

**Commonwealth of Massachusetts**

**Center for Health Information and Analysis**

**Fiscal Year 2011**

**Inpatient Hospital Discharge Database**

**Documentation Manual**

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Center for Health Information and Analysis

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# Introduction

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation manual is for use with the HDD FY2011 database. The FY2011 HDD data reflected in this manual is based on the June 2012 refresh date.

**Section I. General Documentation**

The General Documentation for the Fiscal Year 2011 Hospital Discharge Database includes background on its development and the DRG Groupers, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process.

**Section II. Technical Documentation**

The Technical Documentation includes information on the fields calculated by the Center for Health Information and Analysis (CHIA), and a data file summary section describing the hospital data that is contained in the file. The data file section contains the Discharge File Table (formerly the record layout), Revenue File Table, and Data Code Tables. Also included are revenue code mappings.

For your reference, CD Specifications are listed in the following section to provide the necessary information to enable users to access files.

Please note that significant changes have been made to the Discharge File Table for FY2007. New fields and values have been added.

Copies of **Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data** and **Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data** may be obtained by logging on to the Center’s web site at http://www.mass.gov/chia/, or by faxing a request to the Center at 617-727-7662, or by emailing a request to the Center atPublic.Records@state.ma.us.

# Compact Disc (CD) File Specifications

**Hardware Requirements:**

* CD ROM Device
* Hard Drive with 1.60 GB of space available

**CD Contents:**

This CD contains the Final / Full Year 2011 Hospital Inpatient Discharge Data Product. It contains the following Microsoft Access data base (MDB) files.

* The first file is the **Discharge Table** and contains one record per discharge.
* The second file is the **Revenue Code Table** that contains one record per revenue code reported for each discharge.
* In addition, **Grouper** files are now in separate Microsoft Access tables.
* The **RecordType20ID** are key fields on the tables to be utilized for linkage purposes.

As an approved applicant, or its agent, you are reminded that you are bound by your application and confidentiality agreement to secure this data in a sufficient manner, so as to protect the confidentiality of the data subjects.

**File Naming Conventions**

This CD contains self-extracting compressed files, using the file-naming convention below.

a) Hosp\_Inpatient\_Discharge\_2011\_L1\_zipped.exe will expand out to Hosp\_Inpatient\_Discharge\_2011\_L1.mdb

b) Hosp\_Inpatient\_Services\_2011\_zipped.exe will expand out to Hosp\_Inpatient\_Services\_2011.mdb

In the above example, 2011 represents Hospital Fiscal Year and L1 represents Level 1.

To extract data from the CD and put it on your hard drive, select the CD file you need and double click on it. You will be prompted to enter the name of the target destination

# Section I: General Documentation

## Overview

**Part A. Background Information:**

Provides information on the quarterly reporting periods, the development of the FY2011 hospital case mix database, and the DRG methodology used.

**Part B. Data:**

The Data section describes the basic data quality standards as contained in **Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data**, some general data definitions, general data caveats, and information on specific data elements.

Case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the CHIA strongly encourages hospitals to verify the accuracy of their data. A standard Verification Report Response Form is issued by the Center, and is used by each hospital to verify the accuracy of their data as it appears on their FY2011 Final Case-mix Verification Report. If a hospital finds data discrepancies, the CHIA requests that the hospital submit written corrections that provide an accurate profile of that hospital’s discharges.

**Part C. Hospital Responses:**

Details hospital responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals’ FY2011 Verification Report Responses
2. Individual Hospital Discrepancy Documentation

**Part D. Cautionary Use Hospitals:**

Lists the hospitals for which the Center did not receive four (4) quarters of acceptable hospital discharge data, as specified under Regulation 114.1 CMR 17.00.

**Part E. Hospitals Submitting Data:**

Lists all hospitals submitting data for FY2011, and those that failed to provide any FY2011 data. Also lists hospital discharge and charge totals by quarter for data submissions.

**Part F. Supplementary Information**

Provides Supplements I through VI listed in the Table of Contents. Contains specific information on types of errors, hospital locations, and identification numbers.

## Part A. Background Information

### 1. Quarterly Reporting Periods

Massachusetts hospitals are required to file case-mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Center on a quarterly basis. For the 2011 period, these quarterly reporting intervals were as follows:

**Quarter 1: October 1, 2010 - December 31, 2010**

**Quarter 2: January 1, 2011 – March 31, 2011**

**Quarter 3: April 1, 2011 – June 30, 2011**

**Quarter 4: July 1, 2011 – September 30, 2011**

### 2. Development of Fiscal Year Database

Please note that the Center issued new submission specifications that took effect on October1, 2006. The new specifications changed the database significantly. There are new fields and new code values, as well as changes to certain existing code values. Further details are provided under the Data File contents section.

In 2001, the Center significantly restructured its Information System that produces the Hospital Case Mix and Charge Database. Two of the Center’s objectives were to improve operational efficiency as well as to improve the quality of the database for data users. Improved data cleaning, integrity checks, and modification to the file structure were just a few ways we worked to improve the database. Additions that went into effect on October 1, 2001 included an ER indicator and an Observation indicator. Further detail is provided under the Data File Contents section.

Six Fiscal Year 2011 data levels have been created to correspond to the levels in **Regulation 114.5 CMR 2.00; “Disclosure of Hospital Case Mix and Charge Data”**.

(Please note that in the past, for the lower levels of data, deniable elements were not included in the database at all. This year, the deniable elements will merely be suppressed.) The user will have access to deniable data elements depending on the level of data for which they have been approved, and as specified for the various levels below.

Higher levels contain an increasing number of the data elements defined as “Deniable Data Elements” in Regulation 114.5 CMR 2.00. The deniable data elements include: medical record number, billing number, Medicaid Claim Certificate Number (Medicaid Recipient ID number), unique health information (UHIN) number, date of admission, date of discharge, date of birth, date(s) of surgery, and the unique physician number (UPN).

The six levels include:

|  |  |
| --- | --- |
| **LEVEL I** | No identifiable data elements |
| **LEVEL II** | Unique Physician Number (UPN) |
| **LEVEL III** | Unique Health Information Number (UHIN) |
| **LEVEL IV** | UHIN and UP N. |
| **LEVEL V** | Date(s) of Admission; Discharge; Significant Procedures |
| **LEVEL VI** | Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number. |

### 3. DRG Groupers and Methodology

The FY2011 Hospital Discharge database has been grouped with **five** groupers:

* **All Patient Version 21.0**
* **All Patient Version 25.1**
* **All Patient Refined Version 20.0**
* **All Patient Refined Version 26.1**
* **MS-DRG V28.0**

Beginning in October 1991, the CHIA began using 3M’s All-Patient Grouper to classify all patient discharges for hospital’s profiles of discharges and for the yearly database. This change in the grouping methodology was made because the All-Patient DRG better represented the general population and provided improvements in areas such as Newborns and the HIV population.

In order to allow customers to perform trend analysis, with prior releases of the hospital discharge data, the **All Patient** **Version 21.0** grouper *and* ***All Patient Refined Version 20.0*** grouper have been maintained on the database.

The Centers for Medicare and Medicaid Services (CMS) grouper**, MS-DRG Version 28.0, has replaced Version 27**. In addition to discharge DRG, the initial DRG is also provided. The initial DRG is assigned before CMS HAC (hospital acquired conditions) is considered

**ICD-9-CM Mapping**

The **All Patient-DRG methodology** as well as the **All Patient Refined DRG methodology** is not totally congruent with the **ICD-9-CM** procedure and diagnosis codes in effect **for this fiscal year**. Therefore, it was necessary to convert some ICD-9-CM codes into a clinically representative code using the historical mapper utility provided by 3M Health Information Systems. This conversion was done internally for the purpose of DRG assignment and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospitals.

The Center uses the version of the **CMS grouper** compatible with the fiscal year. Consequently, mapping ICD-9-CM codes is not necessary for this grouping system.

#### All Patient Refined Grouper (3M APR-DRG 26.1)

The All Patient Refined DRGs (3M APR-DRG) are a severity/risk adjusted classification system that provide a more effective means of adjusting for patient differences**. APR-Version 26.1 replaces the previously used APR V20.0**.

The 3M APR-DRGs expand the basic DRG structure by adding **four subclasses** to each illness and risk of mortality.

**Severity of illness** and **risk of mortality** relate to distinct patient attributes. Severity of illness relates to the extent of physiologic decompensation or organ system loss of function experience by the patient, while risk of mortality relates to the likelihood of dying. For example, a patient with acute cholecystitis as the only secondary diagnosis is considered a major severity of illness but a minor risk of mortality. The severity of illness is major since there is significant organ system loss of function associated with acute cholecystitis. However, it is unlikely that the acute cholecystitis alone will result in Patient mortality and thus, the risk of mortality for this patient is minor. If additional diagnoses are present along with the acute cholecystitis, patient severity of illness and risk of mortality may increase. For example, if peritonitis is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality.

Since **severity of illness** and **risk of mortality** are distinct patient attributes, separate subclasses are assigned to a patient for severity of illness and risk of mortality. Thus, in the APR-DRG system, a patient is assigned three distinct descriptors:

* The base APR-DRG (e.g., APR-DRG 194 – Heart Failure or APR-DRG 440 – Kidney Transplant)
* The severity of illness subclass
* The risk of mortality subclass

The four **severity of illness subclasses** and the four **risk of mortality subclasses** are numbered sequentially from 1 to 4 indicating respectively:

|  |  |
| --- | --- |
| **0\*** | cannot be assigned |
| **1** | minor |
| **2** | moderate |
| **3** | major |
| **4** | extreme severity of illness or risk of mortality |

\*For a handful of discharges, the risk of mortality and/or the severity of illness indicator(s) cannot be assigned due to data or ICD-9-CM coding errors. In these cases, the risk of mortality and/or the severity of illness indicator(s) are assigned a code of **‘0’.**

The CHIA Discharge Database contains the **APR Discharge and Admit DRG Version 26.1**, the **APR Discharge and Admit MDC Version 26.1**, the **discharge and admit severity subclass** and the **discharge and admit mortality subclass**.

**APR-MDC 26.1, the severity subclass, and the mortality subclass:**

For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Discharge File Table Summary in the variable named:

**“APR \_V261\_Discharge\_SOI” (Severity Level).**

For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can found the Discharge File Table in the variable named

**“APR\_V261\_Discharge\_ROM ” (Mortality Level).**

***Please note that the Center maintains listings of the DRG numbers and associated descriptions for all DRG Groupers included in the database. These are available upon request.***

## Part B. Data

### 1. Data Quality Standards

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit case mix and charge data to the Center 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data, using a one percent error rate. The one percent error rate is based upon the presence of Type A and Type B errors as follows:

* **Type A: One error per discharge causes rejection of discharge.**
* **Type B: Two errors per discharge cause rejection of discharge.**

If one percent or more of the discharges are rejected, the entire submission is rejected by the CHIA. These edits primarily check for valid codes, correct formatting, and presence of the required data elements. Please see Supplement I for a list of data elements categorized by error type.

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

#### Verification Report Process

The verification report process is intended to present the hospitals with a profile of their individual data as reported and retained by the Center. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to the Center and affirm its accuracy. The Verification Report itself is a series of frequency reports covering the selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Supplement II for a description of the Verification Report contents.

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within the report. Hospitals need to affirm to the Center that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing a **Case Mix Verification Report Response Form**.

The Verification Report Response Form allows for two types of responses as follows:

**“A” Response**: By checking this category, 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” Response**: By checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any data discrepancies exist (e.g., a “B” response), the Center requests that hospitals provide written explanations of the discrepancies, so that they may be included in this General Documentation Manual.

**Note**: The verification reports are available for review. Please direct requests to the attention of Public Records by facsimile to fax # 617-727-7662.

### 2. General Definitions

The following general data caveats have been developed from the Center’s Case Mix Data Advisory Group, staff members at the Massachusetts Hospital Association (MHA), the Massachusetts Health Data Consortium (MHDC), and the numerous admitting, medical records, financial, administrative, and data processing personnel who call to comment on the Center’s procedural requirements.

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

* Collection and Verification of Patient supplied information before or at admission;
* Medical record coding, consistency, and/or completeness;
* Extent of hospital data processing capabilities;
* Flexibility of hospital 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 the Center for Health Information and Analysis’s electronic submission;
* Non-comparability of data collection and reporting.

#### Case Mix Data

In general terms, the case mix data is derived from patient discharge summaries, which can be traced to information gathered upon admission, or from information entered by admitting and attending physicians into the medical record. The quality of the case mix data is dependent upon hospital data collection policies and coding practices of the medical record staff, as well as the DRG optimizing software used by the hospital.

### 3. General Data Caveats

#### Charge Data

Issues to consider with charge data: A few hospitals do not have the capacity to add late occurring charges to their electronic submission within the present time frames for submitting data. In some hospitals, “days billed” or “accommodation charges” may not equal the length of the patient’s stay in the hospital. One should note that charges are a reflection of the hospital’s pricing strategy and may not be indicative of the cost of patient care delivery.

#### Expanded Data Elements

Care should also be used when examining data elements that have been expanded, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some of the expanded codes. For example, the Patient Disposition codes were expanded as of January 1, 1994 to include a new code for “Discharged/Transferred to a Rehab Hospital”. Prior to this quarter, these discharges would have been reported under the code “Discharged/Transferred to Chronic or Rehab Hospital” which itself was changed to “Discharged/Transferred to Chronic Hospital”. If examining these codes across years, one will need to combine the “rehab” and “chronic” codes in the data beginning January 1, 1994.

