

Massachusetts Case Mix   
Hospital Inpatient Discharge Data (August 2017)

USER GUIDE

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Executive Summary

The FY2016 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 FY2016 HIDD includes Inpatient discharges that occurred between October 1, 2015 and September 30, 2016. Facilities reported a total of 800,990 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.

New in FY 2016

CHIA will report diagnoses and procedures using ICD-10-CM and ICD-10-PCS codes (International Classification of Diseases, Tenth Revision, Clinical Modification and Procedure Coding System). Most hospitals reported only ICD-10 codes. Very few discharges have an ICD Indicator flag that identified ICD-9 codes. If a primary diagnosis, primary procedure, admitting diagnosis, or admitting procedure code did not match the code tables for each ICD Code set, that value was replaced by a “-“ to indicate it was invalid for that ICD type.

Part A. Data Collection

Acute hospitals in Massachusetts are required to submit 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 discharge data to CHIA 75 days after each quarter. The quarterly reporting intervals for the FY2016 HIDD are as follows:

* **Quarter 1:** October 1, 2015 - December 31, 2015
* **Quarter 2:** January 1, 2016 – March 31, 2016
* **Quarter 3:** April 1, 2016 – June 30, 2016
* **Quarter 4:** July 1, 2016 – September 30, 2016

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 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) and observation unit initiated stays

Discharges that began in an ED and ended in an Inpatient stay will have a positive value in the “ED Indicator”. Discharges that began in an observation unit and ended in an inpatient stay will have a positive value in the “Observation Indicator”. Any ED or observation visit that resulted in an inpatient stay will appear only in the FY2016 HIDD, and not in the FY2016 ED or FY2016 Outpatient Observation Database.

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 disposition.

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 FY2016 HIDD Verification Reports should contact CHIA at [CaseMix.data@state.ma.us](mailto: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/**](http://www.chiamass.gov/chia-data/)

1. Follow the links to the forms that correspond to the data (Case Mix, APCD) and application type (Government, Non-Government) that are appropriate to your data request.
2. For FY2016, Non-Government users can access pre-configured Limited Data Set (LDS), designed to protect patient data confidentiality while ensuring analytic value. This streamlined approach 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 FY2016 Case Mix HIDD consists of up to 10 Microsoft Access Database (.mdb) files or 10 SAS files (.sas7bdat). Each file name will have a suffix of “\_Full\_AAAA\_BBBB”. AAAA indicates the specific view of the data. BBB indicates whether the data is from an LDS or Government dataset.

* The main FIPA\_HIDD\_2016\_**Discharge** (table name: Discharge), contains one record per discharge. The unique identifier on this table is the RecordType20ID.
* FIPA\_HIDD\_2016\_**DiagnosesCode** (table name: Diagnoses), contains one record per diagnosis reported for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecodType20ID.
* FIPA\_HIDD\_2016\_**ProcedureCode** (table name: Procedures), contains one record per procedure for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecodType20ID.
* FIPA\_HIDD\_2016\_**ServiceCode** (table name: Services), 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 RecodType20ID.
* FIPA\_HIDD\_2016\_**Organization** (table name: OrgIds) 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 the appropriate OrgId (IdOrgFiler, IdOrgHosp, IdOrgSite or IdOrgTransfer).
* FIPA\_HIDD\_2016\_**SubmissionLog**\_ (table name: DataSubmissionLog) 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\_HIDD\_2016\_**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\_2016\_**APR20.0**, FIPA\_HDD\_2016\_**APR261**, FIPA\_HDD\_2016\_**APR300**, FIPA\_HDD\_2016\_**CMS340** 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 (OrgId’s).

Any additional questions can be addressed by contacting CHIA at [**CaseMix.data@state.ma.us**](mailto: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**](mailto: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 FY2016 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 | DischargeDayOfWeek | PrincipalPreoperativeDays |
| AdmissionSourceCode1-2 | DischargePassed | PrincipalProcedureCode |
| AdmissionType | DischargeYear | PrincipalProcedureDate |
| AdmissionYear | Ecode | PrincipalProcedureMonth |
| AgeLDS | EDFlagCode | Quarter |
| Birthweight | HispanicIndicator | RecordType20ID |
| ConditionPresentECode | HomelessIndicator | SecondaryPayerType |
| DaysBetweenStays | ICD Indicator | SexLDS |
| ConditionPresentECode | IdOrgFiler | SpecialConditionIndicator |
| DaysBetweenStays | IdOrgHosp | SubmissionControlID |
| DischargeDayOfWeek | IdOrgSite | SubmissionPassedFlag |
| DischargePassed | DischargeDayOfWeek | TemporaryPatientStateLDS |
| DischargeYear | DischargePassed | TemporaryPatientZip3CodeLDS |
| Ecode | DischargeYear | TotalChargesAll |
| EDFlagCode | Ecode | TotalChargesAncillaries |
| HispanicIndicator | EDFlagCode | TotalChargesRoutine |
| HomelessIndicator | HispanicIndicator | TotalChargesSpecial |
| ICD Indicator | HomelessIndicator | Year |
| IdOrgFiler | ICD Indicator |  |

**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 |

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

**GROUPER—CORE ELEMENTS**

|  |  |
| --- | --- |
| APR200\_ADM\_DRG | APR300\_ADM\_DRG |
| APR200\_ADM\_MDC | APR300\_ADM\_MDC |
| APR200\_ADM\_RCD | APR300\_ADM\_RCD |
| APR200\_ADM\_ROM | APR300\_ADM\_ROM |
| APR200\_ADM\_SOI | APR300\_ADM\_SOI |
| APR200\_DIS\_DRG | APR300\_DIS\_DRG |
| APR200\_DIS\_MDC | APR300\_DIS\_MDC |
| APR200\_DIS\_RCD | APR300\_DIS\_RCD |
| APR200\_DIS\_ROM | APR300\_DIS\_ROM |
| APR200\_DIS\_SOI | APR300\_DIS\_SOI |
| APR261\_ADM\_DRG | CMS\_ADM\_DRG |
| APR261\_ADM\_MDC | CMS\_ADM\_MDC |
| APR261\_ADM\_RCD | CMS\_ADM\_RCD |
| APR261\_ADM\_ROM | CMS\_ADM\_ROM |
| APR261\_ADM\_SOI | CMS\_ADM\_SOI |
| APR261\_DIS\_DRG | CMS\_DIS\_DRG |
| APR261\_DIS\_MDC | CMS\_DIS\_MDC |
| APR261\_DIS\_RCD | CMS\_DIS\_RCD |
| APR261\_DIS\_ROM | CMS\_DIS\_ROM |
| APR261\_DIS\_SOI | CMS\_DIS\_SOI |

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. A sample list of OrgId’s referenced in FY2016 HIDD is listed in Table 1.

Table 1: ORGANIZATION

|  |  |
| --- | --- |
| **Principal Data Elements :** | **ORGID** |
|  | 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. |
| **Last Updated** | 12/7/2016 |

| **CODE** | **DESCRIPTION/ORGANIZATION NAME** |
| --- | --- |
| 1 | Anna Jaques Hospital |
| 2 | Athol Memorial Hospital |
| *3* | *North Shore Medical Center, Inc. - Union Campus* |
| 4 | Baystate Medical Center |
| 5 | Franklin Medical Center |
| 6 | Baystate Mary Lane Hospital |
| 7 | Berkshire Medical Center - Berkshire Campus |
| 8 | Fairview Hospital |
| *9* | *Berkshire Medical Center - Hillcrest Campus* |
| 10 | Beth Israel Deaconess Medical Center - East Campus |
| 16 | Boston Medical Center - Harrison Avenue Campus |
| 22 | Brigham and Women's Hospital |
| 25 | Brockton Hospital |
| 27 | Cambridge Health Alliance - Cambridge Campus |
| 39 | Cape Cod Hospital |
| 40 | Falmouth Hospital |
| 41 | Caritas Norwood Hospital |
| 42 | Caritas Carney Hospital |
| 46 | Children's Hospital Boston |
| 49 | MetroWest Medical Center - Framingham Campus |
| 50 | Cooley Dickinson Hospital |
| 51 | Dana-Farber Cancer Institute |
| 52 | Nashoba Valley Medical Center |
| 53 | Beth Israel Deaconess Hospital - Needham |
| 57 | Emerson Hospital |
| 59 | Faulkner Hospital |
| 62 | Caritas Good Samaritan Medical Center - Brockton Campus |
| 66 | Hallmark Health System - Lawrence Memorial Hospital Campus |
| 68 | Harrington Memorial Hospital |
| 70 | Merrimack Valley Hospital |
| 71 | Health Alliance Hospitals, Inc. |
| 73 | Heywood Hospital |
| 75 | Caritas Holy Family Hospital and Medical Center |
| 77 | Holyoke Medical Center |
| 78 | Hubbard Regional Hospital |
| 79 | Jordan Hospital |
| 81 | Lahey Clinic -- Burlington Campus |
| 83 | Lawrence General Hospital |
| 85 | Lowell General Hospital |
| 88 | Martha's Vineyard Hospital |
| 89 | Massachusetts Eye and Ear Infirmary |
| 91 | Massachusetts General Hospital |
| 97 | Milford Regional Medical Center |
| 98 | Milton Hospital |
| 99 | Morton Hospital and Medical Center |
| 100 | Mount Auburn Hospital |
| 101 | Nantucket Cottage Hospital |
| 103 | New England Baptist Hospital |
| 104 | Tufts-New England Medical Center |
| 105 | Newton-Wellesley Hospital |
| 106 | Noble Hospital |
| 107 | North Adams Regional Hospital |
| 109 | Northeast Health System - Addison Gilbert Campus |
| 110 | Northeast Health System - Beverly Campus |
| 112 | Quincy Medical Center |
| 114 | Saint Anne's Hospital |
| 115 | Saints Memorial Medical Center |
| 116 | North Shore Medical Center, Inc. - Salem Campus |
| 118 | Mercy Medical Center - Providence Behavioral Health Hospital Campus |
| 119 | Mercy Medical Center - Springfield Campus |
| 122 | South Shore Hospital |
| 123 | Southcoast Hospitals Group - Charlton Memorial Campus |
| 124 | Southcoast Hospitals Group - St. Luke's Campus |
| 126 | Caritas 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 | Clinton Hospital |
| 133 | Marlborough Hospital |
| 135 | Kindred Hospital Boston North Shore |
| 136 | Kindred Hospital Boston |
| 138 | Winchester Hospital |
| 139 | Wing Memorial Hospital and Medical Centers |
| 141 | Hallmark Health System - Melrose-Wakefield Hospital Campus |
| *142* | *Cambridge Health Alliance - Whidden Memorial Campus* |
| *143* | *Cambridge Health Alliance - Somerville Campus* |
| *144* | *Boston Medical Center - East Newton Campus* |
| 145 | Southcoast Hospitals Group - Tobey Hospital Campus |
| *457* | *MetroWest Medical Center - Leonard Morse Campus* |
| *4448* | *Lahey Clinic Northshore* |
| 4460 | Caritas Good Samaritan Medical Center - Norcap Lodge Campus |
| *8509* | *Health Alliance Hospital -- Leominster Campus* |
| *8548* | *Health Alliance Hospital -- Burbank Campus* |

Groupers

For researcher 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 more effective means of adjusting for patient differences.For Interim FY2016 HIDD, CHIA has produced four versions of the Grouper: APR-DRG versions 20.0, 26.1 and 30.0 and CMS version 34.0. For each of these versions five data elements were generated: MDC DRG, ROM, and SOI.

