CENTER FOR HEALTH INFORMATION AND ANALYSIS

MASSACHUSETTS
CASE MIX

HOSPITAL INPATIENT DISCHARGE DATA (EDD)

FISCAL YEAR 2018
DOCUMENTATION MANUAL

Massachusetts Case Mix
FY2018 Hospital Inpatient Discharge Data

USER GUIDE

Table of Contents

Executive Summary

The FY2018 Hospital Inpatient Discharge Data Guide provides general information about CHIA's most recent inpatient data holdings. Each quarter, Massachusetts facilities provide CHIA with information that CHIA compiles into annual Hospital Inpatient Discharge databases (HIDDs). This data is collected from Massachusetts' acute care hospitals and includes all inpatient admissions. The FY2018 HIDD includes Inpatient discharges that occurred between October 1, 2017 and September 30, 2018. Facilities reported a total of 809,270 discharges.

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

Part A. Data Collection

Acute care hospitals in Massachusetts are required to submit inpatient discharge data to CHIA under *957 CMR 8.00 - APCD and Case Mix Data Submission* and *Regulation 957 CMR 5.00: Health Care Claims, Case Mix and Charge Data Release Procedures*. Researchers can access HIDD regulations by visiting CHIA's web site [http://www.chiamass.gov/regulations] or by faxing a request to CHIA at 617-727-7662.

957 CMR 8.00 - APCD and Case Mix Data Submission requires acute care hospitals to submit inpatient discharge data to CHIA 75 days after each quarter. The quarterly reporting intervals for the FY2018 HIDD are as follows:

> **Quarter 1:** October 1, 2017 - December 31, 2017
> **Quarter 2:** January 1, 2018 – March 31, 2018
> **Quarter 3:** April 1, 2018 – June 30, 2018
> **Quarter 4:** July 1, 2018 – September 30, 2018

CHIA reviews each hospital's quarterly data for compliance with *957 CMR 8.00 - APCD and Case Mix Data Submission* using a one percent error rate. The one percent error rate is based upon the presence of one or more errors per discharge for the hospital's quarterly submission. CHIA checks for valid codes, correct formatting, and presence of the required data elements. If one percent or more of the discharges are rejected, CHIA rejects the entire quarterly submission.

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

Emergency Department (ED) Visits and Outpatient Observation Unit Initiated Stays

Discharges that began in an ED Visit and ended in an Inpatient discharge will have a positive value in the "ED Indicator." Discharges that began in an observation unit stay and ended in an inpatient discharge will have a positive value in the "Observation Indicator." Any ED visit or observation stay that resulted in an inpatient discharge will appear in the FY2018 HIDD, and should not appear in the FY2018 Outpatient Emergency Department Database or FY2018 Outpatient Observation Stay Database.

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

HIDD Verification Report Process

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

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

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

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

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

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

Users interested in the FY2018 HIDD Verification Reports should contact CHIA at CaseMix.data@state.ma.us. Please indicate the fiscal year of the Verification Report, the dataset name, and if you need information for a specific hospital or set of hospitals.

Part B: Applying For and Using CHIA Data

Researchers interested in receiving CHIA data should follow the instructions below to receive access to the data. Due to the custom nature of the request, limited information about how to use the CHIA is provided. Users needing additional assistance applying for data or using the data should contact CaseMix.data@state.ma.us.

How to Apply for the Data

1. To obtain a copy of the Data Use Agreement and/or other documents required for application, go to: http://www.chiamass.gov/chia-data/

2. Follow the links to the forms that correspond to the data (Case Mix, MA APCD) and application type (Government, Non-Government) that is appropriate to your data request.

3. Non-Government users can access pre-configured Limited Data Set (LDS), designed to protect patient data confidentiality while ensuring analytic value. This streamlined dataset also improves CHIA's ability to deliver the data efficiently.

Securing CHIA Data Prior to Use

As an approved data recipient, or its agent, you are obliged by your application and confidentiality agreement to secure this data in a manner that protects the confidentiality of the records and complies fully with the terms of CHIA's Data Use Agreement. All data obtained from CHIA must reside on an encrypted hard drive and/or secure network.

Data Delivery

CHIA delivers HIDD on CD-ROMs. Users must be able to meet the following Hardware and CD requirements. As well, users must be able to read and download the data files to their back office.

Hardware Requirements:

CD ROM Device
Encrypted Hard Drive with 2.0 GB of space available

Data Use

The FY2018 Case Mix HIDD consists of up to 13 Microsoft Access Database (.mdb) files or 9 SAS files (.sas7bdat). Each file name will have a suffix of "_Full_AAAA_BBBB". AAAA indicates the specific view of the data. BBBB indicates whether the data is from an LDS or Government dataset.

The main FIPA_HDD_2018_**Discharge**_ (table name: Discharge), contains one record per discharge. The unique identifier on this table is the RecordType20ID.

FIPA_HDD_2018_**DiagnosisCode**_ (table name: DiagnosisCode), contains one record per diagnosis reported for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecordType20ID.

FIPA_HDD_2018_**ProcedureCode_** (table name: ProcedureCode), contains one record per procedure for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecordType20ID.

FIPA_HDD_2018_**Service_** (table name: Service), contains one record per revenue code service reported for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecordType20ID.

FIPA_HDD_2018_**Organization_** (table name: Organization) contains one record per organization. This table can be used to lookup facility names, EMS region, and Teaching status. The Discharge table has a many to one relationship with this Table by linking the appropriate OrgId (IdOrgFiler, IdOrgHosp, IdOrgSite or IdOrgTransfer).

FIPA_HDD_2018_**SubmissionLog_** (table name: SubmissionLog) contains one record per quarter for each of the Inpatient facilities filing data. The Discharge table has a many to one relationship with this Table by linking the IdOrgFiler.

FIPA_HDD_2018_**Error Log_** (table name: ErrorLog) contains records by quarter and by fiscal year on the number of records pass and fail and the reason for fail by IdOrgFiler. The Discharge table has a one- to- many relationship with this Table by linking the RecordType20ID.

Groupers:

FIPA_HDD_2018_**APR200**, FIPA_HDD_2018_**APR261**, FIPA_HDD_2018_**APR300**, FIPA_HDD_2018_**APR340,** FIPA_HDD_2018_**CMS350** contain grouper data. The Discharge table has a one to one relationship with each Table by linking the RecordType20ID.