### 4. Specific Data Elements

The purpose of the following section is to provide the user with an explanation of some of the data elements included in Regulation 114.1 CMR 17.00, and to give a sense of their reliability.

#### A. Existing Data Elements

**DPH Hospital ID Number – REPLACED with Org ID for FY2007**

The Massachusetts Department of Public Health’s four-digit identification number. (See SupplementIII). Please note that DPH Hospital ID number has been replaced with Org ID for FY2007, beginning October 1, 2006.

**Patient Race**

The accuracy of the reporting of this data element for any given hospital is difficult to ascertain. Therefore, the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of the hospital’s population.

**Leave of Absence (LOA) Days**

Hospitals are required to report these days to the Center, if they are used. At present, the Center is unable to verify the use of these days if they are not reported, nor can the Center verify the number reported if a hospital does provide the information. Therefore, the user should be aware that the validity of this category relies solely on the accuracy of a given hospital’s reporting practices.

**Principal External Cause of Injury Code**

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings, and adverse effects.

**Unique Physician Number (UPN)**

The encrypted Massachusetts Board of Registration in Medicine’s license number for the attending and operating physician.

Physicians that do not have Board of Registration in Medicine license numbers that are submitted in the Hospital Discharge Database as DENSG, PODTR, and OTHER (codes for Dental Surgeon, Podiatrist, and Other physician) appear in the AttendingPhysID and OperatingPhysID fields as:

**MMMMM** or **MMMMM3?**

**MIDWIF** (the code for Midwife) appears in the AttendingPhysID and OperatingPhysID fields as:

**K#####** or **K######.**

**Payer Codes**

In January 1994, payer information was expanded to include payer type and payer source. Payer type is the general payer category, such as HMO, Commercial, or Workers’ Compensation. Payer source is the specific health care coverage plan, such as Harvard Pilgrim Health Plan or Aetna Life Insurance.

Over the years, payer type and payer source codes have been further expanded and updated to reflect the current industry. Effective October 1, 1997, payer type codes started to include Point-Of-Service Plan (POS) and Exclusive Provider Organization (EPO). Effective October 1, 1999, payer type codes were updated for #21 – Commonwealth PPO to Type E – PPO (formerly type C – BCBS). Also effective on this date, payer source codes were expanded to include: 203 – Principal Financial Group; 204 – Christian Brothers; and 271 – Hillcrest HMO.

This year, the Center added a new Payer Type ‘Q’ for the Commonwealth Care category, and new Payer Sources for the Commonwealth Care plans.

A complete listing of Payer types and sources, including the new codes, can be found in this manual under Part F. Supplementary Information.

**Source of Admission**

In January 1994, three new sources of admission were added: ambulatory surgery, observation, and extramural birth (for newborns).

The codes were further expanded effective October 1, 1997, to better define each admission source. Physician referral was further clarified as “Direct Physician Referral” (versus calling a health plan for an HMO Referral or Direct Health Plan Referral”). “Clinic Referral” was separated into “Within Hospital Clinic Referral” and “Outside Hospital Clinic Referral”. And “Emergency Room Transfer was further delineated to include “Outside Hospital Emergency Room Transfers” and “Walk-In/Self- Referrals”. (The latter was added to reflect the fact that Walk-In/Self-Referrals are a common source of admission in hospital emergency rooms.)

Effective October 1, 1999, the Center added a new data element, Secondary Source of Admission, as well as a new source of admission code, “Transfer from Within Hospital Emergency Room”. These additions were intended to accommodate those patients with two sources of admission (for example, patients transferred twice prior to being admitted). It is important to note that the code “Transfer from within” is intended to be used as a Secondary Source of Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

**Patient Disposition**

Six new discharge/transfer categories were added in January 1994 and October 1997.

* **Code 05:** To another type of institution for inpatient care or referred for outpatient services to another institution;
* **Code 08:** To home under care of a Home IV Drug Therapy Provider;
* **Code 13:** To rehab hospital;
* **Code 14:** To rest home;
* **Code 50:** Discharged to Hospice – Home (added 10/1/97);
* **Code 51:** Discharged to Hospice Medical Facility (added 10/1/97).

**Accommodation and Ancillary Revenue Codes**

Accommodation and Ancillary Revenue Codes have been expanded to coincide with the current UB-92 Revenue Codes. Effective October 1, 1997, new Accommodation Revenue codes were added for Chronic (code 192), Subacute (code 196), Transitional Care Unit (TCU) (code 197), and for Skilled Nursing Facility (SNF) (code 198).

Also, effective in 1998, Ancillary Revenue Code 760 was separated into individual UB-92 components which include Treatment Room (code 761), Observation Room (code 762), and Other Observation Room (code 769). Please note that the required standard unit of service for codes 762 and 769 is “hours”.

**Unique Health Identification Number (UHIN)**

The patient’s social security number is reported as a nine-digit number, which is then encrypted by the Center into a **Unique Health Information Number (UHIN).** Therefore, a social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by the Center. Please note that per regulation 114.1 CMR 17.00, the number reported for the patient’s social security number should be the patient’s social security number, not the social security number of some other person, such as the husband or wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there exists a separate field designated for social security number of the newborn’s mother.

#### B. New Data Elements

##### New Data Elements as of October 1, 2006

* Effective October 1, 2006, the following new data elements were added to Regulation 114.1 CMR 17.00.
* Additionally, new code values were added for race and patient status. Please note that implementation took place in two phases.

**Race:**

Previously there was a single field to report patient race. Beginning this year, there are three fields to report race: **Race 1**, **Race 2**, and **Other Race** (a free text field for reporting any additional races). Also, race codes have been updated.

* Please see the Data Codes section for a listing of updated values. These are consistent with both the federal OMB standards and code set values, and the EOHHS Standards for Massachusetts.

**Hispanic Indicator:**

A flag to indicate whether the patient is or is not Hispanic/Latino/Spanish.

**Ethnicity:**

Three fields–separate from patient race–to report patient ethnicity. Ethnicity 1, Ethnicity 2, and Other Ethnicity (a free text field for reporting additional ethnicities). Please see the Data Codes section for a listing of the 33 ethnicities.

**Homeless Indicator:**

A flag to indicate whether the patient is or is not known to be homeless.

**Condition Present on Admission Indicator:**

This is a qualifier for each diagnosis code (Primary, Diagnosis I– XIV, and primary E-Code field) indicating onset of diagnosis preceded or followed admission.

**Permanent & Temporary US Patient Address:**

Patient address now includes the following fields:

* **Patient Street Address**
* **Patient City/Town**
* **Patient State**
* **Permanent Patient Country (ISO-3166)**

**New Zip Code Requirements:**

Zip codes must be 0’s if unknown or if the patient country is not the United States.

**New Patient Status Values:**

Please see data codes section for new values. Values were updated to be consistent with UB-92 standards.

**HCF Organization ID:**

This replaces the MDPH Hospital Computer #. Previously this was reported for ED data only.

**Transfer Hospital Org ID:**

Organization ID of the transferring hospital, if any.

**Hospital Service Site Reference:**

OrgID for site of service.

**Surgeon License Number & Date:**

Expanded from 3 to 15 procedures.

##### New Data Elements as of October 1, 2001

Effective October 1, 2001, two new data elements were added to Regulation 114.1 CMR 17.00 – an ER indicator and an Observation indicator.

**ER Indicator**

A flag to indicate whether the patient was admitted from the hospital’s emergency department.

**Observation Indicator**

A flag to indicate whether the patient was admitted from the hospital’s outpatient observation department.

##### New Data Elements as of October 1, 1999

Effective October 1, 1999, several new data elements were added to Regulation 114.1 CMR 17.00. They are as follows.

**Secondary Source of Admission**

A code indicating the source of referring or transferring the patient to inpatient status in the hospital. The Primary Source of Admission is the originating, referring, or transferring facility or primary referral source causing the patient to enter the hospital’s care. The secondary source of admission is the secondary referring or transferring source for the patient. For example, if a patient has been transferred from a SNF to the hospital’s Clinic and is then admitted, the Primary Source of Admission is reported as “5 – Transfer from a SNF” and the Secondary Source of Admission is reported as “Within Hospital Clinic Referral”.

**Do Not Resuscitate (DNR) Status**

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 a patient from potential or apparent death or that a patient was being treated with comfort measures only.

**Mother’s Social Security Number (for infants up to one year old)**

The social security number of the patient’s mother reported as a nine-digit number for newborns or for infants less than 1 year old. The mother’s social security number is encrypted into a Unique Health Information Number (UHIN) and is never considered a case mix data element. Only the UHIN is considered a database element and only this encrypted number is used by the Center.

**Mother’s Medical Record Number (for newborns born in the hospital)**

The medical record number assigned within the hospital to the newborn’s mother. This medical record number distinguishes the patient’s mother and the patient’s mother’s hospital record(s) from all others in that institution.

**Facility Site Number**

A hospital determined number used to distinguish multiple sites that fall under one organizational ID number.

**Organization ID**

A unique facility number assigned by the Center.

**Associated Diagnosis 9 – 14**

This data element has been expanded to allow for up to 14 diagnoses.

**Attending Physician License Number (Board of Registration in Medicine Number),** and **Operating Physician for Principal Procedure (Board of Registration in Medicine Number)**

There is now choice of a Nurse Midwife Code for the Attending and Operating MD License Field:

* Must be a valid and current Mass. Board of Registration in Medicine license number

-or-

* Must be “DENSG”, “PODTR”, “OTHER” or “MIDWIF” as specified in Inpatient Data Elements Definitions (9) (b) of the Submission Guide.

**Other Caregiver Field**

The 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 includes: **resident**, **intern**, **nurse practitioner**, and **physician’s assistant**.

**Attending, Operating, and Additional Caregiver National Provider Identifier Fields**

Please note that these are not yet part of the database. They are just placeholders for when they are implemented. These data elements will be required when available on a national basis.

#### C. Important Note Regarding the Use of Race Codes

Beginning in FY07, the Center started using the federal OMB standard race codes and code set values. These are also consistent with the EOHHS standards for Massachusetts.

There are now three fields for reporting race. **Race 1** and **Race 2** require the use of one of the codes in the table below. **Other Race** is a free text field for reporting additional races when **R9 “Other Race”** is indicated in **Race 1** or **Race 2**.

Please see the following table for new HCF Race Codes **Beginning FY 2007**:

|  |  |
| --- | --- |
| **New Race Code Beginning FY 2007** | **Description** |
| **R1** | American Indian /Alaska Native |
| **R2** | Asian |
| **R3** | Black/African American |
| **R4** | Native Hawaiian or Other Pacific Islander |
| **R5** | White |
| **R9** | Other Race |
| **Unknow** | Unknown/not specified |

**Race Code Data for FY2006 and prior years:**

If you have used data in previous years, you may have noted that the Race\_Code information in the Inpatient file prior to FY2000 was inconsistent with the way the data was reported to the Center. Furthermore, the Inpatient data product was inconsistent with other data products, such as the Outpatient Observation data product. In FY2000, we corrected this inconsistency by standardizing the Race Code as the following table shows. **Please note that to compare pre-FY2000 Inpatient data to data submitted between FY2000 – FY2006, you will have to standardize using the translation table below.**

|  |  |  |
| --- | --- | --- |
| **Race Code** | **Description** - **FY2000 – FY2006** | **Pre-2000 Inpatient FIPA Code** |
| **1** | White | White |
| **2** | Black | Black |
| **3** | Asian | Other |
| **4** | Hispanic | Unknown |
| **5** | American Indian | American Indian |
| **6** | Other | Asian |
| **9** | Unknown | Hispanic |

This format is consistent across all Center data products for these fiscal years, except pre-2000 Inpatient, and was the same format as reported to the Center.

#### D. CHIA Calculated Fields

**Admission Sequence Number**

This calculated field indicates the chronological order of admissions for patients with multiple inpatient stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays.\*\*

**Days Between UHIN Stays**

This calculated field indicates the number of days between each discharge and each consecutive admission for applicable patients. Again, a match with the UHIN only, is used to make a determination that a patient has been readmitted. (Please read the comments below.)\*\*

Analysis of UHIN data by the Center has turned up problems with some of the reported data. For a small number of hospitals, little or no UHIN data exists, as these hospitals failed to report patients’ social security numbers (SSN). Other hospitals reported the same SSN 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 SSN to her infant or assignment of a spouse’s SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% – 10%.

In the past, the CHIA has found that, on average, 91% if the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitors the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN. Only valid SSNs are encrypted to a UHIN. It is valid for hospitals to report that the SSN is unknown. In these cases, the UHIN appears as ‘000000001’.

**Invalid SSNs are assigned 7 or 8 dashes and an error code. The list of error codes is as follows:**

**ssn\_empty = 1**

**ssn\_notninechars = 2**

**ssn\_allcharsequal = 3**

**ssn\_firstthreecharszero = 4**

**ssn\_midtwocharszero = 5**

**ssn\_lastfourcharszero = 6**

**ssn\_notnumeric = 7**

**ssn\_rangeinvalid = 8**

**ssn\_erroroccurred = 9**

**ssn\_encrypterror = 10**

\*\*Based on these findings, the CHIA strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that.

