Massachusetts Center for Health Information and Analysis

Hospital Outpatient Observation Data

File Submission Guide FY ~~2025~~2026

Effective October 1, ~~2024~~2025

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

This submission guide will be in effect beginning with the quarterly submission of 10/1/2025 – 12/31/2025 data due at CHIA on March 16, 2026 (preliminary data due January 31, 2026).

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Outpatient Observation Data Specifications Overview

Data to Include in Outpatient Observation Data Submissions

Outpatient Observation Data shall be reported for patients who receive observation services and who are not admitted. An example of an outpatient observation stay might be a post-surgical day care patient who, after a normal recovery period, continues to require hospital observation, and then is released from the hospital. Patients who are receiving observation services at a hospital to further evaluate the patient's condition and provide treatment to determine the need for possible admission to the hospital should be reported to CHIA as an outpatient observation stay. These services can include the use of a bed and periodic monitoring by a hospital's physician, nursing, and other staff. An observation stay may occur even if the only service provided to a registered patient is triage or screening.   Note: Outpatient Observation Data (OOD) has an "ED Indicator" flag which identifies care that begins in the ED. Observation stays that began in the ED should have a positive "ED Indicator".

The Outpatient Observation Data is subject to the Data Submission Arrangements, Submission Dates and Compliance as required in Regulation 957 CMR 8.00 and within this specification document.

Data File Format

The data for outpatient observation departures must be submitted in an <u>asterisk delimiter format</u>. Separate files must be filed for each quarter for each hospital. Inclusion of a patient's Outpatient Observation Data in a quarterly submission shall be based on the patient's ending date of service which must fall within the quarter to be submitted.

<u>Hospitals must submit asterisk delimited data using the following format specifications:</u>

>   <u>Field Separator: Asterisk (*)</u>

>   <u>Carriage return must be placed at the end of each record, including the final record in the file.</u>

>   <u>The number of characters between asterisks must not exceed the maximum length of a field.</u>

>   <u>A text file should be submitted in .txt format (lower case).</u>

>   <u>Asterisk Delimiter Format Example: 20XX*nnnnnnnnn**nnnnnnnnn*nnnnn</u>

Data Transmission Media Specifications

Data must be submitted in an asterisk delimiter format. In order to do this in a secure manner, CHIA's file encryption application (FileSecure) must be utilized. Each submitter must first download a copy of FileSecure from the CHIA web site. There is a separate installation guide for installing the FileSecure program. FileSecure will take each submission file and compress, encrypt and rename it in preparation for transmitting it to CHIA. The newly created encrypted file shall be transferred to CHIA via its CHIA Submissions website. Providers should contact their CHIA liaison to submit test files. Detailed information on FileSecure and CHIA Submissions will be shared separately.

The edit specifications are incorporated into CHIA's system for receiving and editing incoming data. Edit reports are posted to CHIA Submissions for the provider to download. CHIA recommends that data processing systems incorporate these edits to minimize:

   (a) the potential of unacceptable data reaching CHIA and

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

File Naming Convention

In order for CHIA to correctly associate each file with the proper provider please use the following naming convention for all files:

OOA_#######_CCYY_# where:

- ####### = Provider CHIA organization ID – do not pad with zeros

- CCYY = the Fiscal Year for the data included

- # = the Quarter being reported.

   For Test Files please include "_TEST" at the end of the file name. (ex.: OOA_123_2001_1_TEST.txt).

Outpatient Observation Data Record Specifications

Record Specification Elements

The Outpatient Observation Data File is made up of a series of data elements. The Record Specifications that follow provide further details:

Data Element	Definition
Field No.	Sequential number for the field in the record (**Field Number**).
Field Name	Name of the Field.
Data Type	Data format required for field.
Length	Record length or number of characters in the field.
Short Description and Edit Specifications	Explanation of Conditional Requirements. List of edits to be performed on fields to test for validity.
Error Type	Errors are categorized as A or B errors. Presence of one A or two B errors will cause a discharge to be rejected.

Data Field Type

Data Type	Field Use	Definition	Example
Text	**Date**	Date fields are 8 characters. The field is formatted as follows: CCYYMMDD	February 14, 2024 would be entered as: 20240214
	Numeric (Num) A numeric field which will be used in a calculation	Numeric, whole, unsigned, integer digits. Do NOT space fill.	Observation Time (a 4 character field) would be entered as: 2359
	Currency (Curr) A numeric field which will contain a currency amount	(Unformatted) numeric, whole, unsigned integer digits. Do not include cents or decimals.	20 dollars in a 10 character field might be entered as: 20
	Char/Varchar An alphanumeric field	Alphanumeric field May be fixed length or variable length within stated field length Do NOT zero pad or space fill.	Address may contain alphanumeric data with a length up to 100 Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID) is a 12 digit fixed length field containing only numbers

Record Type Inclusion Rules

Each observation data submission file must include the following record types:

Record Type	Description	Condition	Number
Header Record	*Header Record* identifies the hospital whose data is provided in the file and occurs only once per submission. This is the first record of the file.	Must be present.	One per File
Visit Record	*Visit Record* contains socio-demographic, clinical, service, physician and charge information pertaining to the patient's visit. This record is presented once for each patient visit in the reporting period.	Must be present.	One per Visit

Header Record

The header record must be the first record in the file There must be only one header record in the file.