* 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 FY2016, CHIA organized the procedure and diagnosis fields into three tables—Discharge, Diagnoses, and Procedure.

All secondary diagnosis and procedure codes are in the Diagnoses and Procedure tables, respectively. Indicator codes are available for each secondary diagnosis of procedure code and are a based on the order in which those codes were sent to CHIA. Discharges reached a maximum of 98 secondary diagnosis codes, and a maximum of 147 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)

FY2016 HIDD Interim 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 ED visit data to CHIA.
* **Massachusetts Site Organization ID (IdOrgSite):** The Organization ID for the site where the patient received ED 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 visit 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 of facility data processing capabilities,
* Flexibility of facility data processing systems,
* Varying degrees of commitment to quality of merged case mix and charge data,
* 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 qualitative 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**](mailto:CaseMix.data@state.ma.us).

Data Dictionary

FY2016 HIDD data dictionary provides metadata for the following attributes:

* *Data Element* name as it appears in the file
* *Short description:* to help users understand the 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
* *Format* indicates if the data is formatted in a specific fashion
* *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](mailto:CaseMix.data@state.ma.us).

|  |  |
| --- | --- |
| AccommodationsID | |
| **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 |
|  | |
| Active | |
| **Short description:** | CHIA indicator of quarterly submission status. |
| **Primary table:** | DataSubmissionLog |
| **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 |
| **Format:** | YYYYMMDD |
| **Length:** | 8 |
| **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 |
| **Format:** | DD |
| **Length:** | 3 |
| **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 |
| **Format:** | Mm |
| **Length:** | 6 |
| **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 ndicate 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:** | Yes AdSource |
| **Summary Statistics** | AdmissionSourceCode1 Frequency |
|  | |
| AdmissionType | |
| **Short description:** | Admission status |
| **Primary table:** | Discharge |
| **Linking tables:** |  |
| **Availability to users:** | CORE |
| **Type of Data:** | Categorical |
| **Format:** |  |
| **Length:** | 1 |
| **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 |
| **Format:** | | Mm |
| **Length:** | | 4 |
| **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. Patients younger than 1 year or older than 80 years have their ages grouped. 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 (APR200\_, APR261\_, APR300\_) | | |
| **Short description:** | | Admitting diagnosis related group. |
| **Primary table:** | | Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30.0 |
| **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 ( APR200\_, APR261\_, APR300\_) | | |
| **Short description:** | | Admitting major diagnostic category. |
| **Primary table:** | | Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30. |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | Admission MDC should classify the patient, based on an Admission diagnoses and procedures, into a standard major diagnostic group. |
| **Reference table:** | | Standard 3M Grouper Values |
|  | | |
| ADM\_RCD (APR200\_, APR261\_, APR300\_) | | |
| **Short description:** | | Null grouper field. |
| **Primary table:** | | Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30 |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | n/a. |
| **Reference table:** | |  |
|  | | |
| ADM\_ROM (APR200\_, APR261\_, APR300\_) | | |
| **Short description:** | | Admitting risk of mortality. |
| **Primary table:** | | Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30.1 |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | Admitting ROM should classify the patient, based on an admitting diagnoses and procedures, into a standard category of clinical risk. |
| **Reference table:** | | Standard 3M Grouper Values |
|  | | |
| ADM\_SOI (APR200\_, APR261\_, APR300\_) | | |
| **Short description:** | | Admitting severity of illness. |
| **Primary table:** | | Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30 |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | Admitting SOI should classify the patient, based on an admitting diagnoses and procedures, into a standard category of illness severity. |
| **Reference table:** | | Standard 3M Grouper Values |
|  | | |
| DIS\_DRG (APR200\_, APR261\_, APR300\_) | | |
| **Short description:** | | Discharge diagnosis related group. |
| **Primary table:** | | Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30 |
| **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\_) | | |
| **Short description:** | | Discharge major diagnostic category. |
| **Primary table:** | | Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30 |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | Discharge MDC should classify the patient, based on an Discharge diagnoses and procedures, into a standard major diagnostic group. |
| **Reference table:** | | Standard 3M Grouper Values |
|  | | |
| DIS\_RCD (APR200\_, APR261\_, APR300\_) | | |
| **Short description:** | | Null grouper field. |
| **Primary table:** | | Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30 |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | n/a. |
| **Reference table:** | |  |
|  | | |
| DIS\_ROM (APR200\_, APR261\_, APR300\_) | | |
| **Short description:** | | Discharge risk of mortality |
| **Primary table:** | | Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30 |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | Discharges ROM should classify the patient, based on an discharges diagnoses and procedures, into a standard category of clinical risk. . |
| **Reference table:** | | Standard 3M Grouper Values |
|  | | |
| DIS\_SOI (APR200\_, APR261\_, APR300\_) | | |
| **Short description:** | | Discharge severity of illness. |
| **Primary table:** | | Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30 |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | Discharges SOI should classify the patient, based on an discharges 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 |
| | **CODE** | **DESCRIPTION** | | --- | --- | | A | Admitting | | D | Discharge | | P | Principal | | S | Secondary |   **Summary Statistics** | | No |
|  | | |
| 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 |
|  | | |
| CMS\_ADM\_DRG | | |
| **Short description:** | | CMS 34.0 Grouper - Admitting diagnosis related group. |
| **Primary table:** | | Grouper – CMS |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | Admitting DRG should classify the patient, based on an admitting diagnoses and procedures, into a standard major diagnostic group. |
| **Reference table:** | | Standard 3M Grouper Values |
|  | | |
| CMS\_ADM\_MDC | | |
| **Short description:** | | CMS 34.0 Grouper - Admitting major diagnostic category. |
| **Primary table:** | | Grouper – CMS |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | Admitting MDC should classify the patient, based on an admitting diagnoses and procedures, into a standard major diagnostic group.  groups. lth factor. |
| **Reference table:** | | Standard 3M Grouper Values |
|  | | |
| CMS\_ADM\_RCD | | |
| **Short description:** | | Null grouper field. |
| **Primary table:** | | Grouper – CMS |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | n/a |
| **Reference table:** | |  |
|  | | |
| CMS\_ADM\_ROM | | |
| **Short description:** | | CMS 34.0 Grouper - Admitting risk of mortality. |
| **Primary table:** | | Grouper – CMS |
| **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 |
|  | | |
| CMS\_ADM\_SOI | | |
| **Short description:** | | CMS 34.0 Grouper - Admitting risk of mortality |
| **Primary table:** | | Grouper – CMS |
| **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 |
|  | | |
| CMS\_DIS\_DRG | | |
| **Short description:** | | CMS 34.0 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 |
|  | | |
| CMS\_DIS\_MDC | | |
| **Short description:** | | CMS 34.0 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.  groups. |
| **Reference table:** | | Standard 3M Grouper Values |
|  | | |
| CMS\_DIS\_RCD | | |
| **Short description:** | | CHIA Dervived data element |
| **Primary table:** | | Grouper – CMS |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | N/A |
| **Reference table:** | |  |
|  | | |
| CMS\_DIS\_ROM | | |
| **Short description:** | | CMS 34.0 Grouper - Discharge risk of mortality |
| **Primary table:** | | Grouper – CMS |
| **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 clinical risk. . |
| **Reference table:** | | Standard 3M Grouper Values |
|  | | |
| CMS\_DIS\_SOI | | |
| **Short description:** | | CMS 34.0 Grouper - Discharge risk of mortality |
| **Primary table:** | | Grouper – CMS |
| **Linking tables:** | |  |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Categorical |
| **Format:** | |  |
| **Length:** | |  |
| **CHIA derived:** | |  |
| **Description:** | | Discharge SOI should classify the patient, based on an discharge diagnoses and procedures, into a standard category of illness severity. |
| **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 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 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:** | | DataSubmissionLog |
| **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 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 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 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status). |
| **Reference table:** | | Standard ICD-9 or ICD-10 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 the ED. |
| **Reference table:** | | No |
|  | | |
| DischargeDayOfWeek | | |
| **Short description:** | | Day of the month on which the patient was discharged from ED. |
| **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 ED. Only values between 1 and 31 are valid |
| **Reference table:** | | No |
|  | | |
| DischargeMonth | | |
| **Short description:** | | Month in which patient was discharged from ED. |
| **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 ED. 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 admitted to 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 comfort measures ordered |

|  |  |
| --- | --- |
|  | |
| Ecode | |
| **Short description:** | ICD-10 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(S00-T88) or where the ICD-10 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 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 or ICD-10 Diagnosis Codes |
|  | |
| EDFlagCode | |
| **Short description:** | Indicates if admission began in the 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** | EFlagCode 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 | |