Linking Files

Historically, case mix data users receive a Microsoft Access version of the data. Access is not a recommended development platform, and is used here as a convenient data transport format only. Most users import the data into SQL, STATA™, SPSS™, SAS™, or R for analysis or data management. To accommodate the expanding one-to- many relationship between the main discharge table and other tables (due to lifting the limit on the number of diagnoses and procedure codes), files distributed will now contain multiple tables that are linked using the **RecordType20ID** field. The RecordType20ID field is a unique identifier used to link the main Discharge table to Services, Diagnoses, and Procedures tables. The Organization table can be linked to columns on the Discharge table that contain Organization ID numbers (OrgIds).

Any additional questions can be addressed by contacting CHIA at CaseMix.data@state.ma.us.

Part C: Data Elements

The purpose of the following section is to provide the user with an explanation of some of the data. For more information about specific data elements, facility reporting thresholds, or other questions about the data, please contact CHIA by emailing CaseMix.data@state.ma.us.

About the Limited Data Set (LDS)

The pre-configured Limited Data Set (LDS) is designed to protect patient data confidentiality while ensuring analytic value.

The "core" data elements are available to all users (non-government and government). Users wishing to add to the "core" elements must indicate this by selecting from the list of "buy-ups." The "Buy-up" process allows a user to receive more granular data – for example, instead of a 3 digit patient zip code the user can request a "buy-up" to a 5 digit patient zip code. Note that buy-ups will be reviewed for approval by CHIA based on research needs related to the project Description.

CHIA makes an additional set of core elements available only to government users. These elements are provided to all government users. Government users must specifically identify requested Government-Only in their application.

Master Data Elements List

For the FY2018 HIDD, CHIA is providing a master data elements list by table. Not every user will see every data element—some are reserved for limited dataset buy-ups or for government use. All users should have access to the "CORE" data. Users who choose limited dataset buy-ups may receive access to some "LDS" elements. Only government users may have access to the "GOV" or "GOV-SPEC" fields.

Users interested in purchasing the data should visit the CHIA website for instructions.

DISCHARGE TABLE—CORE ELEMENTS

AdmissionDayOfWeek	LeaveOfAbsenceDays	PrincipalPreoperativeDays
AdmissionSourceCode1-2	LengthOfStay	PrincipalProcedureCode
AdmissionType	NewBornAge	PrincipalProcedureDate
AdmissionYear	NumberOfANDs	PrincipalProcedureMonth
AgeLDS	NumberOfDiagnosisCodes	Quarter
Birthweight	NumberOfProcedureCodes	RecordType20ID
ConditionPresentECode	OtherCareGiverCode	SecondaryPayerType
DaysBetweenStays	OutpatntObsrvStayFlagCode	SexLDS
DischargeDayOfWeek	PatientStatus	SpecialConditionIndicator
DischargePassed	PayerCode1	SubmissionControlID
DischargeYear	PayerCode2	SubmissionPassedFlag
Ecode	PeriodEndingDate	TemporaryPatientStateLDS
EDFlagCode	PeriodStartingDate	TemporaryPatientZip3CodeLDS
HispanicIndicator	PermanentPatientState	TotalChargesAll
HomelessIndicator	PermanentPatientZIP3Code	TotalChargesAncillaries
IdOrgFiler	PrimaryPayerType	TotalChargesRoutine
IdOrgHosp	PrimaryConditionPresent	TotalChargesSpecial
IdOrgSite	PrimaryDiagnosisCode	Year
IdOrgTransfer		NumberOfHoursInED

DISCHARGE TABLE—LDS ELEMENTS

AdmissionDate	LegCHIAOperatingPhysicianP1-P14	PermanentPatientZIP5CodeLDS
AdmissionMonth	MothersUHIN	Race1
AttendingPhysicianNumber	OperatingPhysicianPrincipal	Race2

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

DISCHARGE TABLE—GOVERNMENT-ONLY ELEMENTS

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

DIAGNOSIS TABLE—CORE ELEMENTS

AssociatedIndicator
ConditionPresent
DiagnosisCode
Indicator
RecordType20ID

PROCEDURE TABLE—CORE ELEMENTS

AssociatedIndicator
Indicator

PreOperativeDays	
ProcedureCode	
ProcedureCodeDate	
RecordType20ID	

SERVICE TABLE—CORE ELEMENTS

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

GROUPER—CORE ELEMENTS

APR200_ADM_DRG	APR261_ADM_DRG
APR200_ADM_MDC	APR261_ADM_MDC
APR200_ADM_RCD	APR261_ADM_RCD
APR200_ADM_ROM	APR261_ADM_ROM
APR200_ADM_SOI	APR261_ADM_SOI
APR200_DIS_DRG	APR261_DIS_DRG
APR200_DIS_MDC	APR261_DIS_MDC
APR200_DIS_RCD	APR261_DIS_RCD
APR200_DIS_ROM	APR261_DIS_ROM
APR200_DIS_SOI	APR261_DIS_SOI

APR300_ADM_DRG	APR340_ADM_DRG	CMS_ADM_DRG
APR300_ADM_MDC	APR340_ADM_MDC	CMS_ADM_MDC
APR300_ADM_RCD	APR340_ADM_RCD	CMS_ADM_RCD
APR300_ADM_ROM	APR340_ADM_ROM	CMS_ADM_ROM
APR300_ADM_SOI	APR340_ADM_SOI	CMS_ADM_SOI
APR300_DIS_DRG	APR340_DIS_DRG	CMS350_DIS_DRG
APR300_DIS_MDC	APR340_DIS_MDC	CMS350_DIS_MDC
APR300_DIS_RCD	APR340_DIS_RCD	CMS350_DIS_RCD
APR300_DIS_ROM	APR340_DIS_ROM	CMS_DIS_ROM
APR300_DIS_SOI	APR340_DIS_SOI	CMS_DIS_SOI

Note: Above are standard DRG fields. Depending on the type/version, some fields may be NULL/BLANK as they were not utilized for that type/version.

Organization Table

The "Organization" table contains 1 record for every valid OrgId reported in the Discharge database. Referenced OrgId's include: IdOrgFiler, IdOrgHosp, IdOrgSite, and IdOrgTransfer data elements in the Discharge database. The seventy-four OrgId's referenced in FY2018 HIDD are listed in Table 1.