## Part C. Hospital Responses

### Summary of Hospitals’ FY 2011 Verification Report Responses

| **Summary of Hospitals’ FY 2011 Verification Report Responses** |
| --- |
| **ORG ID** | **HOSPITAL NAME** |  **‘A’**  | **‘B’**  | **Comments** |
| 1 | Anna Jaques Hospital | X |  |  |
| 2 | Athol Memorial Hospital | X |  |  |
| 5 | Baystate Franklin Medical Ctr | X |  |  |
| 6 | Baystate Mary Lane Hospital | X |  |  |
| 4 | Baystate Medical Center | X |  |  |
| 7 | Berkshire Medical Ctr. – Berkshire Campus | X |  |  |
| 53 | Beth Israel Deaconess Hospital – Needham | X |  |  |
| 10 | Beth Israel Deaconess Medical Center | X |  |  |
| 16 | Boston Medical Center | X |  |  |
| 22 | Brigham and Women’s Hospital | X |  |  |
| 27 | Cambridge Health Alliance | X |  |  |
| 27 | Cambridge Health Alliance – Somerville Campus | X |  |  |
| 27 | Cambridge Health Alliance - Whidden Memorial | X |  |  |
| 39 | Cape Cod Hospital |  | X | See Comments |
| 46 | Children’s Hospital Boston | X |  |  |
| 132 | Clinton Hospital, a member of UMass Memorial Health Care | X |  |  |
| 50 | Cooley Dickerson Hospital | X |  |  |
| 51 | Dana-Farber Cancer Institute | X |  |  |
| 57 | Emerson Hospital | X |  |  |
| 8 | Fairview Hospital | X |  |  |
| 40 | Falmouth Hospital |  | X |  See Comments |
| 59 | Faulkner Hospital | X |  |  |
| 66 | Hallmark Health Systems – Lawrence Memorial | X |  |  |
| 141 | Halllmark Health Systems – Melrose-Wakefield | X |  |  |
| 68 | Harrington Memorial Hospital | X |  |  |
| 71 | Health Alliance Hospital, a member of UMass Memorial Health Care | X |  |  |
| 73 | Heywood Hospital | X |  |  |
| 77 | Holyoke Medical Center | X |  |  |
| 79 | Jordan Hospital | X |  |  |
| 81 | Lahey Clinic – Burlington Campus | X |  |  |
| 83 | Lawrence General Hospital |  | X | See Comments |
| 85 | Lowell General Hospital | X |  |  |
| 133 | Marlborough Hospital, a member of UMass Memorial Health Care | X |  |  |
| 88 | Martha’s Vineyard Hospital | X |  |  |
| 89 | Massachusetts Eye and Ear Infirmary  | X |  |  |
| 91 | Massachusetts General Hospital |  | X | See Comments |
| 118 | Mercy Medical Center – Providence Campus |  | X | See Comments |
| 119 | Mercy Medical Center – Springfield Campus |  | X | See Comments |
| 70 | Merrimack Valley Hospital  | X |  | (includes data for Qtrs. 1, 2, &3) |
| 11466 | Merrimack Valley Hospital, A Steward Family  | X |  | (includes data for Qtrs. 3 & 4) |
| 49 | MetroWest Medical Center | X |  |  |
| 97 | Milford Regional Medical Center | X |  |  |
| 98 | Milton Hospital | X |  |  |
| 99 | Morton, Steward Family  |  | X |  See Comments  |
| 100 | Mount Auburn Hospital | X |  |  |
| 101 | Nantucket Cottage Hospital | X |  |  |
| 52 | Nashoba Valley Med Ctr.  | X |  | (includes data for Qtrs. 1, 2, &3) |
| 11467 | Nashoba Valley Med Ctr. A Steward Family  | X |  | (Includes data for Qtrs. 3 & 4) |
| 103 | New England Baptist Hospital | X |  |  |
| 105 | Newton Wellesley Hospital | X |  |  |
| 106 | Noble Hospital | X |  |  |
| 107 | North Adams Regional Hospital | X |  |  |
| 116 | North Shore Medical Center, Inc. | X |  |  |
| 110 | Northeast Health Systems – Beverly | X |  |  |
| 109 | Northeast Health Systems – Addison Gilbert | X |  |  |
| 112 | Quincy Medical Center, A Steward Family | X |  |  |
| 127 | Saint Vincent Hospital |  | X | See Comments |
| 115 |  Saints Memorial Medical Center | X |  |  |
| 25 | Signature Healthcare Brockton Hospital | X |  |  |
| 122 | South Shore Hospital  | X |  |  |
| 123 | Southcoast Hospitals Group – Charlton Memorial Campus | X |  |  |
| 124 |  Southhcoast Hospitals Group – St Luke’s Campus  | X |  |  |
| 145 |  Southcoast Hospitals Group – Tobey Hospital Campus | X |  |  |
| 42 | Steward Carney Hospital | X |  |  |
| 62 | Steward Good Samaritan Medical Center | X |  |  |
| 4460 | Steward Good Samaritan Medical Ctr. – Norcap Lodge Campus | X |  |  |
| 75 | Steward Holy Family Hospital and Medical Ctr. | X |  |  |
| 41 |  Steward Norwood Hospital  | X |  |  |
| 114 | Steward St. Anne’s Hospital | X |  |  |
| 126 |  Steward St. Elizabeth’s Hospital | X |  |  |
| 129 | Sturdy Memorial Hospital | X |  |  |
| 104 | Tufts Medical Center | X |  |  |
| 131 | U Mass. Memorial Med Ctr. – University Campus |  | X | See Comments |
| 139 | Wing Memorial Hospital – Member of UMass Memorial Health Care |  | X | See Comments  |
| 138 | Winchester Hospital |  | X | See Comments  |

### 2. Individual Hospital Discrepancy Documentation

#### Cape Cod Hospital

FY 2011 Hospital Inpatient Discharge Data Profile – Data Error Analysis

1. Primary Source of Payment (94 cases) – Mostly Psych patients where payer not properly mapped.
2. Ancillary Services by Chares – charge category abstract code (18 cases) – charge categories not mapped in routine.
3. Patient Disposition – Discharge Disposition code (11) – table not mapped correctly.

In addition, we found Operating License Number errors needing correction.

#### Falmouth Hospital

FY 2011 Hospital Inpatient Discharge Data Profile – Data Error Analysis

1. Primary Source of Payment (6 cases) – Mostly patients where payer not properly mapped.
2. Patient Disposition – Discharge Disposition code (4 cases) – table not mapped correctly

In addition, we found Operating Physician License Number errors needing correction

#### Lawrence General Hospital – Hospital Comment

I am submitting the following comments regarding the FY 2011 Hospital Inpatient Discharge Data Profile Report for the Lawrence General Hospital.

Lawrence General Hospital converted its hospital information system from McKesson Series to McKesson Paragon on November 7, 2011. FY 2011 4th quarter data was the first quarter in which our data submission emanated from the Paragon system, and as such, there are a number of data mapping errors in that quarter. We have not had a sufficient amount of time to thoroughly diagnose and correct these errors; consequently, we are submitting data we know to be inconsistent with previous quarters.

The reports that are affected are:

* **HDD-01: Source of Admission**. Q4 Transfers from a SNF and Normal Delivery are inaccurate. Transfers from a SNF should be 6; and Normal Newborns should be 443. We are making errors to work with our vendor to correct the mapping error.
* **HDD-02: Type of Admission**. There appears to be a user error in choosing Emergency vs. Elective. There should be approximately 300 more classified as Emergency and 300 fewer classified as Urgent.
* **HDD-04: Primary Payer Type**. There is a mapping problem between HMO and Medicaid Managed Care. We are working to resolve this issue.
* **HDD-05: Patient Disposition**. We incorrectly used Code 62 in Q4 for transfers to a rehabilitation hospital. All 66 cases should have been mapped to Cope 13.
* **HDD-015: Ancillary Services by Discharge**. Q4 reflects a more detailed breakdown of ancillary charges from that of the previous quarters due to the change in vendors. Future quarters will be similar to Q4.
* **HDD-018: Ancillary Services by Charges**. See HDD-015 above.
* **HDD-16: Routine Accommodation Services by Discharge**. See HDD-015 above.
* **HDD-19: Routine Accommodation by Charges**. See HDD-015 above.

#### Massachusetts General Hospital – Hospital Comment

I have reviewed the fiscal year 2011 Inpatient Hospital Discharge Data Profile Reports. The only discrepancy that I’ve found is the one that you point out last week. That discrepancy is the approximately $4 million difference between the amounts reported on the Mass General submissions and the amount found on the individual records, analysis attached. The difference is about $2 million each in quarters 2 and 3. As we discussed on the phone, this is a relatively small percentage of the total MGH revenue, and since it doesn’t appear to be an ongoing issue, we will not resubmit any 2011 data.

##### MGH 2011 Charge Verification

**Verification Report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Ancillary** | **Routine** | **Special** | **Total** | **Variance** |
| **Q1** | $511,591,963 | $206,592,342 | $70,414,584 | $788,598,889 |  |
| **Q2** | $493,723,890 | $203,614,282 | $72,641,419 | $769,979,591 |  |
| **Q3** | $503,621,958 | $206,349,497 | $75,369,816 | $785,341,271 |  |
| **Q4** | $507,163,474 | $207,747,688 | $71,113,032 | $786,024,194 |  |
| **Total** | **$2,016,101,285** | **$824,303,809** | **$289,538,851** | **$3,129,943,945** |  |

**Processing Reports**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Total** | **Variance** |
| **Q1** |  |  |  | $788,598,889 |  |
| **Q2** |  |  |  | $772,191,779 | $2,212,188 |
| **Q3** |  |  |  | $787,313,793 | $1,972,522 |
| **Q4** |  |  |  | $786,024,194 |  |
| **Total** |  |  |  | **$3,134,128,655** | **$4,184,710** |

**Q2 submission record type 95**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Total** | **Variance** |
| **Q2** |  |  |  | **$495,936,078** | **$2,212,188** |

**Q3 submission record type 95**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Total** | **Variance** |
| **Q3** |  |  |  | **$505,594,480** | **$1,972,522** |

#### Mercy Medical Center – Providence Behavioral Health Hospital Campus

**B Response –** I have reviewed the FY 2011 Hospital Inpatient Discharge Data Profile Report and agree that the data is accurate and complete except for the discrepancies found in the area below:

**004 – Primary Payer Type**

Supporting documentation not received.

#### Mercy Medical Center – Springfield Campus

**B Response –** I have reviewed the FY 2011 Hospital Inpatient Discharge Profile Report and agree that the data is accurate and complete except for the discrepancies found in the area below:

**001 – Source of Admission**

Supporting documentation not received.

#### Morton Hospital – Hospital Comment

After review of the FY 2011 Hospital Inpatient discharge Data Profile Report, It was determined that the total # of discharges in the report (6274) did not match the total # of actual discharges (7370) as reported by the hospital.

In further review it was determined that an omission of a payer class in the abstracting dictionary caused this discrepancy. This has been fixed.

#### Saint Vincent

**B response –** I have reviewed the FY 2011 Hospital Inpatient discharge Profile Report and agree that the data is accurate and complete except for the discrepancies found below:

001 – Source of Admission

Supporting documentation not received

#### U Mass Memorial Medical Center - Hospital Comment

U Mass Memorial Medical Center instituted new admit source types and processes on 4/8/2011 by the Revenue Cycle department. The new types or codes differ from what was used in prior years. The new admit source types are:

1) Non-Hlth FAC (Self Referred)

2) Clinic or Physician Office

4) Trans from Diff Acute Hosp

5) Trans from a SNF/ICF

6) Trans from Another HC Facility

8) Court/Law Enforcement

9) Information Not Available

D) Trans In-House

E) Trans from Amb Surge Center

F) Trans from Hospice

17) ER Admit

NB5) Born Inside the Hospital

NB6) Born Outside the Hospital

We feel the changes in percentages on submitted data are due to the fact that revenue cycle employees are using a difference set of criteria as to which of these codes they’re using compared to 2010. if anything, 2011 data is probably more correct.

#### Winchester Hospital – Hospital Comment

There is a discrepancy in the Source of Admission for those patients who were admitted to the hospital via our Emergency Department. The FY 2011 report reflects that there were 0 patients with an admission source of “Within Hospital Emergency Room Transfer”. It appears that these patients are captured in the source of admission category of “Direct Physician Referral”.

After running an internal report on our Total FY 2011 Inpatients:

Admitted via our Emergency Department is 9,149 patients 60.9%

Admitted via Direct Physician Referral is 3,490 patients 23.04%

#### Wing Memorial Hospital – Hospital Comment

I am writing to let you know that as of April 6, 2012, Wing Memorial Hospital’s (‘Wing”) actual discharges for Fiscal Year 2011 are approximately 1% less than those reported in the FY 2011 Hospital Inpatient Data Profile Report. After comparing the data, at this time we do not plan to resubmit our data to the Center.

As discussed in previous years, a portion of this variance may be due to inpatient /Observation classification changes and Wing will continue to review and compare the reports and if warranted will work to resolve any issues prior to the Fiscal Year 2012 final submission.

#### Please Note – Boston Medical Center’s FY 2011 Quarter 1 Discharges

Boston Medical Center had 2 discharge records that were formatted incorrectly and therefore were not able to pass through to our database. Since we allow a threshold of 1% discharge error, the file was accepted and the remaining records passed through the system successfully.

