicating the patient's status upon discharge and/or the destination to which the patient was referred or transferred upon discharge
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	2
CHIA derived:	No
Description:	This field identifies the disposition and destination of the patient after discharge from the Inpatient unit. A small percentage of records are missing the zero used to pad codes 10 thru 18. For example, the entire code might consist of the digit 7, rather than 07. A full list of codes is available in the Reference table:.
Reference table:	Patient Status

PayerCode1

Short description:	Categorical. Standardized payer source code.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	3
CHIA derived:	No
Description:	A standardized source of payment 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:	Payer Source Code

PayerCode2

Short description:	Categorical. Standardized payer source code.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	

Length:	3
CHIA derived:	No
Description:	A standardized source of payment 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:	Payer Source Code

PeriodEndingDate

Short description:	Must be the last day of the quarter for which data is being submitted
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA derived:	No
Description:	
Reference table:	No

PeriodEndingMonth

Short description:	Must be the last month of the quarter for which data is being submitted
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Date
Format:	Mm
Length:	2
CHIA derived:	No
Description:	
Reference table:	No

PeriodEndingYear

Short description:	Must year for which data is being submitted
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	YYYY

Length: 4
CHIA derived: No
Description:
Reference table: No

PeriodStartingDate

Short description: Must be the first day of the quarter for which data is being submitted
Primary table: Discharge
Linking tables:
Availability to users: LDS
Type of Data: Date
Format: YYYYMMDD
Length: 8
CHIA derived: No
Description:
Reference table: No

PeriodStartingMonth

Short description: Must be the first month of the quarter for which data is being submitted
Primary table: Discharge
Linking tables:
Availability to users: LDS
Type of Data: Date
Format: Mm
Length: 2
CHIA derived: No
Description:
Reference table: No

PeriodStartingYear

Short description: Must be the year for which data is being submitted
Primary table: Discharge
Linking tables:
Availability to users: CORE
Type of Data: Date
Format: YYYY
Length: 4
CHIA derived: No

Description:
Reference table: No

PermanentPatientCityLDS

Short description: Permanent city of residence for the patient.
Primary table: Discharge
Linking tables:
Availability to users: LDS
Type of Data: Open Text
Format: VARCHAR
Length: 25
CHIA derived: No
Description: Primary city of residency for patient.
Reference table: No

PermanentPatientCountryLDS

Short description: Permanent country of residence for the patient.
Primary table: Discharge
Linking tables:
Availability to users: CORE
Type of Data: Open Text
Format: VARCHAR
Length: 2
CHIA derived: No
Description: Primary country of residency for patient.
Reference table: No

PermanentPatientStateLDS

Short description: Permanent state of residence for the patient.
Primary table: Discharge
Linking tables:
Availability to users: CORE
Type of Data: Categorical
Format:
Length: 2
CHIA derived: No
Description: Primary state of residency for patient.
Reference table: STATE

PermanentPatientStreetAddress

Short description:	Patient's street address
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Open Text
Format:	VARCHAR
Length:	30
CHIA derived:	No
Description:	Address for patient's permanent residence as provided by the hospital. CHIA does not alter or standardize this field
Reference table:	No

PermanentPatientZIP3CodeLDS

Short description:	3-digit zip code of the patient's permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Zipcode
Format:	NNN
Length:	9
CHIA derived:	No
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. Any additional questions can be addressed by contacting CHIA at CaseMix.data@state.ma.us .
Reference table:	No

PermanentPatientZIP5CodeLDS

Short description:	5-sigit zip code of the patient's permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Zipcode

Format:	NNNNN
Length:	9
CHIA derived:	No
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. Any additional questions can be addressed by contacting CHIA at CaseMix.data@state.ma.us.
Reference table:	No

PermanentPatientZIPCode

Short description:	Patient's zip code
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Zipcode
Format:	NNNNNNNNN
Length:	9
CHIA derived:	
Description:	Zip code of patient's permanent address. CHIA does not alter or standardize the values in this field.
Reference table:	

PreOperativeDays

Short description:	Count of days between admission and procedure
Primary table:	Procedure
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	4
CHIA derived:	
Description:	Calculation of the number of days between admission and the procedure.
Reference table:	

PrimaryConditionPresent

Short description:	Flag indicating that principal condition was present on admission.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	Indicates that principal condition was present on admission.
Reference table:	Condition Present on Admission

PrimaryDiagnosisCode

Short description:	ICD-10 code for the Condition that led to the admission to the ED. ED determined.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	6
CHIA derived:	No
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:	Yes Standard ICD-9 or ICD-10 Diagnosis Codes

PrimaryPayerType

Short description:	Indicates the type of payer
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	
Reference table:	Payer Source Code

Summary Statistics

PrincipalPreoperativeDays

Short description:	Count of days between admission and primary procedure.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	5
CHIA derived:	
Description:	Calculation of the number of days between admission and the procedure.
Reference table:	No

PrincipalProcedureCode

Short description:	ICD-10 code for the most import procedure in the ED visit. ED determined.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	7
CHIA derived:	No
Description:	The chief procedure performed in the ED.
Reference table:	Yes Standard ICD-9 or ICD-10 Procedure Codes

PrincipalProcedureDate

Short description:	Date of the principal procedure was performed
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA derived:	No
Description:	
Reference table:	No

PrincipalProcedureMonth

Short description:	The month in which the principal procedure was performed
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	Mm
Length:	2
CHIA derived:	No
Description:	
Reference table:	No

ProcedureCode

Short description:	ICD-10code for each significant procedure reported by the facility. Up to X Procedures in FY2017.
Primary table:	Procedure
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	7
CHIA derived:	No
Description:	The ICD procedure code usually corresponding to additional procedures which carry an operative or anesthetic risk or require highly trained personnel, special equipment or facilities.
Reference table:	Yes Standard ICD-9 or ICD-10 Procedure Codes

ProcedureCodeDate

Short description:	Date that the procedure was performed
Primary table:	Procedure
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA derived:	No
Description:	
Reference table:	No

Quarter

Short description:	Quarter of submission.
Primary table:	Discharge
Linking tables:	Service Service DataSubmissionLog
Availability to users:	CORE
Type of Data:	Date
Format:	QQ
Length:	8
CHIA derived:	No
Description:	Quarter in which the visit was submitted to CHIA.
Reference table:	No

