Massachusetts Center for Health Information and Analysis

Hospital Outpatient Observation Data

Submission Guide

October 2019

CHIA has adopted regulation 957 CMR 8.00 to require the reporting of Hospital Inpatient Discharge Data, Outpatient Emergency Department Visit Data and Outpatient Observation Data to CHIA (Center for Health Information and Analysis). This document provides the technical and data specifications, including edit specifications required for the Hospital Outpatient Observation Data.

This submission guide will be in effect beginning with the quarterly submission of 10/1/2019 – 12/31/2019 data due at CHIA on March 16, 2020.

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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 957 CMR 8.00 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","","nnnnnnnnn","nnnnnnnnn","nnnnn"

Data Transmission Media Specifications

Data will be transferred to CHIA via the Internet. In order to do that in a secure manner CHIA'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 CHIA 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 CHIA. The newly created encrypted file shall be transferred to CHIA via its INET website. Test files may be submitted via INET.

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

processing systems incorporate these edits to minimize:

    (a) the potential of unacceptable data reaching CHIA and

    (b) penalties for inadequate compliance as specified in regulation 957 CMR 8.00.

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 Center for Health Information and Analysis	A
2.	Site Organization ID (IdOrgSite)	Character	7	Hospital's designated number for multiple service sites merged under one CHIA Organization ID number. - Must be valid Organization ID as assigned by Center for Health Information and Analysis - 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.	MMIS_ID	Character	17	Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID): - Must be present if Payer Source Code has a Medicaid or Health Safety Net Payer Type as specified in Outpatient Observation Data Code Tables. - Must be 12 digits. - Must be blank if payer source is not a Medicaid plan.	A
8.	DOB	Character	ccyymmdd	Patient date of birth: - 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	Patient's sex: - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables	A
10.	Race 1	Character	6	Patient's race: - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables	B
11.	Zip_Code	Character	5	Patient's zip code: - 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	Patient's 4 digit zip code extension: - 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	Secondary referring or transferring source for Observation visit: - 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	Patient's departure status: - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables	A
21.	Payr_Pri	Integer		3	Patient's primary source of payment: - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables	A
22.	Payr_Sec	Integer		3	Patient's secondary payment source: - Must be present - Must be valid code as specified in Outpatient Observation Data Code Tables - If not applicable, must be coded as "159" for *none* as specified in Outpatient Observation Data Code Tables.	A
23.	Charges	Numeric		10	- 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	Patient's surgeon for the principal procedure: - 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", "NURSEP", "PHYAST" or "MIDWIF"	B
25.	Att_MD	Character		6	Patient's attending physician: - Must be present - Must be a valid and current Mass. Board of Registration in Medicine license number, or - Must be "DENSG", "PODTR" "OTHER" , "NURSEP", "PHYAST" or "MIDWIF"	B
26.	Oth_Care	Character		1	Other caregiver: - 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		7	Patient's principal diagnosis: - Must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator	A

28.	Assoc_DX1	Character		7	Patient's first associated diagnosis: - If present, PDX must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
29.	Assoc_DX2	Character		7	Patient's second associated diagnosis: - If present DX1 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
30.	Assoc_DX3	Character		7	Patient's third associated diagnosis: - If present, DX2 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
31.	Assoc_DX4	Character		7	Patient's fourth associated diagnosis: - If present, DX3 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
32.	Assoc_DX5	Character		7	Patient's fifth associated diagnosis: - If present, DX4 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A

33.	P_PRO	Character	7	Patient's Principal Procedure: - If entered must be valid ICD code+ (exclude decimal point) - Must agree with ICD Indicator	A
34.	P_PRODATE	Date	ccyymmdd	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	7	Patient's first associated procedure: - If present, P_PRO code must be present - If entered, must be a valid ICD code[+] (exclude decimal point) - Must agree with ICD Indicator	A
36.	AssocDATE1	Date	ccyymmdd	Date of patient's first Associated Procedure: - 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	7	Patient's second Associated Procedure: - If present, Assoc_PRO1 code must be present. - If entered must be valid ICD code[+] (exclude decimal point) - Must agree with ICD Indicator	A