Table 1: ORGANIZATION IDENTIFICATION

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

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

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

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

Groupers

For data user convenience, CHIA performs data grouping using the 3M™ APR-DRG grouper and the CMS grouper. The All Patient Refined DRGs (3M APR-DRG) is a severity/risk adjusted classification system that provides a means of adjusting for patient differences. For FY2018 HIDD, CHIA has produced five versions of the

Grouper: APR-DRG versions 20.0, 26.1, 30.0 and 34.0 and CMS version 35.0. For the APR-DRG version 20.0, a discharge DRG, MDC, ROM and SOI are generated. For APR-DRG versions 26.1, 30.0 and 34.0, both an admission and discharge DRG, MDC, ROM and SOI are generated. For the CMS DRG version 35.0, a discharge DRG and MDC are generated.

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

Organization of the Diagnosis and Procedure Codes

For FY2018, CHIA organized the procedure and diagnosis fields into three tables—Discharge, Diagnosis, and Procedure.

All secondary diagnosis and procedure codes are in the Diagnosis and Procedure tables, respectively. Indicator codes are available for each secondary diagnosis of procedure code and are based on the order in which those codes were sent to CHIA. In the indicator code field, an 'A' is used to designate admitting diagnosis and an indicator code of 'D' designates discharge diagnosis, all other diagnosis codes have an indicator of 'S' for secondary diagnosis. In the associated indicator code field, the admitting and discharge diagnosis have a code of '0' and secondary diagnosis have sequential numeric codes based on the order submitted. Discharges reached a maximum of 108 secondary diagnosis codes, and a maximum of 113 secondary procedure codes.

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

Organization Identifiers (ORGID)

FY2018 HIDD contains four organization identifier fields. These fields are a CHIA assigned unique code for each Massachusetts facility:

> **Massachusetts Filer Organization ID (IdOrgFiler):** The Organization ID for the facility that submitted the Inpatient discharge data to CHIA.

> **Massachusetts Site Organization ID (IdOrgSite):** The Organization ID for the site where the patient received Inpatient care.
>
> **Massachusetts Hospital Organization ID (IdOrgHosp):** The Organization ID for the main hospital affiliation. For example 3108 (Cambridge Health Alliance) is the IdOrgHosp for the IdOrgSite 142 (Whidden Hospital).
>
> **Massachusetts Transfer Hospital Organization ID (IdOrgTransfer):** is the Organization ID for the facility from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the IdOrgTransfer will be 9999999.

Age LDS

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

> Age is calculated to be the rounded integer value – of the difference between Date of Birth and Discharge date. Age is zero when less than 1 year.
>
> Where Age is valid and < 90, set AgeLDS = Age;
>
> Where Age is valid and > 89 and <= 115, set AgeLDS = 999
>
> Else, where Age is missing, negative value or value > 115, set AgeLDS = null

Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements in their analysis of this field.

Data Limitations

The HIDD is derived from patient discharge summaries, which can be traced to information gathered upon admission or from information entered by admitting and attending health professionals into the medical record. The quality of the HIDD is dependent upon facility data collection policies and coding practices of the medical record staff.

Information may not be entirely consistent from facility to facility due to differences in:

> Collection and verification of patient supplied information before or at admission,
>
> Medical record coding, consistency, and/or completeness,
>
> Extent and flexibility of facility data processing capabilities,
>
> Capacity of financial processing system to record late occurring charges on CHIA's electronic submission,
>
> Non-comparability of data collection and reporting.

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

Historical Data Elements

Users of multiple years of Case Mix data should be careful, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some codes used for specific data elements. Users with questions about new data elements or changes in coding from year to year should contact CHIA at CaseMix.data@state.ma.us.

Data Dictionary

FY2018 HIDD data dictionary provides metadata for the following attributes:

Data Element: name as it appears in the file

Short description: to help users understand what the element contains

Primary table: the main table (MS ACCESS) or file (SAS) that the data element will appear in

Linking tables: other tables that contain the data element

Availability to users: indicates if the data is available to all users ("CORE") a buy-up ("LDS"), or available only to government "Government"

Type of Data: describes if the data element is Categorical, Ordinal, an Identifier, Continuous, Date/Time, or Open Text

CHIA derived or calculated: indicates if the field was created by CHIA

Reference table: indicates if a Categorical data element has set of valid values that are associated with other information

Description: is a longer explanation of the data element and its limitations

Users of the data with additional questions about any specific data element should contact CHIA at CaseMix.data@state.ma.us.

AccommodationsID

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

Active

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

AdmissionDate

Short description:	The date the patient was admitted to the hospital as an inpatient for this episode of care.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Date
CHIA derived:	No
Description:	
Reference table:	No

AdmissionDayOfWeek

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

AdmissionMonth

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

AdmissionSourceCode1, AdmissionSourceCode2

Short description:	How a patient entered the hospital.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No

Description:	These two codes indicate the source of originating, referring or transferring the patient to inpatient admissions. Reporting patterns for the source of stay data element may vary widely.
Reference table:	Source of Admission
Summary Statistics	AdmissionSourceCode1 Frequency

AdmissionType

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

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

AdmissionYear

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

AgeLDS

Short description:	Age of the patient.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	YY
Length:	3
CHIA derived:	Yes
Description:	Age of the patient as calculated by CHIA. Rounded up to the nearest integer. Age is zero when patient is younger than 1 year and age is 999 when patient is older than 89 years. Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements in their analysis of this field.
Reference table:	No
Summary Statistics	AgeLDS Mean

AncillaryID

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

ADM_DRG (APR261_, APR300_APR340)

Short description:	Admitting diagnosis related group.
Primary table:	Grouper – APR 261, Grouper – APR 300, Grouper – APR 340
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Standard DRG based on admission diagnoses.
Reference table:	Standard 3M Grouper Values

ADM_MDC (APR261_, APR300_APR 340)

Short description:	Admitting major diagnostic category.
Primary table:	Grouper – APR 261, Grouper – APR 300, Grouper – APR 340
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Admission MDC should classify the patient, based on Admission diagnoses and procedures, into a standard major diagnostic group.
Reference table:	Standard 3M Grouper Values

ADM_RCD (APR261_, APR300_APR 340)