Field No.	Field Name:	Data Type:	Length:	Short Description and Edit Specifications:	Error Category
1.	Provider Organization Id (IdOrgFiler)	Character	7	Hospital Organization number for provider: - Must be present - Must be numeric - Must be valid Organization ID as assigned by Center for Health Information and Analysis (CHIA)	A
2.	Hospital Name	Character	100	Name of Hospital submitting the data.	A
3.	Period Starting Date (CCYYMMDD)	Character	8	Report the starting date of the quarter for which data are being submitted - Must be present - Must be valid date and format - Must be the first day of the quarter for which data are being submitted	A
4.	Period Ending Date (CCYYMMDD)	Character	8	Report the ending date of the quarter for which data are being submitted - Must be present - Must be valid date and format - Must be later than Starting Date - Must be the last day of the quarter for which data are being submitted	A
5.	Number of Outpatient Observation Stays	Integer	9	Number of records in file, excluding the Header Record. - Must be present - Must be equal to the total number of Visit Records included in the file	A
6.	Total Charges	Integer	12	- Must equal sum of Charges from Field # 23 on the Visit records - Must be whole numbers, no decimals	A

Visit Record

There must be one record for every Outpatient Observation stay with an ending service date within the reported quarter.

Field No.	Field Name:	Data Type:	Length:	Short Description and Edit Specifications:	Error Category
1.	Provider Organization Id (IdOrgFiler)	Text	7	Hospital Organization number for provider: - Must be present - Must be numeric - Must be a valid Organization ID as assigned by CHIA	A
2.	Site Organization ID (IdOrgSite)	Text	7	Hospital's designated number for multiple service sites merged under one CHIA Organization ID number. - Must be valid Organization ID as assigned by CHIA - Must be numeric - Must be present if provider is approved to submit multiple campuses in one file	A
3.	Pt_ID	Text	9	- Must be present - Must be a valid Social Security Number or '000000001' if unknown	A
4.	MR_N	Text	25	Patient's Medical Record Number: - Must be present	A
5.	Acct_N	Text	25	Hospital billing number for the patient: - Must be present	A
6.	MOSS	Text	9	Mother's Social Security Number for infants up to 1 year old: - Must be present for infants one year old or less.	B
7.	MMIS_ID	Text	12	Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID): - Must be present if Payer Type Code is '4' (Medicaid) or 'H' (Health Safety Net) as specified in Outpatient Observation Data Code Tables. - Must be 12 digits. - Must not start with a zero. - Must be blank if payer source is not a Medicaid plan.	A

8.	DOB (CCYYMMDD)	Text	8	Patient date of birth: - Must be present - Must be valid date and format - Must not be later than the begin date	A
9.	Patient Sex at Birth	Text	8	Patient's sex at birth: - Must be present - Must be a valid code as specified in Outpatient Observation Data Code Tables	A
10.	Race 1	Text	8	Patient's race: - Must be present - Must be a valid code as specified in Outpatient Observation Data Code Tables	B
11.	Zip_Code	Text	5	Patient's Zip code: - Must be present - Must be numeric - Must be 0's if zip code is unknown or Patient Country is not 'US'	B
12.	Ext_ZCode	Text	4	Patient's 4 digit Zip code extension: - May be present - Must be numeric - If not present, leave blank	
13.	Beg_Date (CCYYMMDD)	Text	8	Patient's beginning service date: - Must be present - Must be valid date and format - Must be less than or equal to end date	A
14.	End_Date (CCYYMMDD)	Text	8	Patient's ending service date: - Must be present - Must be valid date and format - Must be greater than or equal to begin date - Must not be earlier than Quarter Begin Date or later than Quarter End Date	A
15.	Obs_Time	Text	4	Initial encounter time of day: - Must be present - Must range from 0000 to 2359	B
16.	Ser_Unit	Text	9	Unit of service is hours: - Must be present - Include decimal point with 2 places (for example 100.25)	A

17.	Obs_Type	Text	1	Patient's type of visit status: - Must be present - Must be a valid code as specified in Outpatient Observation Data Code Tables	B
18.	Obs_1Srce	Text	1	Originating referring or transferring source for Observation visit: - Must be present - Must be a valid code as specified in Outpatient Observation Data Code Tables	B
19.	Obs_2Srce	Text	1	Secondary referring or transferring source for Observation visit: - Must be present, if applicable - If not present, leave blank - Must be a valid code as specified in Outpatient Observation Data Code Tables	B
20.	Dep_Stat	Text	1	Patient's departure status: - Must be present - Must be a valid code as specified in Outpatient Observation Data Code Tables	A
21.	Payr_Pri	Text	3	Patient's primary source of payment: - Must be present - Must be a valid code as specified in Outpatient Observation Data Code Tables - If Medicaid is one of two payers, Medicaid must be coded as the secondary source of payment unless Health Safety Net or Free Care is the secondary source of payment - Medicaid may be primary with code '159' (None) as secondary	A

22.	Payr_Sec	Text	3	Patient's secondary payment source: - Must be present - Must be a valid code as specified in Outpatient Observation Data Code Tables - If Medicaid is one of two payers, Medicaid must be coded as the secondary source of payment unless Health Safety Net or Free Care is the secondary source of payment - If not applicable, must be coded as '159' (None)	A
23.	Charges	Text	10	- Must be present - Must be numeric - Must be whole numbers, no decimals. - Must be rounded up to the nearest dollar (for example $337.59 should be reported as $338)	A
24.	Surgeon	Text	25	Patient's surgeon for the principal procedure: - Must be present if Principal Procedure is present - Must be a valid and current Mass. Board of Registration in Medicine license number OR - Must be "DENSG" , "PODTR" , "OTHER" , "NURSEP" , "PHYAST" or "MIDWIF"	B
25.	Att_MD	Text	25	Patient's attending physician: - Must be present - Must be a valid and current Mass. Board of Registration in Medicine license number OR - Must be "DENSG" , "PODTR" , "OTHER" , "NURSEP" , "PHYAST" or "MIDWIF"	B
26.	Oth_Care	Text	1	Other caregiver: - May be present - If not present, leave blank - If present, must be a valid code as specified in Outpatient Observation Data Code Tables	B