Race1, Race2

Short description:	Standardized, facility reported race.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Categorical
Format:	
Length:	6
CHIA derived:	No
Description:	Primary race as reported by the provider. CHIA's Provider community utilizes the full list of standard race codes, per Center for Disease Control [http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf] and , and those listed below
Reference table:	Yes

Summary Statistics

Race1, Race2

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

Short description:	Unique per Visit. Key to link from Visit table.
Primary table:	Discharge
Linking tables:	Diagnosis Procedure Service Service Grouped
Availability to users:	CORE
Type of Data:	Identifier
Format:	VARCHAR
Length:	1
CHIA derived:	No
Description:	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.
Reference table:	No

RevenueCode

Short description:	Billing code.
Primary table:	Service
Linking tables:	Service

Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	A numeric code which identifies a particular routine or special care accommodation. The revenue codes are taken from the Uniform Billing (UB) revenue codes and correspond to specific cost centers in the DHC FP-403 cost report.
Reference table:	www.nubc.org (UB-04)

RevenueCodeType

Short description:	Type of Billing code
Primary table:	Service
Linking tables:	Service
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	No
Description:	Category of billing code to allow association with specific billing systems
Reference table:	www.nubc.org (UB-04)

SecondaryPayerType

Short description:	Secondary payer for the visit.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	4
CHIA derived:	No
Description:	Secondary payer for this visit.
Reference table:	Payer Source Code

Sequence

Short description:	Order of hospital visits for a patient
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Primary table:	Service
Linking tables:	Service
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	
CHIA derived:	
Description:	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.
Reference table:	No

SexLDS

Short description:	Indicates gender
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	
Reference table:	Yes (below)

CODE	DESCRIPTION
M	Male
F	Female
U	Unknown

SpecialConditionIndicator

Short description:	
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	
Reference table:	Yes

SubmissionActive

Short description:	CHIA processing field
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	
Reference table:	No

SubmissionControllID

Short description:	Unique per facility-quarter-submission. Key to link from the Visit table .
Primary table:	Discharge
Linking tables:	Service Service DataSubmissionLog ErrorLog

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.
Reference table:	No

SubmissionPassed

Short description:	CHIA flag.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	Yes
Description:	Indicates that visit was submitted to CHIA and passed.
Reference table:	No

SubmissionPassedFlag

Short description:	CHIA derived field
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	4
CHIA derived:	No
Description:	
Reference table:	No

SubmissionQuarter

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

Linking tables:

Availability to users:	CORE
Type of Data:	Date
Format:	
Length:	
CHIA derived:	No
Description:	Quarter in which the visit was submitted to CHIA.
Reference table:	No

SubmissionYear

Short description:	Indicates the year (2016-2017) in which the record was submitted to CHIA.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
CHIA derived:	No
Description:	Year in which the visit was submitted to CHIA.
Reference table:	No

TemporaryPatientCityLDS

Short description:	Current municipality of residence for a patient, if different from permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Open Text
Format:	VARCHAR
Length:	25
CHIA derived:	No
Description:	MA city in which the patient temporarily resides.
Reference table:	No

TemporaryPatientStateLDS

Short description:	Current state of residence for a patient, if different from permanent residence.
Primary table:	Discharge
Linking tables:	

Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	2
CHIA derived:	No
Description:	Indicates "MA" if the patient temporarily resides in Massachusetts.
Reference table:	STATE

TemporaryPatientZip3CodeLDS

Short description:	Current 3-digit zip code of patient residence, if different from permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Zipcode
Format:	NNN
Length:	9
CHIA derived:	No
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.
Reference table:	No

TemporaryPatientZip5CodeLDS

Short description:	Current 5-digit zip code of patient residence, if different from permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Zipcode
Format:	NNNNN
Length:	9

CHIA derived:	No
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.
Reference table:	No

TemporaryPatientZIPCode

Short description:	Patient's zip code
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Zipcode
Format:	NNNNNNNNN
Length:	9
CHIA derived:	
Description:	Zip code of patient's temporary Massachusetts address. CHIA does not alter or standardize the values in this field.
Reference table:	No

TemporaryUSPatientStreetAddress

Short description:	Patient's street address
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Open Text
Format:	VARCHAR
Length:	30
CHIA derived:	No
Description:	Address for patient's temporary, Massachusetts-based, residence as provided by the hospital. CHIA does not alter or standardize this field
Reference table:	No

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
Format:	
Length:	
CHIA derived:	No
Description:	Sum of charges for the visit.
Reference table:	No

TotalChargesAll

Short description:	Hospital charges (all)
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	NNNNNNNN
Length:	8
CHIA derived:	No
Description:	The full, undiscounted charges summarized by specific accommodation revenue code(s). Total charges should not include charges for telephone service, television or private duty nurses. Any charges for a leave of absence period are to be included in the routine accommodation charges for the appropriate service (medical/surgical, psychiatry) from which the patient took the leave of absence. Any other routine admission charges or daily charges under which expenses are allocated to the routine or special care reporting centers on the CHIA-403 must be included in the total charges. This is 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.

Reference table: No

TotalChargesAncillaries

Short description: Hospital ancillary charges
Primary table: Discharge
Linking tables:
Availability to users: CORE
Type of Data: Continuous
Format: NNNNNNNN
Length: 8
CHIA derived: No
Description: The full, undiscounted charges summarized by a specific ancillary service revenue code(s).
Reference table: No

TotalChargesRoutine

Short description: Hospital routine charges
Primary table: Discharge
Linking tables:
Availability to users: CORE
Type of Data: Continuous
Format: NNNNNNNN
Length: 8
CHIA derived: No
Description: The full, undiscounted charges for patient care summarized by prescribed revenue code for routine accommodation services as specified in Inpatient Data Code Tables(3)(a).
Reference table: No

TotalChargesSpecial

Short description: Special charges for hospital services
Primary table: Discharge
Linking tables:
Availability to users: CORE
Type of Data: Continuous

Format:	NNNNNNNN
Length:	8
CHIA derived:	No
Description:	The full, undiscounted charges for patient care summarized by prescribed revenue code for accommodation services in those special care units which provide patient care of a more intensive nature than that provided in the general medical care units, as specified in Inpatient Data Code Tables(3)(b).
Reference table:	No

TransmittalID

Short description:	CHIA created field
Primary table:	DataSubmissionLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Identifier
Format:	VARCHAR
Length:	
CHIA derived:	No
Description:	
Reference table:	No

UHIN

Short description:	Patient's unique id.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
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".