Short description:	Null grouper field.
Primary table:	Grouper – APR 261, Grouper – APR 300, Grouper – APR 340
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	N/A.
Reference table:	

ADM_ROM (APR261_, APR300_APR340)

Short description:	Admitting risk of mortality.
Primary table:	Grouper – APR 261, Grouper – APR 300, Grouper – APR 340
Linking tables:	

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

ADM_SOI (APR261_, APR300_APR340)

Short description:	Admitting severity of illness.
Primary table:	Grouper – APR 261, Grouper – APR 300, Grouper – APR 340
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Admitting SOI should classify the patient, based on admitting diagnoses and procedures, into a standard category of illness severity.
Reference table:	Standard 3M Grouper Values

DIS_DRG (APR200_, APR261_, APR300_APR340)

Short description:	Discharge diagnosis related group.
Primary table:	Grouper – APR 200, Grouper – APR 261, Grouper – APR 300, Grouper – APR 340
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Standard DRG based on Discharge diagnoses.
Reference table:	Standard 3M Grouper Values

DIS_MDC (APR200_, APR261_, APR300_APR340)

Short description:	Discharge major diagnostic category.
Primary table:	Grouper – APR 200, Grouper – APR 261, Grouper – APR 300, Grouper – APR 340
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	

Length:

CHIA derived:

Description: Discharge MDC should classify the patient, based on Discharge diagnoses and procedures, into a standard major diagnostic group.

Reference table: Standard 3M Grouper Values

DIS_RCD (APR200_, APR261_, APR300_APR340)

Short description: Null grouper field.

Primary table: Grouper – APR 200, Grouper – APR 261, Grouper – APR 300, Grouper – APR 340

Linking tables:

Availability to users: CORE

Type of Data: Categorical

Format:

Length:

CHIA derived:

Description: N/A

Reference table:

DIS_ROM (APR200_, APR261_, APR300_APR340)

Short description: Discharge risk of mortality

Primary table: Grouper – APR 200, Grouper – APR 261, Grouper – APR 300, Grouper – APR 340

Linking tables:

Availability to users: CORE

Type of Data: Categorical

Format:

Length:

CHIA derived:

Description: Discharge ROM should classify the patient, based on discharge diagnoses and procedures, into a standard category of mortality risk.

Reference table: Standard 3M Grouper Values

DIS_SOI (APR200_, APR261_, APR300_APR340)

Short description: Discharge severity of illness.

Primary table: Grouper – APR 200, Grouper – APR 261, Grouper – APR 300, Grouper – APR 340

Linking tables:

Availability to users: CORE

Type of Data: Categorical

Format:

Length:

CHIA derived:

Description:	Discharge SOI should classify the patient, based on discharge diagnoses and procedures, into a standard category of illness severity.
Reference table:	Standard 3M Grouper Values

AssociatedIndicator

Short description:	Category of diagnosis or procedure.
Primary table:	Diagnosis
Linking tables:	Procedure
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	2
CHIA derived:	
Description:	Indicates if the diagnosis or procedure was primary, secondary, admitting, or discharge.
Reference table:	Yes
Summary Statistics	No

CODE	DESCRIPTION
A	Admitting
D	Discharge
P	Principal
S	Secondary

AttendingPhysicianNumber

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

Birthweight

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

ClaimCertificateRID

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

CMS350_DIS_DRG

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

CMS350_DIS_MDC

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

ConditionPresent

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

ConditionPresentECode

Short description:	Flags whether the E-code was present on admission.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	Indicates the onset of a diagnosis preceded or followed by admission. There is a POA indicator for every diagnosis and E-code.
Reference table:	Condition Present

DaysBetweenStays

Short description:	Count of stays between admissions.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	4
CHIA derived:	
Description:	This CHIA calculated field indicates the number of days between each admission and each consecutive admission for applicable patients. That is, a match with the UHIN only is used to make a determination that a patient has been readmitted.
Reference table:	No

DHCFPSubmissionFile

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

DiagnosisCode

Short description:	ICD-10-CM code for each diagnosis reported by the facility.
Primary table:	Diagnosis
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	7
CHIA derived:	No
Description:	ICD-10-CM Associated Diagnosis. Excludes the decimal point. May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present. Associated External Cause Codes may be: ICD-10-CM (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).
Reference table:	Standard ICD-9-CM or ICD-10-CM Diagnosis Codes

DischargeDate

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

DischargeDayOfWeek

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

DischargeMonth

Short description:	Month in which patient was discharged from Inpatient status.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Date
Format:	MM
Length:	6
CHIA derived:	No
Description:	Month of discharge from inpatient status. Only two-digit values are valid.
Reference table:	No

DischargePassed

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

DischargeYear

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

DNRStatus

Short description:	Indicates whether there is an order not to resuscitate the patient
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	
Description:	A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive from potential or apparent death or that a patient was being treated with comfort measures only.
Reference table:	Yes
Summary Statistics	DNRStatus Frequency

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

Ecode

Short description:	ICD-10-CM External Cause code.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	6
CHIA derived:	No
Description:	International Classification of Diseases, 10th Revision, Clinical Modification (ICD) V-codes, and or W-codes, X-codes, or Y-codes (V00-Y99) are used to categorize events and conditions describing the external cause of injuries, poisonings, and adverse effects. Codes adequate to describe the external cause are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings of the ICD-10-CM (S00-T88) or where the ICD-10-CM codes demonstrate that an additional E-code is appropriate. The principal external cause of injury code shall describe the mechanism that caused the most severe injury, poisoning, or adverse effect. Additional codes used to report place of occurrence or to completely describe the mechanism(s) that contributed to the injury or poisoning or the causal circumstances surrounding any injury or poisoning are reported in the Diagnosis table. This data element describes the principal external cause of injuries, poisonings, and adverse effects using ICD-9-CM codes. In addition to the dedicated E-Code field, facilities record additional E-Codes in the associated diagnosis fields for conditions having multiple causes.
Reference table:	Standard ICD-9-CM or ICD-10-CM Diagnosis Codes

EDFlagCode

Short description:	Indicates if inpatient admission began in the hospital's emergency department
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical

Format:

Length: 1

CHIA derived: No

Description:

Reference table:

Summary Statistics   EDFlagCode Frequency

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

EmergencyDepartmentRegistrationDate:

Short description: Date of patient registration from the hospital's emergency department

Primary table: Discharge

Availability to users: CORE

Type of Data: Categorical

EmergencyDepartmentRegistrationTime

Short description: Time of patient registration from the hospital's emergency department

Primary table: Discharge

Availability to users: CORE

Type of Data: Categorical

EmergencyDepartmentDischargeDate

Short description: Date of patient discharge from the hospital's emergency department

Primary table: Discharge

Availability to users: CORE

Type of Data: Categorical

EmergencyDepartmentDischargeTime

Short description: Time of patient discharge from the hospital's emergency department

Primary table: Discharge

Availability to users: CORE

Type of Data: Categorical

EmployerZipCode

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

ErrorCategory

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

ErrorDescription:

Short description:	Standardized Description of the reported error.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	Yes
Description:	CHIA flag. Used for processing.
Reference table:	No

Ethnicity 1, Ethnicity 2

Short description:	Standardized, facility reported ethnicity.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Categorical
Format:	
Length:	6
CHIA derived:	No
Description:	Primary (Ethnicity 1) or Secondary (Ethnicity 2) ethnicity as reported by the provider. CHIA's Provider community utilizes the full list of standard ethnicity codes, per the Center for Disease Control [http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf] and the specific codes listed below.

Reference table:

CODE	DESCRIPTION
AMERCN	American
BRAZIL	Brazilian
CVERDN	Cape Verdean
CARIBI	CaribbeanIsland
PORTUG	Portuguese
RUSSIA	Russian
EASTEU	Eastern European
OTHER	Other Ethnicity
UNKNOW	Unknown/Not Specified

HispanicIndicator

Short description:	Indicates whether patient was Hispanic.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	A flag for patients of Hispanic/Latino/Spanish culture or origin regardless of race.
Reference table:	Yes
Summary Statistics	HispanicIndicator Frequency

CODE	DESCRIPTION
Y	Patient is Hispanic/Latino/Spanish.
N	Patient is not Hispanic/Latino/Spanish.

HomelessIndicator

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

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

HospitalBillNo

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

ICD Indicator

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

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

IdOrgFiler

Short description:	ID number of the facility that submitted Inpatient Discharges.
Primary table:	Discharge
Linking tables:	SubmissionLog
	ErrorLog
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	No
Description:	The Organization ID for the facility that submitted the Inpatient discharge data to CHIA.
Reference table:	Organization

IdOrgHosp

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

IdOrgSite

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

IdOrgTransfer

Short description:	IDOrgTransfer indicates where patient was transferred from.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	10
CHIA derived:	No
Description:	Organization ID for the facility from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the IdOrgTransfer will be 9999999.
Reference table:	Organization

Indicator

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

Indicator

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

LeaveOfAbsenceDays

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

LegCHIAAttendingPhysicianNumber

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

LegCHIAOperatingPhysicianP

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

LegCHIAOperatingPhysicianP1-P14

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

LengthOfStay

Short description:	Count of days in the hospital.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	NNN
Length:	4
CHIA derived:	Yes
Description:	Count of days between the admitting and discharge date for an Inpatient discharge.
Reference table:	No

LineNumber

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

MedicalRecordNumber

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

MotherMedicalRecordNumber

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

MothersUHIN

Short description:	Patient's mother's unique id.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Open Text
Format:	VARCHAR
Length:	9
CHIA derived:	No
Description:	CHIA generated unique identifier of a newborn's mother. For newborns or for infants less than 1 year old, CHIA derives a unique ID for the patient's mother. This unique ID allows a newborn visit to be associated with a

Mother's visit. Linkable across records and fiscal years. Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as '000000001'. The utility of the UHIN field is dependent on the reporting data. For a small number of facilities, little or no UHIN data exists, as these institutions failed to report patients' uniquely identified information. Other facilities reported the same data repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's unique identifiers to her infant or assignment of a spouse's unique identifiers to a patient. Invalid data uses the code UHIN="4".

Reference table: No

NewBornAge

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

NumberDischargesFailed

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

NumberDischargesPassed

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

NumberOfANDs

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

NumberOfDiagnosisCodes

Short description: Count of diagnosis codes in a particular submission.

Primary table: Discharge

Linking tables:

Availability to users: CORE

Type of Data: Continuous

Format:

Length: 3

CHIA derived:

Description:

Reference table: No

NumberOfDischarges

Short description: Count of discharges in a particular submission.

Primary table: SubmissionLog

Linking tables: ErrorLog

Availability to users: CORE

Type of Data: Continuous

Format:

Length:

CHIA derived:

Description:

Reference table: No

NumberOfErrors

Short description: Count of errors in submission.

Primary table: ErrorLog

Linking tables:

Availability to users: CORE

Type of Data: Continuous

Format:

Length:

CHIA derived:

Description:

Reference table:

NumberOfProcedureCodes

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

OperatingPhysicianPrincipal

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

OperatingPhysicianSignificant1-14

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

OrgId

Short description:	Unique identifier for ED facility. Linkage across tables and fiscal years.
Primary table:	Org IDS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	No
Description:	ED facility specific identifier.
Reference table:	Yes

OrgName

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

OtherCareGiverCode

Short description:	Indicates if the patient had a caregiver.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	This data element indicates the type of primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver codes include resident, intern, nurse practitioner, and physician's assistant.
Reference table:	Yes
Summary Statistics	OtherCareGiverCode Frequency

CODE	DESCRIPTION
1	Resident
2	Intern
3	Nurse Practitioner
4	Not Used
5	Physician Assistant

OtherEthnicity

Short description:	Non-standard patient ethnicity designations.
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV
Type of Data:	Open Text
Format:	VARCHAR
Length:	20
CHIA derived:	No
Description:	Patient's ethnicity as entered by the facility. Other ethnicity is an open text field for reporting additional ethnicities when ethnicity 1 or ethnicity 2 equals "R9", or "Other ethnicity".
Reference table:	No

OtherRace

Short description:	Non-standard patient race designations.
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV
Type of Data:	Open Text
Format:	VARCHAR
Length:	15
CHIA derived:	No
Description:	Patient's Race as entered by the facility. Other Race is an open text field for reporting additional races when Race 1 or Race 2 equals "R9", or "Other Race".
Reference table:	No

