Massachusetts Case Mix

Hospital Inpatient Discharge Data (HIDD)

Fiscal Year 2024

Documentation Manual

CHIA.

Massachusetts Case Mix
FY 2024 Hospital Inpatient Discharge Data

USER GUIDE

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Executive Summary

Each quarter, Massachusetts facilities provide to the Center for Health Information and Analysis (CHIA) data collected from acute care hospital inpatient discharges. The FY 2024 Hospital Inpatient Discharge Database (HIDD) includes inpatient discharges that occurred between October 1, 2023 and September 30, 2024. Facilities reported a total of 766,685 discharges.

The FY 2024 HIDD Guide provides general information about CHIA's most recent inpatient discharge data holdings. This information includes high level data notes (data collection, data application, and use) and a codebook (data element list, data dictionary, reference tables, and summary statistics).

Part A. Data Collection

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

957 CMR 8.00 - APCD and Case Mix Data Submission requires acute care hospitals to submit inpatient discharge data to CHIA 75 days after each quarter. The quarterly reporting intervals for the FY 2024 HIDD are as follows:

- **Quarter 1: October 1, 2023 - December 31, 2023**

- **Quarter 2: January 1, 2024 – March 31, 2024**

- **Quarter 3: April 1, 2024 – June 30, 2024**

- **Quarter 4: July 1, 2024 – September 30, 2024**

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

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

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

Discharges that began in an ED Visit and ended in an inpatient discharge will have a code '2' in the ED Flag Code field for admitted from the Emergency Department. Discharges that began in an observation unit stay and ended in an inpatient discharge will have a code 'Y' in the Outpatient Observation Stay Flag Code field for admitted from Outpatient Observation Stay. Any ED visit or observation stay that resulted in an inpatient discharge will appear in the FY 2024 HIDD and should not appear in the FY 2024 Outpatient Emergency Department Database or FY 2024 Outpatient Observation Stay Database. If the ED Flag Code is '2', or other evidence of an emergency department visit is noted in the data, such as source of admission code is 'R' (within hospital emergency room transfer) or '045X' revenue codes in the service table for ED utilization, then Providers are requested to report ED Boarding information. This information is reported in five fields:

- Number of hours in the ED

- ED Registration Date

- ED Registration Time

- ED Discharge Date

- ED Discharge Time

HIDD Verification Report Process

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

CHIA asks each hospital to review and verify the data contained within the report. Each Verification Report has a series of frequency tables for selected data elements that include, but are not limited to, the number of discharges per month and breakouts by admission type, admission source, race, and patient status.

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

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

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

Users interested in the FY 2024 HIDD Verification Reports should contact CHIA at CaseMix.data@chiamass.gov. Please indicate the fiscal year of the Verification Report, the dataset name, and if the information is needed for a specific hospital or set of hospitals.

Part B: Applying for and Using CHIA Data

Researchers interested in receiving approval to access CHIA data should follow the instructions below to apply for the data. Due to the custom nature of each data use request, limited information covering all data uses is provided by CHIA. Users needing additional assistance applying for data or using the data should contact CHIA at CaseMix.data@chiamass.gov.

How to Apply for the Data

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

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

- Information on the Hospital Case Mix and Charge Data Fee Schedule is available on the following link: https://www.chiamass.gov/assets/docs/g/chia-ab/1705.pdf

- All application documents must be submitted to CHIA and are managed through IRBNet.org. Instructions for submitting application materials through IRBNet are available on the following link. https://www.chiamass.gov/government-agency-case-mix-requests

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

- The data contained in Case Mix databases include personal information and Protected Health Information, the release of which is restricted by state and federal laws and regulations. The application process has been designed to help applicants prepare applications that will allow the release of the data while protecting patient privacy. For this reason, applicants should familiarize themselves with CHIA's APCD and Case Mix Release Regulation (957 CMR 5.00) and the forms and other background information referenced above.

Securing CHIA Data Prior to Use

Approved data recipients, or agents, are obliged by the application and confidentiality agreement to secure the data in a manner that protects the confidentiality of the records and complies fully with the terms of CHIA's Data Use Agreement. All data obtained from CHIA must reside on an encrypted hard drive and/or secure network.

Data Delivery

CHIA delivers HIDD electronically via Secure File Transfer Protocol (SFTP). Users must also be able to read and download the data files to their back office.

Hardware Requirements:

- Encrypted Hard Drive with 2.0 GB of space available

Data Use

The FY 2024 Case Mix HIDD consists of ASCII text files (.txt), Microsoft Access Database files (.mdb) or SAS files (.sas7bdat). Each file name will have a suffix of "_Full_AAAA_BBBB". AAAA indicates the specific view of the data. BBBB indicates if the data is an LDS or Government dataset.

