MITT ROMNEY GOVERNOR	TIMOTHY MURPHY SECRETARY
KERRY HEALEY LIEUTENANT GOVERNOR	AMY LISCHKO COMMISSIONER

September 14, 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 several recent updates and reporting clarifications affecting the new specifications. The updates will be included in a revised version 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. There are 5 updates summarized below with more detailed information following:

- Placement for Inpatient Significant Procedure XIV and Date XIV
- New Value for Present On Admission
- Clarification for Reporting Out of State Acute Care Hospital Transfer OrgID
- New Value for Ethnicity
- Hierarchy for Ethnicity Reporting

Hospital Inpatient Discharge: Data Specifications.

For Hospital Inpatient Discharge Data, there are a total of 14 significant procedure codes and corresponding dates that can be reported. Significant Procedure XIV and Significant Procedure XIV Date (CCYYMMDD) were inadvertently left off the Medical Procedure record. Due to lack of space on the current procedure record, Significant Procedure XIV and Significant Procedure XIV Date will now be located in Record Type 80, field 37 and field 39, respectively.

Hospital Inpatient Discharge Data: Record Type 80

36.	Filler	XX	L/B	141 142		
*37.	Significant Proc. XIV	X(5)	L/B	143 147	- May only be present if all previous procedure fields are entered - Must be valid ICD-9-CM code - Must be valid for patient sex	A
38.	Filler	X(4)		148 151		
*39.	Significant Proc. XIV Date (CCYYMMDD)	X(8)	L/B	152 159	- Must be present if Significant Procedure XIV code is present - Must be valid date - Must not be earlier than 3 days prior to date of admission unless Admission Source is Ambulatory Surgery or Observation as specified in Inpatient Data Code Tables(1)(g) - Must not be later than discharge date	B
40.	Filler	XX(90)	L/B	160 250		

Condition Present on Admission Indicator.
A new value of "W – clinically undetermined" has been added for reporting Condition Present on Admission consistent with updates to the upcoming UB-04.

Update for Transfer OrgID for Out of State Acute Care Hospitals.
The HCF OrgID is a hospital organization value assigned by the Division of Health Care Finance and Policy and used for identification of facilities within Massachusetts. When the discharge is transferred from an acute care hospital outside of Massachusetts, leave the Transfer Hospital OrgID field blank. The edit will be revised for Inpatient (record 20, field 12), Observation (field 68) and ED Data Submission Specifications (record 20, field 48) to exempt out of state hospitals. An example of the updated edit is shown below:

Hospital Inpatient Discharge Data: Record Type 20

*12	Massachusetts Transfer Hospital Organization ID	X(7)	L/B	38 44	- Must be present if Primary or Secondary Source of Admission is 4, Transfer from an Acute Hospital or 7 Outside Hospital Emergency Room Transfer and the provider from which the transfer occurred is in Massachusetts. - Must be valid Organization Id as assigned by the Division of Health Care Finance and Policy as specified in Inpatient Data Code Tables(1) (m)	B

New Value for Ethnicity Reporting.
A new value of "2028-9 Asian" has been added for reporting Ethnicity. This is a broader classification for Asian and includes many Asian subgroups as identified in the CDC Race and Ethnicity Code Set as well as indicated on the Hierarchy for Reporting Ethnicity table included.

Hierarchy for Reporting Ethnicity.
Several hospitals already capture more detailed ethnicity information that they use for other reporting requirements or needs for some of the general HCF ethnicity categories listed. As a result, hospitals have requested clarification on reporting additional ethnicity categories not specifically listed as a code value for DHCFP reporting. A table for how to map more specific ethnicities using standardized CDC Race and Ethnicity Code Set values as well as several other ethnicities has been included. Please note that in the future the more specific categories may be used for reporting values replacing the process of mapping or rolling them up into these in general categories.

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