27.	PDX	Text		7	Patient's principal diagnosis: - Must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator	A
28.	Assoc_DX1	Text		7	Patient's first associated diagnosis: - If present, PDX must be present - Must be valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
29.	Assoc_DX2	Text		7	Patient's second associated diagnosis: - If present DX1 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
30.	Assoc_DX3	Text		7	Patient's third associated diagnosis: - If present, DX2 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
31.	Assoc_DX4	Text		7	Patient's fourth associated diagnosis: - If present, DX3 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
32.	Assoc_DX5	Text		7	Patient's fifth associated diagnosis: - If present, DX4 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
33.	P_PRO	Text		7	Patient's Principal Procedure: - If entered must be a valid ICD-10 code+ (exclude decimal point) - Must agree with ICD Indicator	A

34.	P_PRODATE (CCYYMMDD)	Text		8	Date of patient's Principal Procedure: - Must be present if P_PRO code is present - Must be a valid date and format - Must not be earlier than 3 days prior to beginning date of service - Must not be later than departure date (ending date of service) - If present, P_PRO code must be present	B
35.	Assoc_PRO1	Text		7	Patient's first associated procedure: - If present, P_PRO code must be present - If entered, must be a valid ICD-10 code[+] (exclude decimal point) - Must agree with ICD Indicator	A
36.	AssocDATE1 (CCYYMMDD)	Text		8	Date of patient's first Associated Procedure: - Must be present if Assoc_PRO1 code is present - Must be a valid date and format - Must not be earlier than 3 days prior to the beginning date of service - Must not be later than the ending date of service - If present, Assoc_PRO1 code must be present	B
37.	Assoc_PRO2	Text		7	Patient's second Associated Procedure: - If present, Assoc_PRO1 code must be present. - If entered must be valid ICD-10 code[+] (exclude decimal point) - Must agree with ICD Indicator	A
38.	AssocDATE2 (CCYYMMDD)	Text		8	Date of patient's second associated procedure: - Must be present if Assoc_PRO2 code is present - Must be a valid date and format - Must not be earlier than 3 days prior to the beginning date of service - Must not be later than the ending date of service - If present, Assoc_PRO2 must be present	B

39.	Assoc_PRO3	Text		7	Patient's third associated procedure: - If present, Assoc_PRO2 code must be present. - If entered must be valid ICD-10 code[+] (exclude decimal point) - Must agree with ICD Indicator	A
40.	AssocDATE3 (CCYYMMDD)	Text		8	Date of patient's third associated procedure: - Must be present if Assoc_PRO3 code is present - Must be a valid date and format - Must not be earlier than 3 days prior to the beginning date of service - Must not be later than ending date of service -If present, Assoc_PRO3 must be present	B
41.	CPT1	Text		5	Patient's first CPT code: - If entered must be valid CPT code	A
42.	CPT2	Text		5	Patient's second CPT code: - If entered must be valid CPT code - If present, CPT1 must be present	A
43.	CPT3	Text		5	Patient's third CPT code: - If entered must be valid CPT code - If present, CPT2 must be present	A
44.	CPT4	Text		5	Patient's fourth CPT code: - If entered must be valid CPT code - If present, CPT3 must be present	A
45.	CPT5	Text		5	Patient's fifth CPT code: - If entered must be valid CPT code - If present, CPT4 must be present	A
46.	ED_Flag	Text		1	Flag to indicate whether patient was admitted to this outpatient observation stay from this facility's ED - Must be present	A
47.	Permanent Patient Street Address	Text		100	- Must be present when Patient Country is 'US' unless Homeless Indicator is 'Y'	B
48.	Permanent Patient City/Town	Text		25	- Must be present when Patient Country is 'US'	B
49.	Permanent Patient State	Text		2	- Must be present when Patient Country is 'US' - Must be a valid U.S. postal state code	B

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50.	Patient Country	Text	2	- Must be present - Must be a valid International Standards Organization (ISO-3166) 2-digit country code	B
51.	Temporary US Patient Street Address	Text	100	- Must be present when Patient Country is not 'US'	B
52.	Temporary US Patient City/Town	Text	25	- Must be present when Patient Country is not 'US'	B
53.	Temporary US Patient State	Text	2	- Must be present when Patient Country is not 'US' - Must be a valid U.S. postal state code	B
54.	Temporary US Patient Zip Code	Text	9	- Must be present when Patient Country is not 'US' - Must be a valid U.S. postal zip code	B
55.	Hispanic Indicator	Text	8	- Must be present - Must be a valid code as specified in Outpatient Observation Data Code Tables	B
56.	Race 2	Text	8	Patient's secondary race: - May only be present if Race 1 is entered. - Must be a valid code as specified in Outpatient Observation Data Code Tables	B
57.	Other Race	Text	15	Patient's other race: - May only be present if Race 1 is entered. - Must be present if Race 1 is OTH – Other Race.	B
58.	Ethnicity 1	Text	8	- Must be present - Must be a valid code as specified in Outpatient Observation Data Code Tables	B
59.	Ethnicity 2	Text	8	- May only be present if Ethnicity 1 is entered. - Must be a valid code as specified in Outpatient Observation Data Code Tables	B
60.	Other Ethnicity	Text	20	- May only be present if Ethnicity 1 is entered.	B