- The main FIPA_HDD_2024_**Discharge**_ (table name: Discharge), contains one record per discharge. The unique identifier on this table is the RecordType20ID.
- FIPA_HDD_2024_**DiagnosisCode**_ (table name: DiagnosisCode), contains one record per diagnosis reported for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecordType20ID.
- FIPA_HDD_2024_**ProcedureCode**_ (table name: ProcedureCode), contains one record per procedure for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecordType20ID.
- FIPA_HDD_2024_**Service**_ (table name: Service), contains one record per revenue code service reported for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecordType20ID.
- FIPA_HDD_2024_**Organization**_ (table name: Organization) contains one record per organization. This table can be used to look up facility names, EMS region, and Teaching status. The Discharge table has a many to one relationship with this Table by linking the appropriate OrgId (IdOrgFiler, IdOrgHosp, IdOrgSite or IdOrgTransfer).

- FIPA_HDD_2024_**SubmissionLog_** (table name: SubmissionLog) contains one record per quarter for each of the Inpatient facilities filing data. The Discharge table has a many to one relationship with this Table by linking the IdOrgFiler.
- FIPA_HDD_2024_**Error Log_** (table name: ErrorLog) contains records by quarter and by fiscal year on the number of records pass and fail and the reason for fail by IdOrgFiler. The Discharge table has a one- to- many relationship with this Table by linking the RecordType20ID.
  Diagnosis-Related Groupers (DRGs):
- FIPA_HDD_2024_**APR340,** FIPA_HDD_2024_**APR360,** FIPA_HDD_2024_**APR380,** FIPA_HDD_2024_**APR390,** FIPA_HDD_2024_**APR400,** FIPA_HDD_2024_**CMS410** contain grouper data. In the Microsoft Access Database (mdb) release, each of the DRG versions are released as separate tables. The Discharge table has a one-to-one relationship with each table by linking the RecordType20ID.

Linking Files

Historically, case mix data users receive a Microsoft Access version of the data. Many users import the data into SQL, STATA™, SPSS™, SAS™, or R for analysis or data management. To accommodate the expanding one-to-many relationship between the main discharge table and other tables (due to lifting the limit on the number of diagnoses and procedure codes), files distributed will contain multiple tables that are linked using the RecordType20ID field. The RecordType20ID field is a unique identifier used to link the main Discharge table to Services, Diagnoses, DRGs and Procedures tables. The OrgID field in the Organization table can be linked to columns on the Discharge table fields that contain Organization ID numbers (IdOrgFiler, IdOrgSite, IdOrgHosp, and IdOrgTransfer).

Part C: Data Elements

The following section should provide the user with an explanation of some of the data. For more information about specific data elements, facility reporting thresholds, or other questions about the data, please contact CHIA at CaseMix.data@chiamass.gov.

About the Limited Data Set (LDS)

The pre-configured Limited Data Set (LDS) is designed to protect patient data confidentiality while ensuring analytic utility. All approved data applicants receive the "core" data elements. Data applicants seeking approval to add to the "core" elements must indicate this by selecting from the list of "buy-ups." An applicant could use the "Buy-up" process to receive more granular data. For example, the applicant can request a "buy-up" to a 5 digit patient ZIP code instead of a 3 digit patient ZIP code. CHIA must review buy-up requests and may approve the request based on the project description. CHIA makes an additional set of core elements available only to government applicants. Government data applicants must specifically identify requested Government-Only elements in their application and provide justification for their request.

Master Data Elements List

For the FY 2024 HIDD, CHIA provides a master data elements list by table. Not every approved data applicant has access to every data element—some are reserved for limited dataset buy-ups or for approved government use. All approved data applicants have access to the "CORE" data. Data applicants who choose limited dataset buy-ups may receive access to some "LDS" elements. Only government data applicants may have access to the "GOV" fields. Data applicants interested in purchasing the data should visit the CHIA website for instructions.

DISCHARGE TABLE—CORE ELEMENTS

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

DISCHARGE TABLE—LDS ELEMENTS

AdmissionDate	LegCHIAOperatingPhysicianP	PermanentPatientCityLDS
AdmissionMonth	LegCHIAOperatingPhysicianP1-P14	PermanentPatientZIP5CodeLDS
AttendingPhysicianNumber	MothersUHIN	Race1
ClaimCertificateNumber	OperatingPhysicianPrincipal	Race2
DischargeDate	OperatingPhysicianSignificant1-14	TemporaryPatientCityLDS
DischargeMonth	PeriodEndingDate	TemporaryPatientZip5CodeLDS
Ethnicity1	PeriodEndingMonth	UHIN
Ethnicity2	PeriodStartingDate	UHIN_SequenceNo
LegCHIAAttendingPhysicianNumber	PeriodStartingMonth	