|  |  |
| --- | --- |
|  |  |
|  | |
| EmployerZipCode | |
| **Short description:** | Zip code of the patient's employer |
| **Primary table:** | Discharge |
| **Linking tables:** |  |
| **Availability to users:** | GOV |
| **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 |
|  | |
| Ethnicity1, Ethncity 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 (Ethnity 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 | Caribbean Island |
| 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** | HomessIndicator 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 or ICD-9 | | | |
| | **CODE** | **DESCRIPTION** | | --- | --- | | 9 | Indicates all the codes in the discharge are ICD-9 | | 0 | Indicates all the codes in the discharge are ICD-10 |   **Reference table:** | | | Yes | | | |
|  | | | | | | |
| IdOrgFiler | | | | | | |
| **Short description:** | | | | ID number of the facility that submitted ED claims. | | |
| **Primary table:** | | | | Discharge | | |
| **Linking tables:** | | | | DataSubmissionLog  ErrorLog | | |
| **Availability to users:** | | | | CORE | | |
| **Type of Data:** | | | | Categorical | | |
| **Format:** | | | |  | | |
| **Length:** | | | |  | | |
| **CHIA derived:** | | | | No | | |
| **Description:** | | | | The Organization ID for the facility that submitted the ED visit 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 ED 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 hours between the admitting and discharge time for an ED visit. | | |
| **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:** | | | | DataSubmissionLog | | |
| **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:** | | | | DataSubmissionLog | | |
| **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:** | | DataSubmissionLog |
| **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:** | | DataSubmissionLog  ErrorLog |
| **Availability to users:** | | CORE |
| **Type of Data:** | | Open Text |
| **Format:** | | VARCHAR |
| **Length:** | | 30 |
| **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 admission began in observation 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:** | DataSubmissionLog |
| **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:** | Yes 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:** | Yes. Payment Source |
|  | |
| 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:** | Yes. Payment Source |
|  | |
| 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 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:** | Yes. 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:** | Zipcode |
| **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-sigit 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](mailto: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:** | Yes Condition Presnet |
|  | |
| PrimaryDiagnosisCode | |
| **Short description:** | ICD-10 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 or ICD-10 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:** | Yes Payment Source |
| **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 code for the most import procedure in the ED visit. ED determined. |
| **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 ED. |
| **Reference table:** | Yes Standard ICD-9 or ICD-10 Procedure Codes |
|  | |
| PrincipalProcedureDate | |
| **Short description:** | Date of 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-10code for each significant procedure reported by the facility. Up to X Procedures in FY2016. |
| **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 or ICD-10 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  Service  DataSubmissionLog |
| **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 (<http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf>) and , and those listed below |
| **Reference table:** | Yes |
| | **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 |   **Summary Statistics** | Race1, Race2 |
|  | |
| RecordType20ID | |
| **Short description:** | Unique per Visit. Key to link from Visit table. |
| **Primary table:** | Discharge |
| **Linking tables:** | Diagnosis  Procedure  Service  Service  Grouper |
| **Availability to users:** | CORE |
| **Type of Data:** | Identifier |
| **Format:** | VARCHAR |
| **Length:** | 1 |
| **CHIA derived:** | No |
| **Description:** | Indicator for Record Type '20'. Required for every ED Visit. Only one allowed per ED Visit. ED 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 DHCFP-403 cost report. |
| **Reference table:** | Yes Revenue |
|  | |
| 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:** | Yes Revenue |
|  | |
| 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:** | Yes Payment Source |
|  | |
| 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 |
| | **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  Service  DataSubmissionLog  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 submissions. |
| **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 (2014-2016) 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:** | 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:** | YesState |

|  |  |
| --- | --- |
|  | |
| 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:** | Zipcode |
| **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:** | Zipcode |
| **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:** | Zipcode |
| **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:** |  |

|  |  |
| --- | --- |
|  | |
| 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  DataSubmissionLog |
| **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 Tables(3)(a). |
| **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 Tables(3)(b). |
| **Reference table:** | No |

|  |  |
| --- | --- |
|  | |
| TransmittalID | |
| **Short description:** | CHIA created field |
| **Primary table:** | DataSubmissionLog |
| **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:** |  |
| | **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) | |   **Reference table:** | Yes |
|  | |
| Year | |
| **Short description:** | Indicates year of submission. |
| **Primary table:** | Discharge |
| **Linking tables:** | Service  Service  DataSubmissionLog |
| **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

FY2016 HIDD has 20 standard reference tables. These relate to categorical variables are driven by the *Hospital Inpatient Discharge Database April 2014 Submission Guide*. Some of the tables have been integrated into the data dictionary. This section contains longer tables to 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](mailto:CaseMix.data@state.ma.us).

Table 1. ADSOURCE

|  |  |
| --- | --- |
|  |  |
| Principal Data Element | **AdmissionSourceCode1** |
| Other Data Elements | AdmissionSourceCode2 |
| Rules | All other values are invalid |
| Last Updated | 12/7/2016 |
|  |  |

| **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 | |
| 1 | Normal Delivery | |
| 2 | Premature Delivery | |
| 3 | Sick Baby | |
| 4 | Extramural Birth | |

Table 1. 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 1. 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** | |
| 1 | Discharged/transferred to home or self-care (routine discharge) | | |
| 2 | Discharged/transferred to another short-term general hospital for inpatient care | | |
| 3 | Discharged, transferred to Skilled Nursing Facility (SNF) | | |
| 4 | Discharged/transferred to an Intermediate Care Facility (ICF) | | |
| 5 | Discharged/transferred to a Designated cancer Center or Children’s Hospital. | | |
| 6 | Discharged/transferred to home under care of organized home health service organization | | |
| 7 | Left against medical advice (AMA) | | |
| 8 | Discharged/transferred to home under care of a Home IV Drug Therapy Provider | | |
| 9 | 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 | | |
| 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 1. 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 1. 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 | 12/7/2016 |  |  |

