

Massachusetts Division of Health Care Finance and Policy

Hospital Outpatient Observation Data

Electronic Records Submission Specification

September 2006

The Division has adopted regulation 114.1 CMR 17.00 to require the reporting of Hospital Inpatient Discharge Data, Outpatient Emergency Department Visit Data and Outpatient Observation Data to the Division of Health Care Finance and Policy. This document provides the technical and data specifications, including edit specifications required for the Hospital Outpatient Observation Data.

Table of Contents

| | |
|--|----|
| Outpatient Observation Data Specifications Overview | 1 |
| Data File Format | 1 |
| Data Transmission Media Specifications | 1 |
| 1. Outpatient Observation Data Record Specifications | 3 |
| 2. Outpatient Observation Data Code Tables | 14 |
| Hospital Organization ID | 19 |
| Source of Payment | 21 |
| Ethnicity Codes | 29 |
| 3. Observation Data Quality Standards | 30 |
| 4. Submittal Schedule | 31 |

Outpatient Observation Data Specifications Overview

Outpatient Observation Data reported includes patients who receive observation services and who are not admitted. An example of an outpatient observation stay might be a post surgical day care patient who, after a normal recovery period, continues to require hospital observation, and then is released from the hospital. The Outpatient Observation Data is subject to the same Data Submission Arrangements, Submission Dates and Compliance as the Hospital Inpatient Discharge Data and as required in Regulation 114.1 CMR 17 and within this specification document.

Data File Format

The data for outpatient observation departures must be submitted in an ASCII comma delimiter format. Separate files must be filed for each quarter for each hospital. Inclusion of a patient's Outpatient Observation Data in a quarterly submission shall be based on the patient's ending date of service which must fall within the quarter to be submitted.

Hospitals submitting data in an ASCII comma delimiter format must submit comma delimited data using the following format specifications:

Text Delimiter: Double Quote ("")
Field Separator: Comma (,)

Carriage return and line feed must be placed at the end of each record.
The number of characters between quotes must not exceed the maximum length of a field.

ASCII Comma Delimiter Format Example: "20XX","","nnnnnnnnnn","nnnnnnnnnn","nnnnnn"

Data Transmission Media Specifications

Data will be transferred to the Division via the Internet. In order to do that in a secure manner the Division's Secure Encryption and Decryption System (SENDS) must be utilized. You must first download a copy of the Secure Encryption and Decryption System (SENDS) from the DHCFP web site. There is a separate installation guide for installing the SENDS program. SENDS will take your submission file and compress, encrypt and rename it in preparation of transmitting to the Division. The newly created encrypted file shall be transferred to the Division via its INET website. Test files may not be submitted via INET. Test files should be submitted to the DHCFP via diskette or CD.

The edit specifications are incorporated into the Division's system for receiving and editing incoming data. The Division recommends that

data processing systems incorporate these edits to minimize:

- (a) the potential of unacceptable data reaching the Division and
- (b) penalties for inadequate compliance as specified in regulation 114.1 CMR 17.

1. Outpatient Observation Data Record Specifications

The media must contain the following data elements in the specified format:

| Field No | Field Name: | Data Type: | Length: | Short Description and Edit Specifications: | Error Category |
|----------|--|------------|---------|--|----------------|
| 1. | Provider Organization Id (IdOrgFiler) | Character | 7 | Hospital Organization number for provider: - Must be present - Must be numeric - Must be valid Organization ID as assigned by the Division of Health Care Finance and Policy | A |
| 2. | Site Organization ID (IdOrgSite) | Character | 7 | Hospital's designated number for multiple service sites merged under one DHCFP Organization ID number. - Must be valid Organization ID as assigned by the Division of Health Care Finance and Policy - Must be present if provider is approved to submit multiple campuses in one file | A |
| 3. | Pt_ID | Character | 9 | - Must be present - Must be valid social security number or '000000001' if unknown | A |
| 4. | MR_N | Character | 10 | Patient's medical record number: - Must be present | A |
| 5. | Acct_N | Character | 17 | Hospital billing number for the patient: - Must be present | A |
| 6. | MOSS | Character | 9 | Mother's social security number for infants up to 1 year old. - Must be present for infants one year old or less. | B |

| | | | | | |
|-----|-----------|-----------|-----------|---|---|
| 7. | MCD_ID | Character | 17 | <p>Medicaid Claim Certificate Number:</p> <ul style="list-style-type: none"> - Must be present if Payer Source Code has a Medicaid or Medicaid Managed Care Payer Type as specified in Outpatient Observation Data Code Tables. - Must be blank if payer source is not a Medicaid plan. | A |
| 8. | DOB | Character | ccyyymmdd | <p>Patient date of birth:</p> <ul style="list-style-type: none"> - Must be present - Must be valid date except 99 acceptable in month & day fields - Must not be later than the begin date | A |
| 9. | Sex | Character | 1 | <p>Patient's sex:</p> <ul style="list-style-type: none"> - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables | A |
| 10. | Race 1 | Character | 6 | <p>Patient's race:</p> <ul style="list-style-type: none"> - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 11. | Zip_Code | Character | 5 | <p>Patient's zip code:</p> <ul style="list-style-type: none"> - Must be present - Must be numeric - Must be 0's if zip code is unknown or Patient Country is not 'US' | B |
| 12. | Ext_ZCode | Character | 4 | <p>Patient's 4 digit zip code extension:</p> <ul style="list-style-type: none"> - May be present - Must be numeric - If not present, leave blank | |

| | | | | | |
|-----|-----------|-----------|----------|---|---|
| 13. | Beg_Date | Date | ccyymmdd | Patient's beginning service date: - Must be present - Must be valid date - Must be less than or equal to end date | A |
| 14. | End_Date | Date | ccyymmdd | Patient's ending service date: - Must be present - Must be valid date - Must be greater than or equal to begin date - Must not be earlier than Quarter Begin Date or later than Quarter End Date. | A |
| 15. | Obs_Time | Character | 4 | Initial encounter time of day. - Must be present - Must range from 0000 to 2359 | B |
| 16. | Ser_Unit | Character | 6 | Unit of service is hours: - Must be present - Include decimal point with 2 places (for example 100.25) | A |
| 17. | Obs_Type | Character | 1 | Patient's type of visit status: - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 18. | Obs_1Srce | Character | 1 | Originating referring or transferring source for Observation visit: - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables | B |