61.	Condition Present on Observation – Principal Diagnosis Code	Text		1	- May be present - If present, must be a valid code as specified in Outpatient Observation Data Code Tables	B
62.	Condition Present on Observation – Assoc. Diagnosis Code I	Text		1	- May be present when Assoc. Diagnosis Code I is present - If present, must be a valid code as specified in Outpatient Observation Data Code Tables	B
63.	Condition Present on Observation – Assoc. Diagnosis Code II	Text		1	- May be present when Assoc. Diagnosis Code II is present - If present, must be a valid code as specified in Outpatient Observation Data Code Tables	B
64.	Condition Present on Observation – Assoc. Diagnosis Code III	Text		1	- May be present when Assoc. Diagnosis Code III is present - If present, must be a valid code as specified in Outpatient Observation Data Code Tables	B
65.	Condition Present on Observation – Assoc. Diagnosis Code IV	Text		1	- May be present when Assoc. Diagnosis Code IV is present - If present, must be a valid code as specified in Outpatient Observation Data Code Tables	B
66.	Condition Present on Observation – Assoc. Diagnosis Code V	Text		1	- May be present when Assoc. Diagnosis Code V is present - If present, must be a valid code as specified in Outpatient Observation Data Code Tables	B
67.	Homeless Indicator	Text		8	- Include if applicable. - Must be a valid code as specified in Outpatient Observation Data Code Tables	B

| 68. | Massachusetts Transfer Hospital Organization ID (OrgID) | Text | | 7 | - Must be a valid OrgID if originating (Obs_1Srce) or secondary referring or transferring (Obs_2Srce) Source of Observation is:

'4' (Transfer from an Acute Hospital)

'5' (Transfer from an SNF Facility)

'6' (Transfer from an Intermediate Care Facility)

'7' (Outside Hospital Emergency Room Transfer)

- Transfer OrgID should not be the OrgID for Provider or the Hospital Service Site OrgID on this Visit Record.

- Must be a valid Organization ID as specified in the Transfer OrgID list posted on CHIA's website if the provider from which the transfer occurred is in Massachusetts OR

- If provider from which the transfer occurred is outside Massachusetts, the transfer OrgID must be 9999999. | B |
| 69. | Surgeon for Associated Procedure I (Board of Registration in Medicine Number) | Text | | 25 | - Must be present if Associated Procedure 1 Code is present.
- Must be a valid and current Mass. Board of Registration in Medicine license number
OR
- Must be "DENSG" , "PODTR" , "OTHER" , "NURSEP" , "PHYAST" or "MIDWIF" | B |

70.	Surgeon for Associated Procedure 2 (Board of Registration in Medicine Number)	Text		25	- Must be present if Associated Procedure 2 Code is present. - Must be a valid and current Mass. Board of Registration in Medicine license number OR - Must be "DENSG" , "PODTR" , "OTHER" , "NURSEP" , "PHYAST" or "MIDWIF"	B
71.	Surgeon for Associated Procedure 3 (Board of Registration in Medicine Number)	Text		25	- Must be present if Associated Procedure 3 Code is present. - Must be a valid and current Mass. Board of Registration in Medicine license number OR - Must be "DENSG" , "PODTR" , "OTHER" , "NURSEP" , "PHYAST" or "MIDWIF"	B
72.	ICD Indicator	Text		1	- Must be present - Must be "0" for ICD-10	A
73.	Principal External Cause Code	Text		7	- Must be present if principal diagnosis is an ICD-10-CM S-code - May be present if principal diagnosis is an ICD-10-CM T-code (T00-T88) - If present, must be a valid ICD-10-CM external cause code (V00-Y89) - Supplemental (Y90-Y99) ICD-10-CM external cause codes shall be recorded in associated diagnosis fields - Additional (V00-Y89) ICD-10-CM external cause codes shall be recorded in associated diagnosis fields	B

74.	Assoc_DX6	Text		7	Patient's sixth associated diagnosis: - If present, DX5 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
75.	Assoc_DX7	Text		7	Patient's seventh associated diagnosis: - If present, DX6 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
76.	Assoc_DX8	Text		7	Patient's eighth associated diagnosis: - If present, DX7 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
77.	Assoc_DX9	Text		7	Patient's ninth associated diagnosis: - If present, DX8 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
78.	Assoc_DX10	Text		7	Patient's tenth associated diagnosis: - If present, DX9 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
79.	Condition Present on Observation – Assoc. Diagnosis Code 6	Text		1	- May be present when Assoc. Diagnosis Code 6 is present - If present, must be a valid code as specified in Outpatient Observation Data Code Tables	B

80.	Condition Present on Observation – Assoc. Diagnosis Code 7	Text		1	- May be present when Assoc. Diagnosis Code 7 is present - If present, must be a valid code as specified in Outpatient Observation Data Code Tables	B
81.	Condition Present on Observation – Assoc. Diagnosis Code 8	Text		1	- May be present when Assoc. Diagnosis Code 8 is present - If present, must be a valid code as specified in Outpatient Observation Data Code Tables	B
82.	Condition Present on Observation – Assoc. Diagnosis Code 9	Text		1	- May be present when Assoc. Diagnosis Code 9 is present - If present, must a be valid code as specified in Outpatient Observation Data Code Tables	B
83.	Condition Present on Observation – Assoc. Diagnosis Code 10	Text		1	- May be present when Assoc. Diagnosis Code 10 is present - If present, must be a valid code as specified in Outpatient Observation Data Code Tables	B
84.	Health Plan Member ID	Text		40	- Must be present when Primary Payer Type Code is <u>not</u>: '1' (Self Pay) '2' (Worker's Comp) '4' (Medicaid) '9' (Free Care) 'H' (Health Safety Net) 'T' (Auto Insurance) - Report Health Plan Subscriber ID if Member ID is unknown.	A
85.	Patient Last Name	Text		35	- Must be present	A
86.	Patient First Name	Text		25	- Must be present	A