## Part D. Cautionary Use Hospitals

Previous year's data contained a separate file for the failed submissions. Beginning with FY2000, the database contains all submission together; both passed and failed submissions for all hospitals within the database. The Failed submissions are marked with an asterisk for easy identification

**FY 2011: There are no cautionary use hospitals. All hospitals submitted 4 quarters of passed data for FY 2011.**

## PART E. HOSPITALS SUBMITTING DATA FOR FY 2011

| DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTERThe following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive. |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Anna Jaques Hospital | 1 | 1,958 | $20,499,608 |
| 2 | Anna Jaques Hospital | 1 | 1,912 | $20,275,052 |
| 3 | Anna Jaques Hospital | 1 | 1,946 | $21,582,535 |
| 4 | Anna Jaques Hospital | 1 | 1,890 | $19,731,085 |
|  | **Totals** |  | **7,706** | **$82,088,280** |
|  |  |  |  |  |
| 1 | Athol Memorial Hospital | 2 | 171 | $2,506,153 |
| 2 | Athol Memorial Hospital | 2 | 189 | $2,719,374 |
| 3 | Athol Memorial Hospital | 2 | 156 | $2,112,989 |
| 4 | Athol Memorial Hospital | 2 | 134 | $1,694,202 |
|  | **Totals** |  | **650** | **$9,032,718** |
|  |  |  |  |  |
| 1 | Baystate Franklin Medical Center | 5 | 976 | $14,941,105 |
| 2 | Baystate Franklin Medical Center | 5 | 961 | $14,488,754 |
| 3 | Baystate Franklin Medical Center | 5 | 1,028 | $15,197,328 |
| 4 | Baystate Franklin Medical Center | 5 | 1,096 | $16,143,689 |
|  | **Totals** |  | **4,061** | **$60,770,876** |
|  |  |  |  |  |
| 1 | Baystate Mary Lane Hospital | 6 | 286 | $3,586,227 |
| 2 | Baystate Mary Lane Hospital | 6 | 289 | $3,697,734 |
| 3 | Baystate Mary Lane Hospital | 6 | 287 | $3,695,635 |
| 4 | Baystate Mary Lane Hospital | 6 | 261 | $3,039,392 |
|  | **Totals** |  | **1,123** | **$14,018,988** |
|  |  |  |  |  |
| 1 | Baystate Medical Center | 4 | 8,988 | $209,766,996 |
| 2 | Baystate Medical Center | 4 | 8,898 | $204,601,629 |
| 3 | Baystate Medical Center | 4 | 9,140 | $216,255,734 |
| 4 | Baystate Medical Center | 4 | 9,212 | $202,931,972 |
|  | **Totals** |  | **36,238** | **$833,556,331** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Berkshire Medical Center - Berkshire Campus | 7 | 2,988 | $57,648,022 |
| 2 | Berkshire Medical Center - Berkshire Campus | 7 | 2,970 | $59,259,157 |
| 3 | Berkshire Medical Center - Berkshire Campus | 7 | 3,153 | $59,771,347 |
| 4 | Berkshire Medical Center - Berkshire Campus | 7 | 3,415 | $60,962,038 |
|  | **Totals** |  | **12,526** | **$237,640,564** |
|  |  |  |  |  |
| 1 | Beth Israel Deaconess Hospital - Needham | 53 | 588 | $6,704,423 |
| 2 | Beth Israel Deaconess Hospital - Needham | 53 | 574 | $7,381,063 |
| 3 | Beth Israel Deaconess Hospital - Needham | 53 | 600 | $7,562,402 |
| 4 | Beth Israel Deaconess Hospital - Needham | 53 | 553 | $6,917,470 |
|  | **Totals** |  | **2,315** | **$28,565,358** |
|  |  |  |  |  |
| 1 | Beth Israel Deaconess Medical Center - East Campus | 10 | 10,293 | $283,075,005 |
| 2 | Beth Israel Deaconess Medical Center - East Campus | 10 | 10,078 | $263,978,938 |
| 3 | Beth Israel Deaconess Medical Center - East Campus | 10 | 10,570 | $260,675,267 |
| 4 | Beth Israel Deaconess Medical Center - East Campus | 10 | 10,123 | $259,631,202 |
|  | **Totals** |  | **41,064** | **$1,067,360,412** |
|  |  |  |  |  |
| 1 | Boston Medical Center - Menino Pavilion Campus | 16 | 7,343 | $160,611,915 |
| 2 | Boston Medical Center - Menino Pavilion Campus | 16 | 7,096 | $150,773,100 |
| 3 | Boston Medical Center - Menino Pavilion Campus | 16 | 7,281 | $159,014,178 |
| 4 | Boston Medical Center - Menino Pavilion Campus | 16 | 7,204 | $155,819,500 |
|  | **Totals** |  | **28,924** | **$626,218,693** |
|  |  |  |  |  |
| 1 | Brigham and Women's Hospital | 22 | 12,856 | $773,974,827 |
| 2 | Brigham and Women's Hospital | 22 | 12,583 | $756,216,304 |
| 3 | Brigham and Women's Hospital | 22 | 13,184 | $769,412,581 |
| 4 | Brigham and Women's Hospital | 22 | 13,042 | $768,432,159 |
|  | **Totals** |  | **51,665** | **$3,068,035,871** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Cambridge Health Alliance - Cambridge Hospital Campus | 27 | 3,139 | $46,859,334 |
| 2 | Cambridge Health Alliance - Cambridge Hospital Campus | 27 | 3,065 | $47,257,190 |
| 3 | Cambridge Health Alliance - Cambridge Hospital Campus | 27 | 3,119 | $43,973,299 |
| 4 | Cambridge Health Alliance - Cambridge Hospital Campus | 27 | 3,354 | $47,853,527 |
|  | **Totals** |  | **12,677** | **$185,943,350** |
|  |  |  |  |  |
| 1 | Cape Cod Hospital | 39 | 4,004 | $75,721,603 |
| 2 | Cape Cod Hospital | 39 | 4,095 | $75,301,551 |
| 3 | Cape Cod Hospital | 39 | 4,160 | $72,063,398 |
| 4 | Cape Cod Hospital | 39 | 4,426 | $75,261,555 |
|  | **Totals** |  | **16,685** | **$298,348,107** |
|  |  |  |  |  |
| 1 | Children's Hospital Boston | 46 | 4,397 | $211,652,961 |
| 2 | Children's Hospital Boston | 46 | 4,576 | $206,009,537 |
| 3 | Children's Hospital Boston | 46 | 4,271 | $201,167,980 |
| 4 | Children's Hospital Boston | 46 | 4,127 | $205,714,056 |
|  | **Totals** |  | **17,371** | **$824,544,534** |
|  |  |  |  |  |
| 1 | Clinton Hospital | 132 | 319 | $7,166,638 |
| 2 | Clinton Hospital | 132 | 321 | $7,519,299 |
| 3 | Clinton Hospital | 132 | 335 | $7,758,864 |
| 4 | Clinton Hospital | 132 | 317 | $7,202,705 |
|  | **Totals** |  | **1,292** | **$29,647,506** |
|  |  |  |  |  |
| 1 | Cooley Dickinson Hospital | 50 | 2,277 | $34,418,860 |
| 2 | Cooley Dickinson Hospital | 50 | 2,187 | $34,721,649 |
| 3 | Cooley Dickinson Hospital | 50 | 2,176 | $32,685,814 |
| 4 | Cooley Dickinson Hospital | 50 | 2,203 | $32,544,299 |
|  | **Totals** |  | **8,843** | **$134,370,622** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Dana-Farber Cancer Institute | 51 | 249 | $19,566,160 |
| 2 | Dana-Farber Cancer Institute | 51 | 261 | $20,527,357 |
| 3 | Dana-Farber Cancer Institute | 51 | 248 | $21,143,009 |
| 4 | Dana-Farber Cancer Institute | 51 | 283 | $22,660,733 |
|  | **Totals** |  | **1,041** | **$83,897,259** |
|  |  |  |  |  |
| 1 | Emerson Hospital | 57 | 2,186 | $35,163,678 |
| 2 | Emerson Hospital | 57 | 2,198 | $34,499,153 |
| 3 | Emerson Hospital | 57 | 2,357 | $34,088,045 |
| 4 | Emerson Hospital | 57 | 2,292 | $32,211,002 |
|  | **Totals** |  | **9,033** | **$135,961,878** |
|  |  |  |  |  |
| 1 | Fairview Hospital | 8 | 316 | $3,346,855 |
| 2 | Fairview Hospital | 8 | 338 | $4,129,523 |
| 3 | Fairview Hospital | 8 | 314 | $3,685,601 |
| 4 | Fairview Hospital | 8 | 292 | $3,284,662 |
|  | **Totals** |  | **1,260** | **$14,446,641** |
|  |  |  |  |  |
| 1 | Falmouth Hospital | 40 | 1,621 | $24,266,470 |
| 2 | Falmouth Hospital | 40 | 1,689 | $25,609,176 |
| 3 | Falmouth Hospital | 40 | 1,626 | $24,855,863 |
| 4 | Falmouth Hospital | 40 | 1,678 | $25,007,848 |
|  | **Totals** |  | **6,614** | **$99,739,357** |
|  |  |  |  |  |
| 1 | Faulkner Hospital | 59 | 1,941 | $47,640,514 |
| 2 | Faulkner Hospital | 59 | 1,873 | $45,923,862 |
| 3 | Faulkner Hospital | 59 | 1,896 | $44,630,928 |
| 4 | Faulkner Hospital | 59 | 1,861 | $42,767,459 |
|  | **Totals** |  | **7,571** | **$180,962,763** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Hallmark Health - Lawrence Memorial Hospital Campus | 66 | 1,308 | $19,453,850 |
| 2 | Hallmark Health - Lawrence Memorial Hospital Campus | 66 | 1,238 | $18,406,591 |
| 3 | Hallmark Health - Lawrence Memorial Hospital Campus | 66 | 1,214 | $17,294,594 |
| 4 | Hallmark Health - Lawrence Memorial Hospital Campus | 66 | 1,195 | $17,349,225 |
|  | **Totals** |  | **4,955** | **$72,504,260** |
|  |  |  |  |  |
| 1 | Hallmark Health - Melrose-Wakefield Hospital Campus | 141 | 2,794 | $33,886,130 |
| 2 | Hallmark Health - Melrose-Wakefield Hospital Campus | 141 | 2,783 | $33,730,001 |
| 3 | Hallmark Health - Melrose-Wakefield Hospital Campus | 141 | 2,826 | $34,447,829 |
| 4 | Hallmark Health - Melrose-Wakefield Hospital Campus | 141 | 2,736 | $31,090,850 |
|  | **Totals** |  | **11,139** | **$133,154,810** |
|  |  |  |  |  |
| 1 | Harrington Memorial Hospital | 68 | 1,185 | $14,483,936 |
| 2 | Harrington Memorial Hospital | 68 | 1,247 | $16,592,465 |
| 3 | Harrington Memorial Hospital | 68 | 1,214 | $15,911,741 |
| 4 | Harrington Memorial Hospital | 68 | 1,144 | $14,413,254 |
|  | **Totals** |  | **4,790** | **$61,401,396** |
|  |  |  |  |  |
| 1 | Health Alliance Hospital | 71 | 2,028 | $34,511,616 |
| 2 | Health Alliance Hospital | 71 | 1,985 | $34,633,183 |
| 3 | Health Alliance Hospital | 71 | 2,014 | $35,709,197 |
| 4 | Health Alliance Hospital | 71 | 1,956 | $32,449,333 |
|  | **Totals** |  | **7,983** | **$137,303,329** |
|  |  |  |  |  |
| 1 | Heywood Hospital | 73 | 1,381 | $15,996,722 |
| 2 | Heywood Hospital | 73 | 1,279 | $15,565,628 |
| 3 | Heywood Hospital | 73 | 1,334 | $15,960,571 |
| 4 | Heywood Hospital | 73 | 1,286 | $15,004,763 |
|  | **Totals** |  | **5,280** | **$62,527,684** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Holyoke Medical Center | 77 | 1,641 | $18,240,893 |
| 2 | Holyoke Medical Center | 77 | 1,726 | $19,952,205 |
| 3 | Holyoke Medical Center | 77 | 1,589 | $18,357,699 |
| 4 | Holyoke Medical Center | 77 | 1,480 | $16,644,052 |
|  | **Totals** |  | **6,436** | **$73,194,849** |
|  |  |  |  |  |
| 1 | Jordan Hospital | 79 | 2,837 | $40,610,530 |
| 2 | Jordan Hospital | 79 | 2,605 | $34,527,313 |
| 3 | Jordan Hospital | 79 | 2,741 | $36,883,755 |
| 4 | Jordan Hospital | 79 | 2,658 | $37,115,966 |
|  | **Totals** |  | **10,841** | **$149,137,564** |
|  |  |  |  |  |
| 1 | Lahey Clinic - Burlington Campus | 81 | 5,489 | $127,266,602 |
| 2 | Lahey Clinic - Burlington Campus | 81 | 5,402 | $125,405,892 |
| 3 | Lahey Clinic - Burlington Campus | 81 | 5,446 | $122,066,283 |
| 4 | Lahey Clinic - Burlington Campus | 81 | 5,551 | $122,680,559 |
|  | **Totals** |  | **21,888** | **$497,419,336** |
|  |  |  |  |  |
| 1 | Lawrence General Hospital | 83 | 3,027 | $45,030,211 |
| 2 | Lawrence General Hospital | 83 | 3,119 | $44,905,016 |
| 3 | Lawrence General Hospital | 83 | 3,256 | $46,605,538 |
| 4 | Lawrence General Hospital | 83 | 3,255 | $44,497,530 |
|  | **Totals** |  | **12,657** | **$181,038,295** |
|  |  |  |  |  |
| 1 | Lowell General Hospital | 85 | 4,013 | $54,577,179 |
| 2 | Lowell General Hospital | 85 | 4,259 | $54,004,658 |
| 3 | Lowell General Hospital | 85 | 4,195 | $55,369,988 |
| 4 | Lowell General Hospital | 85 | 4,006 | $52,908,211 |
|  | **Totals** |  | **16,473** | **$216,860,036** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Marlborough Hospital | 133 | 1,003 | $18,476,020 |
| 2 | Marlborough Hospital | 133 | 1,077 | $20,153,877 |
| 3 | Marlborough Hospital | 133 | 1,054 | $19,031,712 |
| 4 | Marlborough Hospital | 133 | 1,085 | $19,643,443 |
|  | **Totals** |  | **4,219** | **$77,305,052** |
|  |  |  |  |  |
| 1 | Martha's Vineyard Hospital | 88 | 261 | $4,293,205 |
| 2 | Martha's Vineyard Hospital | 88 | 332 | $5,448,525 |
| 3 | Martha's Vineyard Hospital | 88 | 281 | $3,890,950 |
| 4 | Martha's Vineyard Hospital | 88 | 348 | $4,737,824 |
|  | **Totals** |  | **1,222** | **$18,370,504** |
|  |  |  |  |  |
| 1 | Massachusetts Eye and Ear Infirmary | 89 | 211 | $6,125,900 |
| 2 | Massachusetts Eye and Ear Infirmary | 89 | 227 | $5,673,298 |
| 3 | Massachusetts Eye and Ear Infirmary | 89 | 240 | $5,787,957 |
| 4 | Massachusetts Eye and Ear Infirmary | 89 | 235 | $5,878,483 |
|  | **Totals** |  | **913** | **$23,465,638** |
|  |  |  |  |  |
| 1 | Massachusetts General Hospital | 91 | 12,642 | $788,598,889 |
| 2 | Massachusetts General Hospital | 91 | 12,186 | $772,191,779 |
| 3 | Massachusetts General Hospital | 91 | 12,614 | $787,313,793 |
| 4 | Massachusetts General Hospital | 91 | 12,862 | $786,024,194 |
|  | **Totals** |  | **50,304** | **$3,134,128,655** |
|  |  |  |  |  |
| 1 | Mercy Medical Center - Providence Behavioral Health Hospital Campus | 118 | 997 | $13,570,646 |
| 2 | Mercy Medical Center - Providence Behavioral Health Hospital Campus | 118 | 1,021 | $13,395,386 |