Reference table: No

UHIN_SequenceNo

Short description: Unique patient id created by CHIA
Primary table: Discharge
Linking tables:
Availability to users: LDS
Type of Data: Continuous
Format: VARCHAR
Length: 3
CHIA derived: Yes
Description:
Reference table: No

UnitsOfService

Short description: Number of days with an Accommodation charge
Primary table: Service
Linking tables: Service
Availability to users: CORE
Type of Data: Continuous
Format:
Length:
CHIA derived: No
Description:
Reference table: No

VeteransStatus

Short description:	Indicates veteran status
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	
Reference table:	Yes (below)

CODE	DESCRIPTION
1	YES
2	NO (includes never in military, currently inactive duty, national guard or reservist with 6 months or less active duty)
3	Not applicable
4	Not Determined (unable to obtain information)

Year

Short description:	Indicates year of submission.
Primary table:	Discharge
Linking tables:	Service Service DataSubmissionLog
Availability to users:	CORE
Type of Data:	Date
Format:	YY
Length:	8
CHIA derived:	No
Description:	Calendar Year the data was submitted.
Reference table:	No

Longer Reference Tables

FY2017 HIDD 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.

Table 1. ADSOURCE

Principal Data Element	AdmissionSourceCode1
Other Data Elements	AdmissionSourceCode2
Rules	All other values are invalid
Last Updated	12/7/2017

CODE	DESCRIPTION
0	Information Not Available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral/HMO Referral
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
R	Inside Hospital ER Transfer
T	Transfer from Another Institution's Ambulatory Surgery (SDS)
W	Extramural Birth
X	Observation
Y	Within Hospital Ambulatory Surgery Transfer (SDS Transfer)
SRCADM CODE	FOR NEWBORN:
0	Information not Available
1	Normal Delivery
2	Premature Delivery
3	Sick Baby
4	Extramural Birth

Table 2. CONDITION PRESENT

Principal Data Element	PrimaryConditionPresent
Other Data Elements	ConditionPresent ConditionPresentECode
Rules	All other values invalid.
Last Updated	1/31/2017

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-9-CM or ICD-10-CM codes for POA flag)
[Blank]	Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM or ICD-10-CM codes for POA flag)

Table 2. PATIENT STATUS

Look-up Table	<i>Patient Status</i>
Principal Data Element	PatientStatus
Other Data Elements	
Rules	All other values invalid.
Last Updated	1/30/2017

CODE	DESCRIPTION
1	Discharged/transferred to home or self-care (routine discharge)
2	Discharged/transferred to another short-term general hospital for inpatient care
3	Discharged, transferred to Skilled Nursing Facility (SNF)
4	Discharged/transferred to an Intermediate Care Facility (ICF)
5	Discharged/transferred to a Designated cancer Center or Children's Hospital.
6	Discharged/transferred to home under care of organized home health service organization
7	Left against medical advice (AMA)
8	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
9	Not allowed in the MA Hospital Inpatient Discharge Data
12	Discharge Other

13	Discharge/transfer to rehab hospital
14	Discharge/transfer to rest home
15	Discharge to Shelter
20	Expired (or did not recover - Christian Science Patient)
50	Discharged to Hospice - Home
51	Discharged to Hospice Medical Facility
43	Discharged/transferred to federal healthcare facility
61	Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital.
63	Discharge/transfer to a Medicare certified long term care hospital.
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part unit of a hospital.
66	Discharged/transferred to a Critical Access Hospital (CAH).
70	Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this Code List
81	Discharged to home or self-care with a planned acute care hospital inpatient readmission
82	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
84	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission
85	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
87	Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission
88	Discharged/transferred to a federal health care facility with a planned acute care hospital

	inpatient readmission
89	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
91	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
92	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission
93	Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
94	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission

Table 3. PAYER TYPE

Principal Data Element	PayerType
Other Data Elements	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

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

Table 4. PAYMENT SOURCE

Principal Data Element **PayerCode1**
 Other Data Elements PayerCode2
 PrimaryPayerType
 SecondaryPayerType
 Rules All other values are invalid
 Some codes are valid as Secondary Source of Payment
 Last Updated 12/7/2017

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
1	Harvard Community Health Plan	8	HMO

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

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
36	United Healthcare Insurance Company - PPO	D	Commercial Managed Care
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health New England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
42	ConnectiCare Of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue CHiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
50	Blue Health Plan for Kids	6	Blue Cross
51	Aetna Life Insurance	7	Commercial Insurance
52	Boston Mutual Insurance	7	Commercial Insurance
54	Continental Assurance Insurance	7	Commercial Insurance
55	Guardian Life Insurance	7	Commercial Insurance
56	Hartford L&A Insurance	7	Commercial Insurance
57	John Hancock Life Insurance	7	Commercial Insurance
58	Liberty Life Insurance	7	Commercial Insurance
59	Lincoln National Insurance	7	Commercial Insurance
62	Mutual of Omaha Insurance	7	Commercial Insurance
63	New England Mutual Insurance	7	Commercial Insurance
64	New York Life Care Indemnity	7	Commercial Insurance
65	Paul Revere Life Insurance	7	Commercial Insurance

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
66	Prudential Insurance	7	Commercial Insurance
67	First Allmerica Financial Life Insurance	7	Commercial Insurance
69	Corporate Health Insurance Liberty Plan	7	Commercial Insurance
70	Union Labor Life Insurance	7	Commercial Insurance
71	ADMAR	E	PPO and Other Managed Care Plans Not Elsewhere Classified
72	Healthsource New Hampshire	7	Commercial Insurance
73	United Health and Life	7	Commercial Insurance
74	United Healthcare Insurance Company	7	Commercial Insurance
75	Prudential Healthcare HMO	D	Commercial Managed Care
77	Options for Healthcare PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
78	Phoenix Preferred PPO	D	Commercial Managed Care
79	Pioneer Health Care PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
80	Tufts Total Health Plan PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
81	HMO Blue	C	Blue Cross Managed Care
82	John Hancock Preferred	D	Commercial Managed Care
83	US Healthcare Quality Network Choice- PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
84	Private Healthcare Systems PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
85	Liberty Mutual	7	Commercial Insurance
86	United Health & Life PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
87	CIGNA PPO	D	Commercial Managed Care
88	Freedom Care	E	PPO and Other Managed Care Plans Not Elsewhere Classified
89	Great West/NE Care	7	Commercial Insurance
90	Healthsource Preferred (self-funded)	E	PPO and Other Managed Care Plans Not Elsewhere Classified
91	New England Benefits	7	Commercial Insurance
93	Psychological Health Plan	E	PPO and Other Managed Care Plans Not Elsewhere Classified