| | | | | | |
|-----|-----------|-----------|----|--|---|
| 19. | Obs_2Srce | Character | 1 | <p>Secondary referring or transferring source for Observation visit:</p> <ul style="list-style-type: none"> - Must be present, if applicable - If not present, leave blank - Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 20. | Dep_Stat | Character | 1 | <p>Patient's departure status:</p> <ul style="list-style-type: none"> - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables | A |
| 21. | Payr_Pri | Integer | 3 | <p>Patient's primary source of payment:</p> <ul style="list-style-type: none"> - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables | A |
| 22. | Payr_Sec | Integer | 3 | <p>Patient's secondary payment source:</p> <ul style="list-style-type: none"> - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables - If not applicable, must be coded as "159" for <i>none</i> as specified in Outpatient Observation Data Code Tables. | A |
| 23. | Charges | Numeric | 10 | <ul style="list-style-type: none"> - Must be present - Must be numeric: - Must be whole numbers, no decimals. - Must be rounded up to the nearest dollar. (\$337.59 should be reported as \$338) | A |

| | | | | | |
|-----|-----------|-----------|---|---|---|
| 24. | Surgeon | Character | 6 | <p>Patient's surgeon for the principal procedure:</p> <ul style="list-style-type: none"> - must be present if Principal Procedure is present - must be a valid and current Mass. Board of Registration in Medicine license number or - Must be "DENSG", "PODTR", "OTHER" or "MIDWIF" | B |
| 25. | Att_MD | Character | 6 | <p>Patient's attending physician:</p> <ul style="list-style-type: none"> - Must be present - Must be a valid and current Mass. Board of Registration in Medicine license number, or - Must be "DENSG", "PODTR", "OTHER" or "MIDWIF" | B |
| 26. | Oth_Care | Character | 1 | <p>Other caregiver:</p> <ul style="list-style-type: none"> - May be present - If not present, leave blank - If present, must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 27. | PDX | Character | 5 | <p>Patient's principal diagnosis:</p> <ul style="list-style-type: none"> - Must be present - Must be valid ICD-9-CM code⁺ in diagnosis file (exclude decimal point) | A |
| 28. | Assoc_DX1 | Character | 5 | <p>Patient's first associated diagnosis:</p> <ul style="list-style-type: none"> - If present, PDX must be present - Must be valid ICD-9-CM code⁺ in diagnosis file (exclude decimal point) | A |

| | | | | | |
|-----|------------|-----------|---------|--|---|
| 29. | Assoc_DX2 | Character | 5 | Patient's second associated diagnosis: - If present DX1 must be present - Must be valid ICD-9-CM code ⁺ in diagnosis file (exclude decimal point) | A |
| 30. | Assoc_DX3 | Character | 5 | Patient's third associated diagnosis: - If present, DX2 must be present - Must be valid ICD-9-CM code ⁺ in diagnosis file (exclude decimal point) | A |
| 31. | Assoc_DX4 | Character | 5 | Patient's fourth associated diagnosis: - If present, DX3 must be present - Must be valid ICD-9-CM code ⁺ in diagnosis file (exclude decimal point) | A |
| 32. | Assoc_DX5 | Character | 5 | Patient's fifth associated diagnosis: - If present, DX4 must be present - Must be valid ICD-9-CM code ⁺ in diagnosis file (exclude decimal point) | A |
| 33. | P_PRO | Character | 4 | Patient's Principal Procedure: - If entered must be valid ICD-9-CM code+ (exclude decimal point) | A |
| 34. | P_PRODATE | Date | ccymmdd | Date of patient's Principal Procedure: - Must be present if P_PRO code is present - Must be a valid date - Must not be earlier than 3 days prior to beginning date of service - Must not be later than departure date (ending date of service) | B |
| 35. | Assoc_PRO1 | Character | 4 | Patient's first associated procedure: - If present, P_PRO code must be present - If entered, must be a valid ICD-9-CM code ⁺ (exclude decimal point) | A |

| | | | | | |
|-----|------------|-----------|----------|---|---|
| 36. | AssocDATE1 | Date | ccyymmdd | <p>Date of patient's first Associated Procedure:</p> <ul style="list-style-type: none"> - Must be present if Assoc_PRO1 code is present - Must be a valid date - Must not be earlier than 3 days prior to the beginning date of service - Must not be later than the ending date of service | B |
| 37. | Assoc_PRO2 | Character | 4 | <p>Patient's second Associated Procedure:</p> <ul style="list-style-type: none"> - If present, Assoc_PRO1 code must be present. - If entered must be valid ICD-9-CM code⁺ (exclude decimal point) | A |
| 38. | AssocDATE2 | Date | ccyymmdd | <p>Date of patient's second associated procedure:</p> <ul style="list-style-type: none"> - Must be present if Assoc_PRO2 code is present - Must be a valid date - Must not be earlier than 3 days prior to the beginning date of service - Must not be later the ending date of service | B |
| 39. | Assoc_PRO3 | Character | 4 | <p>Patient's third associated procedure:</p> <ul style="list-style-type: none"> - If present, Assoc_PRO2 code must be present. - If entered must be valid ICD-9-CM code⁺ (exclude decimal point) | A |