87.	Number of hours in ED	Text		10	- Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer - Must be present if ED Flag is set to 2. - May be present if ED Flag is set to 1. - Must be numeric - Include decimal point with 2 places (for example 100.25)	B
88.	Emergency Department Registration Date (CCYYMMDD)	Text		8	- Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer. - Must be present if ED Flag is set to 2. - May be present if ED Flag is set to 1. - Must be valid date and format - Must be less than or equal to ED Discharge Date.	B
89.	Emergency Department Registration Time	Text		4	- Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer. - Must be present if ED Flag is set to 2. - May be present if ED Flag is set to 1. - Must be numeric. - Must range from 0000 to 2359.	B
90.	Emergency Department Discharge Date (CCYYMMDD)	Text		8	- Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer. - Must be present if ED Flag is set to 2. - May be present if ED Flag is set to 1. - Must be valid date and format - Must be greater than or equal to ED Registration Date - Must be less than or equal to OOD End_Date (Field 14).	B
91.	Emergency Department Discharge Time	Text		4	- Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer. - Must be present if ED Flag is set to 2. - May be present if ED Flag is set to 1. - Must be numeric. - Must range from 0000 to 2359.	B

92.	Assoc_DX11	Text		7	Patient's eleventh associated diagnosis: - If present, DX10 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
93.	Assoc_DX12	Text		7	Patient's twelfth associated diagnosis: - If present, DX11 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
94.	Assoc_DX13	Text		7	Patient's thirteenth associated diagnosis: - If present, DX12 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
95.	Assoc_DX14	Text		7	Patient's fourteenth associated diagnosis: - If present, DX13 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
96.	Assoc_DX15	Text		7	Patient's fifteenth associated diagnosis: - If present, DX14 must be present - Must be a valid ICD-10-CM code[+] in diagnosis file (exclude decimal point) - Must agree with ICD Indicator - May be an ICD-10-CM external cause code (V00-Y99)	A
97.	CPT6	Text		5	Patient's sixth CPT code: - If entered must be a valid CPT code - If present, CPT5 must be present	A
98.	CPT7	Text		5	Patient's seventh CPT code: - If entered must be a valid CPT code - If present, CPT6 must be present	A

99.	CPT8	Text	5	Patient's eighth CPT code: - If entered must be a valid CPT code - If present, CPT7 must be present	A
100.	CPT9	Text	5	Patient's ninth CPT code: - If entered must be a valid CPT code - If present, CPT8 must be present	A
101.	CPT10	Text	5	Patient's tenth CPT code: - If entered must be a valid CPT code - If present, CPT9 must be present	A
102.	Primary Payer Type	Text	1	- Must be present - Must be a valid code as specified in Outpatient Observation Data Code Tables - If Medicaid is one of two payers, Medicaid must be coded as the secondary payer type unless Health Safety Net or Free Care is the secondary payer type - Medicaid may be primary with code 'N' (None) in secondary	A
103.	Secondary Payer Type	Text	1	- Must be present - Must be a valid code as specified in Outpatient Observation Data Code Tables - If Medicaid is one of two payers, Medicaid must be coded as the secondary payer type unless Health Safety Net or Free Care is the secondary payer type - If not applicable, must be coded as 'N' (None)	A
104.	Surgeon National Provider Identifier (NPI)	Text	10	Patient's surgeon for the principal procedure: - Must be present if Principal Procedure is present and if Surgeon license number, DENSG, PODTR, MIDWIF, NURSEP, PHYAST or OTHER is reported in field 24. - Must be a valid National Physician Identifier per National Plan and Provider Enumeration System (NPPES)	B

| 105. | Att_MD National Provider Identifier (NPI) | Text | 10 | Patient's attending physician or clinician: - Must be present - Must be a valid National Physician/Clinician Identifier per National Plan and Provider Enumeration System (NPPES) | B |
| 106. | Additional Caregiver National Provider Identifier (NPI) | Text | 10 | Patient's additional caregiver: - May be present - Must be a valid National Physician/Clinician Identifier per National Plan and Provider Enumeration System (NPPES) | B |

+ = All ICD codes should be reported as the exact code excluding the decimal point. Zeros contained in the code should be reported. For example, the code '001.0' should be reported as '0010'.

Note: Any field that is not required and not present should be left blank.

Outpatient Observation Data Code Tables:

HEADER RECORD

No.	Field Name:	Description:
1.	Provider Organization Id	Hospital Organization ID, as assigned by Center for Health Information and Analysis (CHIA), for the provider submitting observation stays in the file (IdOrgFiler). Refer to Hospital Organization ID table below.
2.	Hospital Name	Hospital Name for the provider submitting observation stays in the file.
3.	Period Starting Date	Report the starting date of the quarter for which data are being submitted. Must be the first day of the quarter.
4.	Period Ending Date	Report the ending date of the quarter for which data are being submitted. Must be the last day of the quarter.
5.	Number of Outpatient Observation Stays	Total number of outpatient observation stays reported in this quarter.
6.	Total Charges	Total of all charges reported in this quarter.

VISIT RECORD

No.	Field Name:	Description:
1.	Provider Organization ID	Hospital Organization ID, as assigned by Center for Health Information and Analysis (CHIA), for the provider submitting observation stays in the file (IdOrgFiler). Refer to Hospital Organization ID table below.
2.	Site Organization ID	Hospital Organization ID, as assigned by CHIA, for the site where care was given. Required if provider is approved to submit multiple campuses in one file (IdOrgSite). Refer to Hospital Organization ID table below.
3.	Pt_ID	Patient social security number.
4.	MR_N	Patient's hospital medical record number.
5.	Acct_N	Hospital's billing number for the patient.
6.	MOSS	Mother's social security number for infants up to one year old or less.
7.	MMIS_ID	Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID).
8.	DOB	Birth century, year, month, and day. If exact century and year are unknown, estimate.
9.	Patient Sex at Birth	Patient Sex at Birth Code: M = Male F = Female UNK = Unknown DONTKNOW = Don't know ASKU = Choose not to answer UTC = Unable to collect this information on patient due to lack of clinical capacity of patient to respond
10., 56.	Race 1, 2	Patient Race Code: 1002-5 = American Indian/Alaska Native 2028-9 = Asian 2054-5 = Black/African American 2076-8 = Native Hawaiian or other Pacific Islander 2106-3 = White OTH = Other Race DONTKNOW = Don't know ASKU = Choose not to answer UNK = Unknown UTC = Unable to collect this information on patient due to lack of clinical capacity of patient to respond