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
94	Time Insurance Co	7	Commercial Insurance
95	Pilgrim Select - PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
96	Metrahealth (United Health Care of NE)	7	Commercial Insurance
97	UniCare	7	Commercial Insurance
98	Healthy Start	9	Free Care
99	Other POS (not listed elsewhere)	J	Point-of-Service Plan
100	Transport Life Insurance	7	Commercial Insurance
101	Quarto Claims	7	Commercial Insurance
102	Wausau Insurance Company	7	Commercial Insurance
103	Medicaid (includes MassHealth)	4	Medicaid
104	Medicaid Managed Care-Primary Care Clinician	B	Medicaid Managed Care
106	Medicaid Managed Care-Central Mass Health Care	B	Medicaid Managed Care
107	Medicaid Managed Care - Community Health Plan	B	Medicaid Managed Care
108	Medicaid Managed Care - Fallon Community Health Plan	B	Medicaid Managed Care
109	Medicaid Managed Care - Harvard Community Health Plan	B	Medicaid Managed Care
110	Medicaid Managed Care - Health New England	B	Medicaid Managed Care
111	Medicaid Managed Care - HMO Blue	B	Medicaid Managed Care
112	Medicaid Managed Care - Kaiser Foundation Plan	B	Medicaid Managed Care
113	Medicaid Managed Care - Neighborhood Health Plan	B	Medicaid Managed Care
114	Medicaid Managed Care - United Health Plans of NE	B	Medicaid Managed Care
115	Medicaid Managed Care - Pilgrim Health Care	B	Medicaid Managed Care
116	Medicaid Managed Care -Tufts Associated Health Plan	B	Medicaid Managed Care
118	Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership	B	Medicaid Managed Care
119	Medicaid Managed Care Other (not listed elsewhere)	B	Medicaid Managed Care
120	Out-of-State Medicaid	5	Other Government Payment

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
121	Medicare	3	Medicare
125	Medicare HMO - Fallon Senior Plan	F	Medicare Managed Care
127	Medicare HMO - Health New England Medicare Wrap	F	Medicare Managed Care
127	Medicare HMO -Health New England Medicare Wrap	F	Medicare Managed Care
128	Medicare HMO - HMO Blue for Seniors	F	Medicare Managed Care
128	Medicare HMO -HMO Blue for Seniors	F	Medicare Managed Care
129	Medicare HMO - Kaiser Medicare Plus Plan	F	Medicare Managed Care
129	Medicare HMO-Kaiser Medicare Plus Plan	F	Medicare Managed Care
131	Medicare HMO - Pilgrim Enhance 65	F	Medicare Managed Care
131	Medicare HMO-Pilgrim Enhance 65	F	Medicare Managed Care
132	Medicare HMO - Matthew Thornton Senior Plan	F	Medicare Managed Care
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	Medicare Managed Care
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	Medicare Managed Care
134	Medicare HMO - Other (not listed elsewhere)	F	Medicare Managed Care
135	Out-of-State Medicare	3	Medicare
136	BCBS Medex	6	Blue Cross
136	BCBS Medex	6	Blue Cross
137	AARP/Medigap supplement	7	Commercial Insurance
137	AARP/Medigap Supplement	7	Commercial Insurance
138	Banker's Life and Casualty Insurance	7	Commercial Insurance
138	Banker's Life and Casualty Insurance	7	Commercial Insurance
139	Bankers Multiple Line	7	Commercial Insurance
139	Bankers Multiple Line	7	Commercial Insurance
140	Combined Insurance Company of America	7	Commercial Insurance
140	Combined Insurance Company of America	7	Commercial Insurance
141	Other Medigap (not listed elsewhere)	7	Commercial Insurance

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
141	Other Medigap (not listed elsewhere) ***	7	Commercial Insurance
142	Blue Cross Indemnity	6	Blue Cross
143	Free Care	9	Free Care
144	Other Government	5	Other Government Payment
145	Self-Pay	1	Self Pay
146	Worker's Compensation	2	Worker's Compensation
147	Other Commercial (not listed elsewhere)	7	Commercial Insurance
148	Other HMO (not listed elsewhere)	8	HMO
149	PPO and Other Managed Care (not listed elsewhere)	E	PPO and Other Managed Care Plans Not Elsewhere Classified
150	Other Non-Managed Care (not listed elsewhere)	0	Other Non-Managed Care Plans
151	CHAMPUS	5	Other Government Payment
152	Foundation	0	Other Non-Managed Care Plans
153	Grant	0	Other Non-Managed Care Plans
154	BCBS Other (Not listed elsewhere)	6	Blue Cross
155	Blue Cross Managed Care Other	C	Blue Cross Managed Care
156	Out of state BCBS	6	Blue Cross
157	Metrahealth - PPO (United Health Care of NE)	D	Commercial Managed Care
158	Metrahealth - HMO (United Health Care of NE)	D	Commercial Managed Care
159	None (Valid only for Secondary Source of Payment)	N	None (Valid only for Secondary Source of Payment)
160	Blue Choice (includes Healthflex Blue) - POS	C	Blue Cross Managed Care
161	Aetna Managed Choice POS	D	Commercial Managed Care
162	Great West Life POS	D	Commercial Managed Care
163	United Healthcare Insurance Company - POS	D	Commercial Managed Care
164	Healthsource CMHC Plus POS	J	Point-of-Service Plan
165	Healthsource New Hampshire POS (self-funded)	J	Point-of-Service Plan
166	Private Healthcare Systems POS	J	Point-of-Service Plan