| | | | | | |
|-----|----------------------------------|-----------|---------|---|---|
| 40. | AssocDATE3 | Date | ccymmdd | Date of patient's third associated procedure: - Must be present if Assoc_PRO3 code is present - Must be a valid date - Must not be earlier than 3 days prior to the beginning date of service - Must not be later than ending date of service | B |
| 41. | CPT1 | Character | 5 | Patient's first CPT code: - If entered must be valid CPT code | A |
| 42. | CPT2 | Character | 5 | Patient's second CPT code: - If entered must be valid CPT code - If present, CPT1 must be present | A |
| 43. | CPT3 | Character | 5 | Patient's third CPT code: - If entered must be valid CPT code - If present, CPT2 must be present | A |
| 44. | CPT4 | Character | 5 | Patient's fourth CPT code: - If entered must be valid CPT code - If present, CPT3 must be present | A |
| 45. | CPT5 | Character | 5 | Patient's fifth CPT code: - If entered must be valid CPT code - If present, CPT4 must be present | A |
| 46. | ED_Flag | Character | 1 | Flag to indicate whether patient was admitted to this outpatient observation stay from this facility's ED -Must be present | A |
| 47. | Permanent Patient Street Address | Character | 30 | -Must be present when Patient Country is 'US' unless Homeless Indicator is 'Y' | B |
| 48. | Permanent Patient City/Town | Character | 25 | -Must be present when Patient Country is 'US' | B |
| 49. | Permanent Patient State | Character | 2 | -Must be present when Patient Country is 'US' -Must be valid U.S. 2 digit postal state code | B |

| | | | | | |
|-----|-------------------------------------|-----------|----|--|---|
| 50. | Patient Country | Character | 2 | Must be present - Must be a valid International Standards Organization (ISO-3166) 2-digit country code | B |
| 51. | Temporary US Patient Street Address | Character | 30 | - Must be present when Patient Country is not 'US' | B |
| 52. | Temporary US Patient City/Town | Character | 25 | - Must be present when Patient Country is not 'US' | B |
| 53. | Temporary US Patient State | Character | 2 | - Must be present when Patient Country is not 'US' - Must be a valid U.S. 2 digit postal state code | B |
| 54. | Temporary US Patient Zip Code | Character | 9 | - Must be present when Patient Country is not 'US' - Must be a valid US postal zip code | B |
| 55. | Hispanic Indicator | Character | 1 | -Must be present -Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 56. | Race 2 | Character | 6 | Patient's secondary race: - May only be present if Race 1 is entered. - Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 57. | Other Race | Character | 15 | Patient's other race: - May only be present if Race 1 is entered. - Must be present if Race 1 is R9 – Other Race. | B |
| 58. | Ethnicity 1 | Character | 6 | -Must be present -Must be valid code as specified in Outpatient Observation Data Code Tables | B |

| | | | | | |
|-----|--|-----------|----|---|---|
| 59. | Ethnicity 2 | Character | 6 | - May only be present if Ethnicity 1 is entered. -Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 60. | Other Ethnicity | Character | 20 | - May only be present if Ethnicity 1 is entered. | B |
| 61. | Condition Present on Observation – Principal Diagnosis Code | Character | 1 | -Must be present -Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 62. | Condition Present on Observation – Assoc. Diagnosis Code I | Character | 1 | -Must be present when Assoc. Diagnosis Code I is present -Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 63. | Condition Present on Observation – Assoc. Diagnosis Code II | Character | 1 | -Must be present when Assoc. Diagnosis Code II is present -Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 64. | Condition Present on Observation – Assoc. Diagnosis Code III | Character | 1 | -Must be present when Assoc. Diagnosis Code III is present -Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 65. | Condition Present on Observation – Assoc. Diagnosis Code IV | Character | 1 | -Must be present when Assoc. Diagnosis Code IV is present -Must be valid code as specified in Outpatient Observation Data Code Tables | B |

| | | | | | |
|-----|---|-----------|---|---|---|
| 66. | Condition Present on Observation – Assoc. Diagnosis Code V | Character | 1 | -Must be present when Assoc. Diagnosis Code V is present -Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 67. | Homeless Indicator | Character | 1 | -Include if applicable. -Must be valid code as specified in Outpatient Observation Data Code Tables | B |
| 68. | Massachusetts Transfer Hospital Organization ID | Character | 7 | - Must be present if originating or secondary referring or transferring Source of Observation is 4, Transfer from an Acute Hospital or 7, Outside Hospital ER Transfer and the provider from which the transfer occurred is in Massachusetts - Must be a valid Organization ID as assigned by the Division of Health Care Finance and Policy | B |
| 69. | Surgeon for Associated Procedure 1 (Board of Registration in Medicine Number) | Character | 6 | - Must be present if Associated Procedure 1 Code is present. - Must be a valid and current Mass. Board of Registration in Medicine license number or - must be “DENSG”, “PODTR” , “OTHER” or “MIDWIF” | B |
| 70. | Surgeon for Associated Procedure 2 (Board of Registration in Medicine Number) | Character | 6 | - Must be present if Associated Procedure 2 Code is present. - Must be a valid and current Mass. Board of Registration in Medicine license number or - must be “DENSG”, “PODTR” , “OTHER” or “MIDWIF” | B |

| | | | | | |
|-----|---|-----------|---|---|---|
| 71. | Surgeon for Associated Procedure 3 (Board of Registration in Medicine Number) | Character | 6 | <ul style="list-style-type: none"> - Must be present if Associated Procedure 3 Code is present. - Must be a valid and current Mass. Board of Registration in Medicine license number or - must be "DENS", "PODTR", "OTHER" or "MIDWIF" | B |
|-----|---|-----------|---|---|---|

+ = All ICD-9-CM should be reported as the exact code excluding the decimal point. Zeros contained in the code should be reported. For example, the code '001.0' should be reported as '0010'.

Note: Any field not required and not present should be left blank.