38.	AssocDATE2	Date	ccyymmdd	Date of patient's second associated procedure: - 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 than the ending date of service	B
39.	Assoc_PRO3	Character	7	Patient's third associated procedure: - If present, Assoc_PRO2 code must be present. - If entered must be valid ICD code[+] (exclude decimal point) - Must agree with ICD Indicator	A
40.	AssocDATE3	Date	ccyymmdd	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	- May be present - If 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	- May be present when Assoc. Diagnosis Code I is present - If 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	- May be present when Assoc. Diagnosis Code II is present - If 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	- May be present when Assoc. Diagnosis Code III is present - If 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	- May be present when Assoc. Diagnosis Code IV is present - If 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	- May be present when Assoc. Diagnosis Code V is present - If 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.	Massachusett s Transfer Hospital Organization ID	Character		7	- Must be valid OrgID if originating or secondary referring or transferring Source of Observation is 4-Transfer from an Acute Hospital, 7-Outside Hospital Emergency Room Transfer,5-Transfer from an SNF Facility, or 6-Intermediate Care Facility and the provider from which the transfer occurred is in Massachusetts. If provider from which the transfer occurred is outside Massachusetts, the transfer OrgID must be 9999999. - Must be a valid Organization ID as assigned by CHIA. Or 9999999 if facility was outside Massachusetts. - Transfer OrgID should not be the OrgID for Provider on RT10 or the Hospital Service Site on RT20. (Warning/Note edit only.)	B
69.	Surgeon for Associated Procedure I (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" , "NURSEP", "PHYAST" 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" , "NURSEP", "PHYAST" or "MIDWIF"	B

71.	Surgeon for Associated Procedure 3 (Board of Registration in Medicine Number)	Character		6	- 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 "DENSG", "PODTR" , "OTHER" , "NURSEP", "PHYAST" or "MIDWIF"	B
72.	ICD Indicator	Character		1	- Must be present - Must be "0" for ICD-10	A

| 73. | Principal External Cause Code | Character | | 7 | - Must be present if principal diagnosis is an ICD-10-CM S-code:

(S00-S09) injuries to the head
(S10-S19) injuries to the neck
(S20-S29) injuries to the thorax
(S30-S39) injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals
(S40-S49) injuries to the shoulder and upper arm
(S50-S59) injuries to the elbow and forearm
(S60-S69) injuries to the wrist, hand and fingers
(S70-S79) injuries to the hip and thigh
(S80-S89) injuries to the knee and lower leg
(S90-S99) injuries to the ankle and foot

- May be present if principal diagnosis is an ICD-10-CM T-code (T00-T88),

- If present, must be a valid ICD-10-CM external cause code (V00-Y89).

- Additional (V00-Y89) and supplemental (Y90-Y99) ICD external cause codes shall be recorded in associated diagnosis fields. | B |

74.	Assoc_DX6	Character		7	Patient's sixth associated diagnosis: - If present, DX5 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
75.	Assoc_DX7	Character		7	Patient's seventh associated diagnosis: - If present, DX6 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
76.	Assoc_DX8	Character		7	Patient's eighth associated diagnosis: - If present, DX7 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
77.	Assoc_DX9	Character		7	Patient's ninth associated diagnosis: - If present, DX8 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A

78.	Assoc_DX10	Character		7	Patient's tenth associated diagnosis: - If present, DX9 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
79.	Condition Present on Observation – Assoc. Diagnosis Code 6	Character		1	- May be present when Assoc. Diagnosis Code 6 is present - If present, must be valid code as specified in Outpatient Observation Data Code Tables	B
80.	Condition Present on Observation – Assoc. Diagnosis Code 7	Character		1	- May be present when Assoc. Diagnosis Code 7 is present - If present, must be valid code as specified in Outpatient Observation Data Code Tables	B
81.	Condition Present on Observation – Assoc. Diagnosis Code 8	Character		1	- May be present when Assoc. Diagnosis Code 8 is present - If present, must be valid code as specified in Outpatient Observation Data Code Tables	B
82.	Condition Present on Observation – Assoc. Diagnosis Code 9	Character		1	- May be present when Assoc. Diagnosis Code 9 is present - If present, must be valid code as specified in Outpatient Observation Data Code Tables	B
83.	Condition Present on Observation – Assoc. Diagnosis Code 10	Character		1	- May be present when Assoc. Diagnosis Code 10 is present - If present, must be valid code as specified in Outpatient Observation Data Code Tables	B