DISCHARGE TABLE—GOVERNMENT-ONLY ELEMENTS

ClaimCertificateNumber	HealthPlanMemberID
DNRStatus	HospitalBillNo
EmergencyDepartmentDischargeHour	MedicalRecordNumber
EmergencyDepartmentDischargeMinute	MotherMedicalRecordNumber
EmergencyDepartmentDischargeTime	OtherEthnicity
EmergencyDepartmentRegistrationHour	OtherRace
EmergencyDepartmentRegistrationMinute	PatientBirthDate
EmergencyDepartmentRegistrationTime	VeteransStatus
EmployerZipCode5	

DIAGNOSIS TABLE—CORE ELEMENTS

AssociatedIndicator

ConditionPresent

DiagnosisCode

Indicator

RecordType20ID

PROCEDURE TABLE—CORE ELEMENTS

AssociatedIndicator

Indicator

PreOperativeDays

ProcedureCode

ProcedureDate

RecordType20ID

SERVICE TABLE—CORE ELEMENTS

AccommodationsID	Sequence
LineNumber	SubmissionControlID
Quarter	TotalCharges
RecordType20ID	UnitsOfService
RevenueCode	Year
RevenueCodeType	

GROUPER—CORE ELEMENTS

	APR340_ADM_DRG	APR340_ADM_MDC
APR340_ADM_RCD	APR340_ADM_ROM	APR340_ADM_SOI
APR340_DIS_DRG	APR340_DIS_MDC	APR340_DIS_RCD
APR340_DIS_ROM	APR340_DIS_SOI	APR360_ADM_DRG
APR360_ADM_MDC	APR360_ADM_RCD	APR360_ADM_ROM
APR360_ADM_SOI	APR360_DIS_DRG	APR360_DIS_MDC
APR360_DIS_RCD	APR360_DIS_ROM	APR360_DIS_SOI
APR380_ADM_DRG	APR380_ADM_MDC	APR380_ADM_RCD
APR380_ADM_ROM	APR380_ADM_SOI	APR380_DIS_DRG
APR380_DIS_MDC	APR380_DIS_RCD	APR380_DIS_ROM
APR380_DIS_SOI	APR390_ADM_DRG	APR390_ADM_MDC
APR390_ADM_RCD	APR390_ADM_ROM	APR390_ADM_SOI
APR390_DIS_DRG	APR390_DIS_MDC	APR390_DIS_RCD
APR390_DIS_ROM	APR390_DIS_SOI	APR400_ADM_DRG
APR400_ADM_MDC	APR400_ADM_RCD	APR400_ADM_ROM
APR400_ADM_SOI	APR400_DIS_DRG	APR400_DIS_MDC
APR400_DIS_RCD	APR400_DIS_ROM	APR400_DIS_SOI
CMS410_DIS_DRG	CMS410_DIS_MDC	CMS410_DIS_RCN

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

Organization Table

The "Organization" table contains 1 record for every valid OrgId reported in the Discharge database. Referenced OrgIds include: IdOrgFiler, IdOrgHosp, IdOrgSite, and IdOrgTransfer data elements in the Discharge database. The OrgIds referenced in FY 2024 HIDD are listed in Table 1.

Table 1. ORGANIZATION IDENTIFICATION

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

Note: The organization table contains information on all organizations submitting data and other organizations transferring patients to organizations. Below is a list of the 74 organizations submitting inpatient data in FY 2024.

ORGID	ORGANIZATION NAME	FY 2024 DISCHARGE VOLUME
1	Anna Jaques Hospital	5,732
2	Athol Memorial Hospital	550
4	Baystate Medical Center	44,231
5	Baystate Franklin Medical Center	4,918
7	Berkshire Medical Center - Berkshire Campus	10,982
8	Fairview Hospital	904
10	Beth Israel Deaconess Medical Center - East Campus	38,240
16	Boston Medical Center - Menino Pavilion Campus	25,001
22	Brigham and Women's Hospital	48,130
25	Signature Healthcare Brockton Hospital	738
27	Cambridge Health Alliance	6,471
39	Cape Cod Hospital	18,319
40	Falmouth Hospital	5,303
42	Steward Carney Hospital	2,108
46	Boston Children's Hospital	15,441
49	MetroWest Medical Center - Framingham Campus	6,823

ORGID	ORGANIZATION NAME	FY 2024 DISCHARGE VOLUME
50	Cooley Dickinson Hospital	6,385
51	Dana-Farber Cancer Institute	1,288
53	Beth Israel Deaconess Hospital – Needham	5,359
57	Emerson Hospital	9,347
59	Brigham and Women's Faulkner Hospital	9,173
62	Steward Good Samaritan Medical Center - Brockton Campus	14,598
66	Lawrence Memorial Hospital Campus - Melrose Wakefield Healthcare	453
68	Harrington Memorial Hospital	4,186
71	HealthAlliance – Leominster Campus	6,679
73	Heywood Hospital	3,927
75	Steward Holy Family Hospital	8,405
77	Holyoke Medical Center	7,013
79	Beth Israel Deaconess Hospital – Plymouth (Jordan)	13,707
81	Lahey Hospital & Medical Center, Burlington	21,642
83	Lawrence General Hospital	11,978
85	Lowell General Hospital – Main Campus	16,484
88	Martha's Vineyard Hospital	1,318
89	Massachusetts Eye and Ear Infirmary	1,571
91	Massachusetts General Hospital	50,666
97	Milford Regional Medical Center	10,591
98	Beth Israel Deaconess Hospital - Milton	6,631
99	Morton Hospital	7,489
100	Mount Auburn Hospital	11,382
101	Nantucket Cottage Hospital	670
103	New England Baptist Hospital	3,255
104	Tufts Medical Center- New England	18,904
105	Newton-Wellesley Hospital	22,588
106	Baystate Noble Hospital	3,301