OutpatntObsrvStayFlagCode

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

Passed

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

PatientBirthDate

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

PatientStatus

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

PayerCode1

Short description:	Categorical. Standardized payer source code.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	3
CHIA derived:	No
Description:	A standardized source of payment code (different than payer code). Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.
Reference table:	Payer Source Code

PayerCode2

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

Length:	3
CHIA derived:	No
Description:	A standardized source of payment code (different than payer code). Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.
Reference table:	Payer Source Code

PeriodEndingDate

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

PeriodEndingMonth

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

PeriodEndingYear

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

PeriodStartingDate

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

PeriodStartingMonth

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

PeriodStartingYear

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

PermanentPatientCityLDS

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

PermanentPatientCountryLDS

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

PermanentPatientStateLDS

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

PermanentPatientStreetAddress

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

PermanentPatientZIP3CodeLDS

Short description:	3-digit zip code of the patient's permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	ZIP code
Format:	NNN
Length:	9
CHIA derived:	No
Description:	First three digits of patient's permanent zip code. ZIP codes are not standardized and this field is as reported from a nine-digit ZIP code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont or Rhode Island) ZIP codes are set to zeros (0s) and the state is removed. Any additional questions can be addressed by contacting CHIA at CaseMix.data@state.ma.us
Reference table:	No

PermanentPatientZIP5CodeLDS

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

Format:	NNNNN
Length:	9
CHIA derived:	No
Description:	First five digits of patient's permanent zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont or Rhode Island) zip codes are set to zeros (0s) and the state is removed. Any additional questions can be addressed by contacting CHIA at CaseMix.data@state.ma.us.
Reference table:	No

PermanentPatientZIPCode

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

PreOperativeDays

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

PrimaryConditionPresent

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

PrimaryDiagnosisCode

Short description:	ICD-10-CM code for the Condition that led to the admission to the ED. ED determined.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	6
CHIA derived:	No
Description:	The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care.
Reference table:	Yes Standard ICD-9-CM or ICD-10-CM Diagnosis Codes

PrimaryPayerType

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

PrincipalPreoperativeDays

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

PrincipalProcedureCode

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

PrincipalProcedureDate

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

PrincipalProcedureMonth

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

ProcedureCode

Short description:	ICD-10-CM code for each significant procedure reported by the facility. Up to X Procedures in FY2018.
Primary table:	Procedure
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	7
CHIA derived:	No
Description:	The ICD procedure code usually corresponding to additional procedures which carry an operative or anesthetic risk or require highly trained personnel, special equipment or facilities.
Reference table:	Yes Standard ICD-9-CM or ICD-10-CM Procedure Codes

ProcedureCodeDate

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

Quarter

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

Race1, Race2

Short description:	Standardized, facility reported race.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Categorical
Format:	
Length:	6
CHIA derived:	No
Description:	Primary race as reported by the provider. CHIA's Provider community utilizes the full list of standard race codes, per Center for Disease Control https://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf and those listed below
Reference table:	Yes
Summary Statistics	Race1, Race2

CODE	DESCRIPTION
R1	American Indian/Alaska Native
R2	Asian
R3	Black/African American
R4	Native Hawaiian or other Pacific Islander
R5	White
R9	Other Race
R1	American Indian/Alaska Native
R2	Asian
R3	Black/African American

RecordType20ID

Short description:	Unique per Visit. Key to link from Visit table.
Primary table:	Discharge
Linking tables:	Diagnosis
	Service
	Procedure
	Grouper
Availability to users:	CORE
Type of Data:	Identifier
Format:	Integer
Length:	1
CHIA derived:	No
Description:	Indicator for Record Type '20'. Required for every Inpatient Visit. Only one allowed per Inpatient Visit. Inpatient visit specific record identifier used to link data about a specific visit across CHIA data tables. Users should use this identifier with facility IDs and Discharge IDs to capture a unique record.
Reference table:	No

RevenueCode

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

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

RevenueCodeType

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

SecondaryPayerType

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

Sequence

Short description:	Order of hospital visits for a patient
Primary table:	Service
Linking tables:	Service
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	
CHIA derived:	
Description:	This calculated field indicates the chronological order of Inpatient discharge for patients with multiple Inpatient discharges in a calendar. A match with the UHIN only, is used to make the determination that a patient has had multiple discharges. The Sequence Number uses the following data conventions: (1) The sequence number is calculated by sorting the file by UHIN and visit date (in ascending order). (2) The sequence number is then calculated by incrementing a counter for each UHIN's set of visits. A sequence number of "1" indicates the first admission for the UHIN in that fiscal year. (3) If a UHIN has two visits on the same day, the visit date is used as the secondary sort key. (4) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
Reference table:	No

SexLDS

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

CODE	DESCRIPTION
M	Male
F	Female
U	Unknown

SpecialConditionIndicator

Short description:

Primary table: Discharge

Linking tables:

Availability to users: CORE

Type of Data: Categorical

Format:

Length: 1

CHIA derived: No

Description:

Reference table: Yes

SubmissionActive

Short description: CHIA processing field

Primary table: ErrorLog

Linking tables:

Availability to users: CORE

Type of Data: Categorical

Format:

Length:

CHIA derived:

Description:

Reference table: No

SubmissionControlID

Short description: Unique per facility-quarter-submission. Key to link from the Visit table.

Primary table: Discharge

Linking tables: Service

SubmmissionLog

ErrorLog

Availability to users: CORE

Type of Data: Identifier

Format:	VARCHAR
Length:	4
CHIA derived:	No
Description:	Unique id for a facility's submission of data to CHIA. Usually one
	Submission Control ID is associated with a facilities quarterly submission.
Reference table:	No

SubmissionPassed

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

SubmissionPassedFlag

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

SubmissionQuarter

Short description:	Indicates the quarter (1-4) in which the record was submitted to CHIA.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Date

Format:	
Length:	
CHIA derived:	No
Description:	Quarter in which the visit was submitted to CHIA.
Reference table:	No

SubmissionYear

Short description:	Indicates the year (2017-2018) in which the record was submitted to CHIA.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
CHIA derived:	No
Description:	Year in which the visit was submitted to CHIA.
Reference table:	No

TemporaryPatientCityLDS

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

TemporaryPatientStateLDS

Short description:	Current state of residence for a patient, if different from permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	2
CHIA derived:	No