| **payer CODE** | **PAYERTYPECODE** | **payerSOURCEDEFINITION** | **PAYERCATEGORY** |
| --- | --- | --- | --- |
| 1 | 8 | Harvard Community Health Plan | HMO |
| 2 | C | Bay State - a product of HMO Blue | Blue Cross Managed Care |
| 3 | C | Network Blue (PPO) | Blue Cross Managed Care |
| 4 | 8 | Fallon Community Health Plan | HMO |
| 7 | 8 | Tufts Associated Health Plan | HMO |
| 8 | 8 | Pilgrim Health Care | HMO |
| 9 | 8 | United Health Plan of New England (Ocean State) | HMO |
| 10 | E | Pilgrim Advantage - PPO | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 11 | C | Blue Care Elect | Blue Cross Managed Care |
| 13 | J | Community Health Plan Options (New York) | Point-of-Service Plan |
| 14 | J | Health New England Advantage POS | Point-of-Service Plan |
| 17 | D | Prudential Healthcare POS | Commercial Managed Care |
| 18 | D | Prudential Healthcare PPO | Commercial Managed Care |
| 19 | 8 | Matthew Thornton | HMO |
| 20 | 8 | HCHP of New England (formerly RIGHA) | HMO |
| 21 | E | Commonwealth PPO | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 22 | D | Aetna Open Choice PPO | Commercial Managed Care |
| 23 | D | Guardian Life Insurance Company PPO | Commercial Managed Care |
| 24 | 8 | Health New England | HMO |
| 25 | 8 | Pioneer Plan | HMO |
| 27 | D | First Allmerica Financial Life Insurance PPO | Commercial Managed Care |
| 28 | D | Great West Life PPO | Commercial Managed Care |
| 30 | 7 | CIGNA (Indemnity) | Commercial Insurance |
| 31 | D | One Health Plan HMO (Great West Life) | Commercial Managed Care |
| 33 | D | Mutual of Omaha PPO | Commercial Managed Care |
| 34 | D | New York Life Care PPO | Commercial Managed Care |
| 35 | D | United Healthcare Insurance Company - HMO | Commercial Managed Care |
| 36 | D | United Healthcare Insurance Company - PPO | Commercial Managed Care |
| 37 | 8 | HCHP-Pilgrim HMO (integrated product) | HMO |
| 38 | 8 | Health New England Select (self-funded) | HMO |
| 39 | 8 | Pilgrim Direct | HMO |
| 40 | 8 | Kaiser Foundation | HMO |
| 42 | 8 | ConnectiCare Of Massachusetts | HMO |
| 43 | 8 | MEDTAC | HMO |
| 44 | 8 | Community Health Plan | HMO |
| 45 | 8 | Health Source New Hampshire | HMO |
| 46 | 8 | Blue CHiP (BCBS Rhode Island) | HMO |
| 47 | 8 | Neighborhood Health Plan | HMO |
| 48 | 8 | US Healthcare | HMO |
| 49 | E | Healthsource CMHC Plus PPO | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 50 | 6 | Blue Health Plan for Kids | Blue Cross |
| 51 | 7 | Aetna Life Insurance | Commercial Insurance |
| 52 | 7 | Boston Mutual Insurance | Commercial Insurance |
| 54 | 7 | Continental Assurance Insurance | Commercial Insurance |
| 55 | 7 | Guardian Life Insurance | Commercial Insurance |
| 56 | 7 | Hartford L&A Insurance | Commercial Insurance |
| 57 | 7 | John Hancock Life Insurance | Commercial Insurance |
| 58 | 7 | Liberty Life Insurance | Commercial Insurance |
| 59 | 7 | Lincoln National Insurance | Commercial Insurance |
| 62 | 7 | Mutual of Omaha Insurance | Commercial Insurance |
| 63 | 7 | New England Mutual Insurance | Commercial Insurance |
| 64 | 7 | New York Life Care Indemnity | Commercial Insurance |
| 65 | 7 | Paul Revere Life Insurance | Commercial Insurance |
| 66 | 7 | Prudential Insurance | Commercial Insurance |
| 67 | 7 | First Allmerica Financial Life Insurance | Commercial Insurance |
| 69 | 7 | Corporate Health Insurance Liberty Plan | Commercial Insurance |
| 70 | 7 | Union Labor Life Insurance | Commercial Insurance |
| 71 | E | ADMAR | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 72 | 7 | Healthsource New Hampshire | Commercial Insurance |
| 73 | 7 | United Health and Life | Commercial Insurance |
| 74 | 7 | United Healthcare Insurance Company | Commercial Insurance |
| 75 | D | Prudential Healthcare HMO | Commercial Managed Care |
| 77 | E | Options for Healthcare PPO | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 78 | D | Phoenix Preferred PPO | Commercial Managed Care |
| 79 | E | Pioneer Health Care PPO | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 80 | E | Tufts Total Health Plan PPO | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 81 | C | HMO Blue | Blue Cross Managed Care |
| 82 | D | John Hancock Preferred | Commercial Managed Care |
| 83 | E | US Healthcare Quality Network Choice- PPO | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 84 | E | Private Healthcare Systems PPO | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 85 | 7 | Liberty Mutual | Commercial Insurance |
| 86 | E | United Health & Life PPO | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 87 | D | CIGNA PPO | Commercial Managed Care |
| 88 | E | Freedom Care | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 89 | 7 | Great West/NE Care | Commercial Insurance |
| 90 | E | Healthsource Preferred (self-funded) | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 91 | 7 | New England Benefits | Commercial Insurance |
| 93 | E | Psychological Health Plan | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 94 | 7 | Time Insurance Co | Commercial Insurance |
| 95 | E | Pilgrim Select - PPO | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 96 | 7 | Metrahealth (United Health Care of NE) | Commercial Insurance |
| 97 | 7 | UniCare | Commercial Insurance |
| 98 | 9 | Healthy Start | Free Care |
| 99 | J | Other POS (not listed elsewhere) | Point-of-Service Plan |
| 100 | 7 | Transport Life Insurance | Commercial Insurance |
| 101 | 7 | Quarto Claims | Commercial Insurance |
| 102 | 7 | Wausau Insurance Company | Commercial Insurance |
| 103 | 4 | Medicaid (includes MassHealth) | Medicaid |
| 104 | B | Medicaid Managed Care-Primary Care Clinician | Medicaid Managed Care |
| 106 | B | Medicaid Managed Care-Central Mass Health Care | Medicaid Managed Care |
| 107 | B | Medicaid Managed Care - Community Health Plan | Medicaid Managed Care |
| 108 | B | Medicaid Managed Care - Fallon Community Health Plan | Medicaid Managed Care |
| 109 | B | Medicaid Managed Care - Harvard Community Health Plan | Medicaid Managed Care |
| 110 | B | Medicaid Managed Care - Health New England | Medicaid Managed Care |
| 111 | B | Medicaid Managed Care - HMO Blue | Medicaid Managed Care |
| 112 | B | Medicaid Managed Care - Kaiser Foundation Plan | Medicaid Managed Care |
| 113 | B | Medicaid Managed Care - Neighborhood Health Plan | Medicaid Managed Care |
| 114 | B | Medicaid Managed Care - United Health Plans of NE | Medicaid Managed Care |
| 115 | B | Medicaid Managed Care - Pilgrim Health Care | Medicaid Managed Care |
| 116 | B | Medicaid Managed Care -Tufts Associated Health Plan | Medicaid Managed Care |
| 118 | B | Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership | Medicaid Managed Care |
| 119 | B | Medicaid Managed Care Other (not listed elsewhere) | Medicaid Managed Care |
| 120 | 5 | Out-of-State Medicaid | Other Government Payment |
| 121 | 3 | Medicare | Medicare |
| 125 | F | Medicare HMO - Fallon Senior Plan | Medicare Managed Care |
| 127 | F | Medicare HMO - Health New England Medicare Wrap | Medicare Managed Care |
| 128 | F | Medicare HMO - HMO Blue for Seniors | Medicare Managed Care |
| 129 | F | Medicare HMO - Kaiser Medicare Plus Plan | Medicare Managed Care |
| 131 | F | Medicare HMO - Pilgrim Enhance 65 | Medicare Managed Care |
| 132 | F | Medicare HMO - Matthew Thornton Senior Plan | Medicare Managed Care |
| 133 | F | Medicare HMO -Tufts Medicare Supplement (TMS) | Medicare Managed Care |
| 134 | F | Medicare HMO - Other (not listed elsewhere) | Medicare Managed Care |
| 135 | 3 | Out-of-State Medicare | Medicare |
| 136 | 6 | BCBS Medex | Blue Cross |
| 137 | 7 | AARP/Medigap supplement | Commercial Insurance |
| 138 | 7 | Banker's Life and Casualty Insurance | Commercial Insurance |
| 139 | 7 | Bankers Multiple Line | Commercial Insurance |
| 140 | 7 | Combined Insurance Company of America | Commercial Insurance |
| 141 | 7 | Other Medigap (not listed elsewhere) | Commercial Insurance |
| 142 | 6 | Blue Cross Indemnity | Blue Cross |
| 143 | 9 | Free Care | Free Care |
| 144 | 5 | Other Government | Other Government Payment |
| 145 | 1 | Self-Pay | Self-Pay |
| 146 | 2 | Worker's Compensation | Worker's Compensation |
| 147 | 7 | Other Commercial (not listed elsewhere) | Commercial Insurance |
| 148 | 8 | Other HMO (not listed elsewhere) | HMO |
| 149 | E | PPO and Other Managed Care | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 170 | J | US Healthcare Quality POS | Point-of-Service Plan |
| 171 | D | CIGNA POS | Commercial Managed Care |
| 172 | D | Metrahealth - POS (United Health Care of NE) | Commercial Managed Care |
| 173 | F | Aetna Medicare Open | Medicare Managed Care |
| 174 | 8 | Aetna Health Inc. - Quality POS | HMO |
| 175 | 8 | Aetna Health, Inc. - HMO | HMO |
| 176 | 7 | Carelink (CIGNA & Tufts) | Commercial Insurance |
| 177 | 7 | Chesapeake Life Insurance Company | Commercial Insurance |
| 178 | 5 | Children's Medical Security Plan (CMSP) | Government |
| 179 | 7 | First Health Life and Health Insurance Company | Commercial Insurance |
| 180 | F | Fresenius Medical Care Health Plan (Medicare Advantage Plan) | Medicare Managed Care |
| 181 | D | First Allmerica Financial Life Insurance EPO | Commercial Managed Care |
| 182 | D | UniCare Preferred Plus Managed Access EPO | Commercial Managed Care |
| 183 | K | Pioneer Health Care EPO | Exclusive Provider Organization |
| 184 | K | Private Healthcare Systems EPO | Exclusive Provider Organization |
| 185 | 7 | Connecticut General Life - Indemnity | Commercial Insurance |
| 186 | J | Connecticut General Life - POS | POS |
| 187 | E | Connecticut General Life - PPO | PPO |
| 188 | J | Fallon Flex POS | POS |
| 189 | 7 | Fallon Major Medical - Indemnity | Commercial Insurance |
| 190 | D | Fallon Preferred Care - PPO | Commercial Managed Care |
| 191 | D | Genworth Preferred PPO | Commercial Managed Care |
| 192 | D | Guarantee Trust Life Insurance Company - PPO | Commercial Managed Care |
| 193 | 7 | Harvard Pilgrim - Indemnity | Commercial Insurance |
| 194 | 8 | Harvard Pilgrim - POS | HMO |
| 195 | 8 | Harvard Pilgrim - PPO | HMO |
| 196 | 8 | Harvard Pilgrim Health Care, Inc. (HMO) | HMO |
| 197 | 7 | Health Insurance Plan of New York (HIP) | Commercial Insurance |
| 198 | 7 | John Alden Life Insurance Company | Commercial Insurance |
| 199 | K | Other EPO (not listed elsewhere) | Exclusive Provider Organization |
| 200 | 7 | Hartford Life Insurance Co | Commercial Insurance |
| 201 | 7 | Mutual of Omaha | Commercial Insurance |
| 202 | 7 | New York Life Insurance | Commercial Insurance |
| 203 | 7 | Principal Financial Group (Principal Mutual Life) | Commercial Insurance |
| 204 | 7 | Christian Brothers Employee | Commercial Insurance |
| 205 | E | Health New England Select Premier PPO | PPO |
| 206 | 7 | Health New England Guaranteed Issue - Individual Plans | Commercial Insurance |
| 207 | B | Network Health (Cambridge Health Alliance MCD Program) | Medicaid Managed Care |
| 208 | B | HealthNet (Boston Medical Center MCD Program) | Medicaid Managed Care |
| 209 | 7 | Mid-West National Life Insurance Company of Tennessee | Commercial Insurance |
| 210 | F | Medicare HMO - Pilgrim Preferred 65 | Medicare Managed Care |