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
167	Fallon POS	J	Point-of-Service Plan
169	Kaiser Added Choice	J	Point-of-Service Plan
170	US Healthcare Quality POS	J	Point-of-Service Plan
171	CIGNA POS	D	Commercial Managed Care
172	Metrahealth - POS (United Health Care of NE)	D	Commercial Managed Care
173	Aetna Medicare Open	F	Medicare Managed Care
174	Aetna Health Inc. - Quality POS	8	HMO
175	Aetna Health, Inc. - HMO	8	HMO
176	Carelink (CIGNA & Tufts)	7	Commercial Insurance
177	Chesapeake Life Insurance Company	7	Commercial Insurance
178	Children's Medical Security Plan (CMSP)	5	Other Government Payment
179	First Health Life and Health Insurance Company	7	Commercial Insurance
180	Fresenius Medical Care Health Plan (Medicare Advantage Plan)	F	Medicare Managed Care
181	First Allmerica Financial Life Insurance EPO	D	Commercial Managed Care
182	UniCare Preferred Plus Managed Access EPO	D	Commercial Managed Care
183	Pioneer Health Care EPO	K	Exclusive Provider Organization
184	Private Healthcare Systems EPO	K	Exclusive Provider Organization
185	Connecticut General Life - Indemnity	7	Commercial Insurance
186	Connecticut General Life - POS	J	Point-of-Service Plan
187	Connecticut General Life - PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
188	Fallon Flex POS	J	Point-of-Service Plan
189	Fallon Major Medical - Indemnity	7	Commercial Insurance
190	Fallon Preferred Care - PPO	D	Commercial Managed Care
191	Genworth Preferred PPO	D	Commercial Managed Care
192	Guarantee Trust Life Insurance Company - PPO	D	Commercial Managed Care
193	Harvard Pilgrim - Indemnity	7	Commercial Insurance

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
194	Harvard Pilgrim - POS	8	HMO
195	Harvard Pilgrim - PPO	8	HMO
196	Harvard Pilgrim Health Care, Inc. (HMO)	8	HMO
197	Health Insurance Plan of New York (HIP)	7	Commercial Insurance
198	John Alden Life Insurance Company	7	Commercial Insurance
199	Other EPO (not listed elsewhere)	K	Exclusive Provider Organization
200	Hartford Life Insurance Co	7	Commercial Insurance
200	Hartford Life Insurance co.	7	Commercial Insurance
201	Mutual of Omaha	7	Commercial Insurance
201	Mutual of Omaha	7	Commercial Insurance
202	New York Life Insurance	7	Commercial Insurance
202	New York Life Insurance Company	7	Commercial Insurance
203	Principal Financial Group (Principal Mutual Life)	7	Commercial Insurance
204	Christian Brothers Employee	7	Commercial Insurance
205	Health New England Select Premier PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
206	Health New England Guaranteed Issue - Individual Plans	7	Commercial Insurance
207	Network Health (Cambridge Health Alliance MCD Program)	B	Medicaid Managed Care
208	HealthNet (Boston Medical Center MCD Program)	B	Medicaid Managed Care
209	Mid-West National Life Insurance Company of Tennessee	7	Commercial Insurance
210	Medicare HMO - Pilgrim Preferred 65	F	Medicare Managed Care
210	Medicare HMO-Pilgrim Preferred 65	F	Medicare Managed Care
211	Medicare HMO - Neighborhood Health Plan Senior Health Plus	F	Medicare Managed Care
211	Neighborhood Health Plan Senior Health Plus	F	Medicare Managed Care
212	Medicare HMO - Healthsource CMHC Central Care Supplement	F	Medicare Managed Care
212	Medicare HMO - Healthsource CMHC Central Care Supplement	F	Medicare Managed Care

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
213	Medicare HMO - Medicare Complete Plans offered by SecureHorizons	F	Medicare Managed Care
214	Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance	F	Medicare Managed Care
215	Tufts Medicare HMO - Medicare Preferred	F	Medicare Managed Care
216	Medicare Special Needs Plan - Commonwealth Care Alliance	F	Medicare Managed Care
217	Medicare Special Needs Plan - Fallon Community Health Plan	F	Medicare Managed Care
218	Medicare Special Needs Plan - Senior Whole Health	F	Medicare Managed Care
219	Medicare Special Needs Plan - United Health Group Evercare Mass. SCO and Evercare Plan IP	F	Medicare Managed Care
220	Medicare HMO - Blue Care 65	F	Medicare Managed Care
221	Medicare HMO - Harvard Community Health Plan 65	F	Medicare Managed Care
222	Medicare HMO - Healthsource CMHC	F	Medicare Managed Care
223	Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus	F	Medicare Managed Care
224	Medicare HMO - Tufts Secure Horizons	F	Medicare Managed Care
225	Medicare HMO - US Healthcare	F	Medicare Managed Care
226	United Health Care of New England, Inc.	D	Commercial Managed Care
227	Northeast Health Direct - PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
228	Oxford Health Plans	7	Commercial Insurance
229	Profesional Insurance Company (Indemnity)	7	Commercial Insurance
230	Medicare HMO - HCHP First Seniority	F	Medicare Managed Care
231	Medicare HMO - Pilgrim Prime	F	Medicare Managed Care
232	Medicare HMO - Seniorcare Direct	F	Medicare Managed Care
233	Medicare HMO - Seniorcare Plus	F	Medicare Managed Care
234	Medicare HMO - Managed Blue for Seniors	F	Medicare Managed Care
235	Trustmark Life Insurance Company	7	Commercial Insurance
236	Tufts Health Maintenance Organization, Inc. (TAHMO)	8	HMO
237	Tufts Insurance Company PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
238	Tufts Associated Health Maintenance Organization, Inc. PPO	8	HMO
239	Tufts Associated Health Maintenance Organization, Inc. POS Plan	8	HMO
240	Unicare PPO	E	PPO and Other Managed Care Plans Not Elsewhere Classified
241	Union Security Insurance Company	7	Commercial Insurance
242	Wellcare Health Plans, Inc.	7	Commercial Insurance
243	Pioneer Health Network	8	HMO
244	Tufts Medicare Complement (TMC)	7	Commercial Insurance
245	Trail Blazer Health Enterprises, LLC	F	Medicare Managed Care
246	Preferred Blue PPO	C	Blue Cross Managed Care
247	Humana Insurance Company **	7	Commercial Insurance
248	Mail Handlers Benefit Plan	7	Commercial Insurance
249	MEGA Life and Health Insurance Company	7	Commercial Insurance
250	CIGNA HMO	D	Commercial Managed Care
251	Healthsource CMHC HMO	8	HMO
252	Health New England (HNE) Medicare Advantage Plan	F	Medicare Managed Care
253	Blue Medicare PFFS	F	Medicare Managed Care
254	Cigna Medicare Access Plans	F	Medicare Managed Care
255	Health Net Pearl	F	Medicare Managed Care
256	Humana Gold PFFS	F	Medicare Managed Care
257	Today's Options Premier from Universal American	F	Medicare Managed Care
258	Unicare Security Choice	F	Medicare Managed Care
259	CeltiCare Health Plan of Massachusetts	8	HMO
270	UniCare Preferred Plus PPO	D	Commercial Managed Care
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	Auto Insurance
273	MassHealth Senior Care Options****	F	Medicare Managed Care