2. Outpatient Observation Data Code Tables

| No. | Field Name: | Description: |
|-----|--------------------------|--|
| 1. | Provider Organization Id | Hospital Organization ID, as assigned by the Division of Health Care Finance and Policy, for the provider submitting observation stays in the file. (IdOrgFiler) Refer to Hospital Organization ID table below. |
| 2. | Site Organization ID | Hospital Organization ID, as assigned by the Division of Health Care Finance and Policy, for the site where care was given. Required if provider is approved to submit multiple campuses in one file. (IdOrgSite) Refer to Hospital Organization ID table below. |
| 3. | Pt_ID | Patient social security number. |
| 4. | MR_N | Patient's hospital medical record number. |
| 5. | Acct_N | Hospital's billing number for the patient. |
| 6. | MOSS | Mother's social security number for infants up to one year old or less. |
| 7. | MCD_ID | Medicaid Claim Certificate Number. |

| | | |
|------------|-----------|--|
| 8. | DOB | Birth century, year, month, and day. |
| 9. | Sex | M=male F=female U=unknown. |
| 10, 56. | Race 1, 2 | R1=American Indian/Alaska Native, R2=Asian, R3=Black/African American, R4=Native Hawaiian or other Pacific Islander, R5=White, R9=Other Race, UNKNOW=Unknown/not specified |
| 11. | Zip_Code | Patient's residential 5 digit zip code. |
| 12. | Ext_Zcode | Patient's residential 4 digit zip code extension. |
| 13. | Beg_Date | Century, year, month and day when service begins. |
| 14. | End_Date | Century, year, month and day when service ends. |
| 15. | Obs_Time | Initial Observation encounter time. The time the patient became an Observation Stay patient. |
| 16. | Ser_Unit | The amount of time the patient has spent as an Observation Stay patient. The unit of service for Observation Stay is hours. |
| 17. | Obs_Type | Observation Visit Status: 1 = Emergency, 2 = Urgent, , 3 = Elective, 4 = Newborn, 5 = Information Not Available. |
| 18. | Obs_1Srce | <p>Originating Observation Visit Source: 1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral, 3 = Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Inform. Not Available, L = Outside Hospital Clinic Referral, M= Walk-in/Self Referral, R = Inside Hospital ER Transfer, T = Transfer from another Institution's SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer.</p> <p>Example: If a patient is transferred from a SNF to the hospital's Clinic and then becomes an Observation Stay status, the Originating Observation Source would be "5 - Transfer from SNF".</p> |

| | | |
|-----|----------|---|
| 19. | Obs_2Src | <p>Secondary Observation Visit Source: 1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral, 3 = Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Inform. Not Available, L = Outside Hospital Clinic Referral, M= Walk-in/Self Referral, R = Inside Hospital ER Transfer, T = Transfer from another institution's SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer.</p> <p>Example: If a patient is transferred from a SNF to the hospital's Clinic and then becomes an Observation Stay status, the Secondary Observation Source would be "2 - Within Hospital Clinic Transfer".</p> |
| 20. | Dep_Stat | Patient Disposition (Departure Status): 1 = Routine, 2 = Adm to Hospital, 3 = Transferred, 4 = AMA, 5 = Expired. |
| 21. | Payr_Pri | Primary Source of Payment. Refer to the Payer Source description listed below. |
| 22. | Payr_Sec | Secondary Source of Payment. Refer to the Payer Source description listed below. If there is no secondary source of payment, use payer source code #159 - NONE as listed in the Payer Source description table. |
| 23. | Charges | Grand total of all charges associated with the patient's observation stay. The total charge amount should be rounded up to the nearest dollar. For example, \$3562.79 should be reported as \$3563. |
| 24. | Surgeon | Surgeon's Mass. Board of Registration in Medicine License Number or "DENSG", "PODTR", "OTHER", or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively. |
| 25. | Att_MD | Attending Physician's Mass. Board of Registration in Medicine License Number or "DENSG", "PODTR", "OTHER", or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively. |
| 26. | Oth_Care | Other primary caregiver responsible for patient's care: 1 = Resident, 2 = Intern, 3 = Nurse Practitioner, 4 = Not Used, 5 = Physician Assistant. |
| 27. | PDX | ICD-9-CM Principal Diagnosis excluding decimal point. |

| | | |
|-------------------|-------------------------------------|--|
| 28-32 | Assoc_DX | ICD-9-CM Associated Diagnosis, up to five associated diagnoses excluding the decimal point. |
| 33. | P_PRO | Principal ICD-9-CM Procedure excluding decimal point. |
| 34. | P_PRODATE | Date (century, year, month and day) of patient's principal procedure. |
| 35. 36. 37. | Assoc_PRO | ICD-9-CM Associated Procedures, up to three associated procedures excluding the decimal point. |
| 38. 39. 40 | AssocDATE | Date(s) (century, year, month and day) of patient's associated procedures, up to three. |
| 41-45. | CPT | CPT4, up to five CPT codes. |
| 46. | ED_Flag | 0=not admitted to observation from the ED, no ED visit reflected on this record; 1= not admitted to observation from the ED, but ED visit(s) reflected in this record; 2=admitted to observation from the ED. |
| 47. | Permanent Patient Street Address | Patient's residential address including number, street name, and type (i.e. street, drive, road) This is required if the patient is a United States citizen. If the patient is homeless, this field may be left blank. |
| 48. | Permanent Patient City/Town | Patient's residential city or town. This is required if the patient is a United States citizen. |
| 49. | Permanent Patient State | Patient's residential state using the 2 digit postal code. This is required if the patient is a United States citizen. |
| 50. | Patient Country | Patient's residential country using the International Standards Organization (ISO) 2-digit country code. This is required for all observation records. |
| 51. | Temporary US Patient Street Address | The temporary United States street address where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment. |

| | | |
|----------|---|---|
| 52. | Temporary US Patient City/Town | The temporary United States city/town where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment. |
| 53. | Temporary US Patient State | The US Postal Service code for the state of the temporary address where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment. |
| 54. | Temporary US Patient Zip Code | The US Postal Service zip code for the temporary address where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment. |
| 55. | Hispanic Indicator | Y = Patient is Hispanic/Latino/Spanish N = Patient is not Hispanic/Latino/Spanish |
| 57. | Other Race | Additional Race description entered when the codes for Race 1 and Race 2 do not adequately capture the patient's race. |
| 58 - 59. | Ethnicity 1, 2 | Refer to the Ethnicity code table listed below. |
| 60. | Other Ethnicity | Additional Ethnicity description entered when the codes for Ethnicity 1 and Ethnicity 2 do not adequately capture the patient's ethnicity. |
| 61. | Condition Present on Observation – Principal Diagnosis Code | Condition present on observation for Principal Diagnosis Code. Y = Yes, N = No, U = Unknown, A = Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM codes for POA flag.) |
| 61 – 66. | Condition Present on Observation – Assoc. Diagnosis Code | Condition present on observation for diagnosis codes 1 – 5. Y = Yes, N = No, U = Unknown, W = Clinically undetermined, A = Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM codes for POA flag.) |

| | | |
|-----------------|---|---|
| 67. | Homeless Indicator | Y = Patient is known to be homeless N = Patient is not known to be homeless |
| 68. | Massachusetts Transfer Hospital Organization ID | Must be a valid Organization ID as assigned by the Division of Health Care Finance and Policy for the transferring hospital providing the transferring hospital is in Massachusetts. Refer to Hospital Organization ID table below. |
| 69. - 71. | Surgeon for Associated Procedure I - 3 (Board of Registration in Medicine Number) | Physician's Mass. Board of Registration in Medicine License Number or "DENSEG", "PODTR", "OTHER", or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively. |