ORGID	ORGANIZATION NAME	FY 2024 DISCHARGE VOLUME
109	Lahey Health - Addison Gilbert Hospital	1,818
110	Lahey Health - Beverly Hospital	18,225
114	Steward Saint Anne's Hospital	9,132
115	Lowell General Hospital - Saints Campus	3,489
116	North Shore Medical Center - Salem Campus	20,923
119	Mercy Medical Center - Springfield Campus	8,269
122	South Shore Hospital	36,299
123	Southcoast Hospitals Group - Charlton Memorial Campus	14,102
124	Southcoast Hospitals Group - St. Luke's Campus	16,802
126	Steward - St. Elizabeth's Medical Center	10,212
127	Saint Vincent Hospital	14,890
129	Sturdy Memorial Hospital	8,522
130	UMass Memorial Medical Center - Memorial Campus	20,963
131	UMass Memorial Medical Center - University Campus	22,063
132	HealthAlliance - Clinton Hospital Campus	644
133	Marlborough Hospital	3,354
138	Winchester Hospital	15,480
139	Baystate Wing Campus	3,618
141	MelroseWakefield Hospital Campus - MelroseWakefield Healthcare	8,865
142	Cambridge Health Alliance - Everett Hospital Campus (Whidden)	3,487
143	Cambridge Health Alliance - Somerville Hospital Outpatient	1,276
145	Southcoast Hospitals Group – Tobey Hospital Campus	3,145
457	MetroWest Medical Center - Leonard Morse Campus	1,109
4448	Lahey Medical Center, Peabody	546
6963	Shriners Hospitals for Children Boston	82
11466	Holy Family Hospital at Merrimack Valley, A Steward Family Hospital, Inc.	1,551
11467	Nashoba Valley Medical Center, A Steward Family Hospital	1,596
20201	UMass Memorial Home Hospital	999

ORGID	ORGANIZATION NAME	FY 2024 DISCHARGE VOLUME
20327	Boston Medical Center Behavioral Health Center	2,147
21965	North Adams Regional Hospital	196

Groupers

For data user convenience, CHIA performs data grouping using the 3M™ APR-DRG grouper and the CMS grouper. The All Patient Refined DRGs (3M APR-DRG) classifies patients into diagnostic groups based on severity of illness and risk of mortality to provide an accurate means of adjusting for hospital case mix differences for evaluating inpatient care across all hospitals. For FY 2024 HIDD, CHIA has produced five versions of the Grouper: APR-DRG versions 34.0, 36.0, 38.0, 39.0, 40.0 and CMS version 41.0.

For APR-DRG versions 34.0, 36.0, 38.0, 39.0, and 40.0 both an admission and discharge DRG, MDC, ROM and SOI are generated. For the CMS DRG version 41.0 discharge DRG and MDC are generated.

- The **Diagnosis Related Group (**DRG) categorizes patients with clinically similar medical diagnosis, severity of illness and risk of mortality to relate a hospital's case mix to the resource demands and costs experienced by the hospital.
- The **Major Diagnostic Categories** (MDC) within each DRG version parses the DRGs into 25 mutually exclusive categories. Each category relates to a physical system, disease, or contributing health factor.
- **Risk of mortality** (ROM) is a clinical subclass indicating likelihood of dying. The ROM subclass data elements can be found in the ROM lookup table. In the APR-DRG system, a patient is assigned four distinct descriptors for ROM, numbered sequentially from 0 to 4. Researchers seeking to evaluate patient mortality, should use the 3M™ APR-DRGs in conjunction with the ROM subclass.
- **Severity of Illness** (SOI) relates to the extent of physiologic decompensation or systematic loss of organ function experienced by the patient. In the APR-DRG system, a patient is assigned four distinct descriptors for SOI, numbered sequentially from 0 to 4. The SOI subclass data elements can be found in the SOI lookup table. CHIA recommends that researchers seeking to evaluate resource use or establishing patient care guidelines use the 3M™ APR-DRGs in conjunction with SOI subclass.

Note: The 3M™ All Patient Refined DRG Software and its logic are proprietary to 3M Company and are subject to the terms and conditions of the software licensing agreement between 3M and the Center for Health Information and Analysis.