Description:	Indicates "MA" if the patient temporarily resides in Massachusetts
Reference table:	STATE

TemporaryPatientZip3CodeLDS

Short description:	Current 3-digit ZIP code of patient residence, if different from permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	ZIP code
Format:	NNN
Length:	9
CHIA derived:	No
Description:	First three digits of patient's temporary, Massachusetts zip code. ZIP codes are not standardized and this field is as reported from a nine-digit ZIP code. The Limited Data Set supports selection of 3-character ZIP Code or 5-character ZIP Code for approval by CHIA. Government users may be able to request a 9-character ZIP Code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, or Rhode Island) ZIP codes are set to zeros (0s) and the state is removed.
Reference table:	No

TemporaryPatientZip5CodeLDS

Short description:	Current 5-digit ZIP code of patient residence, if different from permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	ZIP code
Format:	NNNNN
Length:	9
CHIA derived:	No
Description:	First five digits of patient's temporary, Massachusetts zip code. ZIP codes are not standardized and this field is as reported from a nine-digit ZIP code. The Limited Data Set supports selection of 3-character ZIP Code or 5-character ZIP Code for approval by CHIA. Government users may be able to request a 9-character ZIP Code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, or Rhode Island) ZIP codes are set to zeros (0s) and the state is removed.
Reference table:	No

TemporaryPatientZIPCode

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

TemporaryUSPatientStreetAddress

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

TotalCharges

Short description:	Total charges associated with ED visits in a Facility-Submission- Quarter.
Primary table:	Service
Linking tables:	Service
	SubmissionLog
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	
CHIA derived:	No
Description:	Sum of charges for the visit.
Reference table:	No

TotalChargesAll

Short description:	Hospital charges (all)
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	NNNNNNNN
Length:	8
CHIA derived:	No
Description:	The full, undiscounted charges summarized by specific accommodation revenue code(s). Total charges should not include charges for telephone service, television or private duty nurses. Any charges for a leave of absence period are to be included in the routine accommodation charges for the appropriate service (medical/surgical, psychiatry) from which the patient took the leave of absence. Any other routine admission charges or daily charges under which expenses are allocated to the routine or special care reporting centers on the CHIA-403 must be included in the total charges. This is the grand total of charges associated with the patient's emergency room visit. The total charge amount should be rounded to the nearest dollar. A charge of $0 is not permitted unless the patient has a special Departure Status.
Reference table:	No

TotalChargesAncillaries

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

TotalChargesRoutine

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

TotalChargesSpecial

Short description:	Special charges for hospital services
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	NNNNNNNN
Length:	8
CHIA derived:	No
Description:	The full, undiscounted charges for patient care summarized by prescribed revenue code for accommodation services in those special care units which provide patient care of a more intensive nature than that provided in the general medical care units, as specified in Inpatient Data Code Table(3).
Reference table:	No

TransmittalID

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

UHIN

Short description:	Patient's unique id.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	9
CHIA derived:	No
Description:	CHIA generated unique identifier of the patient. Linkable across records and fiscal years. Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as '000000001'. The utility of the UHIN field is dependent on the reporting data. For a small number of facilities, little or no UHIN data exists, as these institutions failed to report patients' uniquely identified information. Other facilities reported the same data repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's unique identifiers to her infant or assignment of a spouse's unique identifiers to a patient. Invalid data uses the code UHIN="4".
Reference table:	No

UHIN_SequenceNo

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

UnitsOfService

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

VeteransStatus

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

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

Year

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

Longer Reference Tables

FY2018 HIDD has 20 standard reference tables. These relate to categorical variables that are driven by the *Hospital Inpatient Discharge Database October 2016 Submission Guide.* Some of the tables have been integrated into the data dictionary. This section contains longer tables used by multiple data elements. Users of the data with additional questions about any specific Reference table should contact CHIA at CaseMix.data@state.ma.us.

Table 1. ADSOURCE

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

CODE	DESCRIPTION
0	Information Not Available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral/HMO Referral
4	Transfer from Acute Care Hospital
5	Transfer from a Skilled Nursing Facility (SNF)
6	Transfer from Intermediate Care Facility (ICF)
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other
F	Transfer from a Hospice Facility
L	Outside Hospital Clinic Referral
M	Walk-In/Self-Referral
R	Inside Hospital ER Transfer
T	Transfer from Another Institution's Ambulatory Surgery (SDS)
W	Extramural Birth
X	Observation
Y	Within Hospital Ambulatory Surgery Transfer (SDS Transfer)

SRCADM CODE	FOR NEWBORN:
0	Information not Available
A	Normal Delivery
B	Premature Delivery
C	Sick Baby
D	Extramural Birth

Table 2. CONDITION PRESENT

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

CODE	DESCRIPTION
Y	Yes
N	No
U	Unknown
W	Clinically undetermined
1	Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM or ICD-10-CM codes for POA flag)
[Blank]	Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM or ICD-10-CM codes for POA flag)

Table 3. PATIENT STATUS

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

CODE	DESCRIPTION
01	Discharged/transferred to home or self-care (routine discharge)
02	Discharged/transferred to another short-term general hospital for inpatient care
03	Discharged, transferred to Skilled Nursing Facility (SNF)
04	Discharged/transferred to an Intermediate Care Facility (ICF)
05	Discharged/transferred to a Designated cancer Center or Children's Hospital.
06	Discharged/transferred to home under care of organized home health service organization
07	Left against medical advice (AMA)
08	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
09	Not allowed in the MA Hospital Inpatient Discharge Data
12	Discharge Other
13	Discharge/transfer to rehab hospital
14	Discharge/transfer to rest home
15	Discharge to Shelter
20	Expired (or did not recover - Christian Science Patient)
50	Discharged to Hospice - Home
51	Discharged to Hospice Medical Facility
43	Discharged/transferred to federal healthcare facility
61	Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital.
63	Discharge/transfer to a Medicare certified long term care hospital.
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part unit of a hospital.
66	Discharged/transferred to a Critical Access Hospital (CAH).
70	Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this Code List

CODE	DESCRIPTION
81	Discharged to home or self-care with a planned acute care hospital inpatient readmission
82	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
84	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission
85	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
87	Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission
88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
89	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
91	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
92	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission
93	Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
94	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission

Table 4. PAYER TYPE

Principal Data Element	**PayerType**
Other Data Elements	ManagedCareCode
	MCareMCaidPrivCode
Rules	All other values invalid.