| 211 | F | Medicare HMO - Neighborhood Health Plan Senior Health Plus | Medicare Managed Care |
| 212 | F | Medicare HMO - Healthsource CMHC Central Care Supplement | Medicare Managed Care |
| 213 | F | Medicare HMO - Medicare Complete Plans offered by SecureHorizons | Medicare Managed Care |
| 214 | F | Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance | Medicare Managed Care |
| 215 | F | Tufts Medicare HMO - Medicare Preferred | Medicare Managed Care |
| 216 | F | Medicare Special Needs Plan - Commonwealth Care Alliance | Medicare Managed Care |
| 217 | F | Medicare Special Needs Plan - Fallon Community Health Plan | Medicare Managed Care |
| 218 | F | Medicare Special Needs Plan - Senior Whole Health | Medicare Managed Care |
| 219 | F | Medicare Special Needs Plan - United Health Group Evercare Mass. SCO and Evercare Plan IP | Medicare Managed Care |
| 220 | F | Medicare HMO - Blue Care 65 | Medicare Managed Care |
| 221 | F | Medicare HMO - Harvard Community Health Plan 65 | Medicare Managed Care |
| 222 | F | Medicare HMO - Healthsource CMHC | Medicare Managed Care |
| 223 | F | Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus | Medicare Managed Care |
| 224 | F | Medicare HMO - Tufts Secure Horizons | Medicare Managed Care |
| 225 | F | Medicare HMO - US Healthcare | Medicare Managed Care |
| 226 | D | United Health Care of New England, Inc. | Commercial Managed Care |
| 227 | E | Northeast Health Direct - PPO | PPO |
| 228 | 7 | Oxford Health Plans | Commercial Insurance |
| 229 | 7 | Professional Insurance Company (Indemnity) | Commercial Insurance |
| 230 | F | Medicare HMO - HCHP First Seniority | Medicare Managed Care |
| 231 | F | Medicare HMO - Pilgrim Prime | Medicare Managed Care |
| 232 | F | Medicare HMO - Seniorcare Direct | Medicare Managed Care |
| 233 | F | Medicare HMO - Seniorcare Plus | Medicare Managed Care |
| 234 | F | Medicare HMO - Managed Blue for Seniors | Medicare Managed Care |
| 235 | 7 | Trustmark Life Insurance Company | Commercial Insurance |
| 236 | 8 | Tufts Health Maintenance Organization, Inc. (TAHMO) | HMO |
| 237 | E | Tufts Insurance Company PPO | PPO |
| 238 | 8 | Tufts Associated Health Maintenance Organization, Inc. PPO | HMO |
| 239 | 8 | Tufts Associated Health Maintenance Organization, Inc. POS Plan | HMO |
| 240 | E | Unicare PPO | PPO |
| 241 | 7 | Union Security Insurance Company | Commercial Insurance |
| 242 | 7 | Wellcare Health Plans, Inc. | Commercial Insurance |
| 243 | 8 | Pioneer Health Network | HMO |
| 244 | 7 | Tufts Medicare Complement (TMC) | Commercial Insurance |
| 245 | F | Trail Blazer Health Enterprises, LLC | Medicare Managed Care |
| 246 | C | Preferred Blue PPO | Blue Cross Managed Care |
| 247 | 7 | Humana Insurance Company \*\* | Commercial Insurance |
| 248 | 7 | Mail Handlers Benefit Plan | Commercial Insurance |
| 249 | 7 | MEGA Life and Health Insurance Company | Commercial Insurance |
| 250 | D | CIGNA HMO | Commercial Managed Care |
| 251 | 8 | Healthsource CMHC HMO | HMO |
| 252 | F | Health New England (HNE) Medicare Advantage Plan | Medicare Managed Care |
| 253 | F | Blue Medicare PFFS | Medicare Managed Care |
| 254 | F | Cigna Medicare Access Plans | Medicare Managed Care |
| 255 | F | Health Net Pearl | Medicare Managed Care |
| 256 | F | Humana Gold PFFS | Medicare Managed Care |
| 257 | F | Today's Options Premier from Universal American | Medicare Managed Care |
| 258 | F | Unicare Security Choice | Medicare Managed Care |
| 259 | 8 | CeltiCare Health Plan of Massachusetts | Commercial Insurance |
| 270 | D | UniCare Preferred Plus PPO | Commercial Managed Care |
| 271 | 8 | Hillcrest HMO | HMO |
| 272 | T | Auto Insurance | Auto Insurance |
| 273 | F | MassHealth Senior Care Options\*\*\*\* | Medicare Managed Care |
| 274 | B | Medicaid Managed Care - Network Health | Medicaid Managed Care |
| 275 | F | Medicare SCO - NaviCare (HMO) | Medicare Managed Care |
| 276 | F | Medicare SCO - Tufts Senior Care Options | Medicare Managed Care |
| 277 | F | Medicare SCO - United Health Care | Medicare Managed Care |
| 278 | F | Medicare SCO - Commonwealth Care Alliance | Medicare Managed Care |
| 279 | F | Medicare One Care - Fallon Total Care | Medicare Managed Care |
| 280 | F | Medicare One Care - Network Health | Medicare Managed Care |
| 281 | F | Medicare One Care - Commonwealth Care Alliance | Medicare Managed Care |
| 282 | B | BMC MassHealth CarePlus | Medicaid Managed Care |
| 283 | B | Fallon MassHealth CarePlus | Medicaid Managed Care |
| 284 | B | NHP MassHealth CarePlus | Medicaid Managed Care |
| 285 | B | Network Health MassHealth CarePlus | Medicaid Managed Care |
| 286 | B | Celticare MassHealth CarePlus | Medicaid Managed Care |
| 287 | B | MassHealth CarePlus | Medicaid Managed Care |
| 288 | Q | Boston Medical Center HealthNet ConnectorCare | Commonwealth Care Plans |
| 289 | Q | CeltiCareConnectorCare | Commonwealth Care Plans |
| 290 | Q | Fallon ConnectorCare | Commonwealth Care Plans |
| 291 | Q | Health New England ConnectorCare | Commonwealth Care Plans |
| 292 | Q | Minuteman Health ConnectorCare | Commonwealth Care Plans |
| 293 | Q | Neighborhood Health ConnectorCare | Commonwealth Care Plans |
| 294 | Q | Network Health ConnectorCare | Commonwealth Care Plans |
| 295 | 8 | Meritain | HMO |
| 300 | Q | CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification | Commonwealth Care Plans |
| 301 | Q | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I | Commonwealth Care Plans |
| 302 | Q | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II | Commonwealth Care Plans |
| 303 | Q | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III | Commonwealth Care Plans |
| 304 | Q | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type IV | Commonwealth Care Plans |
| 400 | Q | CommCare: Cambridge Network Health Forward – General Classification | Commonwealth Care Plans |
| 401 | Q | CommCare: Cambridge Network Health Forward – Plan Type I | Commonwealth Care Plans |
| 402 | Q | CommCare: Cambridge Network Health Forward – Plan Type II | Commonwealth Care Plans |
| 403 | Q | CommCare: Cambridge Network Health Forward – Plan Type III | Commonwealth Care Plans |
| 404 | Q | CommCare: Cambridge Network Health Forward – Plan Type IV | Commonwealth Care Plans |
| 500 | Q | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification | Commonwealth Care Plans |
| 501 | Q | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077) | Commonwealth Care Plans |
| 502 | Q | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220) | Commonwealth Care Plans |
| 503 | Q | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221) | Commonwealth Care Plans |
| 504 | Q | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 4 (Group No. 4455222) | Commonwealth Care Plans |
| 600 | Q | CommCare: Neighborhood Health Plan– General Classification | Commonwealth Care Plans |
| 601 | Q | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1) | Commonwealth Care Plans |
| 602 | Q | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2) | Commonwealth Care Plans |
| 603 | Q | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3) | Commonwealth Care Plans |
| 604 | Q | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4) | Commonwealth Care Plans |
| 700 | Q | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care General Classification | Commonwealth Care Plans |
| 701 | Q | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 1 | Commonwealth Care Plans |
| 702 | Q | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 2 | Commonwealth Care Plans |
| 703 | Q | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 3 | Commonwealth Care Plans |
| 704 | Q | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care Bridge Program | Commonwealth Care Plans |
| 800 | Z | Aetna Dental | Commercial Managed Care |
| 801 | Z | Aflac | Commercial Insurance |
| 802 | Z | AllState | Commercial Insurance |
| 803 | Z | Altus Dental | Commercial Managed Care |
| 804 | Z | Ameritas Life Insurance Corp | Commercial Insurance |
| 805 | Z | Anthem Blue Cross Blue Shield | Blue Cross Managed Care |
| 806 | Z | Assurant | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 807 | Z | Blue Cross Blue Shield of MA | Blue Cross Managed Care |
| 808 | Z | Blue Cross Blue Shield of RI | Blue Cross Managed Care |
| 809 | Z | Children’s Medical Security | Government |
| 810 | Z | Cigna Dental | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 811 | Z | Creative Plan Dental Administrators | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 812 | Z | Delta Dental of MA | Commercial Managed Care |
| 813 | Z | Delta Dental - Other | Commercial Managed Care |
| 814 | Z | Delta Dental of New York | Commercial Managed Care |
| 815 | Z | DentaQuest Commonwealth Care | Commonwealth Care Plans |
| 816 | Z | DentaQuest MassHealth | Medicare Managed Care |
| 817 | Z | DentaQuest Senior Whole Health | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 818 | Z | EverCare Dental | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 819 | Z | Fallon Health Plan | Commercial Insurance |
| 820 | Z | Great West Dental | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 821 | Z | Guardian Dental | Medicaid |
| 822 | Z | Harvard Pilgrim Health Care | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 823 | Z | MetLife Dental | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 824 | Z | Principal Plan Dental | Medicare Managed Care |
| 825 | Z | Unicare Dental | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 826 | Z | United Concordia | Other Government Payment |
| 827 | Z | United HealthCare: Dental | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 828 | Z | Alicare | Commercial Insurance |
| 829 | Z | Adventist Risk Management INC | Commercial Insurance |
| 830 | Z | Blue Cross Blue Shield of Texas | Blue Cross Managed Care |
| 831 | Z | Brokers National Life insurance | Commercial Insurance |
| 832 | Z | Cba Blue Dental | Blue Cross Managed Care |
| 833 | Z | Chesterfield Resources | Commercial Insurance |
| 834 | Z | Companion Life insurance | Commercial Insurance |
| 835 | Z | Dental Health Alliance | Commercial Insurance |
| 836 | Z | EBS Benefit Solutions | Commercial Insurance |
| 837 | Z | Empire Blue Cross | Blue Cross Managed Care |
| 838 | Z | Excellus Blue cross | Blue Cross Managed Care |
| 839 | Z | Fortis | Commercial Insurance |
| 840 | Z | GEHA Connection Dental | Commercial Insurance |
| 841 | Z | GHI | Commercial Insurance |
| 842 | Z | Lincoln Financial Group | Commercial Insurance |
| 843 | Z | London Health Administrators | Commercial Insurance |
| 844 | Z | Midwest Life Insurance | Commercial Insurance |
| 845 | Z | Premier Access Dental Plans | Commercial Insurance |
| 846 | Z | Sentry Life Insurance | Commercial Insurance |
| 847 | Z | Sonoco | Commercial Insurance |
| 848 | Z | Sun Life Dental Benefits | Commercial Insurance |
| 849 | Z | Symetra Life Insurance Company | Commercial Insurance |
| 850 | Z | Tricare Dental | PPO and Other Managed Care Plans Not Elsewhere Classified |
| 851 | Z | Dentemax Insurance | Commercial Insurance |
| 990 | 9 | Free Care - Co-pay, Deductible, or Co-Insurance | Free Care |
| 995 | H | Health Safety Net Office | HSNO |
| 996 | 9 | Charity Care | Other Free Care (Charity Care) |