Organization of the Diagnosis and Procedure Codes

For FY 2024, CHIA organized the procedure and diagnosis fields into three tables—Discharge, Diagnosis, and Procedure.

All secondary diagnosis and procedure codes are in the Diagnosis and Procedure tables, respectively. Indicator codes are available for each secondary diagnosis or procedure code and are based on the order in which those codes were sent to CHIA. In the indicator code field, an 'A' is used to designate admitting diagnosis and an indicator code of 'D' designates discharge diagnosis, all other diagnosis codes have an indicator of 'S' for secondary diagnosis. In the associated indicator code field, the admitting and discharge diagnosis have a code of '0' and secondary diagnosis have sequential numeric codes based on the order submitted. In the FY 2024 data, discharges reached a maximum of 123 secondary diagnosis codes. Due to a complex discharge with an extended hospitalization of close to a year, a maximum of 295 secondary procedure codes was reached.

Diagnoses and procedures are ordered as submitted to CHIA. CHIA does not require the order of diagnoses and procedures to be medically relevant. CHIA does not affirm or confirm the medical relevancy of the principal diagnosis, procedure, or external cause codes reported in the discharge data.

Organization Identifiers (OrgId)

FY 2024 HIDD contains four organization identifier fields. These fields are a CHIA assigned unique code for each Massachusetts facility:

- **Massachusetts Filer Organization ID (IdOrgFiler):** The Organization ID for the facility that submitted the Inpatient discharge data to CHIA.
- **Massachusetts Site Organization ID (IdOrgSite):** The Organization ID for the site where the patient received Inpatient care.
- **Massachusetts Hospital Organization ID (IdOrgHosp):** The Organization ID for the main hospital affiliation. For example, 27(Cambridge Health Alliance) is the IdOrgHosp for the IdOrgSite 142 (Everett Hospital).
- **Massachusetts Transfer Hospital Organization ID (IdOrgTransfer):** The Organization ID for the facility from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the IdOrgTransfer will be 9999999.

Age LDS

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

- Age is calculated to be the rounded integer value – of the difference between Date of Birth and Discharge date.
- If Age is valid and < 1 year, then AgeLDS = 0.
- If Age is valid and > 0 and < 90 years, then AgeLDS = a year between 1 and 89
- If Age is valid and > 89 and <= 115, then AgeLDS = 999
- If Age is missing, negative value or value > 115, then AgeLDS = null

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

Data Limitations

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

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

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

Historical Data Elements

Users of multiple years of Case Mix data should be careful when merging multiple years of data. In order to maintain consistency across years, it may be necessary to merge some codes used for specific data elements. For example, keep in mind the transition from ICD-9-CM to ICD-10-CM/PCS which began in FY 2015 (October 2015) and the change in race/ethnicity coding rubric which began in FY 2007 (October 2007). Users with questions about new data elements or changes in coding from year to year should contact CHIA at CaseMix.data@chiamass.gov.

Data Dictionary

FY 2024 HIDD data dictionary provides metadata for the following attributes:

- *Data Element:* name as it appears in the file
- *Short description:* to help users understand what the element contains
- *Primary table:* the main table (MS ACCESS) or file (SAS) that the data element will appear in
- *Linking tables:* other tables that contain the data element
- *Availability to users:* indicates if the data is available to all users ("CORE"), a buy-up ("LDS"), or available only to government "Government"
- *Type of Data:* describes if the data element is Categorical, Ordinal, an Identifier, Continuous, Date/Time, or Open Text
- *Format:* indicates if the data is formatted in a specific fashion
- *CHIA derived or calculated:* indicates if the field was created by CHIA
- *Reference table:* indicates if a Categorical data element has set of valid values that are associated with other information
- *Description:* is a longer explanation of the data element and its limitations
- *Summary statistics*: links to frequencies or means for that data element

Users of the data with questions about any specific data element should contact CHIA at CaseMix.data@chiamass.gov.

AccommodationsID

Short Description	CHIA created field.
Primary Table:	Service
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Identifier
CHIA Derived:	No
Description:	CHIA processing field.
Reference Table:	No

Active

Short Description	CHIA indicator of quarterly submission status.
Primary Table:	SubmissionLog
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA Derived:	No
Description:	CHIA processing field.
Reference Table:	No

AdmissionDate

Short Description	The date the patient was admitted to the hospital as an inpatient for this episode of care.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Date
CHIA Derived:	No
Description:	The date the patient was admitted to the hospital as an inpatient for this episode of care.
Reference Table:	No

AdmissionDayOfWeek

Short Description	Week day that patient was admitted to hospital.
Primary Table:	Discharge
Linking Tables:	

Availability to Users:	CORE
Type of Data:	Date
CHIA Derived:	No
Description:	Week day that patient was admitted to hospital.
Reference Table:	No

AdmissionMonth

Short Description	Month in which patient was admitted to hospital.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Date
CHIA Derived:	No
Description:	Month in which patient was admitted to hospital derived by CHIA from the Admission Date.
Reference Table:	No