| 3 | Mercy Medical Center - Providence Behavioral Health Hospital Campus | 118 | 1,104 | $14,837,391 |
| 4 | Mercy Medical Center - Providence Behavioral Health Hospital Campus | 118 | 1,062 | $14,677,839 |
|  | **Totals** |  | **4,184** | **$56,481,262** |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Mercy Medical Center - Springfield Campus | 119 | 2,963 | $59,825,192 |
| 2 | Mercy Medical Center - Springfield Campus | 119 | 2,937 | $61,848,522 |
| 3 | Mercy Medical Center - Springfield Campus | 119 | 2,994 | $61,316,282 |
| 4 | Mercy Medical Center - Springfield Campus | 119 | 2,858 | $56,429,698 |
|  | **Totals** |  | **11,752** | **$239,419,694** |
|  |  |  |  |  |
| 1 | Merrimack Valley Hospital | 70 | 935 | $14,837,979 |
| 2 | Merrimack Valley Hospital | 70 | 922 | $14,561,588 |
| 3 | Merrimack Valley Hospital | 70 | 317 | $5,010,087 |
|  | **Totals** |  | **2,174** | **$34,409,654** |
|  |  |  |  |  |
| 3 | Merrimack Valley Hospital, A Steward Family Hospital, Inc. | 11466 | 614 | $10,179,551 |
| 4 | Merrimack Valley Hospital, A Steward Family Hospital, Inc. | 11466 | 909 | $14,800,974 |
|  | **Totals** |  | **1,523** | **$24,980,525** |
|  |  |  |  |  |
| 1 | MetroWest Medical Center - Framingham Campus | 49 | 3,840 | $56,007,251 |
| 2 | MetroWest Medical Center - Framingham Campus | 49 | 3,759 | $54,248,124 |
| 3 | MetroWest Medical Center - Framingham Campus | 49 | 3,790 | $54,469,424 |
| 4 | MetroWest Medical Center - Framingham Campus | 49 | 3,585 | $51,062,467 |
|  | **Totals** |  | **14,974** | **$215,787,266** |
|  |  |  |  |  |
| 1 | Milford Regional Medical Center | 97 | 2,029 | $32,699,809 |
| 2 | Milford Regional Medical Center | 97 | 2,276 | $34,244,825 |
| 3 | Milford Regional Medical Center | 97 | 2,309 | $35,012,431 |
| 4 | Milford Regional Medical Center | 97 | 2,080 | $30,529,475 |
|  | **Totals** |  | **8,694** | **$132,486,540** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Milton Hospital | 98 | 1,125 | $17,598,371 |
| 2 | Milton Hospital | 98 | 1,163 | $18,752,538 |
| 3 | Milton Hospital | 98 | 1,106 | $17,170,313 |
| 4 | Milton Hospital | 98 | 1,129 | $16,085,265 |
|  | **Totals** |  | **4,523** | **$69,606,487** |
|  |  |  |  |  |
| 1 | Morton Hospital, A Steward Family Hospital, Inc. | 99 | 1,652 | $15,844,584 |
| 2 | Morton Hospital, A Steward Family Hospital, Inc. | 99 | 1,688 | $15,648,308 |
| 3 | Morton Hospital, A Steward Family Hospital, Inc. | 99 | 1,525 | $14,538,911 |
| 4 | Morton Hospital, A Steward Family Hospital, Inc. | 99 | 1,409 | $13,881,310 |
|  | **Totals** |  | **6,274** | **$59,913,113** |
|  |  |  |  |  |
| 1 | Mount Auburn Hospital | 100 | 3,681 | $53,849,193 |
| 2 | Mount Auburn Hospital | 100 | 3,455 | $50,938,250 |
| 3 | Mount Auburn Hospital | 100 | 3,581 | $52,822,233 |
| 4 | Mount Auburn Hospital | 100 | 3,458 | $50,499,311 |
|  | **Totals** |  | **14,175** | **$208,108,987** |
|  |  |  |  |  |
| 1 | Nantucket Cottage Hospital | 101 | 121 | $1,462,735 |
| 2 | Nantucket Cottage Hospital | 101 | 155 | $1,854,945 |
| 3 | Nantucket Cottage Hospital | 101 | 121 | $1,471,260 |
| 4 | Nantucket Cottage Hospital | 101 | 147 | $1,934,588 |
|  | **Totals** |  | **544** | **$6,723,528** |
|  |  |  |  |  |
| 1 | Nashoba Valley Medical Center | 52 | 492 | $7,133,296 |
| 2 | Nashoba Valley Medical Center | 52 | 504 | $7,465,720 |
| 3 | Nashoba Valley Medical Center | 52 | 170 | $2,451,155 |
|  | **Totals** |  | **1,166** | **$17,050,171** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 3 | Nashoba Valley Medical Center, A Steward Family Hospital, Inc. | 11467 | 324 | $4,752,103 |
| 4 | Nashoba Valley Medical Center, A Steward Family Hospital, Inc. | 11467 | 423 | $6,054,837 |
|  | **Totals** |  | **747** | **$10,806,940** |
|  |  |  |  |  |
| 1 | New England Baptist Hospital | 103 | 1,749 | $48,847,185 |
| 2 | New England Baptist Hospital | 103 | 1,775 | $49,386,733 |
| 3 | New England Baptist Hospital | 103 | 1,810 | $47,432,647 |
| 4 | New England Baptist Hospital | 103 | 1,734 | $46,913,432 |
|  | **Totals** |  | **7,068** | **$192,579,997** |
|  |  |  |  |  |
| 1 | Newton-Wellesley Hospital | 105 | 4,982 | $103,895,247 |
| 2 | Newton-Wellesley Hospital | 105 | 5,242 | $105,243,956 |
| 3 | Newton-Wellesley Hospital | 105 | 5,543 | $107,633,541 |
| 4 | Newton-Wellesley Hospital | 105 | 5,343 | $101,559,653 |
|  | **Totals** |  | **21,110** | **$418,332,397** |
|  |  |  |  |  |
| 1 | Noble Hospital | 106 | 887 | $14,901,923 |
| 2 | Noble Hospital | 106 | 896 | $14,251,455 |
| 3 | Noble Hospital | 106 | 826 | $13,224,938 |
| 4 | Noble Hospital | 106 | 847 | $13,667,406 |
|  | **Totals** |  | **3,456** | **$56,045,722** |
|  |  |  |  |  |
| 1 | North Adams Regional Hospital | 107 | 776 | $13,528,041 |
| 2 | North Adams Regional Hospital | 107 | 758 | $13,144,624 |
| 3 | North Adams Regional Hospital | 107 | 709 | $12,070,105 |
| 4 | North Adams Regional Hospital | 107 | 642 | $10,632,392 |
|  | **Totals** |  | **2,885** | **$49,375,162** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | North Shore Medical Center - Salem Campus | 116 | 5,174 | $151,470,718 |
| 2 | North Shore Medical Center - Salem Campus | 116 | 5,381 | $155,408,591 |
| 3 | North Shore Medical Center - Salem Campus | 116 | 5,354 | $153,326,342 |
| 4 | North Shore Medical Center - Salem Campus | 116 | 5,370 | $143,840,778 |
|  | **Totals** |  | **21,279** | **$604,046,429** |
|  |  |  |  |  |
| 1 | Northeast Hospital - Addison Gilbert Campus | 109 | 603 | $7,138,444 |
| 2 | Northeast Hospital - Addison Gilbert Campus | 109 | 589 | $7,414,732 |
| 3 | Northeast Hospital - Addison Gilbert Campus | 109 | 631 | $6,581,556 |
| 4 | Northeast Hospital - Addison Gilbert Campus | 109 | 637 | $6,509,811 |
|  | **Totals** |  | **2,460** | **$27,644,543** |
|  |  |  |  |  |
| 1 | Northeast Hospital - Beverly Campus | 110 | 4,454 | $53,379,455 |
| 2 | Northeast Hospital - Beverly Campus | 110 | 4,641 | $55,225,581 |
| 3 | Northeast Hospital - Beverly Campus | 110 | 4,898 | $54,553,800 |
| 4 | Northeast Hospital - Beverly Campus | 110 | 4,537 | $51,196,332 |
|  | **Totals** |  | **18,530** | **$214,355,168** |
|  |  |  |  |  |
| 1 | Quincy Medical Center, A Steward Family Hospital, Inc. | 112 | 1,466 | $20,812,168 |
| 2 | Quincy Medical Center, A Steward Family Hospital, Inc. | 112 | 1,531 | $21,817,441 |
| 3 | Quincy Medical Center, A Steward Family Hospital, Inc. | 112 | 1,479 | $20,316,749 |
| 4 | Quincy Medical Center, A Steward Family Hospital, Inc. | 112 | 1,399 | $18,052,737 |
|  | **Totals** |  | **5,875** | **$80,999,095** |
|  |  |  |  |  |
| 1 | Saint Vincent Hospital | 127 | 5,016 | $81,355,961 |
| 2 | Saint Vincent Hospital | 127 | 4,918 | $78,817,221 |
| 3 | Saint Vincent Hospital | 127 | 4,934 | $74,396,108 |
| 4 | Saint Vincent Hospital | 127 | 4,910 | $71,825,118 |
|  | **Totals** |  | **19,778** | **$306,394,408** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Saints Medical Center | 115 | 1,651 | $25,005,501 |
| 2 | Saints Medical Center | 115 | 1,703 | $26,615,818 |
| 3 | Saints Medical Center | 115 | 1,615 | $26,479,651 |
| 4 | Saints Medical Center | 115 | 1,551 | $24,683,520 |
|  | **Totals** |  | **6,520** | **$102,784,490** |
|  |  |  |  |  |
| 1 | Signature Healthcare Brockton Hospital | 25 | 3,680 | $51,681,846 |
| 2 | Signature Healthcare Brockton Hospital | 25 | 3,445 | $50,734,550 |
| 3 | Signature Healthcare Brockton Hospital | 25 | 3,238 | $46,739,749 |
| 4 | Signature Healthcare Brockton Hospital | 25 | 3,503 | $47,019,907 |
|  | **Totals** |  | **13,866** | **$196,176,052** |
|  |  |  |  |  |
| 1 | South Shore Hospital | 122 | 6,492 | $94,149,035 |
| 2 | South Shore Hospital | 122 | 6,590 | $98,477,894 |
| 3 | South Shore Hospital | 122 | 6,761 | $99,701,215 |
| 4 | South Shore Hospital | 122 | 6,454 | $94,947,698 |
|  | **Totals** |  | **26,297** | **$387,275,842** |
|  |  |  |  |  |
| 1 | Southcoast Hospitals Group - Charlton Memorial Campus | 123 | 4,237 | $85,521,223 |
| 2 | Southcoast Hospitals Group - Charlton Memorial Campus | 123 | 4,365 | $90,066,246 |
| 3 | Southcoast Hospitals Group - Charlton Memorial Campus | 123 | 4,271 | $86,773,843 |
| 4 | Southcoast Hospitals Group - Charlton Memorial Campus | 123 | 4,198 | $80,774,242 |
|  | **Totals** |  | **17,071** | **$343,135,554** |
|  |  |  |  |  |
| 1 | Southcoast Hospitals Group - St. Luke's Campus | 124 | 5,535 | $93,284,217 |
| 2 | Southcoast Hospitals Group - St. Luke's Campus | 124 | 5,693 | $94,753,064 |
| 3 | Southcoast Hospitals Group - St. Luke's Campus | 124 | 5,750 | $93,176,610 |
| 4 | Southcoast Hospitals Group - St. Luke's Campus | 124 | 5,410 | $89,613,743 |
|  | **Totals** |  | **22,388** | **$370,827,634** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Southcoast Hospitals Group - Tobey Hospital Campus | 145 | 1,253 | $18,316,001 |
| 2 | Southcoast Hospitals Group - Tobey Hospital Campus | 145 | 1,332 | $19,888,676 |
| 3 | Southcoast Hospitals Group - Tobey Hospital Campus | 145 | 1,317 | $18,711,252 |
| 4 | Southcoast Hospitals Group - Tobey Hospital Campus | 145 | 1,428 | $19,310,372 |
|  | **Totals** |  | **5,330** | **$76,226,301** |
|  |  |  |  |  |
| 1 | Steward Carney Hospital, Inc. | 42 | 1,560 | $19,793,885 |
| 2 | Steward Carney Hospital, Inc. | 42 | 1,516 | $20,807,703 |
| 3 | Steward Carney Hospital, Inc. | 42 | 1,423 | $18,875,478 |
| 4 | Steward Carney Hospital, Inc. | 42 | 1,336 | $17,224,128 |
|  | **Totals** |  | **5,835** | **$76,701,194** |
|  |  |  |  |  |
| 1 | Steward Good Samaritan Medical Center - Brockton Campus | 62 | 3,370 | $41,744,304 |
| 2 | Steward Good Samaritan Medical Center - Brockton Campus | 62 | 3,513 | $44,399,611 |
| 3 | Steward Good Samaritan Medical Center - Brockton Campus | 62 | 3,360 | $41,080,711 |
| 4 | Steward Good Samaritan Medical Center - Brockton Campus | 62 | 3,367 | $40,747,397 |
|  | **Totals** |  | **13,610** | **$167,972,023** |
|  |  |  |  |  |
| 1 | Steward Good Samaritan Medical Center - NORCAP Lodge Campus | 4460 | 543 | $2,306,620 |
| 2 | Steward Good Samaritan Medical Center - NORCAP Lodge Campus | 4460 | 637 | $2,483,366 |
| 3 | Steward Good Samaritan Medical Center - NORCAP Lodge Campus | 4460 | 656 | $2,365,627 |
| 4 | Steward Good Samaritan Medical Center - NORCAP Lodge Campus | 4460 | 688 | $2,466,331 |
|  | **Totals** |  | **2,524** | **$9,621,944** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Steward Holy Family Hospital, Inc. | 75 | 2,779 | $38,822,469 |
| 2 | Steward Holy Family Hospital, Inc. | 75 | 2,782 | $41,246,863 |
| 3 | Steward Holy Family Hospital, Inc. | 75 | 2,929 | $42,833,231 |
| 4 | Steward Holy Family Hospital, Inc. | 75 | 2,869 | $42,097,421 |
|  | **Totals** |  | **11,359** | **$164,999,984** |
|  |  |  |  |  |
| 1 | Steward Norwood Hospital, Inc. | 41 | 3,200 | $43,398,611 |
| 2 | Steward Norwood Hospital, Inc. | 41 | 3,513 | $45,521,660 |
| 3 | Steward Norwood Hospital, Inc. | 41 | 3,214 | $41,563,752 |
| 4 | Steward Norwood Hospital, Inc. | 41 | 3,246 | $40,648,639 |
|  | **Totals** |  | **13,173** | **$171,132,662** |
|  |  |  |  |  |
| 1 | Steward Saint Anne's Hospital, Inc. | 114 | 1,689 | $25,793,876 |
| 2 | Steward Saint Anne's Hospital, Inc. | 114 | 1,815 | $28,548,706 |
| 3 | Steward Saint Anne's Hospital, Inc. | 114 | 1,759 | $27,600,343 |
| 4 | Steward Saint Anne's Hospital, Inc. | 114 | 1,729 | $27,789,453 |
|  | **Totals** |  | **6,992** | **$109,732,378** |
|  |  |  |  |  |
| 1 | Steward St. Elizabeth's Medical Center | 126 | 3,528 | $71,745,385 |
| 2 | Steward St. Elizabeth's Medical Center | 126 | 3,571 | $72,092,525 |
| 3 | Steward St. Elizabeth's Medical Center | 126 | 3,537 | $72,128,299 |
| 4 | Steward St. Elizabeth's Medical Center | 126 | 3,277 | $64,953,530 |
|  | **Totals** |  | **13,913** | **$280,919,739** |
|  |  |  |  |  |
| 1 | Sturdy Memorial Hospital | 129 | 1,861 | $25,238,195 |
| 2 | Sturdy Memorial Hospital | 129 | 1,794 | $24,450,503 |
| 3 | Sturdy Memorial Hospital | 129 | 1,837 | $23,846,347 |
| 4 | Sturdy Memorial Hospital | 129 | 1,805 | $22,527,733 |
|  | **Totals** |  | **7,297** | **$96,062,778** |
|  |  |  |  |  |