Hospital Organization ID

| ORG ID | CURRENT ORGANIZATION NAME |
|--------|---|
| 1 | Anna Jaques Hospital |
| 2 | Athol Memorial Hospital |
| 6 | Baystate Mary Lane Hospital |
| 4 | Baystate Medical Center |
| 7 | Berkshire Medical Center - Berkshire Campus |
| 9 | Berkshire Medical Center - Hillcrest Campus |
| 53 | Beth Israel Deaconess Hospital - Needham |
| 10 | Beth Israel Deaconess Medical Center - East Campus |
| 16 | Boston Medical Center - Harrison Avenue Campus |
| 144 | Boston Medical Center - East Newton Campus |
| 19 | East Boston Neighborhood Health Center |
| 22 | Brigham and Women's Hospital |
| 25 | Brockton Hospital |
| 27 | Cambridge Health Alliance - Cambridge Campus |
| 143 | Cambridge Health Alliance - Somerville Campus |
| 142 | Cambridge Health Alliance - Whidden Memorial Campus |
| 39 | Cape Cod Hospital |
| 42 | Caritas Carney Hospital |
| 62 | Caritas Good Samaritan Medical Center - Brockton Campus |
| 75 | Caritas Holy Family Hospital and Medical Center |

| | |
|-----|---|
| 41 | Caritas Norwood Hospital |
| 126 | Caritas St. Elizabeth's Medical Center |
| 46 | Children's Hospital Boston |
| 132 | Clinton Hospital |
| 50 | Cooley Dickinson Hospital |
| 51 | Dana-Farber Cancer Institute |
| 57 | Emerson Hospital |
| 8 | Fairview Hospital |
| 40 | Falmouth Hospital |
| 59 | Faulkner Hospital |
| 5 | Franklin Medical Center |
| 66 | Hallmark Health System - Lawrence Memorial Hospital Campus |
| 141 | Hallmark Health System - Melrose-Wakefield Hospital Campus |
| 68 | Harrington Memorial Hospital |
| 71 | Health Alliance Hospitals, Inc. |
| 73 | Heywood Hospital |
| 77 | Holyoke Medical Center |
| 78 | Hubbard Regional Hospital |
| 79 | Jordan Hospital |
| 81 | Lahey Clinic -- Burlington Campus |
| 83 | Lawrence General Hospital |
| 85 | Lowell General Hospital |
| 133 | Marlborough Hospital |
| 88 | Martha's Vineyard Hospital |
| 89 | Massachusetts Eye and Ear Infirmary |
| 91 | Massachusetts General Hospital |
| 118 | Mercy Medical Center - Providence Behavioral Health Hospital Campus |
| 119 | Mercy Medical Center - Springfield Campus |
| 70 | Merrimack Valley Hospital |
| 49 | MetroWest Medical Center - Framingham Campus |
| 457 | <i>MetroWest Medical Center - Leonard Morse Campus</i> |
| 97 | Milford Regional Medical Center |
| 98 | Milton Hospital |
| 99 | Morton Hospital and Medical Center |
| 100 | Mount Auburn Hospital |
| 101 | Nantucket Cottage Hospital |
| 52 | Nashoba Valley Medical Center |
| 103 | New England Baptist Hospital |
| 105 | Newton-Wellesley Hospital |
| 106 | Noble Hospital |
| 107 | North Adams Regional Hospital |

| | |
|-----|---|
| 116 | North Shore Medical Center, Inc. - Salem Campus |
| 3 | North Shore Medical Center, Inc. - Union Campus |
| 109 | Northeast Health System - Addison Gilbert Campus |
| 110 | Northeast Health System - Beverly Campus |
| 112 | Quincy Medical Center |
| 114 | Saint Anne's Hospital |
| 127 | Saint Vincent Hospital |
| 115 | Saints Memorial Medical Center |
| 122 | South Shore Hospital |
| 123 | Southcoast Hospitals Group - Charlton Memorial Campus |
| 124 | Southcoast Hospitals Group - St. Luke's Campus |
| 145 | Southcoast Hospitals Group - Tobey Hospital Campus |
| 129 | Sturdy Memorial Hospital |
| 104 | Tufts-New England Medical Center |
| 131 | UMass Memorial Medical Center - University Campus |
| 130 | UMass Memorial Medical Center - Memorial Campus |
| 138 | Winchester Hospital |
| 139 | Wing Memorial Hospital and Medical Centers |

