

ADMINISTRATIVE BULLETIN 23-04

957 CMR 8.00: All Payer Claims Database (APCD) and Case Mix and Charge Data Submission

Effective June 20, 2023

The Center for Health Information and Analysis (CHIA) is issuing this Administrative Bulletin pursuant to 957 CMR 8.06(1) to notify hospitals required to submit data to CHIA in accordance with 957 CMR 8.00 of changes to the Case Mix and Charge Data file submission guidelines relating to the Electronic Health Record Dataset (EHRD). The EHRD is a new data collection effort in collaboration with MassHealth and EHRD data submission is currently voluntary.

CHIA is updating the Case Mix and Charge Data submission requirements. Effective June 20, 2023, Quarterly EHRD file submissions will be due at CHIA by the last day of the month following the close of a quarter.

The Submittal Schedule for Case Mix preliminary and final quarterly submissions is not changing.

The EHRD Data Collection specifications will be provided within a File Submission Guide. The fields to be included are:

| Data Element Name | |
|--|-----------|
| Hospital Submitter OrgID | |
| Hospital Name | |
| Period Starting Date | |
| Period Ending Date | |
| Number of Records | |
| Medical Record Number | |
| Health Plan Member ID | |
| Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID) | |
| Hospital Service Site Reference | |
| Patient Last Name | |
| Patient First Name | |
| Patient Date of Birth | |
| Patient Social Security Number | |
| Permanent Patient Street Address | |
| Permanent Patient City/Town | |
| Permanent Patient State | |
| Permanent Patient Zip Code | |
| Permanent Patient Country | 501 BOYLS |

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| Data Element Name |
|---|
| Temporary US Patient Street Address |
| Temporary US Patient City/Town |
| Temporary US Patient State |
| Temporary US Patient Zip Code |
| Patient Homeless Indicator |
| Date of Service |
| Visit Type |
| Race |
| Race Update Date |
| Race Verification Date |
| Hispanic Ethnicity |
| Hispanic Ethnicity Update Date |
| Hispanic Ethnicity Verification Date |
| Granular Ethnicity |
| Granular Ethnicity Update Date |
| Granular Ethnicity Verification Date |
| Written Language |
| Written Language Update Date |
| Written Language Verification Date |
| Spoken Language |
| Spoken Language Update Date |
| Spoken Language Verification Date |
| English Proficiency |
| English Proficiency Update Date |
| English Proficiency Verification Date |
| Sexual Orientation |
| Sexual Orientation Update Date |
| Sexual Orientation Verification Date |
| Gender Identity |
| Gender Identity Update Date |
| Gender Identity Verification Date |
| Disability Question 1: Are you deaf or do you have difficulty hearing? |
| Disability Question 1 Update Date |
| Disability Question 1 Verification Date |
| Disability Question 2: Are you blind or do you have difficulty seeing? |
| Disability Question 2 Update Date |
| Disability Question 2 Verification Date |
| Disability Question 2: Vermeation Date Disability Question 3: Because of a physical, mental, or emotional condition, do you have serious |
| difficulty concentrating, remembering, or making decisions? |
| Disability Question 3 Update Date |
| - / + |

| Data Element Name | | | | |
|--|--|--|--|--|
| Disability Question 3 Verification Date | | | | |
| Disability Question 4: Do you have difficulty walking or climbing stairs? | | | | |
| Disability Question 4 Update Date | | | | |
| Disability Question 4 Verification Date | | | | |
| Disability Question 5: Do you have difficulty dressing or bathing? | | | | |
| Disability Question 5 Update Date | | | | |
| Disability Question 5 Verification Date | | | | |
| Disability Question 6: Because of a physical, mental, or emotional condition, do you have difficulty doing errands such as visiting a doctor's office or shopping? | | | | |
| Disability Question 6 Update Date | | | | |
| Disability Question 6 Verification Date | | | | |
| Smoking Status | | | | |
| Smoking Status Update Date | | | | |
| Body Weight | | | | |
| Body Weight Update Date | | | | |
| Body Height | | | | |
| Body Height Update Date | | | | |
| Systolic Blood Pressure | | | | |
| Systolic Blood Pressure Update Date | | | | |
| Diastolic Blood Pressure | | | | |
| Diastolic Blood Pressure Update Date | | | | |

Submittal Schedule

Hospital Inpatient Discharge, Emergency Department, Outpatient Observation and Electronic Health Record Dataset quarterly files must be submitted to CHIA according to the following schedule:

| Quarter | Quarter Begin & End Dates | Data Due: | Due Date for Data File: |
|---------|------------------------------|--|----------------------------|
| 1 | 10/1 - 12/31 | * Preliminary Q1 (Discharges 10/1 - 12/31) | 31-Jan |
| 1 | 10/1 - 12/31 | Final Complete Q1 | 16-Mar |
| 2 | 1/1 - 3/31 | * Preliminary Q2 (Discharges 1/1 - 3/31) | 30-Apr |
| 2 | 1/1 - 3/31 | Final Complete Q2 | 14-Jun |
| 3 | 4/1 - 6/30 | * Preliminary Q3 (Discharges 4/1 - 6/30) | 31-Jul |
| 3 | 4/1 - 6/30 | Final Complete Q3 | 13-Sep |
| 4 | 7/1 - 9/30 | * Preliminary Q4 (Discharges 7/1 - 9/30) | 31-Oct |
| 4 | 7/1 - 9/30 | Final Complete Q4 | 14-Dec |

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* Indicates the filing schedule for EHRD quarterly files and Case Mix preliminary quarterly submissions.

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