11.	Zip_Code	Patient's residential 5 digit zip code. If patient is homeless, report zip code for last known address and indicate homeless status "Y" in the Homeless Indicator field.
12.	Ext_Zcode	Patient's residential 4 digit zip code extension.
13.	Beg_Date	Century, year, month and day when service begins.
14.	End_Date	Century, year, month and day when service ends.
15.	Obs_Time	Initial Observation encounter time. The time the patient became an Observation Stay patient.
16.	Ser_Unit	The amount of time the patient has spent as an Observation Stay patient. The unit of service for Observation Stay is hours.
17.	Obs_Type	Observation Visit Status Code: 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Information Not Available 6 =Trauma
18.	Obs_1Srce	Originating Observation Visit Source Code: 1 = Direct Physician Referral 2 = Within Hospital Clinic Referral 3 = Direct Health Plan Referral 4 = Transfer from Acute Care Hospital 5 = Transfer from a Skilled Nursing Facility (SNF) 6 = Transfer from an Intermediate Care Facility (ICF) 7 = Outside Hospital ER Transfer 8 = Court/Law Enforcement 9 = Other 0 = Information Not Available F = Transfer from a Hospice Facility J = Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer L = Outside Hospital Clinic Referral M = Walk-in/Self-Referral R = Within Hospital ER Transfer T = Transfer from Another Institution's Ambulatory Surgery (SDS) W = Extramural Birth Y = Within Hospital Ambulatory Surgery Transfer (SDS Transfer) Example: If a patient is transferred from a SNF to the hospital's Clinic and then becomes an Observation Stay status, the Originating Observation Source would be "5 - Transfer from SNF".

19.	Obs_2Srce	Secondary Observation Visit Source Code: 1 = Direct Physician Referral 2 = Within Hospital Clinic Referral 3 = Direct Health Plan Referral 4 = Transfer from Acute Care Hospital 5 = Transfer from a Skilled Nursing Facility (SNF) 6 = Transfer from an Intermediate Care Facility (ICF) 7 = Outside Hospital ER Transfer 8 = Court/Law Enforcement 9 = Other 0 = Information Not Available F = Transfer from a Hospice Facility J = Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer L = Outside Hospital Clinic Referral M = Walk-in/Self-Referral R = Within Inside Hospital ER Transfer T = Transfer from another Institution's Ambulatory Surgery (SDS) W = Extramural Birth Y = Within Hospital Ambulatory Surgery Transfer (SDS Transfer) Example: If a patient is transferred from a SNF to the hospital's Clinic and then becomes an Observation Stay status, the Secondary Observation Source would be "2 - Within Hospital Clinic Transfer".
20.	Dep_Stat	Patient Disposition Code (Departure Status): 1 = Routine 2 = Admit to Hospital 3 = Transferred 4 = AMA 5 = Expired
21.	Payr_Pri	Primary Source of Payment. Refer to the Payer Codes list on CHIA's website. https://www.chiamass.gov/hospital-data-specification-manuals/
22.	Payr_Sec	Secondary Source of Payment. Refer to the Payer Codes list on CHIA's website. https://www.chiamass.gov/hospital-data-specification-manuals/ If there is no secondary source of payment, use payer source code '159' - NONE.
23.	Charges	Grand total of all charges associated with the patient's observation stay. The total charge amount should be rounded up to the nearest dollar. For example, $3562.79 should be reported as $3563.

24.	Surgeon	Surgeon's Mass. Board of Registration in Medicine License Number or "DENSG" , "PODTR" , "OTHER" , "NURSEP" , "PHYAST" or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e., non-permanent licensed physicians) or Midwife, respectively.
25.	Att_MD	Attending Physician's Mass. Board of Registration in Medicine License Number or "DENSG" , "PODTR" , "OTHER" , "NURSEP" , "PHYAST" or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e., non-permanent licensed physicians), nurse practitioner, physician assistant or Midwife, respectively.
26.	Oth_Care	Other primary caregiver responsible for patient's care: 1 = Resident 2 = Intern 3 = Nurse Practitioner 4 = Not Used 5 = Physician Assistant
27.	PDX	ICD Principal Diagnosis Code (excluding decimal point).
28. - 32.	Assoc_DX	ICD Associated Diagnosis Code, up to five associated diagnoses (excluding the decimal point).
33.	P_PRO	Principal ICD Procedure Code (excluding decimal point).
34.	P_PRODATE	Date (century, year, month and day) of patient's principal procedure.
35. 37. 39.	Assoc_PRO	ICD Associated Procedures, up to three associated procedures excluding the decimal point.
36. 38. 40.	AssocDATE	Date (century, year, month and day) of patient's associated procedures, up to three.
41. - 45.	CPT	CPT, up to five CPT codes.
46.	ED_Flag	ED Flag Code: 0=not admitted to observation from the ED, no ED visit reflected on this record 1= not admitted to observation from the ED, but ED visit(s) reflected in this record 2=admitted to observation from the ED

47.	Permanent Patient Street Address	Patient's residential address including number, street name, and type (i.e., street, drive, road) This is required if the patient is a United States citizen. If the patient is homeless, this field may be left blank.
48.	Permanent Patient City/Town	Patient's residential city or town. This is required if the patient is a United States citizen. If the patient is homeless and does not have a ZIP Code or City, provide the ZIP Code or City of their last temporary or permanent residence.
49.	Permanent Patient State	Patient's residential state using the U.S. Postal Service state code. This is required if the patient is a United States citizen.
50.	Patient Country	Patient's residential country using the International Standards Organization (ISO) 2-digit country code. This is required for all observation records.
51.	Temporary US Patient Street Address	The temporary United States street address where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.
52.	Temporary US Patient City/Town	The temporary United States city/town where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.
53.	Temporary US Patient State	The U.S. Postal Service code for the state of the temporary address where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.
54.	Temporary US Patient Zip Code	The U.S. Postal Service zip code for the temporary address where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.
55.	Hispanic Indicator	Hispanic Indicator Code: 2135-2 = Patient is Hispanic 2186-5 = Patient is not Hispanic DONTKNOW = Don't know ASKU = Choose not to answer UNK = Unknown UTC = Unable to collect this information on patient due to lack of clinical capacity of patient to respond