84.	Health Plan Member ID	Character	40	- Must be present when Primary Payer Type Code is <u>not</u>: "1" (Self Pay) "2" (Worker's Comp) "4" Medicaid "9" (Free Care) "T" (Auto Insurance) - Report Health Plan Subscriber ID if Member ID is unknown.	A
85.	Patient Last Name	Character	35	Required.	A
86.	Patient First Name	Character	25	Required.	A
87.	Number of hours in ED	Numeric	3	- Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer - Must be present if ED Flag is set to 2. - May be present if ED Flag is set to 1. .	B
88.	Emergency Department Registration Date	Date	ccyymmdd	- Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer. - Must be present if ED Flag is set to 2. - May be present if ED Flag is set to 1. - Must be valid date format (CCYYMMDD). - Must be less than or equal to ED Discharge Date.	B
89.	Emergency Department Registration Time	Character	4	- Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer. - Must be present if ED Flag is set to 2. - May be present if ED Flag is set to 1. - Must be numeric. - Must range from 0000 to 2359.	B

90.	Emergency Department Discharge Date	Date	ccyymmdd	- Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer. - Must be present if ED Flag is set to 2. - May be present if ED Flag is set to 1. - Must be valid date format (CCYYMMDD). - Must be greater than or equal to Registration Date	B
91.	Emergency Department Discharge Time	Character	4	- Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer. - Must be present if ED Flag is set to 2. - May be present if ED Flag is set to 1. - Must be numeric. - Must range from 0000 to 2359.	B
92.	Assoc_DX11	Character	7	Patient's eleventh associated diagnosis: - If present, DX10 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
93.	Assoc_DX12	Character	7	Patient's twelfth associated diagnosis: - If present, DX11 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A

94.	Assoc_DX13	Character		7	Patient's thirteenth associated diagnosis: - If present, DX12 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
95.	Assoc_DX14	Character		7	Patient's fourteenth associated diagnosis: - If present, DX13 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
96.	Assoc_DX15	Character		7	Patient's fifteenth associated diagnosis: - If present, DX14 must be present - Must be valid ICD code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD external cause code (V00-Y99)	A
97.	CPT6	Character		5	Patient's sixth CPT code: - If entered must be valid CPT code - If present, CPT5 must be present	A
98.	CPT7	Character		5	Patient's seventh CPT code: - If entered must be valid CPT code - If present, CPT6 must be present	A
99.	CPT8	Character		5	Patient's eighth CPT code: - If entered must be valid CPT code - If present, CPT7 must be present	A
100.	CPT9	Character		5	Patient's ninth CPT code: - If entered must be valid CPT code - If present, CPT8 must be present	A

101.	CPT10	Character	5	Patient's tenth CPT code: - If entered must be valid CPT code - If present, CPT9 must be present	A
102.	Primary Payer Type	Character	1	- Must be present - Must be valid as specified in Outpatient Observation Data Code Tables - If Medicaid is one of two payers, Medicaid must be coded as the secondary type and source of payment unless Free Care is the secondary type and source of payment	A
103.	Secondary Payer Type	Character	1	- Must be present - Must be valid as specified in Outpatient Observation Data Code Tables - If Medicaid is one of two payers, Medicaid must be coded as the secondary type and source of payment unless Free Care is the secondary type and source of payment	A

+ = All ICD 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 Center for Health Information and Analysis, 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 Center for Health Information and Analysis, 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.	MMIS_ID	Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID).
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	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, 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 SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer. 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".
19.	Obs_2Srce	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, 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 SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer. 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".
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 on CHIA website.
22.	Payr_Sec	Secondary Source of Payment. Refer to the Payer Source description on CHIA website. 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.