Source of Payment

| *SRCPAY CODE | * SOURCE OF PAYMENT DEFINITIONS | MATCH-ING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------|---|---------------------------|-------------------------|
| 1 | Harvard Community Health Plan | 8 | HMO |
| 2 | Bay State - a product of HMO Blue | C | BCBS-MC |
| 3 | Network Blue (PPO) | C | BCBS-MC |
| 4 | Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass) | 8 | HMO |
| 5 | Invalid (replaced by #9) | | |
| 6 | Invalid (replaced by #251) | | |
| 7 | Tufts Associated Health Plan | 8 | HMO |
| 8 | Pilgrim Health Care | 8 | HMO |
| 9 | United Health Plan of New England (Ocean State) | 8 | HMO |

| | | | |
|----|---|---|---------|
| 10 | Pilgrim Advantage - PPO | E | PPO |
| 11 | Blue Care Elect | C | BCBS-MC |
| 12 | Invalid (replaced by #49) | | |
| 13 | Community Health Plan Options (New York) | J | POS |
| 14 | Health New England Advantage POS | J | POS |
| 15 | Invalid (replaced by #158) | | |
| 16 | Invalid (replaced by #172) | | |
| 17 | Prudential Healthcare POS | D | COM-MC |
| 18 | Prudential Healthcare PPO | D | COM-MC |
| 19 | Matthew Thornton | 8 | HMO |
| 20 | HCHP of New England (formerly RIGHA) | 8 | HMO |
| 21 | Commonwealth PPO | E | PPO |
| 22 | Aetna Open Choice PPO | D | COM-MC |
| 23 | Guardian Life Insurance Company PPO | D | COM-MC |
| 24 | Health New England, Inc | 8 | HMO |
| 25 | Pioneer Plan | 8 | HMO |
| 26 | Invalid (replaced by #75) | | |
| 27 | First Allmerica Financial Life Insurance PPO | D | COM-MC |
| 28 | Great West Life PPO | D | COM-MC |
| 29 | Invalid (replaced by #171 and 250) | | |
| 30 | CIGNA (Indemnity) | 7 | COM |
| 31 | One Health Plan HMO (Great West Life) | D | COM-MC |
| 32 | Invalid (replaced by #157 and 158) | | |
| 33 | Mutual of Omaha PPO | D | COM-MC |
| 34 | New York Life Care PPO | D | COM-MC |
| 35 | United Healthcare Insurance Company - HMO (New for 1997) | D | COM-MC |
| 36 | United Healthcare Insurance Company - PPO (New for 1997) | D | COM-MC |
| 37 | HCHP-Pilgrim HMO (integrated product) | 8 | HMO |
| 38 | Health New England Select (self-funded) | 8 | HMO |
| 39 | Pilgrim Direct | 8 | HMO |
| 40 | Kaiser Foundation | 8 | HMO |
| 41 | Invalid (replaced by #157) | | |
| 42 | ConnectiCare Of Massachusetts | 8 | HMO |
| 43 | MEDTAC | 8 | HMO |
| 44 | Community Health Plan | 8 | HMO |

| | | | |
|----|--|---|--------|
| 45 | Health Source New Hampshire | 8 | HMO |
| 46 | Blue CHiP (BCBS Rhode Island) | 8 | HMO |
| 47 | Neighborhood Health Plan | 8 | HMO |
| 48 | US Healthcare | 8 | HMO |
| 49 | Healthsource CMHC Plus PPO | E | PPO |
| 50 | Blue Health Plan for Kids | 6 | BCBS |
| 51 | Aetna Life Insurance | 7 | COM |
| 52 | Boston Mutual Insurance | 7 | COM |
| 53 | Invalid (no replacement) | | |
| 54 | Continental Assurance Insurance | 7 | COM |
| 55 | Guardian Life Insurance | 7 | COM |
| 56 | Hartford L&A Insurance | 7 | COM |
| 57 | John Hancock Life Insurance | 7 | COM |
| 58 | Liberty Life Insurance | 7 | COM |
| 59 | Lincoln National Insurance | 7 | COM |
| 60 | Invalid (replaced by #97) | | |
| 61 | Invalid (replaced by #96) | | |
| 62 | Mutual of Omaha Insurance | 7 | COM |
| 63 | New England Mutual Insurance | 7 | COM |
| 64 | New York Life Care Indemnity (New York Life Insurance) | 7 | COM |
| 65 | Paul Revere Life Insurance | 7 | COM |
| 66 | Prudential Insurance | 7 | COM |
| 67 | First Allmerica Financial Life Insurance | 7 | COM |
| 68 | Invalid (replaced by #96) | | |
| 69 | Corporate Health Insurance Liberty Plan | 7 | COM |
| 70 | Union Labor Life Insurance | 7 | COM |
| 71 | ADMAR | E | PPO |
| 72 | Healthsource New Hampshire | 7 | COM |
| 73 | United Health and Life (subsidiary of United Health Plans of NE) | 7 | COM |
| 74 | United Healthcare Insurance Company | 7 | COM |
| 75 | Prudential Healthcare HMO | D | COM-MC |
| 76 | Invalid (replaced by #270) | | |
| 77 | Options for Healthcare PPO | E | PPO |
| 78 | Phoenix Preferred PPO | D | COM-MC |
| 79 | Pioneer Health Care PPO | E | PPO |

| | | | |
|-----|--|---|---------|
| 80 | Tufts Total Health Plan PPO | E | PPO |
| 81 | HMO Blue | C | BCBS-MC |
| 82 | John Hancock Preferred | D | COM-MC |
| 83 | US Healthcare Quality Network Choice- PPO | E | PPO |
| 84 | Private Healthcare Systems PPO | E | PPO |
| 85 | Liberty Mutual | 7 | COM |
| 86 | United Health & Life PPO (Subsidiary of United Health Plans of NE) | E | PPO |
| 87 | CIGNA PPO | D | COM-MC |
| 88 | Freedom Care | E | PPO |
| 89 | Great West/NE Care | 7 | COM |
| 90 | Healthsource Preferred (self-funded) | E | PPO |
| 91 | New England Benefits | 7 | COM |
| 92 | Invalid (replaced by # 84, 166, 184) | | |
| 93 | Psychological Health Plan | E | PPO |
| 94 | Time Insurance Co | 7 | COM |
| 95 | Pilgrim Select - PPO | E | PPO |
| 96 | Metrahealth (United Health Care of NE) | 7 | COM |
| 97 | UniCare | 7 | COM |
| 98 | Healthy Start | 9 | FC |
| 99 | Other POS (not listed elsewhere) *** | J | POS |
| 100 | Transport Life Insurance | 7 | COM |
| 101 | Quarto Claims | 7 | COM |
| 102 | Wausau Insurance Company | 7 | COM |
| 103 | Medicaid (includes MassHealth) | 4 | MCD |
| 104 | Medicaid Managed Care-Primary Care Clinician (PCC) | B | MCD-MC |
| 105 | Invalid (replaced by #111) | | |
| 106 | Medicaid Managed Care-Central Mass Health Care | B | MCD-MC |
| 107 | Medicaid Managed Care - Community Health Plan | B | MCD-MC |
| 108 | Medicaid Managed Care - Fallon Community Health Plan | B | MCD-MC |
| 109 | Medicaid Managed Care - Harvard Community Health Plan | B | MCD-MC |
| 110 | Medicaid Managed Care - Health New England | B | MCD-MC |
| 111 | Medicaid Managed Care - HMO Blue | B | MCD-MC |
| 112 | Medicaid Managed Care - Kaiser Foundation Plan | B | MCD-MC |
| 113 | Medicaid Managed Care - Neighborhood Health Plan | B | MCD-MC |