AdmissionSourceCode1, AdmissionSourceCode2

Short Description	How a patient entered the hospital.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA Derived:	No
Description:	These two codes indicate the source of originating, referring or transferring the patient to inpatient admissions. Reporting patterns for the source of stay data element may vary widely.
Reference Table:	Source of Admission
Summary Statistics:	AdmissionSourceCode1 Frequency

AdmissionType

Short Description	Admission status
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
CHIA Derived:	No

Description:	A standardized category of the patient's status upon admission to the hospital.
Reference Table:	Yes

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

Summary Statistics:	AdmissionType Frequency

AdmissionYear

Short Description	Year in which patient was admitted to hospital.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Date
CHIA Derived:	No
Description:	Year in which patient was admitted to hospital derived by CHIA from the Admission Date.
Reference Table:	No

ADM_DRG (APR340, APR360, APR380, APR390, APR400)

Short Description	Admitting diagnosis related group.
Primary Table:	Grouper – APR 340, Grouper – APR 360, Grouper – APR 380, Grouper- APR 390, Grouper – APR 400
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (NNN)
Length:	3
CHIA Derived:	
Description:	Standard DRG based on admission diagnoses.
Reference Table:	Standard 3M Grouper Values

ADM_MDC (APR340, APR360, APR380, APR390, APR400)

Short Description	Admitting major diagnostic category.
Primary Table:	Grouper – APR 340, Grouper – APR 360, Grouper – APR 380, Grouper – APR 390, Grouper – APR 400
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (NN)
Length:	2
CHIA Derived:	
Description:	Admission MDC should classify the patient, based on Admission diagnoses and procedures, into a standard major diagnostic group.
Reference Table:	Standard 3M Grouper Values

ADM_RCD (APR340, APR360, APR380, APR390, APR400)

Short Description	Null grouper field.
Primary Table:	Grouper – APR 340, Grouper – APR 360, Grouper – APR 380, Grouper APR 390, Grouper – APR 400
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (NN)
Length:	2
CHIA Derived:	
Description:	DRG record error indicator, '00' indicates valid DRG
Reference Table:	

ADM_ROM (APR340, APR360, APR380, APR390, APR400)

Short Description	Admitting risk of mortality.
Primary Table:	Grouper – APR 340, Grouper 360, Grouper – APR 380, Grouper – APR 390, Grouper – APR 400
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (N)
Length:	1
CHIA Derived:	
Description:	Admitting ROM should classify the patient, based on admitting diagnoses and procedures, into a standard category of clinical risk using '1' (low), '2' (medium) , '3' (high), and '4' (extreme).

Reference Table:	Standard 3M Grouper Values

ADM_SOI (APR340, APR360, APR380, APR390, APR400)

Short Description	Admitting severity of illness.
Primary Table:	Grouper – APR 340, Grouper - APR 360, Grouper – APR 380, Grouper – APR 390, Grouper – APR 400
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (N)
Length:	1
CHIA Derived:	
Description:	Admitting SOI should classify the patient, based on admitting diagnoses and procedures, into a standard category of illness severity using '1' (low), '2' (medium) , '3' (high), and '4' (extreme).
Reference Table:	Standard 3M Grouper Values

AgeLDS

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

AssociatedIndicator

Short Description	Indicates the order in which facilities submitted Diagnosis Codes.
Primary Table:	Diagnosis Code
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer

Length:	3
CHIA Derived:	No
Description:	Order in which diagnosis code was submitted to CHIA.
Reference Table:	No

AttendingPhysicianNumber

Short Description	Medical License Number of the Attending physician.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA Derived:	No
Description:	The lead physician supervising the care of the patient.
Reference Table:	Massachusetts Department of Health Board of Registration in Medicine license numbers

Birthweight

Short Description	The specific birth weight of the newborn recorded in grams.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	4
CHIA Derived:	No
Description:	Must be present if type of admission is 'newborn'
Reference Table:	No

ClaimCertificateRID

Short Description	Medicaid Recipient Identification Number.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	GOV-SPEC
Type of Data:	Date
Format:	Text
Length:	12
CHIA Derived:	No
Description:	
Reference Table:	No

CMS410_DIS_DRG

Short Description	CMS 41.0 Grouper - Discharge diagnosis related group
Primary Table:	Grouper – CMS
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR(NNN)
Length:	3
CHIA Derived:	
Description:	Discharge DRG should classify the patient, based on discharge diagnoses and procedures, into a standard major diagnostic group.
Reference Table:	Centers for Medicare and Medicaid reference table: https://www.cms.gov/icd10m/FY2024-nprmversion41.0-fullcode-cms/fullcode_cms/P0001.html

CMS400_DIS_MDC

Short Description	CMS 41.0 Grouper - Discharge major diagnostic category
Primary Table:	Grouper – CMS
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (NN)
Length:	2
CHIA Derived:	
Description:	Discharge MDC classifies the patient DRG into one of 25 standard major diagnostic groups.
Reference Table:	Centers for Medicare and Medicaid reference table: https://www.cms.gov/icd10m/FY2024-nprmversion41.0-fullcode-cms/fullcode_cms/P0001.html

ConditionPresent

Short Description	Flags whether the diagnosis was present on admission.
Primary Table:	Diagnosis
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	Indicates the onset of a diagnosis preceded or followed by admission.