| **PART E. HOSPITALS SUBMITTING DATA FOR FY 2011****DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER.** |
| --- |
| **Qtr** | **Hospital Name** | **Org ID** | **Total Discharges** | **Total** **Charges** |
| 1 | Tufts Medical Center | 104 | 5,244 | $205,672,004 |
| 2 | Tufts Medical Center | 104 | 5,206 | $212,969,481 |
| 3 | Tufts Medical Center | 104 | 5,338 | $209,591,378 |
| 4 | Tufts Medical Center | 104 | 5,400 | $211,550,537 |
|  | **Totals** |  | **21,188** | **$839,783,400** |
|  |  |  |  |  |
| 1 | UMass Memorial Medical Center - University Campus | 131 | 11,438 | $441,818,645 |
| 2 | UMass Memorial Medical Center - University Campus | 131 | 11,638 | $430,775,407 |
| 3 | UMass Memorial Medical Center - University Campus | 131 | 11,688 | $440,214,089 |
| 4 | UMass Memorial Medical Center - University Campus | 131 | 11,397 | $428,514,031 |
|  | **Totals** |  | **46,161** | **$1,741,322,172** |
|  |  |  |  |  |
| 1 | Winchester Hospital | 138 | 3,764 | $28,404,319 |
| 2 | Winchester Hospital | 138 | 3,901 | $31,297,728 |
| 3 | Winchester Hospital | 138 | 3,840 | $31,566,246 |
| 4 | Winchester Hospital | 138 | 3,507 | $27,713,513 |
|  | **Totals** |  | **15,012** | **$118,981,806** |
|  |  |  |  |  |
| 1 | Wing Memorial Hospital and Medical Centers | 139 | 953 | $17,214,256 |
| 2 | Wing Memorial Hospital and Medical Centers | 139 | 957 | $17,321,702 |
| 3 | Wing Memorial Hospital and Medical Centers | 139 | 932 | $16,118,513 |
| 4 | Wing Memorial Hospital and Medical Centers | 139 | 901 | $15,215,093 |
|  | **Totals** |  | **3,743** | **$65,869,564** |
|  |  |  |  |  |
|  | **GRAND TOTALS** |  | **853,209** | **$21,198,034,121** |

## PART F. SUPPLEMENTARY INFORMATION

### SUPPLEMENT I. LIST OF TYPE "A" AND TYPE "B" ERRORS

| TYPE "A" ERRORS: |
| --- |
| Record Type |
| Starting Date Period |
| Ending Date Medical |
| Record Number Patient |
| Sex |
| Patient Birth Date |
| Admission Date |
| Discharge Date |
| Primary Source of Payment |
| Patient Status Billing |
| Number Primary |
| Payer Type Primary |
| Payer Type Secondary |
| Mother’s Medical Record Number |
| Revenue Code |
| Units of Service |
| Total Charges (by Revenue Code) |
| Principal Diagnosis Code |
| Associate Diagnosis Code (I – XIV) |
| Number of ANDS |
| Principal Procedure Code |
| Significant Procedure Code I |
| Significant Procedure Code II |
| Significant Procedure Code III-XIV |
| Physical Record Count |
| Record Type 2X Count |
| Record Type 3X Count |
| Record Type 4X Count |
| Record Type 5X Count |
| Record Type 6X Count |
| Total Charges: Special Services |
| Total Charges: Routine Services |
| Total Charges: Ancillaries |
| Total Charges: (ALL CHARGES) |
| Number of Discharges |
| Total Charges: Accomodations |
| Total Charges: Ancillaries |
| ED Flag |
| Observation Flag |
| HCF Org ID |
| Hospital Service Site Reference |

| TYPE "B" ERRORS: |
| --- |
| Patient Race |
| Type of Admission |
| Source of Admission |
| Patient Zip Code |
| Veteran Status |
| Patient Social Security Number |
| Birth Weight - grams |
| Employer Zip Code |
| DNR Status |
| Homeless Indicator |
| Mother's Social Security Number |
| Facility Site Number |
| External Cause of Injury Code |
| Attending Physician License Number |
| Operating Physician License Number |
| Other Caregiver |
| Attending Physician |
| National Provider Identifier (NPI) |
| ATT NPI Location Code |
| Operating Physician |
|  National Provider Identifier (NPI) |
| Operating NPI |
| Location Code |
| Additional Caregiver |
| National Provider Identified |
| Date of Principal Procedure |
| Date of Significant Procedures (I and II) |
| Race 1, 2, and Other Race |
| Hispanic Indicator |
| Ethnicity 1, 2, and Other Ethnicity |
| Condition Present on Admission |
| Primary Diagnosis |
| Associate Diagnoses I-XIV |
| Primary E-Code |
| Significant Procedure Date |
| Operating Physician for Significant Procedure |
| Permanent Patient Street Address, City/Town, State, Zip Code |
| Patient Country |
| Temporary Patient Street Address, City/Town, State, Zip Code |

### SUPPLEMENT II. Content of Hospital Verification Report Package

The Hospital Verification Report includes the following frequency distribution tables:

| **Hospital Verification Report frequency distribution tables:** |
| --- |
| Source of Admissions |
| Type of Admissions |
| Discharges by Month |
| Primary Payer Type |
| Patient Disposition |
| Discharges by Gender |
| Discharges by Race 1 |
| Discharges by Race 2 |
| Discharges by Race/Ethnicity 1 |
| Discharges by Race/Ethnicity 2 |
| Discharges by Ethnicity1 |
| Discharges by Ethnicity 2 |
| Discharges by Patient Hispanic Indicator |
| Discharges by Age |
| CMS v 28 MDC’s Listed in Rank Order |
| Top 20 APR 26.1 DRG with Most Total Discharges |
| Length of Stay |
| Ancillary Services by Discharges |
| Routine Accommodation Services by Discharges |
| Special Care Accommodation by Discharges |
| Ancillary Services by Charges |
| Routine Accommodation by Charges |
| Special Care Accommodation Services by Charges |
| Condition Present on Admission |
| Top 20 Patient Zip Code |

Verification Response Forms: Completed by hospitals after data verification and returned to CHIA.