| | | | |
|-----|--|---|--------|
| 114 | Medicaid Managed Care - United Health Plans of NE (Ocean State Physician's Plan) | B | MCD-MC |
| 115 | Medicaid Managed Care - Pilgrim Health Care | B | MCD-MC |
| 116 | Medicaid Managed Care-Tufts Associated Health Plan | B | MCD-MC |
| 117 | Invalid (no replacement) | | |
| 118 | Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership | B | MCD-MC |
| 119 | Medicaid Managed Care Other (not listed elsewhere) *** | B | MCD-MC |
| 120 | Out-of-State Medicaid | 5 | GOV |
| 121 | Medicare | 3 | MCR |
| 122 | Invalid (replaced by #234) | | |
| 123 | Invalid (no replacement) | | |
| 124 | Invalid (replaced by # 222) | | |
| 125 | Medicare HMO - Fallon Senior Plan | F | MCR-MC |
| 126 | Invalid (replaced by #230) | | |
| 127 | Medicare HMO - Health New England Medicare Wrap ** | F | MCR-MC |
| 128 | Medicare HMO - HMO Blue for Seniors ** | F | MCR-MC |
| 129 | Medicare HMO - Kaiser Medicare Plus Plan ** | F | MCR-MC |
| 130 | Invalid (replaced by #232 and 233) | | |
| 131 | Medicare HMO - Pilgrim Enhance 65 ** | F | MCR-MC |
| 132 | Medicare HMO - Matthew Thornton Senior Plan | F | MCR-MC |
| 133 | Medicare HMO -Tufts Medicare Supplement (TMS) | F | MCR-MC |
| 134 | Medicare HMO - Other (not listed elsewhere) *** | F | MCR-MC |
| 135 | Out-of-State Medicare | 3 | MCR |
| 136 | BCBS Medex ** | 6 | BCBS |
| 137 | AARP/Medigap supplement ** | 7 | COM |
| 138 | Banker's Life and Casualty Insurance ** | 7 | COM |
| 139 | Bankers Multiple Line ** | 7 | COM |
| 140 | Combined Insurance Company of America ** | 7 | COM |
| 141 | Other Medigap (not listed elsewhere) *** | 7 | COM |
| 142 | Blue Cross Indemnity | 6 | BCBS |
| 143 | Free Care | 9 | FC |
| 144 | Other Government | 5 | GOV |
| 145 | Self-Pay | 1 | SP |
| 146 | Worker's Compensation | 2 | WOR |
| 147 | Other Commercial (not listed elsewhere) *** | 7 | COM |
| 148 | Other HMO (not listed elsewhere) *** | 8 | HMO |

| | | | |
|----------|---|---|---------|
| 149 | PPO and Other Managed Care (not listed elsewhere) *** | E | PPO |
| 150 | Other Non-Managed Care (not listed elsewhere) *** | 0 | OTH |
| 151 | CHAMPUS | 5 | GOV |
| 152 | Foundation | 0 | OTH |
| 153 | Grant | 0 | OTH |
| 154 | BCBS Other (Not listed elsewhere) *** | 6 | BCBS |
| 155 | Blue Cross Managed Care Other(Not listed elsewhere)*** | C | BCBS-MC |
| 156 | Out of state BCBS | 6 | BCBS |
| 157 | Metrahealth - PPO (United Health Care of NE) | D | COM-MC |
| 158 | Metrahealth - HMO (United Health Care of NE) | D | COM-MC |
| 159 | None (Valid only for Secondary Source of Payment) | N | NONE |
| 160 | Blue Choice (includes Healthflex Blue) - POS | C | BCBS-MC |
| 161 | Aetna Managed Choice POS | D | COM-MC |
| 162 | Great West Life POS | D | COM-MC |
| 163 | United Healthcare Insurance Company - POS (New for 1997) | D | COM-MC |
| 164 | Healthsource CMHC Plus POS | J | POS |
| 165 | Healthsource New Hampshire POS (self-funded) | J | POS |
| 166 | Private Healthcare Systems POS | J | POS |
| 167 | Fallon POS | J | POS |
| 168 | Reserved | | |
| 169 | Kaiser Added Choice | J | POS |
| 170 | US Healthcare Quality POS | J | POS |
| 171 | CIGNA POS | D | COM-MC |
| 172 | Metrahealth - POS (United Health Care of NE) | D | COM-MC |
| 173-180 | Reserved | | |
| 181 | First Allmerica Financial Life Insurance EPO | D | COM-MC |
| 182 | UniCare Preferred Plus Managed Access EPO | D | COM-MC |
| 183 | Pioneer Health Care EPO | K | EPO |
| 184 | Private Healthcare Systems EPO | K | EPO |
| 185 -198 | Reserved | | |

