



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCE AND POLICY

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December 19, 2006

**RE: IMPORTANT UPDATE TO SUBMISSION SPECIFICATIONS FOR
HOSPITAL INPATIENT, OBSERVATION & ED DISCHARGE DATA**

Dear Case Mix Contact,

Recently the Division issued new submission specifications for hospital inpatient, outpatient observation, and outpatient emergency department discharge data. This letter is to inform you about changes in several reporting values that affect the new specifications. The updates will be included in revised versions of the three corresponding specification manuals available shortly on the Division’s website at www://mass.gov/dhcfp, located in the regulation section (situated in the upper left corner) under 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data. The updates include the following:

- Modified Reporting Value for ‘Not Applicable’ for Present On Admission
- New Payer Type for Commonwealth Care Category
- New Payer Sources for Commonwealth Care Plans

Condition Present on Admission Indicator.

The current reporting requirement for “Not Applicable” ICD-9-CM codes for Condition Present on Admission, Visit or Observation is an “A” value. The value for “Not Applicable” has been modified to allow reporting of either a “blank” field or an “A” value in order to accommodate hospitals that were having difficulty implementing the “A” value. Reporting of a “blank” field is consistent with the upcoming UB-04 definitions for the NCHS official published list of not applicable ICD-9-CM codes. This update applies to inpatient, observation and ED data.

| Condition Present on Admission, Observation or Visit Code | Condition Present on Admission, Observation or Visit Description |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Y | Yes |
| N | No |
| U | Unknown |
| W | Clinically Undetermined |
| Blank field or “A” | Not Applicable (valid for NCHS official published list of not applicable ICD-9-CM codes for POA flag) |

New Payer Type

| Payer Type Code | Payer Type Abbreviation | Payer Type Definition |
|-----------------|-------------------------|-------------------------|
| Q | CommCare | Commonwealth Care Plans |

New Values for MMCO Plans.

| Source Code | Payer Source | Payer Type Code & Abbreviation |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 300 | CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification (For use only when no specific level for this plan can be identified) | Q - CommCare |
| 301 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I | Q - CommCare |
| 302 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II | Q - CommCare |
| 303 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III | Q - CommCare |
| 304 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type IV | Q - CommCare |
| 400 | CommCare: Cambridge Network Health Forward – General Classification (For use only when no specific level for this plan can be identified) | Q - CommCare |
| 401 | CommCare: Cambridge Network Health Forward – Plan Type I | Q - CommCare |
| 402 | CommCare: Cambridge Network Health Forward – Plan Type II | Q - CommCare |
| 403 | CommCare: Cambridge Network Health Forward – Plan Type III | Q - CommCare |
| 404 | CommCare: Cambridge Network Health Forward – Plan Type IV | Q - CommCare |
| 500 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification (For use only when no specific level for this plan can be identified) | Q - CommCare |
| 501 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077) | Q - CommCare |
| 502 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220) | Q - CommCare |
| 503 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221) | Q - CommCare |
| 504 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 4 (Group No. 4455222) | Q - CommCare |
| 600 | CommCare: Neighborhood Health Plan– General Classification (For use only when no specific level for this plan can be identified) | Q - CommCare |
| 601 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1) | Q - CommCare |
| 602 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2) | Q - CommCare |
| 603 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3) | Q - CommCare |
| 604 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4) | Q - CommCare |

If you have any questions, please feel free to call me at 617-988-3146 or by e-mail at Judy.Parlato@state.ma.us.

Sincerely,

Judy Parlato
Clinical Advisor