\*NOTE: Hospital discharges were grouped with All Patient Version 25.1, 21.0, All Patient Refined Version 26.1, and CMS-DRG v28.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification.

| SUPPLEMENT III. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS |
| --- |
| **Current Organization Name** | **Hospital Address** | **ID ORG HOSP** | **ID ORG FILER** | **SITE NO.\*** |
| Anna Jaques Hospital | 25 Highland AveNewburyport, MA 01950 | 1 | 1 | 1 |
| Athol Memorial Hospital | 2033 Main StreetAthol, MA 01331 | 2 | 2 | 2 |
| Baystate Franklin Medical Center  | 164 High StreetGreenfield, MA 01301 | 5 | 5 |  |
| Baystate Mary Lane Hospital | 85 South StreetWare, MA 01082 | 6 | 6 |  |
| Baystate Medical Center | 759 Chestnut St  Springfield, MA 01199 | 4 | 4 | 4 |
| Berkshire Medical Center – Berkshire Campus | 725 North StreetPittsfield, MA., 01201 | 6309 | 7 | 7 |
| Berkshire Medical Center – Hillcrest Campus | *165 Tor CourtPittsfield, MA  01201* |  |  | *9* |
| Beth Israel Deaconess Hospital – Needham | 148 Chestnut Street Needham, MA 02192 | 53 | 53 | 53 |
| Beth Israel Deaconess Medical Center - East Campus | 330 Brookline AvenueBoston, MA 02215 | 8702 | 10 | 10 |
| Boston Children's Hospital  | 300 Longwood AvenueBoston, MA 02115 | 46 | 46 |  |
| Boston Medical Center – Menino Pavilion | One Boston Medical Center PlaceBoston, MA 02118 | 3107 | 16 | 16 |
| Boston Medical Center - Newton Pavilion Campus | One Boston Medical Center PlaceBoston, MA 02118 |  |  | 144 |
| Brigham and Women's Faulkner Hospital | 1153 Centre StreetJamaica Plain, MA 02130 | 22 | 59 | 59 |
| Brigham and Women's Hospital | 75 Francis St Boston, MA 02115 | 22 | 22 | 22 |
| Cambridge Health Alliance – Cambridge Hospital Campus | 1493 Cambridge StreetCambridge, MA 02139 | 3108 | 27 | 27 |
| Cambridge Health Alliance – Somerville Campus | 230 Highland Avenue Somerville, MA |  |  | 143 |
| Cambridge Health Alliance – Whidden Hospital Campus | 103 Garland Street Everett, MA 02149 |  |  | 142 |
| Cape Cod Hospital | 27 Park StreetHyannis, MA 02601 | 39 | 39 |  |
| Clinton Hospital | 201 Highland StreetClinton, MA 01510 | 132 | 132 |  |
| Cooley Dickinson Hospital | 30 Locust StreetNorthampton, MA 01061-5001 | 50 | 50 |  |
| Dana-Farber Cancer Institute | 44 Binney StreetBoston, MA 02115 | 51 | 51 |  |
| Emerson Hospital | 133 Old Road to Nine Acre CornerConcord, MA 01742 | 57 | 57 |  |
| Fairview Hospital | 29 Lewis AvenueGreat Barrington, MA 01230 | 8 | 8 |  |
| Falmouth Hospital | 100 Ter Heun DriveFalmouth, MA 02540 | 40 | 40 |  |
| Faulkner Hospital  | see Brigham & Women’s Faulkner Hospital |  |  |  |
| Hallmark Health System – Lawrence Memorial Hospital Campus | 170 Governors AvenueMedford, MA 02155 | 3111 | 66 |  |
| Hallmark Health System - Melrose- Wakefield Hospital Campus | 585 Lebanon StreetMelrose, MA 02176 | 3111 | 141 |  |
| Harrington Memorial Hospital | 100 South StreetSouthbridge, MA 01550 | 68 | 68 |  |
| Health Alliance Hospitals, Inc.  | 60 Hospital RoadLeominster, MA 01453-8004 | 71 | 71 |  |
| Health Alliance Hospital – Burbank Campus | 275 Nichols RoadFitchburg, MA 01420 |  |  | 8548 |
| Health Alliance Hospital –Leominster Campus | 60 Hospital RoadLeominster, MA 01453 |  |  | 8509 |
| Heywood Hospital | 242 Green StreetGardner, MA 01440 | 73 | 73 |  |
| Holyoke Medical Center | 575 Beech StreetHolyoke, MA 01040 | 77 | 77 |  |
| Jordan Hospital | 275 Sandwich StreetPlymouth, MA 02360 | 79 | 79 |  |
| Lahey Clinic - Burlington Campus | 41 Mall RoadBurlington, MA 01805 | 6546 | 81 | 81 |
| Lahey Clinic - North Shore | One Essex Center DrivePeabody, MA 01960 |  |  | 4448 |
| Lawrence General Hospital | One General StreetLawrence, MA 01842-0389 | 83 | 83 |  |
| Lowell General Hospital | 295 Varnum AvenueLowell, MA 01854 | 85 | 85 |  |
| Marlborough Hospital | 57 Union StreetMarlborough, MA 01752-9981 | 133 | 133 |  |
| Martha's Vineyard Hospital | One Hospital RoadOak Bluffs, MA 02557 | 88 | 88 |  |
| Massachusetts Eye and Ear Infirmary | 243 Charles StreetBoston, MA 02114-3096 | 89 | 89 |  |
| Massachusetts General Hospital | 55 Fruit StreetBoston, MA 02114 | 91 | 91 |  |
| Mercy Medical Center – Providence Behavioral Health Hospital Campus  | 1233 Main StHolyoke, MA 01040 | 6547 | 118 | 118 |
| Mercy Medical Center - Springfield Campus  | 271 Carew StreetSpringfield, MA 01102 | 6547 | 119 |  |
| Merrimack Valley HospitalMerrimack Valley Hospital, A Steward Family Hospital(\*11466 New Org ID as of 5/1/2011) | 140 Lincoln AvenueHaverhill, MA 01830-6798 | 7011466\* | 7011466 |  |
| MetroWest Medical Center – Framingham Campus | 115 Lincoln StreetFramingham, MA 01702 | 3110 | 49 | 49 |
| MetroWest Medical Center – Leonard Morse Campus | 67 Union StreetNatick, MA 01760 | 3110 | 49 | 457 |
| Milford Regional Medical Center | 14 Prospect StreetMilford, MA 01757 | 97 | 97 |  |
| Milton Hospital(NOTE: 1/1/12 merger – name change to Beth Israel Deaconess Hospital-Milton) | 199 Reedsdale RdMilton, MA 02186 | 98 | 98 |  |
| Morton Hospital, A Steward Family Hospital, Inc. | 88 Washington StTaunton, MA 02780 | 99 | 99 |  |
| Mount Auburn Hospital | 330 Mt. Auburn St.Cambridge, MA 02138 | 100 | 100 |  |
| Nantucket Cottage Hospital | 57 Prospect StNantucket, MA 02554 | 101 | 101 |  |
| Nashoba Valley Medical CenterNashoba Valley Medical Center, A Steward Family Hospital, Inc\*(11467 new org id as of 5/1/2011) | 200 Groton RoadAyer, MA 01432 | 5211467\* | 5211467 | 52 |
| New England Baptist Hospital | 125 Parker Hill AvenueBoston, MA 02120 | 103 | 103 |  |
| Newton Wellesley Hospital | 2014 Washington StNewton, MA 02462 | 105 | 105 |  |
| Noble Hospital | 115 West Silver StreetWestfield, MA 01086 | 106 | 106 |  |
| North Adams Regional Hospital | 71 Hospital AvenueNorth Adams, MA 02147 | 107 | 107 |  |
| North Shore Medical Center, Inc. – Salem Campus | 81 Highland AvenueSalem, MA 01970 | 345 | 116 | 116 |
| North Shore Medical Center, Inc. – Union Campus | 500 Lynnfield StreetLynn, MA 01904 |  |  | 3 |
| Northeast Hospital - Addison Gilbert Campus | 298 Washington StGloucester, MA 01930 | 3112 | 109 |  |
| Northeast Hospital – Beverly Campus | 85 Herrick StreetBeverly, MA 01915 | 3112 | 110 |  |
| Quincy Medical Center, A Steward Family Hospital, Inc. | 114 Whitwell StreetQuincy, MA 02169 | 112 | 112 |  |
| Saint Vincent Hospital | 123 Summer StWorcester, MA 01608 | 127 | 127 |  |
| Saints Memorial Medical Center | One Hospital DriveLowell, MA 01852 | 115 | 115 |  |
| Signature Healthcare Brockton Hospital | 680 Centre StreetBrockton, MA 02302 | 25 | 25 |  |
| South Shore Hospital | 55 Fogg RoadSouth Weymouth, MA 02190 | 122 | 122 |  |
| Southcoast Hospitals Group – Charlton Memorial Campus | 363 Highland AvenueFall River, MA 02720 | 3113 | 123 |  |
| Southcoast Hospitals Group - St. Luke's Campus | 101 Page StreetNew Bedford, MA 02740 | 3113 | 124 |  |
| Southcoast Hospitals Group – Tobey Hospital Campus | 43 High StreetWareham, MA 02571 | 3113 | 145 |  |
| Steward Carney Hospital | 2100 Dorchester AvenueDorchester, MA 02124 | 42 | 42 |  |
| Steward Good Samaritan Medical Center – Brockton Campus | 235 North Pearl StreetBrockton, MA 02301 | 8701 | 62 |  |
| *Steward Good Samaritan Medical Ctr - Norcap Lodge Campus***NO ED** | *71 Walnut Street* *Foxboro, MA 02035* | *8701* | *4460* |  |
| Steward Holy Family Hospital and Medical Center | 70 East StreetMethuen, MA 01844 | 75 | 75 |  |
| Steward Norwood Hospital | 800 Washington StreetNorwood, MA 02062 | 41 | 41 |  |
| Steward St. Anne's Hospital | 795 Middle StreetFall River, MA 02721 | 114 | 114 |  |
| Steward St. Elizabeth's Medical Center | 736 Cambridge StreetBoston, MA 02135 | 126 | 126 |  |
| Sturdy Memorial Hospital | 211 Park StreetAttleboro, MA 02703 | 129 | 129 |  |
| Tufts Medical Center | 800 Washington StreetBoston, MA 02111 | 104 | 104 |  |
| UMass. Memorial Medical Center – University Campus | 55 Lake Avenue NorthWorcester, MA 01655 | 3115 | 131 |  |
| UMass. Memorial Medical Center – Memorial Campus | 119 Belmont StreetWorcester, MA 01605 |  |  | 130 |
| Winchester Hospital | 41 Highland AvenueWinchester, MA 01890 | 138 | 138 |  |
| Wing Memorial Hospital | 40 Wright StreetPalmer, MA 01069-1187 | 139 | 139 |  |

\* For data users trying to identify specific care sites, use site number. However, if site number is blank, use IdOrgFiler

| SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS AND NON- ACUTE CARE HOSPITALS |
| --- |
| MERGERS – ALPHABETICAL LIST

| **Name of New Entity** | Names of Original Entities | Date |
| --- | --- | --- |
| Berkshire Health System | -Berkshire Medical Center-Hillcrest Hospital-Fairview Hospital | July 1996 |
| Beth Israel Deaconess Medical Center | -Beth Israel Hospital-N.E. Deaconess Hospital | October 1996 |
| Boston Medical Center | -Boston University Med. Ctr.-Boston City Hospital-Boston Specialty/Rehab | July 1996 |
| Cambridge Health AllianceNotes: As of July 2001, Cambridge Health Alliance included Cambridge, Somerville, Whidden, & Malden’s 42 Psych beds. Malden now closed. Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility’s discharges. | -Cambridge Hospital-Somerville Hospital | July 1996 |
| Good Samaritan Medical Center | -Cardinal Cushing Hospital-Goddard Memorial | October 1993 |
| Hallmark Health SystemsNotes: As of July 2001 includes only Lawrence Memorial & Melrose-Wakefield | -Lawrence Memorial-Hospital Malden Hospital-Unicare Health SystemsNotes: Unicare was formed in July 1996 as a result of the merger of Melrose-Wakefield and Whidden Memorial Hospital | October 1997 |
| Health Alliance Hospitals, Inc. | -Burbank Hospital-Leominster Hospital | November1994 |
| Lahey Clinic | -Lahey-Hitchcock (NH) | January 1995 |
| Medical Center of Central Massachusetts  | -Holden District Hospital-Worcester Hahnemann-Worcester Memorial | October 1989 |

MERGERS – ALPHABETICAL LIST (cont.)

| **Name of New Entity** | **Names of Original Entities** | **Date** |
| --- | --- | --- |
| MetroWest Medical Center | -Leonard Morse Hospital-Framingham Union | January 1992 |
| Northeast Health Systems | -Beverly Hospital-Addison Gilbert Hospital  | October 1996 |
| North Shore Medical Center  | -North Shore Medical Center (dba Salem Hospital) and-Union HospitalNotes: 1. Salem Hospital merged with North Shore Children’s Hospital in April 19882. Lynn Hospital merged with Union Hospital in 1986 to form Atlanticare | March 2004 |
| Saints Memorial Medical Center | -St. John’s Hospital-St. Joseph’s Hospital | October 1992 |
| Sisters of Providence Health System | -Mercy Medical Center-Providence Hospital | June 1997 |
| Southcoast Health Systems | -Charlton Memorial Hospital-St. Luke’s Hospital-Tobey Hospital | June 1996 |
| UMass. Memorial Medical Center | -UMMC-Memorial-Memorial-Hahnemann | April 1999 |