| **VALID AS SECONDARY SOURCE PAYER CODE** | **PAYER SOURCE DEFINITION** |
| --- | --- |
| 137 | AARP/Medigap Supplement |
| 138 | Banker’s Life and Casualty Insurance |
| 139 | Bankers Multiple Line |
| 136 | BCBS Medex |
| 140 | Combined Insurance Company of America |
| 200 | Hartford Life Insurance co. |
| 127 | Medicare HMO -Health New England Medicare Wrap |
| 212 | Medicare HMO - Healthsource CMHC Central Care Supplement |
| 128 | Medicare HMO -HMO Blue for Seniors |
| 129 | Medicare HMO-Kaiser Medicare Plus Plan |
| 131 | Medicare HMO-Pilgrim Enhance 65 |
| 210 | Medicare HMO-Pilgrim Preferred 65 |
| 201 | Mutual of Omaha |
| 211 | Neighborhood Health Plan Senior Health Plus |
| 202 | New York Life Insurance Company |
| 141 | Other Medigap (not listed elsewhere) \*\*\* |
| 133 | Medicare HMO -Tufts Medicare Supplement (TMS) |

Table 1. REVENUE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principal Data Element | **RevenueCode** |  |  |  |
| Other Data Elements | RevenueCodeType |  |  |  |
| Rules | All other values are invalid |  |  |  |
|  |  |  |  |  |

| **REVENUE CENTER** | | **REVENUE CODE** | **UNITS OF SERVICE** | | **type** |
| --- | --- | --- | --- | --- | --- |
| 1 | Medical/Surgical | 111 (Includes codes: 0111, 0121, 0131, 0141, and 0151.) | Days | Routine | |
| 2 | Obstetrics | 112 (Includes codes: 0112, 0122, 0132, 0142, and 0152. | Days | Routine | |
| 3 | Pediatrics | 113 (Includes codes: 0113, 0123, 0133, 0143, and 0153.) | Days | Routine | |
| 4 | Psychiatric | 114 (Includes codes: 0114, 0124, 0134, 0144, and 0154.) | Days | Routine | |
| 5 | Hospice | 115 (Includes codes: 0115, 0125, 0135, 0145, and 0155.) | Days | Routine | |
| 6 | Detoxification | 116(Includes codes: 0116, 0126, 0136, 0146, and 0156.) | Days | Routine | |
| 7 | Oncology | 117 (Includes codes: 0117, 0127, 0137, 0147, and 0157.) | Days | Routine | |
| 1 | Neo-natal ICU | 175 (Includes codes: 0173 & 0174.) | Days | Special Care | |
| 2 | Medical/Surgical ICU | 200(Includes codes: 0201 & 0202.) | Days | Special Care | |
| 3 | Pediatric ICU | 203 | Days | Special Care | |
| 4 | Psychiatric ICU | 204 | Days | Special Care | |
| 5 | Intermediate ICU | 206 | Days | Special Care | |
| 6 | Burn Unit | 207 | Days | Special Care | |
| 7 | Trauma ICU | 208 | Days | Special Care | |
| 8 | Other ICU | 209 | Days | Special Care | |
| 9 | Coronary Care Unit | 210 | Days | Special Care | |
| 10 | Myocardial Infarction | 211 | Days | 10 | |
| 11 | Pulmonary Care | 212 | Days | 11 | |
| 12 | Heart Transplant | 213 | Days | 12 | |
| 13 | Post Coronary Care | 214 | Days | 13 | |
| 14 | Other Coronary Care | 219 | Days | 14 | |
| 1 | Special Charges | 220 | Zeros | 1 | |
| 2 | Incremental Nursing Charge Rate | 230 | Zeros | 2 | |
| 3 | All Inclusive Ancillary | 240 | Zeros | 3 | |
| 4 | Pharmacy | 250 | Zeros | 4 | |
| 5 | IV Therapy | 260 | Zeros | 5 | |
| 6 | Medical/Surgical Supplies and Devices | 270 | Zeros | 6 | |
| 7 | Oncology | 280 | Zeros | 7 | |
| 8 | Durable Medical Equipment | 290 | Zeros | 8 | |
| 9 | Laboratory | 300 | Zeros | 9 | |
| 10 | Laboratory Pathological | 310 | Zeros | 10 | |
| 11 | Diagnostic Radiology | 320 | Zeros | Ancillary Services | |
| 12 | Therapeutic Radiology | 330 | Zeros | Ancillary Services | |
| 13 | Nuclear Medicine | 340 | Zeros | Ancillary Services | |
| 14 | CT Scan | 350 | Zeros | Ancillary Services | |
| 15 | Operating Room Services | 360 | Zeros | Ancillary Services | |
| 16 | Anesthesia | 370 | Zeros | Ancillary Services | |
| 17 | Blood | 380 | Zeros | Ancillary Services | |
| 18 | Blood and Blood Component Administration, Processing and Storage | 390 | Zeros | Ancillary Services | |
| 19 | Other Imaging Services | 400 | Zeros | Ancillary Services | |
| 20 | Respiratory Services | 410 | Zeros | Ancillary Services | |
| 21 | Physical Therapy | 420 | Zeros | Ancillary Services | |
| 22 | Occupational Therapy | 430 | Zeros | Ancillary Services | |
| 23 | Speech-Language Pathology | 440 | Zeros | Ancillary Services | |
| 24 | Emergency Room | 450 | Zeros | Ancillary Services | |
| 25 | Pulmonary Function | 460 | Zeros | Ancillary Services | |
| 26 | Audiology | 470 | Zeros | Ancillary Services | |
| 27 | Cardiology | 480 | Zeros | Ancillary Services | |
| 28 | Ambulatory Surgical Care | 490 | Zeros | Ancillary Services | |
| 29 | Outpatient Services | 500 | Zeros | Ancillary Services | |
| 30 | Clinics | 510 | Zeros | Ancillary Services | |
| 31 | Free-Standing Clinic | 520 | Zeros | Ancillary Services | |
| 32 | Osteopathic Services | 530 | Zeros | Ancillary Services | |
| 33 | Ambulance | 540 | Zeros | Ancillary Services | |
| 34 | Skilled Nursing | 550 | Zeros | Ancillary Services | |
| 35 | Medical Social Services | 560 | Zeros | Ancillary Services | |
| 36 | Home Health Aide | 570 | Zeros | Ancillary Services | |
| 37 | Other Visits (Home Health) | 580 | Zeros | Ancillary Services | |
| 38 | Units of Service | 590 | Zeros | Ancillary Services | |
| 39 | Oxygen (Home Health) | 600 | Zeros | Ancillary Services | |
| 40 | Magnetic Resonance Technology (MRT) | 610 | Zeros | Ancillary Services | |
| 41 | Medical/Surgical Supplies - Extension of 270 | 620 | Zeros | Ancillary Services | |
| 42 | Pharmacy – Extension of 0250 | 630 | Zeros | Ancillary Services | |
| 43 | Home IV Therapy Services | 640 | Zeros | Ancillary Services | |
| 44 | Hospice Service | 650 | Zeros | Ancillary Services | |
| 45 | Respite Care | 660 | Zeros | Ancillary Services | |
| 46 | Outpatient Special Residence Charges | 670 | Zeros | Ancillary Services | |
| 47 | Trauma Response | 680 | Zeros | Ancillary Services | |
| 48 | Not Assigned | 690 | n/a | Ancillary Services | |
| 49 | Cast Room | 700 | Zeros | Ancillary Services | |
| 50 | Recovery Room | 710 | Zeros | Ancillary Services | |
| 51 | Labor Room/Delivery | 720 | Zeros | Ancillary Services | |
| 52 | EKG/ECG (Electrocardiogram) | 730 | Zeros | Ancillary Services | |
| 53 | EEG (Electroencephalogram) | 740 | Zeros | Ancillary Services | |
| 54 | Gastro-Intestinal Services | 750 | Zeros | Ancillary Services | |
| 55 | General Treatment or Observation Room | 760 | Zeros | Ancillary Services | |
| 56 | Treatment Room | 761 | Zeros | Ancillary Services | |
| 57 | Observation Room | 762 | Hours | Ancillary Services | |
| 58 | Other Observation Room | 769 | Hours | Ancillary Services | |
| 59 | Preventative Care Services | 770 | Zeros | Ancillary Services | |
| 60 | Telemedicine | 780 | Zeros | Ancillary Services | |
| 61 | Extra-corporeal Shock Wave Treatment (formerly Lithotripsy) | 790 | Zeros | Ancillary Services | |
| 62 | Inpatient Renal Dialysis | 800 | Zeros | Ancillary Services | |
| 63 | Acquisition of Body Components | 810 | Zeros | Ancillary Services | |
| 64 | Hemodialysis - Outpatient or Home | 820 | Zeros | Ancillary Services | |
| 65 | Peritoneal Dialysis - Outpatient or Home | 830 | Zeros | Ancillary Services | |
| 66 | Continuous Ambulatory Peritoneal Dialysis - Outpatient or Home | 840 | Zeros | Ancillary Services | |
| 67 | Continuous Cycling Peritoneal Dialysis - Outpatient or Home | 850 | Zeros | Ancillary Services | |
| 68 | Invalid (Reserved for Dialysis - National Assignment) | 860 | n/a | Ancillary Services | |
| 69 | Invalid (Reserved for Dialysis - National Assignment) | 870 | n/a | Ancillary Services | |
| 55 | General Treatment or Observation Room | 760 | Zeros | Ancillary Services | |
| 56 | Treatment Room | 761 | Zeros | Ancillary Services | |
| 57 | Observation Room | 762 | Hours | Ancillary Services | |
| 58 | Other Observation Room | 769 | Hours | Ancillary Services | |
| 59 | Preventative Care Services | 770 | Zeros | Ancillary Services | |
| 60 | Telemedicine | 780 | Zeros | Ancillary Services | |
| 61 | Extra-corporeal Shock Wave Treatment (formerly Lithotripsy) | 790 | Zeros | Ancillary Services | |
| 62 | Inpatient Renal Dialysis | 800 | Zeros | Ancillary Services | |
| 63 | Acquisition of Body Components | 810 | Zeros | Ancillary Services | |
| 64 | Hemodialysis - Outpatient or Home | 820 | Zeros | Ancillary Services | |
| 65 | Peritoneal Dialysis - Outpatient or Home | 830 | Zeros | Ancillary Services | |
| 66 | Continuous Ambulatory Peritoneal Dialysis - Outpatient or Home | 840 | Zeros | Ancillary Services | |
| 67 | Continuous Cycling Peritoneal Dialysis - Outpatient or Home | 850 | Zeros | Ancillary Services | |
| 68 | Invalid (Reserved for Dialysis - National Assignment) | 860 | n/a | Ancillary Services | |
| 69 | Invalid (Reserved for Dialysis - National Assignment) | 870 | n/a | Ancillary Services | |
| 70 | Miscellaneous Dialysis | 880 | Zeros | Ancillary Services | |
| 71 | Reserved for National Assignment | 890 | Zeros | Ancillary Services | |
| 72 | Behavioral Health Treatments/Services | 900 | Zeros | Ancillary Services | |
| 73 | Behavioral Health Treatments/Services | 910 | Zeros | Ancillary Services | |
| 74 | Other Diagnostic Services | 920 | Zeros | Ancillary Services | |
| 75 | Medical Rehabilitation Day Program | 930 | n/a | Ancillary Services | |
| 76 | Other Therapeutic Services | 940 | Zeros | Ancillary Services | |
| 77 | Other Therapeutic Services – Extension of 0940 | 950 | Zeros | Ancillary Services | |
| 78 | Professional Fees | 960 (Includes codes: 0960, 0961, 0962, 0963, 0964, and 0969.) | Zeros | Ancillary Services | |
| 79 | Professional Fees | 970 (Includes codes: 0970, 0971, 0972, 0973, 0974, 0975, 0976, 0977, 0978, and 0979.) | Zeros | Ancillary Services | |
| 80 | Professional Fees | 980 (Includes codes: 0980, 0981, 0982, 0983, 0984, 0985, 0986, 0987, 0988, and 0989.) | Zeros | Ancillary Services | |
| 81 | Patient Convenience Items | 990 | Zeros | Ancillary Services | |
| 82 | Behavioral Health Accommodations | 1000 | Zeros | Ancillary Services | |
| 83 | Reserved for National Assignment | 1010 - 2090 | n/a | Ancillary Services | |
| 84 | Alternative Therapy Services | 2100 | Zeros | Ancillary Services | |
| 85 | Reserved for National Assignment | 2110 - 3090 | n/a | Ancillary Services | |
| 86 | Adult Care | 3100 | Zeros | Ancillary Services | |
| 87 | Reserved for National Assignment | 3110 - 9990 | n/a | Ancillary Services | |