| | | | |
|---------|---|---|--------|
| 199 | Other EPO (not listed elsewhere) *** | K | EPO |
| 200 | Hartford Life Insurance Co ** | 7 | COM |
| 201 | Mutual of Omaha ** | 7 | COM |
| 202 | New York Life Insurance ** | 7 | COM |
| 203 | Principal Financial Group (Principal Mutual Life) | 7 | COM |
| 204 | Christian Brothers Employee | 7 | COM |
| 207 | Network Health (Cambridge Health Alliance MCD Program) | B | MCD-MC |
| 208 | HealthNet (Boston Medical Center MCD Program) | B | MCD-MC |
| 205-209 | Reserved | | |
| 210 | Medicare HMO - Pilgrim Preferred 65 ** | F | MCR-MC |
| 211 | Medicare HMO - Neighborhood Health Plan Senior Health Plus ** | F | MCR-MC |
| 212 | Medicare HMO - Healthsource CMHC Central Care Supplement ** | F | MCR-MC |
| 213-219 | Reserved | | |
| 220 | Medicare HMO - Blue Care 65 | F | MCR-MC |
| 221 | Medicare HMO - Harvard Community Health Plan 65 | F | MCR-MC |
| 222 | Medicare HMO - Healthsource CMHC | F | MCR-MC |
| 223 | Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus | F | MCR-MC |
| 224 | Medicare HMO - Tufts Secure Horizons | F | MCR-MC |
| 225 | Medicare HMO - US Healthcare | F | MCR-MC |
| 226-229 | Reserved | | |
| 230 | Medicare HMO - HCHP First Seniority | F | MCR-MC |
| 231 | Medicare HMO - Pilgrim Prime | F | MCR-MC |
| 232 | Medicare HMO - Seniorcare Direct | F | MCR-MC |
| 233 | Medicare HMO - Seniorcare Plus | F | MCR-MC |
| 234 | Medicare HMO - Managed Blue for Seniors | F | MCR-MC |
| 235-249 | Reserved | | |

| | | | |
|---------|--|---|----------|
| 250 | CIGNA HMO | D | COM -MC |
| 251 | Healthsource CMHC HMO | 8 | HMO |
| 252-269 | Reserved | | |
| 270 | UniCare Preferred Plus PPO | D | COM - MC |
| 271 | Hillcrest HMO | 8 | HMO |
| 272 | Auto Insurance | T | AI |
| 990 | Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143) | 9 | FC |

** Supplemental Payer Source

*** Please list under the specific carrier when possible

**SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY:**

| | | | |
|-----|--|---|--------|
| 137 | AARP/Medigap Supplement | 7 | COM |
| 138 | Banker's Life and Casualty Insurance | 7 | COM |
| 139 | Bankers Multiple Line | 7 | COM |
| 136 | BCBS Medex | 6 | BCBS |
| 140 | Combined Insurance Company of America | 7 | COM |
| 200 | Hartford Life Insurance co. | 7 | COM |
| 127 | Medicare HMO -Health New England Medicare Wrap | F | MCR-MC |
| 212 | Medicare HMO - Healthsource CMHC Central Care Supplement | F | MCR-MC |
| 128 | Medicare HMO -HMO Blue for Seniors | F | MCR-MC |
| 129 | Medicare HMO-Kaiser Medicare Plus Plan | F | MCR-MC |
| 131 | Medicare HMO-Pilgrim Enhance 65 | F | MCR-MC |
| 210 | Medicare HMO-Pilgrim Preferred 65 | F | MCR-MC |
| 201 | Mutual of Omaha | 7 | COM |
| 211 | Neighborhood Health Plan Senior Health Plus | F | MCR-MC |
| 202 | New York Life Insurance Company | 7 | COM |

| | | | |
|-----|---|---|--------|
| 141 | Other Medigap (not listed elsewhere) *** | 7 | COM |
| 133 | Medicare HMO -Tufts Medicare Supplement (TMS) | F | MCR-MC |

Ethnicity Codes

| Ethnicity Code | Ethnicity Definition |
|----------------|--|
| 2182-4 | Cuban |
| 2184-0 | Dominican |
| 2148-5 | Mexican, Mexican American, Chicano |
| 2180-8 | Puerto Rican |
| 2161-8 | Salvadoran |
| 2155-0 | Central American (not otherwise specified) |
| 2165-9 | South American (not otherwise specified) |
| 2060-2 | African |
| 2058-6 | African American |
| AMERCN | American |
| 2028-9 | Asian |
| 2029-7 | Asian Indian |
| BRAZIL | Brazilian |
| 2033-9 | Cambodian |
| CVERDN | Cape Verdean |
| CARIBI | Caribbean Island |
| 2034-7 | Chinese |

| | |
|---------|-----------------------|
| 2169-1 | Columbian |
| 2108-9 | European |
| 2036-2 | Filipino |
| 2157-6 | Guatemalan |
| 2071-9 | Haitian |
| 2158-4 | Honduran |
| 2039-6 | Japanese |
| 2040-4 | Korean |
| 2041-2 | Laotian |
| 2118-8 | Middle Eastern |
| PORTUG | Portuguese |
| RUSSIA | Russian |
| EASTEU | Eastern European |
| 2047-9 | Vietnamese |
| OTHER | Other Ethnicity |
| UNKNOWN | Unknown/not specified |

3. Observation Data Quality Standards

The data will be edited for compliance with the edit specifications set forth in Outpatient Observation Data Record Specifications. The standards to be employed for rejecting data submissions from hospitals will be based upon the presence of Category A or B errors as listed in the

record specifications for each data element under the following conditions:

(a) All errors will be recorded for each patient discharge. A patient discharge will be rejected if there is:

(i) Presence of one or more error flags for Category A elements.

(ii) Presence of two or more errors for Category B elements.

(b) A hospital data submission will be rejected if:

(i) 1% or more of discharges are rejected or

(ii) 50 consecutive records are rejected.

(c) Acceptance of data under the edit check procedures identified in this specification or in 114.1 CMR 17 shall not be deemed acceptance of the factual accuracy of the data contained therein.

4. Submittal Schedule

Hospital Inpatient Discharge Data Files must be submitted quarterly to the DHCFP according to the following schedule:

| Quarter | Quarter Begin & End Dates | Due Date for Data File: 75 days following the end of the reporting period |
|---------|---------------------------|---|
| 1 | 10/1 – 12/31 | 3/16 |
| 2 | 1/1 – 3/31 | 6/14 |
| 3 | 4/1 – 6/30 | 9/13 |
| 4 | 7/1 – 9/30 | 12/14 |