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
274	Medicaid Managed Care - Network Health	B	Medicaid Managed Care
275	Medicare SCO - NaviCare (HMO)	F	Medicare Managed Care
276	Medicare SCO - Tufts Senior Care Options	F	Medicare Managed Care
277	Medicare SCO - United Health Care	F	Medicare Managed Care
278	Medicare SCO - Commonwealth Care Alliance	F	Medicare Managed Care
279	Medicare One Care - Fallon Total Care	F	Medicare Managed Care
280	Medicare One Care - Network Health	F	Medicare Managed Care
281	Medicare One Care - Commonwealth Care Alliance	F	Medicare Managed Care
282	BMC MassHealth CarePlus	B	Medicaid Managed Care
283	Fallon MassHealth CarePlus	B	Medicaid Managed Care
284	NHP MassHealth CarePlus	B	Medicaid Managed Care
285	Network Health MassHealth CarePlus	B	Medicaid Managed Care
286	Celticare MassHealth CarePlus	B	Medicaid Managed Care
287	MassHealth CarePlus	B	Medicaid Managed Care
288	Boston Medical Center HealthNet ConnectorCare	Q	Commonwealth Care/ConnectorCare Plans
289	CeltiCareConnectorCare	Q	Commonwealth Care/ConnectorCare Plans
290	Fallon ConnectorCare	Q	Commonwealth Care/ConnectorCare Plans
291	Health New England ConnectorCare	Q	Commonwealth Care/ConnectorCare Plans
292	Minuteman Health ConnectorCare	Q	Commonwealth Care/ConnectorCare Plans
293	Neighborhood Health ConnectorCare	Q	Commonwealth Care/ConnectorCare Plans
294	Network Health ConnectorCare	Q	Commonwealth Care/ConnectorCare Plans
295	Meritain	8	HMO
300	CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification	Q	Commonwealth Care/ConnectorCare Plans
301	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I	Q	Commonwealth Care/ConnectorCare Plans
302	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II	Q	Commonwealth Care/ConnectorCare Plans

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
303	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III	Q	Commonwealth Care/ConnectorCare Plans
304	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type IV	Q	Commonwealth Care/ConnectorCare Plans
400	CommCare: Cambridge Network Health Forward – General Classification	Q	Commonwealth Care/ConnectorCare Plans
401	CommCare: Cambridge Network Health Forward – Plan Type I	Q	Commonwealth Care/ConnectorCare Plans
402	CommCare: Cambridge Network Health Forward – Plan Type II	Q	Commonwealth Care/ConnectorCare Plans
403	CommCare: Cambridge Network Health Forward – Plan Type III	Q	Commonwealth Care/ConnectorCare Plans
404	CommCare: Cambridge Network Health Forward – Plan Type IV	Q	Commonwealth Care/ConnectorCare Plans
500	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification	Q	Commonwealth Care/ConnectorCare Plans
501	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077)	Q	Commonwealth Care/ConnectorCare Plans
502	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220)	Q	Commonwealth Care/ConnectorCare Plans
503	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221)	Q	Commonwealth Care/ConnectorCare Plans
504	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 4 (Group No. 4455222)	Q	Commonwealth Care/ConnectorCare Plans
600	CommCare: Neighborhood Health Plan– General Classification	Q	Commonwealth Care/ConnectorCare Plans
601	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1)	Q	Commonwealth Care/ConnectorCare Plans
602	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2)	Q	Commonwealth Care/ConnectorCare Plans
603	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3)	Q	Commonwealth Care/ConnectorCare Plans
604	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4)	Q	Commonwealth Care/ConnectorCare Plans
700	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care General Classification	Q	Commonwealth Care/ConnectorCare Plans
701	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 1	Q	Commonwealth Care/ConnectorCare Plans
702	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 2	Q	Commonwealth Care/ConnectorCare Plans
703	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 3	Q	Commonwealth Care/ConnectorCare Plans

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
704	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care Bridge Program	Q	Commonwealth Care/ConnectorCare Plans
800	Aetna Dental	Z	Dental Plans
801	Aflac	Z	Dental Plans
802	AllState	Z	Dental Plans
803	Altus Dental	Z	Dental Plans
804	Ameritas Life Insurance Corp	Z	Dental Plans
805	Anthem Blue Cross Blue Shield	Z	Dental Plans
806	Assurant	Z	Dental Plans
807	Blue Cross Blue Shield of MA	Z	Dental Plans
808	Blue Cross Blue Shield of RI	Z	Dental Plans
809	Children's Medical Security	Z	Dental Plans
810	Cigna Dental	Z	Dental Plans
811	Creative Plan Dental Administrators	Z	Dental Plans
812	Delta Dental of MA	Z	Dental Plans
813	Delta Dental - Other	Z	Dental Plans
814	Delta Dental of New York	Z	Dental Plans
815	DentaQuest Commonwealth Care	Z	Dental Plans
816	DentaQuest MassHealth	Z	Dental Plans
817	DentaQuest Senior Whole Health	Z	Dental Plans
818	EverCare Dental	Z	Dental Plans
819	Fallon Health Plan	Z	Dental Plans
820	Great West Dental	Z	Dental Plans
821	Guardian Dental	Z	Dental Plans
822	Harvard Pilgrim Health Care	Z	Dental Plans
823	MetLife Dental	Z	Dental Plans

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
824	Principal Plan Dental	Z	Dental Plans
825	Unicare Dental	Z	Dental Plans
826	United Concordia	Z	Dental Plans
827	United HealthCare: Dental	Z	Dental Plans
828	Alicare	Z	Dental Plans
829	Adventist Risk Management INC	Z	Dental Plans
830	Blue Cross Blue Shield of Texas	Z	Dental Plans
831	Brokers National Life insurance	Z	Dental Plans
832	Cba Blue Dental	Z	Dental Plans
833	Chesterfield Resources	Z	Dental Plans
834	Companion Life insurance	Z	Dental Plans
835	Dental Health Alliance	Z	Dental Plans
836	EBS Benefit Solutions	Z	Dental Plans
837	Empire Blue Cross	Z	Dental Plans
838	Excellus Blue cross	Z	Dental Plans
839	Fortis	Z	Dental Plans
840	GEHA Connection Dental	Z	Dental Plans
841	GHI	Z	Dental Plans
842	Lincoln Financial Group	Z	Dental Plans
843	London Health Administrators	Z	Dental Plans
844	Midwest Life Insurance	Z	Dental Plans
845	Premier Access Dental Plans	Z	Dental Plans
846	Sentry Life Insurance	Z	Dental Plans
847	Sonoco	Z	Dental Plans
848	Sun Life Dental Benefits	Z	Dental Plans
849	Symetra Life Insurance Company	Z	Dental Plans