Table 1. 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 |
| 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 |
| 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 |

Part D: Summary Statistics

Descriptive Statistics of Selected Continuous Data Elements

For the FY2016 HIDD data, CHIA produced a number of descriptive statistics for continuous data elements in the Discharge table. Please find below statistics for 14 data elements.

| **DATAELEMENT** | **N** | **N MISSING** | **MINIMUM** | **MEAN** | **maximum** |
| --- | --- | --- | --- | --- | --- |
| AgeLDS | 800,987 | 3 | - | 51.90 | 116.00 |
| DaysBetweenStay | 800,990 | - | - | 15.00 | 999.00 |
| LeaveOfAbsenceDay | 755,409 | 45,581 | - | - | - |
| LengthOfStay | 800,985 | 5 | 1 | 4.74 | 767.00 |
| NewBornAge (in weeks) | 79,652 | - | - | 2.65 | 99.00 |
| NumberOfAND | 800,990 | - | - | 0.87 | 445.00 |
| NumberOfDiagnosisCode | 800,990 | - | - | 12.88 | 100.00 |
| NumberOfProcedureCode | 800,990 | - | - | 1.66 | 148.00 |
| PrincipalPreoperativeDay | 489,665 | 311,325.00 | (366.00) | 1.17 | 349.00 |
| TotalChargesAll | 800,990 | - | - | 30,736.52 | 7,988,289.00 |
| TotalChargesAncillaries | 800,990 | - | - | 20,715.49 | 5,699,428.00 |
| TotalChargeSpecial | 800,990 | - | - | 2,983.74 | 1,761,880.00 |
| TotalChargesRoutine | 800,990 | - | - | 7,037.29 | 2,062,467.00 |
| UHIN\_SequenceNo | 800,990 | - | - | 1.37 | 49.00 |

\*For NewBornAge (in weeks) is populated if AgeLDS equal 0 and if Year is the release year, then this field is populated. CHIA populated NewBornAge with “99”. Only weeks between 0 and 52 are valid.

Frequency Tables for Selected Data Elements

For the FY2016 HIDD data, CHIA produced tabulations for selected categorical data elements in the Discharge table.

AdmissionSourceCode1

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| # | 1 | 0 | 1 | 0 |
| - | 2725 | 0.34 | 2726 | 0.34 |
| 0 | 6188 | 0.77 | 8914 | 1.11 |
| 1 | 234774 | 29.31 | 243688 | 30.42 |
| 2 | 28587 | 3.57 | 272275 | 33.99 |
| 3 | 84 | 0.01 | 272359 | 34 |
| 4 | 44430 | 5.55 | 316789 | 39.55 |
| 5 | 10062 | 1.26 | 326851 | 40.81 |
| 6 | 1323 | 0.17 | 328174 | 40.97 |
| 7 | 2100 | 0.26 | 330274 | 41.23 |
| 8 | 1150 | 0.14 | 331424 | 41.38 |
| 9 | 46300 | 5.78 | 377724 | 47.16 |
| A | 63240 | 7.9 | 440964 | 55.05 |
| B | 665 | 0.08 | 441629 | 55.14 |
| C | 403 | 0.05 | 442032 | 55.19 |
| D | 113 | 0.01 | 442145 | 55.2 |
| F | 45 | 0.01 | 442190 | 55.21 |
| L | 5614 | 0.7 | 447804 | 55.91 |
| M | 261988 | 32.71 | 709792 | 88.61 |
| R | 88406 | 11.04 | 798198 | 99.65 |
| T | 5 | 0 | 798203 | 99.65 |
| W | 6 | 0 | 798209 | 99.65 |
| X | 1796 | 0.22 | 800005 | 99.88 |
| Y | 985 | 0.12 | 800990 | 100 |

AdmissionSourceCode2

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| - | 592844 | 74.01 | 592844 | 74.01 |
| 0 | 145452 | 18.16 | 738296 | 92.17 |
| 1 | 4280 | 0.53 | 742576 | 92.71 |
| 2 | 1330 | 0.17 | 743906 | 92.87 |
| 3 | 1 | 0 | 743907 | 92.87 |
| 4 | 214 | 0.03 | 744121 | 92.9 |
| 5 | 425 | 0.05 | 744546 | 92.95 |
| 6 | 2 | 0 | 744548 | 92.95 |
| 8 | 8 | 0 | 744556 | 92.95 |
| 9 | 353 | 0.04 | 744909 | 93 |
| A | 7 | 0 | 744916 | 93 |
| D | 2 | 0 | 744918 | 93 |
| L | 1 | 0 | 744919 | 93 |
| M | 1393 | 0.17 | 746312 | 93.17 |
| R | 51184 | 6.39 | 797496 | 99.56 |
| T | 3 | 0 | 797499 | 99.56 |
| X | 3011 | 0.38 | 800510 | 99.94 |
| Y | 480 | 0.06 | 800990 | 100 |

AdmissionType

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| - | 3 | 0 | 3 | 0 |
| 1 | 457407 | 57.11 | 457410 | 57.11 |
| 2 | 142052 | 17.73 | 599462 | 74.84 |
| 3 | 130810 | 16.33 | 730272 | 91.17 |
| 4 | 70627 | 8.82 | 800899 | 99.99 |
| 5 | 91 | 0.01 | 800990 | 100 |
| - | 3 | 0 | 3 | 0 |
| 1 | 457407 | 57.11 | 457410 | 57.11 |

DNRStatus

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| 0 | 3891 | 0.49 | 3891 | 0.49 |
| 1 | 797099 | 99.51 | 800990 | 100 |
| 0 | 3891 | 0.49 | 3891 | 0.49 |
| 1 | 797099 | 99.51 | 800990 | 100 |

EDFlagCode

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| - | 1 | 0 | 1 | 0 |
| 0 | 345264 | 43.1 | 345265 | 43.1 |
| 1 | 151915 | 18.97 | 497180 | 62.07 |
| 2 | 303810 | 37.93 | 800990 | 100 |

HispanicIndicator

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| N | 738283 | 92.33 | 738283 | 92.33 |
| R | 1 | 0 | 738284 | 92.33 |
| U | 3 | 0 | 738287 | 92.33 |
| Y | 61345 | 7.67 | 799632 | 100 |

HomeslessIndicator

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| N | 599907 | 98.8 | 599907 | 98.8 |
| Y | 7271 | 1.2 | 607178 | 100 |

OtherCareGiverCode

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| 1 | 7051 | 0.88 | 7051 | 0.88 |
| 2 | 512 | 0.06 | 7563 | 0.94 |
| 4 | 40943 | 5.11 | 48506 | 6.06 |
| 5 | 5043 | 0.63 | 53549 | 6.69 |
| 6 | 728 | 0.09 | 54277 | 6.78 |
| 7 | 14968 | 1.87 | 69245 | 8.64 |
| 8 | 994 | 0.12 | 70239 | 8.77 |
| 10 | 40122 | 5.01 | 110361 | 13.78 |
| 16 | 25397 | 3.17 | 135758 | 16.95 |
| 22 | 46838 | 5.85 | 182596 | 22.8 |
| 25 | 11544 | 1.44 | 194140 | 24.24 |
| 27 | 10679 | 1.33 | 204819 | 25.57 |
| 39 | 15719 | 1.96 | 220538 | 27.53 |
| 40 | 6343 | 0.79 | 226881 | 28.33 |
| 41 | 10945 | 1.37 | 237826 | 29.69 |
| 42 | 4950 | 0.62 | 242776 | 30.31 |
| 46 | 15488 | 1.93 | 258264 | 32.24 |
| 49 | 11883 | 1.48 | 270147 | 33.73 |
| 50 | 7180 | 0.9 | 277327 | 34.62 |
| 51 | 1267 | 0.16 | 278594 | 34.78 |
| 53 | 2422 | 0.3 | 281016 | 35.08 |
| 57 | 8509 | 1.06 | 289525 | 36.15 |
| 59 | 9210 | 1.15 | 298735 | 37.3 |
| 62 | 14360 | 1.79 | 313095 | 39.09 |
| 66 | 2364 | 0.3 | 315459 | 39.38 |
| 68 | 4093 | 0.51 | 319552 | 39.89 |
| 71 | 7639 | 0.95 | 327191 | 40.85 |
| 73 | 4631 | 0.58 | 331822 | 41.43 |
| 75 | 9969 | 1.24 | 341791 | 42.67 |
| 77 | 6283 | 0.78 | 348074 | 43.46 |
| 79 | 9774 | 1.22 | 357848 | 44.68 |
| 81 | 23677 | 2.96 | 381525 | 47.63 |
| 83 | 12118 | 1.51 | 393643 | 49.14 |
| 85 | 17574 | 2.19 | 411217 | 51.34 |
| 88 | 1127 | 0.14 | 412344 | 51.48 |
| 89 | 1110 | 0.14 | 413454 | 51.62 |
| 91 | 53307 | 6.66 | 466761 | 58.27 |
| 97 | 8888 | 1.11 | 475649 | 59.38 |
| 98 | 5032 | 0.63 | 480681 | 60.01 |
| 99 | 5763 | 0.72 | 486444 | 60.73 |
| 100 | 13417 | 1.68 | 499861 | 62.41 |
| 101 | 657 | 0.08 | 500518 | 62.49 |
| 103 | 8018 | 1 | 508536 | 63.49 |
| 104 | 17917 | 2.24 | 526453 | 65.73 |
| 105 | 18691 | 2.33 | 545144 | 68.06 |
| 106 | 2964 | 0.37 | 548108 | 68.43 |
| 109 | 2013 | 0.25 | 550121 | 68.68 |
| 110 | 16929 | 2.11 | 567050 | 70.79 |
| 114 | 9666 | 1.21 | 576716 | 72 |
| 115 | 4290 | 0.54 | 581006 | 72.54 |
| 116 | 19133 | 2.39 | 600139 | 74.92 |
| 118 | 4612 | 0.58 | 604751 | 75.5 |
| 119 | 11761 | 1.47 | 616512 | 76.97 |
| 122 | 28477 | 3.56 | 644989 | 80.52 |
| 123 | 15556 | 1.94 | 660545 | 82.47 |
| 124 | 16733 | 2.09 | 677278 | 84.56 |
| 126 | 13038 | 1.63 | 690316 | 86.18 |
| 127 | 19487 | 2.43 | 709803 | 88.62 |
| 129 | 7328 | 0.91 | 717131 | 89.53 |
| 131 | 41375 | 5.17 | 758506 | 94.7 |
| 132 | 984 | 0.12 | 759490 | 94.82 |
| 133 | 3605 | 0.45 | 763095 | 95.27 |
| 138 | 12999 | 1.62 | 776094 | 96.89 |
| 139 | 2786 | 0.35 | 778880 | 97.24 |
| 141 | 8884 | 1.11 | 787764 | 98.35 |
| 145 | 5395 | 0.67 | 793159 | 99.02 |
| 4460 | 2595 | 0.32 | 795754 | 99.35 |
| 6963 | 203 | 0.03 | 795957 | 99.37 |
| 11466 | 3081 | 0.38 | 799038 | 99.76 |
| 11467 | 1878 | 0.23 | 800916 | 99.99 |
| 11718 | 74 | 0.01 | 800990 | 100 |