There is a POA indicator for every diagnosis and external cause-code.

Reference Table: Condition Present

ConditionPresentECode

Short Description	Flags whether the external cause-code was present on admission.
Primary Table:	Diagnosis
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	Indicates the onset of a diagnosis preceded or followed by admission. There is a POA indicator for every diagnosis and external cause-code.
Reference Table:	Condition Present

DaysBetweenStays

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

DHCFPSubmissionFile

Short Description	CHIA created field
Primary Table:	SubmissionLog
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA Derived:	No

Description:	CHIA processing field
Reference Table:	No

DiagnosisCode

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

DIS_DRG (APR340, APR360, APR380, APR390, APR400)

Short Description	Discharge diagnosis related group.
Primary Table:	Grouper – APR 340, Grouper – APR 360, Grouper – APR 380, Grouper – APR 390, Grouper – APR 400
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (NNN)
Length:	3
CHIA Derived:	
Description:	Standard DRG based on Discharge diagnoses.
Reference Table:	Standard 3M Grouper Values

DIS_MDC (APR340, APR360, APR380, APR390, APR400)

Short Description	Discharge major diagnostic category.
Primary Table:	Grouper – APR 340, Grouper - APR 360, Grouper – APR 380, Grouper – APR 390, Grouper - 400
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (NN)
Length:	2

CHIA Derived:	
Description:	Discharge MDC should classify the patient, based on Discharge diagnoses and procedures, into a standard major diagnostic group.
Reference Table:	Standard 3M Grouper Values

DIS_RCD (APR340, APR360, APR380, APR390, APR400)

Short Description	Null grouper field.
Primary Table:	Grouper – APR 340, Grouper - APR360, Grouper – APR380, Grouper – APR390, Grouper – APR 400
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (NN)
Length:	2
CHIA Derived:	
Description:	DRG record error indicator, '00' indicates valid DRG
Reference Table:	

DIS_ROM (APR340, APR360, APR380, APR390, APR400)

Short Description	Discharge risk of mortality
Primary Table:	Grouper – APR 340, Grouper - APR 360, Grouper – APR380, Grouper – APR 390, Grouper – APR 400
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR(N)
Length:	1
CHIA Derived:	
Description:	Discharge ROM should classify the patient, based on discharge diagnoses and procedures, into a standard category of mortality risk using '1' (low), '2' (medium) , '3' (high), and '4' (extreme).
Reference Table:	Standard 3M Grouper Values

DIS_SOI (APR340, APR360, APR380, APR390, APR400)

Short Description	Discharge severity of illness.
Primary Table:	Grouper – APR 340, Grouper – APR 360, Grouper – APR 380, Grouper – APR 390, Grouper – APR 400
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Categorical

Format:	VARCHAR
Length:	1
CHIA Derived:	
Description:	Discharge SOI should classify the patient, based on discharge diagnoses and procedures, into a standard category of illness severity using '1' (low), '2' (medium) , '3' (high), and '4' (extreme).
Reference Table:	Standard 3M Grouper Values

DischargeDate

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

DischargeDayOfWeek

Short Description	Day of the month on which the patient was discharged from inpatient status.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Date
Format:	VARCHAR
Length:	3
CHIA Derived:	No
Description:	Calendar day of discharge from inpatient status. Sun, Mon, Tue, Wed, Thu, Fri, Sat
Reference Table:	No

DischargeMonth

Short Description	Month in which patient was discharged from Inpatient status.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Date

Format:	YYYYMM
Length:	6
CHIA Derived:	No
Description:	Year and Month of discharge from inpatient status.
Reference Table:	No

DischargePassed

Short Description	CHIA derived field
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	
Reference Table:	No

DischargeYear

Short Description	Year in which patient was discharged from hospital.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Date
Format:	YYYY
Length:	4
CHIA Derived:	No
Description:	
Reference Table:	No

DNRStatus

Short Description	Indicates whether there is an order not to resuscitate the patient.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	GOV
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	

Description:	A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive from potential or apparent death or that a patient was being treated with comfort measures only.	