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57.	Other Race	Additional Race description entered when the codes for Race 1 and Race 2 do not adequately capture the patient's race.
58. - 59.	Ethnicity 1, 2	Refer to the Ethnicity codes as specified in Outpatient Observation Data Code Table II.
60.	Other Ethnicity	Additional Ethnicity description entered when the codes for Ethnicity 1 and Ethnicity 2 do not adequately capture the patient's ethnicity.
61.	Condition Present on Observation – Principal Diagnosis Code	Condition Present on Observation for Principal Diagnosis Code: Y = Yes N = No U = Unknown W = Clinically undetermined 1 = Exempt A = Not applicable (only valid for NCHS official published list of not applicable ICD-10-CM codes for POA flag.)
62. - 66.	Condition Present on Observation – Assoc. Diagnosis Code	Condition Present on Observation for Diagnosis Codes 1 – 5: Y = Yes N = No U = Unknown W = Clinically undetermined 1 = Exempt A = Not applicable (only valid for NCHS official published list of not applicable ICD codes for POA flag.)
67.	Homeless Indicator	Homeless Indicator Code: Y = Patient is known to be homeless N = Patient is not known to be homeless UNK = Unknown DONTKNOW = Don't know ASKU = Choose not to answer UTC = Unable to collect this information on patient due to lack of clinical capacity of patient to respond
68.	Massachusetts Transfer Hospital Organization ID (OrgID)	Transferring Hospital/Facility: Must be a valid OrgID as specified in the Transfer OrgID list posted on CHIA's website if the provider from which the transfer occurred is in Massachusetts. If the provider from which the transfer occurred is outside Massachusetts, the transfer OrgID must be 9999999. Transfer OrgID should not be the OrgID for Provider in Field 1 or the Hospital Service Site OrgID in Field 2

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69. - 71.	Surgeon for Associated Procedure I - 3 (Board of Registration in Medicine Number)	Physician's Mass. Board of Registration in Medicine License Number or "DENSG" , "PODTR" , "OTHER" , "NURSEP" , "PHYAST" or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e., non-permanent licensed physicians), nurse practitioner, physician assistant, or Midwife, respectively.
72.	ICD Indicator	International Classification of Diseases version for Diagnosis Codes. Report "0" to define the ICD-10 diagnosis on claim.
73.	External Cause Code	Principal External Cause Code of morbidity: Must be present when principal diagnosis is ICD-10-CM S-Code (S00-S99). May be present when principal diagnosis is ICD-10-CM T-Code (T00-T88). Must be a valid ICD-10-CM external cause code (V00-Y89). Additional (V00-Y89) and Supplemental (Y90-Y99) ICD external cause codes shall be recorded in associated diagnosis fields.
74. - 78.	Assoc_DX	ICD Associated Diagnosis, up to five additional associated diagnoses excluding the decimal point.
79. - 83.	Condition Present on Observation – Assoc. Diagnosis Code	Condition Present on Observation for Diagnosis codes, up to five additional conditions present on observation: Y = Yes N = No U = Unknown W = Clinically undetermined 1 = Exempt A = Not applicable (only valid for NCHS official published list of not applicable ICD codes for POA flag.)
84.	Health Plan Member ID	Health Plan Member ID for payer not including Self Pay, Worker's Comp, MassHealth, Free Care, Health Safety Net, Auto Insurance. Report Subscriber ID if member ID is unknown.
85.	Patient Last Name	Patient Last Name is required.
86.	Patient First Name	Patient First Name is required.
87.	Number of Hours in ED	Number of Hours in ED should be provided when ED is reflected in the observation stay. It is required when Admission Source is 'R- Within Hospital ER Transfer', or ED Flag is set to 2.

88.	Emergency Department Registration Date	Emergency Department Registration Date should be provided when ED is reflected in the observation stay. It is required when Admission Source is 'R-Within Hospital ER Transfer', or ED Flag is set to 2.
89.	Emergency Department Registration Time	Emergency Department Registration Time should be provided when ED is reflected in the observation stay. It is required when Admission Source is 'R-Within Hospital ER Transfer', or ED Flag is set to 2.
90.	Emergency Department Discharge Date	Emergency Department Discharge Date should be provided when ED is reflected in the observation stay. It is required when Admission Source is 'R-Within Hospital ER Transfer', or ED Flag is set to 2.
91.	Emergency Department Discharge Time	Emergency Department Discharge Time should be provided when ED is reflected in the observation stay. It is required when Admission Source is 'R-Within Hospital ER Transfer,' or ED Flag is set to 2.
92. - 96.	Assoc_DX	ICD Associated Diagnosis, up to five additional associated diagnoses excluding the decimal point.
97. - 101.	CPT	CPT, up to five CPT codes.
102. – 103.	Payer Type Code	Primary and Secondary Payer Type Code are required. Must be a valid code per the Payer Codes list on CHIA's website: https://www.chiamass.gov/hospital-data-specification-manuals/
104.	Surgeon	Must be a valid National Physician Identifier (NPI) per National Plan and Provider Enumeration System (NPPES)
105.	Att_MD	Must be a valid National Physician Identifier (NPI) per National Plan and Provider Enumeration System (NPPES)
106.	Additional Caregiver	Must be a valid National Provider Identifier (NPI) per National Plan and Provider Enumeration System (NPPES)