OutpatntObsrvStayFlagCode

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| - | 800783 | 99.97 | 800783 | 99.97 |
| 0 | 1 | 0 | 800784 | 99.97 |
| 3 | 52 | 0.01 | 800836 | 99.98 |
| 5 | 154 | 0.02 | 800990 | 100 |

PatientStatus

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| - | 217 | 0.03 | 217 | 0.03 |
| 1 | 456953 | 57.05 | 457170 | 57.08 |
| 2 | 15545 | 1.94 | 472715 | 59.02 |
| 3 | 102176 | 12.76 | 574891 | 71.77 |
| 4 | 1200 | 0.15 | 576091 | 71.92 |
| 5 | 2703 | 0.34 | 578794 | 72.26 |
| 6 | 147900 | 18.46 | 726694 | 90.72 |
| 7 | 11917 | 1.49 | 738611 | 92.21 |
| 8 | 4194 | 0.52 | 742805 | 92.74 |
| 9 | 30 | 0 | 742835 | 92.74 |
| 1 | 33 | 0 | 742868 | 92.74 |
| 12 | 2876 | 0.36 | 745744 | 93.1 |
| 13 | 6171 | 0.77 | 751915 | 93.87 |
| 14 | 464 | 0.06 | 752379 | 93.93 |
| 15 | 291 | 0.04 | 752670 | 93.97 |
| 2 | 28 | 0 | 752698 | 93.97 |
| 20 | 15197 | 1.9 | 767895 | 95.87 |
| 21 | 54 | 0.01 | 767949 | 95.87 |
| 3 | 548 | 0.07 | 768497 | 95.94 |
| 41 | 258 | 0.03 | 768755 | 95.98 |
| 43 | 222 | 0.03 | 768977 | 96 |
| 50 | 4259 | 0.53 | 773236 | 96.54 |
| 51 | 2477 | 0.31 | 775713 | 96.84 |
| 6 | 280 | 0.03 | 775993 | 96.88 |
| 61 | 485 | 0.06 | 776478 | 96.94 |
| 62 | 12983 | 1.62 | 789461 | 98.56 |
| 63 | 4672 | 0.58 | 794133 | 99.14 |
| 64 | 68 | 0.01 | 794201 | 99.15 |
| 65 | 5723 | 0.71 | 799924 | 99.87 |
| 66 | 158 | 0.02 | 800082 | 99.89 |
| 70 | 733 | 0.09 | 800815 | 99.98 |
| 81 | 28 | 0 | 800843 | 99.98 |
| 82 | 14 | 0 | 800857 | 99.98 |
| 83 | 6 | 0 | 800863 | 99.98 |
| 86 | 33 | 0 | 800896 | 99.99 |
| 87 | 3 | 0 | 800899 | 99.99 |
| 89 | 1 | 0 | 800900 | 99.99 |
| 90 | 9 | 0 | 800909 | 99.99 |
| 91 | 1 | 0 | 800910 | 99.99 |
| 92 | 3 | 0 | 800913 | 99.99 |
| 93 | 27 | 0 | 800940 | 99.99 |
| 94 | 22 | 0 | 800962 | 100 |
| 95 | 28 | 0 | 800990 | 100 |

PrimaryConditionPresent

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| 1 | 43860 | 5.54 | 43860 | 5.54 |
| A | 4679 | 0.59 | 48539 | 6.13 |
| E | 21254 | 2.69 | 69793 | 8.82 |
| N | 19193 | 2.42 | 88986 | 11.24 |
| U | 1964 | 0.25 | 90950 | 11.49 |
| W | 2715 | 0.34 | 93665 | 11.83 |
| Y | 697916 | 88.17 | 791581 | 100 |

PrimaryPayerType

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| - | 29 | 0 | 29 | 0 |
| 0 | 292 | 0.04 | 321 | 0.04 |
| 1 | 5031 | 0.63 | 5352 | 0.67 |
| 2 | 2475 | 0.31 | 7827 | 0.98 |
| 3 | 285905 | 35.69 | 293732 | 36.67 |
| 4 | 49501 | 6.18 | 343233 | 42.85 |
| 5 | 8579 | 1.07 | 351812 | 43.92 |
| 6 | 27948 | 3.49 | 379760 | 47.41 |
| 7 | 27137 | 3.39 | 406897 | 50.8 |
| 8 | 88429 | 11.04 | 495326 | 61.84 |
| 9 | 644 | 0.08 | 495970 | 61.92 |
| B | 112487 | 14.04 | 608457 | 75.96 |
| C | 74515 | 9.3 | 682972 | 85.27 |
| D | 19431 | 2.43 | 702403 | 87.69 |
| E | 10535 | 1.32 | 712938 | 89.01 |
| F | 65385 | 8.16 | 778323 | 97.17 |
| H | 4515 | 0.56 | 782838 | 97.73 |
| J | 1615 | 0.2 | 784453 | 97.94 |
| K | 129 | 0.02 | 784582 | 97.95 |
| N | 1 | 0 | 784583 | 97.95 |
| Q | 9555 | 1.19 | 794138 | 99.14 |
| T | 1996 | 0.25 | 796134 | 99.39 |
| Z | 4854 | 0.61 | 800988 | 100 |
| c | 1 | 0 | 800989 | 100 |

Race1

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| - | 26 | 0 | 26 | 0 |
| R1 | 970 | 0.12 | 996 | 0.12 |
| R2 | 22827 | 2.85 | 23823 | 2.97 |
| R3 | 63177 | 7.89 | 87000 | 10.86 |
| R4 | 416 | 0.05 | 87416 | 10.91 |
| R5 | 628932 | 78.52 | 716348 | 89.43 |
| R9 | 44431 | 5.55 | 760779 | 94.98 |
| UN | 1 | 0 | 760780 | 94.98 |
| UNKNOW | 40210 | 5.02 | 800990 | 100 |

Race2

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| R1 | 244 | 0.54 | 244 | 0.54 |
| R2 | 1060 | 2.36 | 1304 | 2.9 |
| R3 | 3390 | 7.55 | 4694 | 10.45 |
| R4 | 34 | 0.08 | 4728 | 10.53 |
| R5 | 26909 | 59.91 | 31637 | 70.44 |
| R9 | 1507 | 3.36 | 33144 | 73.79 |
| UNKNOW | 11772 | 26.21 | 44916 | 100 |
| R1 | 244 | 0.54 | 244 | 0.54 |
| R2 | 1060 | 2.36 | 1304 | 2.9 |

SecondaryPayerType

| **CODE** | **FREQUENCY** | | **PERCENT** | | **CUMULATIVE FREQUENCY** | | **CUMULATIVE PERCENT** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| - | | 9 | | 0 | | 9 | | 0 | |
| 0 | | 139 | | 0.02 | | 148 | | 0.02 | |
| 1 | | 27963 | | 3.49 | | 28111 | | 3.51 | |
| 2 | | 115 | | 0.01 | | 28226 | | 3.52 | |
| 3 | | 122642 | | 15.31 | | 150868 | | 18.84 | |
| 4 | | 75827 | | 9.47 | | 226695 | | 28.3 | |
| 5 | | 5394 | | 0.67 | | 232089 | | 28.98 | |
| 6 | | 51379 | | 6.41 | | 283468 | | 35.39 | |
| 7 | | 26433 | | 3.3 | | 309901 | | 38.69 | |
| 8 | | 13526 | | 1.69 | | 323427 | | 40.38 | |
| 9 | | 2192 | | 0.27 | | 325619 | | 40.65 | |
| B | | 8714 | | 1.09 | | 334333 | | 41.74 | |
| C | | 7084 | | 0.88 | | 341417 | | 42.62 | |
| D | | 5650 | | 0.71 | | 347067 | | 43.33 | |
| E | | 2344 | | 0.29 | | 349411 | | 43.62 | |
| F | | 8576 | | 1.07 | | 357987 | | 44.69 | |
| H | | 13123 | | 1.64 | | 371110 | | 46.33 | |
| J | | 38 | | 0 | | 371148 | | 46.34 | |
| K | | 6 | | 0 | | 371154 | | 46.34 | |
| N | | 427563 | | 53.38 | | 798717 | | 99.72 | |
| Q | | 925 | | 0.12 | | 799642 | | 99.83 | |
| T | | 368 | | 0.05 | | 800010 | | 99.88 | |
| Z | | 980 | | 0.12 | | 800990 | | 100 | |

Sex

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| - | 2 | 0 | 2 | 0 |
| F | 441803 | 55.16 | 441805 | 55.16 |
| M | 359159 | 44.84 | 800964 | 100 |
| U | 26 | 0 | 800990 | 100 |

VeteranStatus

| **CODE** | **FREQUENCY** | **PERCENT** | **CUMULATIVE FREQUENCY** | **CUMULATIVE PERCENT** |
| --- | --- | --- | --- | --- |
| 1 | 58092 | 7.25 | 58092 | 7.25 |
| 2 | 489853 | 61.16 | 547945 | 68.41 |
| 3 | 106068 | 13.24 | 654013 | 81.65 |
| 4 | 146977 | 18.35 | 800990 | 100 |