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24.	Surgeon	Surgeon's Mass. Board of Registration in Medicine License Number or "DENSG", "PODTR", "OTHER", "NURSEP", "PHYAST" 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", "NURSEP", "PHYAST" 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 Principal Diagnosis excluding decimal point.
28-32.	Assoc_DX	ICD Associated Diagnosis, up to five associated diagnoses excluding the decimal point.
33.	P_PRO	Principal ICD Procedure excluding decimal point.
34.	P_PRODATE	Date (century, year, month and day) of patient's principal procedure.
35. 37. 39.	Assoc_PRO	ICD Associated Procedures, up to three associated procedures excluding the decimal point.
36. 38. 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	Use **Ethnicity Codes from the Center for Disease Control :** **http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf** OR 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, W = Clinically undetermined, 1=Exempt, A = Not applicable (only valid for NCHS official published list of not applicable ICD-10-CM codes for POA flag.)
62 – 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, 1=Exempt, A = Not applicable (only valid for NCHS official published list of not applicable ICD 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 Center for Health Information and Analysis 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 "DENSG", "PODTR", "OTHER", "NURSEP", "PHYAST" or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively.
72.	ICD Indicator	International Classification of Diseases version for Diagnosis Codes. Report "0" to define the ICD-10 diagnosis on claim.

73.	External Cause Code	Must be present when principal diagnosis is ICD-10-CM codes (S00-S99).
		May be present when principal diagnosis is ICD-10-CM T-Codes (T00-T88):
		Must be a valid ICD-10-CM external cause code (V00-Y89).
		Additional (V00-Y89) and supplemental (Y90-Y99) ICD external cause codes shall be recorded in associated diagnosis fields.
74 - 78	Assoc_DX	ICD Associated Diagnosis, up to five additional associated diagnoses excluding the decimal point.
79 - 83	Condition Present on Observation – Assoc. Diagnosis Code	Condition present on observation for diagnosis codes, up to five additional conditions present on observation Y = Yes, N = No, U = Unknown, W = Clinically undetermined, 1=Exempt, A = Not applicable (only valid for NCHS official published list of not applicable ICD codes for POA flag.)
84.	Health Plan Member ID	Health Plan Member ID for payer not including Self Pay, Worker's Comp, MassHealth, Free Care/HSN, Auto Insurance. Report Subscriber ID if member ID is unknown.
85	Patient Last Name	Patient Last Name is required.
86.	Patient First Name	Patient First Name is required.
87.	Number of Hours in ED	Number of Hours in ED should be provided when ED is reflected in the observation stay. It is required when Admission Source is Within Hospital ER Transfer or ED Flag is set to 2.
88.	Emergency Department Registration Date	Emergency Department Registration Date should be provided when ED is reflected in the observation stay. It is required when Admission Source is Within Hospital ER Transfer or ED Flag is set to 2.
89.	Emergency Department Registration Time	Emergency Department Registration Time should be provided when ED is reflected in the observation stay. . It is required when Admission Source is Within Hospital ER Transfer or ED Flag is set to 2.

90.	Emergency Department Discharge Date	Emergency Department Discharge Date should be provided when ED is reflected in the observation stay. . It is required when Admission Source is Within Hospital ER Transfer or ED Flag is set to 2.
91.	Emergency Department Discharge Time	Emergency Department Discharge Time should be provided when ED is reflected in the observation stay. . It is required when Admission Source is Within Hospital ER Transfer or ED Flag is set to 2.
92 - 96	Assoc_DX	ICD Associated Diagnosis, up to five additional associated diagnoses excluding the decimal point.
97 - 101	CPT	CPT9, up to ten CPT codes.
102 - 103	Payer Type Code	Primary and Secondary Payer Type Code are required. Must be valid code as listed in table below.