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

Table 5. PAYMENT SOURCE

Principal Data Element **PayerCode1**
Other Data Elements PayerCode2
PrimaryPayerType
SecondaryPayerType
Rules All other values are invalid
Some codes are valid as Secondary Source of Payment
Last Updated 12/20/2018

Refer to complete listing at: CHIA Payer Source Codes

Table 6. STATE

Principal Data Element **PermanentPatientStateLDS**
Other Data Elements TemporaryPatientStateLDS Rules

All other values are invalid
Must be present when Patient Country is 'US'
Must be valid U.S. postal code for state

STATE/POSSESSION	ABBREVIATION
Alabama	AL
Alaska	AK
American Samoa	AS
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Federated States of Micronesia	FM
Florida	FL
Georgia	GA

STATE/POSSESSION	ABBREVIATION
Guam	GU
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Marshall Islands	MH
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Northern Mariana Islands	MP
Ohio	OH

STATE/POSSESSION	ABBREVIATION
Oklahoma	OK
Oregon	OR
Palau	PW
Pennsylvania	PA
Puerto Rico	PR
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virgin Islands	VI
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

D. Data Notes/Caveats

At the time of this publication the following data notes or caveats were present from resubmissions that were available in the July 2019 release of FY18 HIDD. As data findings occur, CHIA will begin publishing a separate FY18 HIDD document with new or updated findings, caveats or notes. Data notes or caveats will not be regularly updated in this Documentation Manual.

- **HealthAlliance (ORG ID 71) / Clinton (ORG ID 132) Hospitals** – HealthAlliance Hospital merged with Clinton Hospital on 10/1/2017 becoming UMass HealthAlliance- Clinton Hospital, an acute hospital with two campuses. The newly merged facility, UMass HealthAlliance-Clinton Hospital (ORG ID 71), assumed all medical record reporting for Clinton Hospital (ORG ID 132) for all quarters in the FY18 reporting period.

Updates since the FY18 HIDD Interim data release include:

- Corrected entries to Patient Status from Health Alliance Hospital (ORG ID 71), Clinton Hospital (ORG ID 132), UMASS Memorial Medical Center – Memorial Campus (ORG ID 130), UMASS Memorial Medical Center – University Campus (ORG ID 131) and Marlborough Hospital (ORG ID 133) for all quarters of FY18.
- Corrected entries to Payer Source Code from Brigham & Women's Hospital (ORG ID 22), Brigham & Women's Faulkner Hospital (ORG ID 59), Cooley Dickinson Hospital (ORG ID 50), Dana Farber Cancer Center (ORG ID 51), Martha's Vineyard Hospital (ORG ID 88), Massachusetts General Hospital (ORG ID 91), Nantucket Cottage Hospital (ORG ID 101), Newton-Wellesley Hospital (ORG ID 105) and North Shore Medical Center (ORG ID 116) for all quarters of FY18.
- Corrected entries to Patient Hispanic Indicator Flag from Lowell General Hospital (ORG ID 85) & Lowell General Hospital – Saints Campus (ORG ID 115) for quarter 1 of FY18.
- Corrected entries to Source of Admission from Beth Israel Lahey Health – Beverly Hospital (ORG ID 110) for quarter 1 of FY18.
- Corrected outpatient discharges from Boston Medical Center (ORG ID 16) for quarter 3 & quarter 4 of FY18 due to a system conversion.

Prior to releasing the Final FY2018 Hospital Inpatient Data, CHIA provides the hospitals with a profile of the data submitted. Providers may resubmit data or may provide written feedback to CHIA. Below is a summary of some of the key feedback received:

- Lahey Health – Beverly Hospital (ORG ID 110):
    - Noted omission of discharges and some miscategorization of Source of Admission codes between 9 (Other) and A (Normal Delivery) & B (Premature Delivery) for quarter 1 of FY18.
- Martha's Vineyard Hospital (ORG ID 88):
    - Noted the Primary Payer Type for the second half of FY18 was incorrectly reported.
- Massachusetts General Hospital (ORG ID 91):
    - Noted the Primary Payer Type for the second half of FY18 was incorrectly reported due to new payer codes for Medicaid ACO Plans. The correct Payer Source was reported but the Payer Type was incorrectly reflected as Self Pay.
    -

- MetroWest Medical Center - Framingham Campus & Leonard Morse Hospital (ORG ID 49) and St. Vincent's Hospital (ORG ID 127):
    - Noted a concern with the Top 20 Patient Zip Codes Frequency Report understating their primary service area by not including Temporary US Patient Zip Codes.
- New England Baptist Hospital (ORG ID 103):
    - Noted incorrect descriptions for DRG 301 and DRG 302 on the Top 10 APR v 30.0 DRGs Listed in Rank Order Report.
- North Shore Medical Center – Salem Campus (ORG ID 116):
    - Noted a variation in two admission categories from FY17 due to a transition to EPIC in quarter 2 of FY17 which impacted workflow and changed the selections for reporting the source of admission.
    - Noted an erroneous increase in Self Pay patients and a decrease in Medicaid Managed Care patients in the second half of FY18 due to an internal mapping issue. Primary Payer Type codes for new Medicaid ACO payers were being mapped to Self Pay instead of Medicaid Managed Care.
- Southcoast Hospitals Group – Charlton Memorial Campus (ORG ID 123), St. Luke's Campus (ORG ID 124) and Tobey Campus (ORG ID 145):
    - Noted a high number of Unknown SSNs reported for patients younger than one year due to non-collection of the mother's SSN.
    - Noted inaccurate data reported in the Top Ten DRGs Listed in Rank Order.
- Steward Healthcare Hospitals:
    - Noted 10 of the Verification Reports are new for FY18 and were not included with previous submissions and therefore cannot be validated for any of their hospitals.
    - Steward Norwood Hospital (ORG ID 41):
    - Noted inaccurate data reported in the Top 10 Cause Codes for quarter 1 & quarter 2 of FY18 and inaccurate data reported in the Top 10 Patient Diagnosis Codes, the Top 10 Principal Procedure Codes and the Health Plan Member ID vs. Payer Type Code for quarter 3 & quarter 4 of FY18.