 |
| MERGERS – CHRONOLOGICAL LIST

|  |  |
| --- | --- |
| **Date** | **Entity Names** |
| 1986 | Atlanticare (Lynn & Union) |
| April 1988 | Salem (North Shore Children’s and Salem) |
| October 1989 | Medical Center Central Mass (Holden, Worcester,Hahnemann and Worcester Memorial |
| January 1992 | MetroWest (Framingham Union and Leonard Morse) |
| October 1992 | Saints Memorial (St. John’s and St. Joseph’s) |
| October 1993 | Good Samaritan (Cardinal Cushing and Goddard Memorial) |
| November 1994 | Health Alliance (Leominster and Burbank) |
| January 1995 | Lahey Hitchcock (Lahey & Hitchcock (NH)) |
| June 1996 | Southcoast Health System (Charlton, St. Luke’s and Tobey) |
| July 1996 | Berkshire Medical Center (Berkshire Medical Center andHillcrest) |
| July 1996 | Cambridge Health Alliance (Cambridge and Somerville) |
| July 1996 | Boston Medical Center (University and Boston City) |
| July 1996 | UniCare Health Systems (Melrose-Wakefield and Whidden) |
| October 1996 | Northeast Health Systems (Beverly and Addison-Gilbert) |
| October 1996 | Beth Israel Deaconess Medical Center (Deaconess and BethIsrael) |
| June 1997 | Mercy (Mercy and Providence) |
| October 1997 | Hallmark Health System, Inc. (Lawrence Memorial, Malden,UniCare [formerly Melrose-Wakefield and Whidden]) |
| April 1998 | UMass. Memorial Medical Center (UMMC, Memorial andMemorial-Hahnemann) |
| July 2001 | Cambridge Health Alliance (Cambridge, Somerville,Whidden and Malden’s 42 Psych beds) |
| July 2001 | Hallmark Health now only Melrose Wakefield and LawrenceMemorial |
| June 2002 | CareGroup sold Deaconess-Waltham to a private developerwho leased the facility back to Waltham Hosp. (new name) |
| July 2002 | Deaconess-Glover now under a new parent: Beth IsraelDeaconess (was under CareGroup parent) |
| March 2004 | North Shore Medical Center (dba Salem) and Union merge(still North Shore Medical Center) |

 |
| NAME CHANGES

|  |  |  |
| --- | --- | --- |
| **Name of New Entity** | **Original Entities** | **Date** |
| Baystate Mary Lane | -Mary Lane Hospital |  |
| Beth Israel Deaconess MedicalCenter | -Beth Israel Hospital-New England Deaconess Hospital |  |
| Beth Israel Deaconess Needham | -Glover Memorial-Deaconess-Glover Hospital | July 2002 |
| Boston Medical Center – Menino Pavilion | -Boston Medical Center – Harrison Avenue Campus |  |
| Boston Regional Medical Center | -New England Memorial Hospital | Now Closed. |
| Cambridge Health Alliance – (now includes Cambridge, Somerville & Whidden) | -Cambridge Hospital-Somerville Hospital |  |
| Cambridge Health Alliance –Malden & Whidden | -Hallmark Health Systems – Malden& Whidden | Malden now closed. |
| Cape Cod Health Care Systems | -Cape Cod Hospital-Falmouth Hospital |  |
| Children’s Hospital Boston | -Children’s Hospital | February 2004 |
| Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose-Wakefield Hospital  | -Lawrence Memorial Hospital – Melrose –Wakefield Hospital |  |
| Kindred Hospitals – Boston & North Shore | -Vencor Hospitals – Boston & North Shore  |  |
| Lahey Clinic Hospital | -Lahey Hitchcock Clinic |  |
| Merrimack Valley Hospital, A Steward Family Hospital, Inc. | Merrimack Valley Hospital | Acquired by Steward Health Care May 2011 |
| MetroWest Medical Center – Framingham Union Hospital and Leonard Morse Hospital | Framingham Union Hospital Leonard Morse Hospital/ Columbia MetroWest Medical Center  |  |
| Milford Regional Medical Center | Milford-Whitinsville Hospital  |  |
| Morton Hospital, A Steward Family Hospital | Morton Hospital | Acquired by Steward Health Care 2011 |

**NAME CHANGES (Cont.)**

|  |  |  |
| --- | --- | --- |
| Name of New Entity | Original Entities | Date |
| Nashoba Valley Medical Center, A Steward Family Hospital  | Nashoba Valley Medical Center  | Acquired by Steward Health Care May 2011 |
| Northeast Health Systems | Beverly Hospital and Addison Gilbert Hospital |  |
| North Shore Medical Center - Salem | Salem Hospital and North Shore Children’s Hospital  |  |
| North Shore Medical Center - Union | Union Hospital  |  |
| Quincy Medical Center, A Steward Family Hospital, Inc. | Quincy Medical Center  | Acquired by Steward Health Care 2011 |
| Southcoast Health Systems  | Charlton Memorial HospitalSt Luke’s HospitalTobey Hospital | January 2008 |
| Steward Carney Hospital | Carney Hospital  | Acquired by Steward Health Care 2010 |
| Steward Good Samaritan Medical Center, Brockton Campus | Caritas Good Samaritan | Acquired by Steward Health Care 2010 |
| Steward Good Samaritan Medical Center – Norcap Lodge Campus | Caritas Good Samaritan Medical – Norcap Lodge Campus | Acquired by Steward Health Care 2010 |
| Steward Holy Family Hospital | Caritas Holy Family Hospital  | Acquired by Steward Health Care 2010 |
| Steward Norwood Hospital | Caritas Norwood Hospital | Acquired by Steward Health Care 2010 |
| Steward Saint Anne’s Hospital  | Caritas Saint Anne’s Hospital  | Acquired by Steward Health Care 2010 |
| Steward St. Elizabeth’s Medical Center | Caritas St. Elizabeth Medical Center | Acquired by Steward Health Care 2010 |

**NAME CHANGES (Cont.)**

|  |  |  |
| --- | --- | --- |
| **Name of New Entity** | **Original Entities** | **Date** |
| Tufts Medical Center | Tufts New England Medical Center, New England Medical Center | January 2008 |
| Health Alliance Hospital – A Member of UMass Memorial Health Care | Health Alliance Hospital |  |
| Marlborough Hospital – A Member of UMass Memorial Health Care | Marlborough Hospital  |  |
| Wing Memorial Hospital - A Member of UMass Memorial Health Care | Wing Memorial Hospital  |  |
| Clinton Hospital – A Member of UMass Memorial Health Care | Clinton Hospital  |  |
| UMass Memorial Medical Center – University Campus | UMass Memorial Medical Center |  |

 |
| CLOSURES

|  |  |  |
| --- | --- | --- |
| **Date** | **Hospital Name** | **Comments** |
| June 1989 | Sancta Maria |  |
| September 1990 | Mass. Osteopathic |  |
| June 1990 | Hunt | Outpatient only now. |
| July 1990 | St. Luke’sMiddleborough |  |
| September 1991 | Worcester City |  |
| May 1993 | Amesbury |  |
| July 1993 | Saint Margaret’s |  |
| June 1994 | Heritage |  |
| June 1994 | Winthrop |  |
| October 1994 | St. Joseph’s |  |
| December 1994 | Ludlow |  |
| October 1996 | Providence |  |
| November 1996 | Goddard |  |
| 1996 | Lynn |  |
| January 1997 | Dana Farber | Inpatient acute beds nowat Brigham & Women’s |
| March 1997 | Burbank |  |
| February 1999 | Boston Regional |  |
| April 1999 | Malden |  |
| August 1999 | Symmes |  |
| July 2003 | Waltham |  |

NOTE: Subsequent to closure, some hospitals may have reopened for use other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.) |
| CONVERSIONS AND NON-ACUTE CARE HOSPITALS

|  |  |
| --- | --- |
| **HOSPITAL** | **COMMENTS** |
| Fairlawn Hospital | Converted to non-acute care hospital |
| Heritage Hospital | Converted to non-acute care hospital |
| Vencor – Kindred HospitalBoston | Non-acute care hospital |
| Vencor – Kindred HospitalNorth Shore | Non-acute care hospital |

 |

# SECTION II. TECHNICAL DOCUMENTATION

### Overview

For your information, we have included a page of physical specifications for the data file at the beginning of this manual. Please refer to CD Specifications on page 2 for further details.

**Technical Documentation included in this section of the manual is as follows:**

**Part A. Calculated Field Documentation**

Calculated fields are:

* age,
* newborn age in weeks,
* preoperative days,
* length of stay,
* Unique Health
* Information Number (UHIN), and
* days between stays.

Each description has three parts:

* First is a description of any Conventions. For example, how are missing values used?
* Second is a Brief Description of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.
* Third is a Detailed Description of how the calculation is performed. This description follows the code very closely.

**Part B. Data Code Tables**

**HDD Data Code Tables** are referenced in this section.

### Other Technical Documentation Resources:

**Data Release File Specifications:**

The specification document outlining the **HDD data release file fields** **and Access 3** **database structure** for the various **HDD Data Release Levels** is in development at the time of release of this document. When complete this will be published on the **CHIA website**.

**Submission File Specifications:**

For the record layout and field descriptions along with the starting and ending positions, as specified for the Hospital Inpatient Discharge submission files refer to the **Hospital Inpatient Discharge Data Electronic Records Submission Specification** on the CHIA website:

<http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.pdf>

 or

http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.doc

### PART A. CALCULATED FIELD DOCUMENTATION

#### 1. AGE CALCULATIONS

**A) Conventions:**

1. Age is calculated if the date of birth and admission date are valid. If either one is invalid, then ‘999’ is placed in this field.
2. Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

**B) Brief Description:**

Age is calculated by subtracting the date of birth from the admission date.

**C) Detailed Description:**

1. If the patient has already had a birthday for the year, his or her age is calculated by subtracting the year of birth from the year of admission. If not, then the patient’s age is the year of admission minus the year of birth, minus one.
2. If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15 (the patient is a newborn), then the age is assumed to be zero.

#### 2. NEWBORN AGE CALCULATIONS

**A) Conventions:**

1. Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
2. Discharges that are not newborns have ‘99’ in this field.

**B) Brief Description:**

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient’s age in days. This number is divided by seven, the remainder is dropped.

**C) Detailed Description:**

1. If a patient is 1 year old or older, the age in weeks is set to ‘99’.
2. If a patient is less than 1 year old then:
3. Patients’ age is calculated in days using the Length of Stay (LOS) routine, described herein.
4. Number of days in step ‘a’ above is divided by seven, and the remainder is dropped.

#### 3. PREOPERATIVE DAYS

**A) Conventions:**

1. A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to 1, etc. A procedure performed on the day before admission will have preoperative days set to negative one (-1).
2. Preoperative days are set to 0000 when preoperative days are not applicable.
3. For procedures performed before the day of admission, a negative sign (-) will appear in the first position of the preoperative day field.

**B) Brief Description:**

Preoperative days are calculated by subtracting the patient’s admission date from the surgery date.

**C) Detailed Description:**

1. If there is no procedure date, or if the procedure date or admission date is invalid, or if the procedure date occurs after the discharge date, then preoperative days is set to 0000.
2. Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described herein.

#### 4. LENGTH OF STAY (LOS) CALCULATIONS

**A) Conventions:**

Same day discharges have a length of stay of 1 day.

**B) Brief Description:**

Length of Stay (LOS) is calculated by subtracting the admission date from the discharge date (and then subtracting Leave of Absence Days (LOA) days). If the result is zero (for same day discharges), then the value is changed to 1.

**C) Detailed Description:**

1. The length of stay is calculated using the LOS routine.
2. If the value is zero, then it is changed to a 1.

#### 5. LENGTH OF STAY (LOS) ROUTINE

 **A) Conventions:**

None

**B) Brief Description:**

1. Length of Stay (LOS) is calculated by subtracting the admission date from the Discharge Date and then subtracting the Leave of Absence from the total. If either date is invalid, length of stay = 0.
2. Days are accumulated a year at a time, until both dates are in the same year. At this point, the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

#### 6. UNIQUE HEALTH INFORMATION NUMBER (UHIN) VISIT SEQUENCE NUMBER

**A) Conventions:**

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

**B) Brief Description:**

The Sequence Number is calculated by sorting the file by UHIN, admission date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN’s set of admissions.

**C) Detailed Description:**

1. UHIN Sequence Number is calculated by sorting the entire database by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
2. If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
3. If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first admission for the UHIN, and nnnn indicates the last admission for the UHIN.
4. If a UHIN has 2 admissions on the same day, the discharge date is used as the secondary sort key.

#### 7. DAYS BETWEEN STAYS

**A) Conventions:**

1. If the UHIN is undefined (not reported unknown or invalid), the days between stays is set to zero.
2. If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to ‘9999’ to indicate an error

**B) Brief Description:**

1. The Days Between Stays is calculated by sorting the file by UHIN, admission date, and discharge date.
2. For UHINs with two or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

**C) Detailed Description:**

1. The Days Between Stays data element is calculated by sorting the entire database by UHIN, and sequence number.
2. If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.
3. If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, the Days Between Stays is set to zero.
4. If a second occurrence of the UHIN is found, Days Between Stays is calculated by finding the number of days between the previous discharge date and the current admission date, with the following caveats:
	1. If the previous discharge date is greater than the current admission date; OR
	2. The previous discharge date or current admission date is invalid, (i.e., 03/63/95), Days Between Stays is set to ‘9999’ to indicate an error.
5. Step 4 is repeated for all subsequent re-admissions until the UHIN changes.
6. The method used to calculate Length of Stay is also used to calculate Days Between Stays.
7. If the Discharge Date on the first admission date is the same as the admission date on the first re-admission, Days Between Stays is set to zero. This situation occurs for transfer patients, as well as for women admitted into the hospital with false labor.

### PART B. DATA CODE TABLES

1. **INPATIENT DATA CODE TABLES**

Please refer to the **Hospital Inpatient Discharge Data Electronic Records Submission Specification** on the CHIA website regarding the Inpatient Data Code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00:

<http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.pdf>

 or

http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.doc

1. **REVENUE CODE MAPPINGS**

Please refer to the **Hospital Inpatient Discharge Data Electronic Records Submission Specification** on the CHIA website regarding the Inpatient Data Code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00:

<http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.pdf>

 or

<http://www.mass.gov/chia/docs/g/chia-regs/114-1-17-inpatient-specs.doc>