Hospital Organization ID

ORG ID	CURRENT ORGANIZATION NAME
1	Anna Jaques Hospital
2	Athol Memorial Hospital
5	Baystate Franklin Medical Center
6	Baystate Mary Lane Hospital
4	Baystate Medical Center
106	Baystate Noble Hospital
139	Baystate Wing Memorial Hospital
7	Berkshire Medical Center - Berkshire Campus
98	Beth Israel Deaconess Hospital – Milton
53	Beth Israel Deaconess Hospital - Needham
79	Beth Israel Deaconess Hospital – Plymouth
10	Beth Israel Deaconess Medical Center - East Campus
46	Boston Children's Hospital
16	Boston Medical Center - Harrison Avenue Campus
59	Brigham and Women's Faulkner Hospital

22	**Brigham and Women's Hospital**
27	**Cambridge Health Alliance - Cambridge Campus**
142	*Cambridge Health Alliance - Whidden Memorial Campus*
39	**Cape Cod Hospital**
132	**Clinton Hospital**
50	**Cooley Dickinson Hospital**
51	**Dana-Farber Cancer Institute**
57	**Emerson Hospital**
8	**Fairview Hospital**
40	**Falmouth Hospital**
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.**
8509	*Health Alliance Hospital -- Leominster Campus*
73	**Heywood Hospital**
77	**Holyoke Medical Center**
81	**Lahey Clinic -- Burlington Campus**
4448	*Lahey Clinic Northshore*
109	**Lahey Health – Addison Gilbert Hospital**
110	**Lahey Health – Beverly Hospital**
138	**Lahey Health – Winchester Hospital**
83	**Lawrence General Hospital**
85	**Lowell General Hospital**
115	**Lowell General Hospital – Saints Campus**
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**
49	**MetroWest Medical Center - Framingham Campus**
457	*MetroWest Medical Center - Leonard Morse Campus*
97	**Milford Regional Medical Center**
99	**Morton Hospital and Medical Center, A Steward Family Hospital**
100	**Mount Auburn Hospital**
101	**Nantucket Cottage Hospital**
11467	**Nashoba Valley Medical Center, A Steward Family Hospital**
103	**New England Baptist Hospital**
105	**Newton-Wellesley Hospital**
116	**North Shore Medical Center, Inc. - Salem Campus**
3	*North Shore Medical Center, Inc. - Union Campus*
127	**Saint Vincent Hospital**

6963	**Shriners Hospitals for Children – Boston**
11718	**Shriners Hospitals for Children – Springfield**
25	**Signature Healthcare Brockton Hospital**
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**
42	**Steward Carney Hospital**
62	**Steward Good Samaritan Medical Center - Brockton Campus**
4460	**Steward Good Samaritan Medical Center - Norcap Lodge Campus**
75	**Steward Holy Family Hospital and Medical Center**
11466	**Steward Holy Family at Merrimack Valley**
41	**Steward Norwood Hospital**
114	**Saint Anne's Hospital**
126	**Steward St. Elizabeth's Medical Center**
129	**Sturdy Memorial Hospital**
104	**Tufts-New England Medical Center**
131	**UMass Memorial Medical Center - University Campus**
130	*UMass Memorial Medical Center - Memorial Campus*

Source of Payment – See CHIA website for complete listing. http://www.chiamass.gov/hospital-data-specification-manuals/

Ethnicity Codes

Utilize full list of standard codes, per Center for Disease Control, and those listed below:
http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf

Ethnicity Code	Ethnicity Definition
AMERCN	American
BRAZIL	Brazilian
CVERDN	Cape Verdean
CARIBI	Caribbean Island

PORTUG	Portuguese
RUSSIA	Russian
EASTEU	Eastern European
OTHER	Other Ethnicity
UNKNOW	Unknown/not specified

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
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
N	None	None (Valid only for Secondary Payer)
Q	CommCare	Commonwealth Care/ConnectorCare Plans
Z	DEN	Dental Plans

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 957 CMR 8.00 shall not be deemed acceptance of the factual accuracy of the data contained therein.

4. Submittal Schedule

Hospital Outpatient Observation Data Files must be submitted quarterly to the CHIA 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