PAYER SOURCE CODE	PAYER SOURCE DEFINITION	PAYER TYPE CODE	PAYERCATEGORY
850	Tricare Dental	Z	Dental Plans
851	Dentemax Insurance	Z	Dental Plans
901	Other Commercial Managed Care (not listed elsewhere)	D	Commercial Managed Care
902	Other Dental (not listed elsewhere)	Z	Dental Plans
903	Unlisted International Source	0	Other Non-Managed Care Plans
904	Unlisted Military Source	5	Other Government Payment
905	Other Connector Care Plan (not listed elsewhere)	Q	Commonwealth Care/ConnectorCare Plans
990	Free Care - Co-pay, Deductible, or Co-Insurance	9	Free Care
995	Health Safety Net Office	H	Health Safety Net
996	Charity Care	9	Free 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
131	Medicare HMO-Pilgrim Enhance 65
210	Medicare HMO-Pilgrim Preferred 65

VALID AS SECONDARY SOURCE PAYER CODE

PAYER SOURCE DEFINITION

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 5. REVENUE

Principal Data Element **RevenueCode**
 Other Data Elements RevenueCodeType
 Rules All other values are invalid

REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE
1 Medical/Surgical	111 (Includes codes: 0111, 0121, 0131, 0141, and 0151.)	Days	Routine
2 Obstetrics	112 (Includes codes: 0112, 0122, 0132, 0142, and 0152.)	Days	Routine
3 Pediatrics	113 (Includes codes: 0113, 0123, 0133, 0143, and 0153.)	Days	Routine
4 Psychiatric	114 (Includes codes: 0114, 0124, 0134, 0144, and 0154.)	Days	Routine
5 Hospice	115 (Includes codes: 0115, 0125, 0135, 0145, and 0155.)	Days	Routine
6 Detoxification	116 (Includes codes: 0116, 0126, 0136, 0146, and 0156.)	Days	Routine
7 Oncology	117 (Includes codes: 0117, 0127, 0137, 0147, and 0157.)	Days	Routine
1 Neo-natal ICU	175 (Includes codes: 0173 & 0174.)	Days	Special Care
2 Medical/Surgical ICU	200 (Includes codes: 0201 & 0202.)	Days	Special Care
3 Pediatric ICU	203	Days	Special Care
4 Psychiatric ICU	204	Days	Special Care
5 Intermediate ICU	206	Days	Special Care
6 Burn Unit	207	Days	Special Care
7 Trauma ICU	208	Days	Special Care
8 Other ICU	209	Days	Special Care

REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE	
9	Coronary Care Unit	210	Days	Special Care
10	Myocardial Infarction	211	Days	10
11	Pulmonary Care	212	Days	11
12	Heart Transplant	213	Days	12
13	Post Coronary Care	214	Days	13
14	Other Coronary Care	219	Days	14
1	Special Charges	220	Zeros	1
2	Incremental Nursing Charge Rate	230	Zeros	2
3	All Inclusive Ancillary	240	Zeros	3
4	Pharmacy	250	Zeros	4
5	IV Therapy	260	Zeros	5
6	Medical/Surgical Supplies and Devices	270	Zeros	6
7	Oncology	280	Zeros	7
8	Durable Medical Equipment	290	Zeros	8
9	Laboratory	300	Zeros	9
10	Laboratory Pathological	310	Zeros	10
11	Diagnostic Radiology	320	Zeros	Ancillary Services
12	Therapeutic Radiology	330	Zeros	Ancillary Services
13	Nuclear Medicine	340	Zeros	Ancillary Services
14	CT Scan	350	Zeros	Ancillary Services
15	Operating Room Services	360	Zeros	Ancillary Services
16	Anesthesia	370	Zeros	Ancillary Services
17	Blood	380	Zeros	Ancillary Services
18	Blood and Blood Component Administration, Processing and Storage	390	Zeros	Ancillary Services
19	Other Imaging Services	400	Zeros	Ancillary Services

REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE	
20	Respiratory Services	410	Zeros	Ancillary Services
21	Physical Therapy	420	Zeros	Ancillary Services
22	Occupational Therapy	430	Zeros	Ancillary Services
23	Speech-Language Pathology	440	Zeros	Ancillary Services
24	Emergency Room	450	Zeros	Ancillary Services
25	Pulmonary Function	460	Zeros	Ancillary Services
26	Audiology	470	Zeros	Ancillary Services
27	Cardiology	480	Zeros	Ancillary Services
28	Ambulatory Surgical Care	490	Zeros	Ancillary Services
29	Outpatient Services	500	Zeros	Ancillary Services
30	Clinics	510	Zeros	Ancillary Services
31	Free-Standing Clinic	520	Zeros	Ancillary Services
32	Osteopathic Services	530	Zeros	Ancillary Services
33	Ambulance	540	Zeros	Ancillary Services
34	Skilled Nursing	550	Zeros	Ancillary Services
35	Medical Social Services	560	Zeros	Ancillary Services
36	Home Health Aide	570	Zeros	Ancillary Services
37	Other Visits (Home Health)	580	Zeros	Ancillary Services
38	Units of Service	590	Zeros	Ancillary Services
39	Oxygen (Home Health)	600	Zeros	Ancillary Services
40	Magnetic Resonance Technology (MRT)	610	Zeros	Ancillary Services
41	Medical/Surgical Supplies - Extension of 270	620	Zeros	Ancillary Services
42	Pharmacy – Extension of 0250	630	Zeros	Ancillary Services
43	Home IV Therapy Services	640	Zeros	Ancillary Services
44	Hospice Service	650	Zeros	Ancillary Services

REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE	
45	Respite Care	660	Zeros	Ancillary Services
46	Outpatient Special Residence Charges	670	Zeros	Ancillary Services
47	Trauma Response	680	Zeros	Ancillary Services
48	Not Assigned	690	n/a	Ancillary Services
49	Cast Room	700	Zeros	Ancillary Services
50	Recovery Room	710	Zeros	Ancillary Services
51	Labor Room/Delivery	720	Zeros	Ancillary Services
52	EKG/ECG (Electrocardiogram)	730	Zeros	Ancillary Services
53	EEG (Electroencephalogram)	740	Zeros	Ancillary Services
54	Gastro-Intestinal Services	750	Zeros	Ancillary Services
55	General Treatment or Observation Room	760	Zeros	Ancillary Services
56	Treatment Room	761	Zeros	Ancillary Services
57	Observation Room	762	Hours	Ancillary Services
58	Other Observation Room	769	Hours	Ancillary Services
59	Preventative Care Services	770	Zeros	Ancillary Services
60	Telemedicine	780	Zeros	Ancillary Services
61	Extra-corporeal Shock Wave Treatment (formerly Lithotripsy)	790	Zeros	Ancillary Services
62	Inpatient Renal Dialysis	800	Zeros	Ancillary Services
63	Acquisition of Body Components	810	Zeros	Ancillary Services
64	Hemodialysis - Outpatient or Home	820	Zeros	Ancillary Services
65	Peritoneal Dialysis - Outpatient or Home	830	Zeros	Ancillary Services
66	Continuous Ambulatory Peritoneal Dialysis - Outpatient or Home	840	Zeros	Ancillary Services
67	Continuous Cycling Peritoneal Dialysis - Outpatient or Home	850	Zeros	Ancillary Services
68	Invalid (Reserved for Dialysis - National Assignment)	860	n/a	Ancillary Services

REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE	
69	Invalid (Reserved for Dialysis - National Assignment)	870	n/a	Ancillary Services
55	General Treatment or Observation Room	760	Zeros	Ancillary Services
56	Treatment Room	761	Zeros	Ancillary Services
57	Observation Room	762	Hours	Ancillary Services
58	Other Observation Room	769	Hours	Ancillary Services
59	Preventative Care Services	770	Zeros	Ancillary Services
60	Telemedicine	780	Zeros	Ancillary Services
61	Extra-corporeal Shock Wave Treatment (formerly Lithotripsy)	790	Zeros	Ancillary Services
62	Inpatient Renal Dialysis	800	Zeros	Ancillary Services
63	Acquisition of Body Components	810	Zeros	Ancillary Services
64	Hemodialysis - Outpatient or Home	820	Zeros	Ancillary Services
65	Peritoneal Dialysis - Outpatient or Home	830	Zeros	Ancillary Services
66	Continuous Ambulatory Peritoneal Dialysis - Outpatient or Home	840	Zeros	Ancillary Services
67	Continuous Cycling Peritoneal Dialysis - Outpatient or Home	850	Zeros	Ancillary Services
68	Invalid (Reserved for Dialysis - National Assignment)	860	n/a	Ancillary Services
69	Invalid (Reserved for Dialysis - National Assignment)	870	n/a	Ancillary Services
70	Miscellaneous Dialysis	880	Zeros	Ancillary Services
71	Reserved for National Assignment	890	Zeros	Ancillary Services
72	Behavioral Health Treatments/Services	900	Zeros	Ancillary Services
73	Behavioral Health Treatments/Services	910	Zeros	Ancillary Services
74	Other Diagnostic Services	920	Zeros	Ancillary Services
75	Medical Rehabilitation Day Program	930	n/a	Ancillary Services

REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE	
76	Other Therapeutic Services	940	Zeros	Ancillary Services
77	Other Therapeutic Services – Extension of 0940	950	Zeros	Ancillary Services
78	Professional Fees	960 (Includes codes: 0960, 0961, 0962, 0963, 0964, and 0969.)	Zeros	Ancillary Services
79	Professional Fees	970 (Includes codes: 0970, 0971, 0972, 0973, 0974, 0975, 0976, 0977, 0978, and 0979.)	Zeros	Ancillary Services
80	Professional Fees	980 (Includes codes: 0980, 0981, 0982, 0983, 0984, 0985, 0986, 0987, 0988, and 0989.)	Zeros	Ancillary Services
81	Patient Convenience Items	990	Zeros	Ancillary Services
82	Behavioral Health Accommodations	1000	Zeros	Ancillary Services
83	Reserved for National Assignment	1010 - 2090	n/a	Ancillary Services
84	Alternative Therapy Services	2100	Zeros	Ancillary Services
85	Reserved for National Assignment	2110 - 3090	n/a	Ancillary Services
86	Adult Care	3100	Zeros	Ancillary Services
87	Reserved for National Assignment	3110 - 9990	n/a	Ancillary Services

Table 6. STATE

Principal Data Element
 Other Data Elements
 Rules

PermanentPatientStateLDS
 TemporaryPatientStateLDS
 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
Alabama	AL
Alaska	AK
American Samoa	AS
Arizona	AZ
Arkansas	AR
California	CA

STATE/POSSESSION	ABBREVIATION
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Federated States of Micronesia	FM
Florida	FL
Georgia	GA
Guam	GU
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Marshall Islands	MH
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV

STATE/POSSESSION	ABBREVIATION
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Northern Mariana Islands	MP
Ohio	OH
Oklahoma	OK
Oregon	OR
Palau	PW
Pennsylvania	PA
Puerto Rico	PR
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virgin Islands	VI
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

D. Data Notes / Caveats

At the time of this publication the following data notes or caveats were present from resubmissions that were available in the October release of FY17 HIDD. As data findings occur, CHIA will begin publishing a separate FY17 HIDD document that will keep new or updated findings, caveats or notes. Data notes or caveats will not be regularly updated in this Documentation Manual.

- **Baystate Wing (ORG ID 139) / Baystate Mary Lane (ORG ID 6) Hospitals** – Baystate Wing assumed all medical record reporting for Baystate Mary Lane for all quarters in the FY17 reporting period. Within the Baystate Wing filings, there were no records expected from Baystate Mary Lane for HIDD as Baystate Mary Lane solely offers 24/7 Emergency Department services. .
- **New England Baptist Hospital (ORG ID 103)** – New England Baptist noted, in its verification report response, that Patient Disposition Codes (Patient Status) were reported inaccurately when referencing discharges to Hospital Skilled Nursing Facilities - SNF (03) or Rehabilitation (62) centers. More detail is forthcoming on the general counts but higher counts were expected to be seen for Rehabilitation centers.

E. Summary Statistics

Summary Statistics will be provided in a separate document but posted to the CHIA website along with Documentation Manual information. This is different than the FY2016 document which contained the content in the body of the Documentation Manual. CHIA expects to produce this document with each release of the HIDD filings, including when resubmissions require general re-release of the data to the user community.