I) CHIA Organization IDs for Hospitals

Org Id	Organization Name
1	Anna Jaques Hospital
2	Athol Memorial Hospital
5	Baystate Franklin Medical Center
4	Baystate Medical Center
106	Baystate Noble Hospital
139	Baystate Wing Memorial Hospital
7	Berkshire Medical Center – Berkshire Campus
98	Beth Israel Deaconess Hospital – Milton
53	Beth Israel Deaconess Hospital – Needham
79	Beth Israel Deaconess Hospital – Plymouth
10	Beth Israel Deaconess Medical Center – East Campus
46	Boston Children's Hospital
16	Boston Medical Center – Menino Pavilion Campus
59	Brigham and Women's Faulkner Hospital
22	Brigham and Women's Hospital
27	Cambridge Health Alliance – Cambridge Campus
142	Cambridge Health Alliance – Everett Hospital Campus (formerly Whidden)
39	Cape Cod Hospital
50	Cooley Dickinson Hospital
51	Dana-Farber Cancer Institute
57	Emerson Hospital
8	Fairview Hospital
40	Falmouth Hospital

Org Id	Organization Name
68	Harrington Memorial Hospital
71	Health Alliance Hospitals, Inc. – Leominster Campus
132	Health Alliance – Clinton Hospital Campus
73	Heywood Hospital
77	Holyoke Medical Center
11466	Holy Family Hospital at Merrimack Valley, A Steward Family Hospital, Inc.
81	Lahey Hospital & Medical Center – Burlington
4448	Lahey Medical Center – Peabody
109	Lahey Health – Addison Gilbert Hospital
110	Lahey Health – Beverly Hospital
138	Lahey Health – Winchester Hospital
83	Lawrence General Hospital
85	Lowell General Hospital
115	Lowell General Hospital – Saints Campus
133	Marlborough Hospital
88	Martha's Vineyard Hospital
89	Massachusetts Eye and Ear Infirmary
91	Massachusetts General Hospital
141	MelroseWakefield Hospital Campus – MelroseWakefield Healthcare
119	Mercy Medical Center – Springfield Campus
49	MetroWest Medical Center – Framingham Campus
97	Milford Regional Medical Center
99	Morton Hospital, A Steward Family Hospital
100	Mount Auburn Hospital

Org Id	Organization Name
101	Nantucket Cottage Hospital
~~11467~~	~~Nashoba Valley Medical Center, A Steward Family Hospital~~
103	New England Baptist Hospital
105	Newton-Wellesley Hospital
21965	North Adams Regional Hospital
116	North Shore Medical Center, Inc. – Salem Campus
127	Saint Vincent Hospital
6963	Shriners Hospitals for Children – Boston
25	Signature Healthcare Brockton Hospital
122	South Shore Hospital
123	Southcoast Hospitals Group – Charlton Memorial Campus
124	Southcoast Hospitals Group – St. Luke's Campus
145	Southcoast Hospitals Group – Tobey Hospital Campus
~~42~~	~~Steward Carney Hospital~~
62	Steward Good Samaritan Medical Center – Brockton Campus
75	Steward Holy Family Hospital
41	Steward Norwood Hospital
114	Steward Saint Anne's Hospital
126	Steward St. Elizabeth's Medical Center
129	Sturdy Memorial Hospital
104	Tufts-New England Medical Center
131	UMass Memorial Medical Center – University Campus
130	UMass Memorial Medical Center – Memorial Campus

II) Ethnicity Codes

Utilize the codes listed below and full list of standard codes per Center for Disease Control (CDC) available on CHIA's website:
https://www.chiamass.gov/acute-hospital-case-mix-data:

Ethnicity Code	Ethnicity Definition
AMER	American
BRAZ	Brazilian
CANADA	Canadian
CAPE-V	Cape Verdean
CARIB	Caribbean Islander
E-EUR	Eastern European
PORT	Portuguese
RUSSN	Russian
OTH	Other Ethnicity
UNK	Unknown
DONTKNOW	Don't know
ASKU	Choose not to answer
UTC	Unable to collect this information on patient due to lack of clinical capacity of patient to respond

III) Source of Payment – See complete listing at: http://www.chiamass.gov/hospital-data-specification-manuals/

IV) Payer Type – See complete listing at: http://www.chiamass.gov/hospital-data-specification-manuals/

Outpatient Observation Data Quality Standards

The data will be edited for compliance with the edit specifications set forth in the Outpatient Observation Data Record Specifications. The standards to be employed for rejecting data submissions from hospitals will be based upon the presence of Category A or B errors as listed in the record specifications for each data element under the following conditions:

(a) All errors will be recorded for each patient discharge. A patient discharge will be rejected if there is:

(i) Presence of one or more errors for Category A elements.

(ii) Presence of two or more errors for Category B elements.

(b) A hospital data submission will be rejected if:

(i)   Any Category A elements of Header Record are in error or

(ii) 1% or more of discharges are rejected or

(iii) 50 consecutive records are rejected.

(c) Acceptance of data under the edit check procedures identified in this specification or in 957 CMR 8.00 shall not be deemed acceptance of the factual accuracy of the data contained therein.

Submittal Schedule

Hospital Outpatient Observation Data Files must be submitted to the CHIA according to the following schedule.

Final, complete quarterly files are due 75 days following the end of the reporting period.

Quarter	Quarter Begin & End Dates	Due Date for Preliminary File > 30 days following the close of the quarter:	Due Date for Final File > 75 days following the close of the quarter:
1	10/1 – 12/31	1/31	3/16
2	1/1 – 3/31	4/30	6/14
3	4/1 – 6/30	7/31	9/13
4	7/1 – 9/30	10/31	12/14