Reference Table:

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

Summary Statistics: DNRStatus Frequency

Ecode

Short Description	ICD-10-CM External Cause code.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	7
CHIA Derived:	No
Description:	International Classification of Diseases, 10th Revision, Clinical Modification (ICD) V-codes, and or W-codes, X-codes, or Y-codes (V00-Y99) are used to categorize events and conditions describing the external cause of injuries, poisonings, and adverse effects. Codes adequate to describe the external cause are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings of the ICD-10-CM (S00-T88) or where the ICD-10-CM codes demonstrate that an additional E-code is appropriate. The principal external cause of injury code shall describe the mechanism that caused the most severe injury, poisoning, or adverse effect. Additional codes used to report place of occurrence or to completely describe the mechanism(s) that contributed to the injury or poisoning or the causal circumstances surrounding any injury or poisoning are reported in the Diagnosis table. This data element describes the principal external cause of injuries, poisonings, and adverse effects using ICD-10-CM codes. In addition to the dedicated E-Code field, facilities record additional E-Codes in the associated diagnosis fields for conditions having multiple causes.
Reference Table:	Standard ICD-10-CM Diagnosis Codes

EDFlagCode

Short Description	Indicates if inpatient admission began in the hospital's emergency department.

Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (N)
Length:	1
CHIA Derived:	No
Description:	Indicates if inpatient admission began in the hospital's emergency department.
Reference Table:	

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

Summary Statistics:	EDFlagCode Frequency

EmergencyDepartmentRegistrationDate

Short Description	Date of patient registration from the hospital's emergency department
Primary Table:	Discharge
Availability to Users:	GOV
Type of Data	Date
Format	CCYYMMDD

EmergencyDepartmentRegistrationTime

Short Description	Time of patient registration from the hospital's emergency department
Primary Table:	Discharge
Availability to Users:	GOV
Type of Data:	Date/Time
Format	Military Time ranging from 0000 to 2359

EmergencyDepartmentDischargeDate

Short Description	Date of patient discharge from the hospital's emergency department
Primary Table:	Discharge
Availability to Users:	GOV
Type of Data:	Date
Format	CCYYMMDD

EmergencyDepartmentDischargeTime

Short Description	Time of patient discharge from the hospital's emergency department
Primary Table:	Discharge
Availability to Users:	GOV
Type of Data:	Date/Time
Format	Military Time ranging from 0000 to 2359

EmployerZipCode5

Short Description	ZIP Code of the patient's employer.
Primary Table:	
Linking Tables:	Discharge
Availability to Users:	GOV
Type of Data:	ZIP Code
Format:	VARCHAR
Length:	5
CHIA Derived:	No
Description:	ZIP Code of the patient's employer.
Reference Table:	No

ErrorCategory

Short Description	Indicates the error on the discharge record.
Primary Table:	ErrorLog
Linking Tables:	Organization
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	50
CHIA Derived:	Yes
Description:	CHIA flag. Used for processing.
Reference Table:	No

ErrorDescription

Short Description	Standardized Description of the reported error.
Primary Table:	ErrorLog
Linking Tables:	Organization
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR

Length:	255
CHIA Derived:	Yes
Description:	CHIA flag. Used for processing.
Reference Table:	No

Ethnicity 1, Ethnicity 2

Short Description	Standardized, facility reported ethnicity.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Categorical
Format:	VARCHAR
Length:	6
CHIA Derived:	No
Description:	Primary (Ethnicity 1) or Secondary (Ethnicity 2) ethnicity as reported by the provider. CHIA's Provider community utilizes the full list of standard ethnicity codes, per the code set available on CHIA's website at https://www.chiamass.gov/assets/docs/p/case-mix/FY25-Case-Mix-Submission-Guides/CDC-Ethnicity-Codes.pdf and the specific codes listed below.
Reference Table:	

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

HispanicIndicator

Short Description	Indicates whether patient was Hispanic.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical

Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	A flag for patients of Hispanic/Latino/Spanish culture or origin regardless of race.
Reference Table:	Yes

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

Summary Statistics:	HispanicIndicator Frequency

HomelessIndicator

Short Description	Indicates whether the patient was homeless.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	This flag indicates that the patient was homeless at the time of visit.
Reference Table:	Yes

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

Summary Statistics:	HomelessIndicator Frequency

HospitalBillNo

Short Description	Unique patient billing record.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	GOV-SPEC
Type of Data:	Identifier
Format:	VARCHAR
Length:	17

CHIA Derived:	No
Description:	Facility unique number associated with all billing for the visit.
Reference Table:	No

ICD Indicator

Short Description	ICD version
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	Indicates if the diagnoses, E-codes, and procedure codes are ICD-10
Reference Table:	

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

IdOrgFiler

Short Description	ID number of the facility that submitted Inpatient Discharges.
Primary Table:	Discharge
Linking Tables:	SubmissionLog
	ErrorLog
	Organization
Availability to Users:	CORE
Type of Data:	Identifier
Format:	Integer
Length:	8
CHIA Derived:	No
Description:	The Organization ID for the facility submitted the Inpatient discharge data to CHIA.
Reference Table:	Organization

IdOrgHosp

Short Description	Facility identifier.
Primary Table:	Discharge
Linking Tables:	Organization
Availability to Users:	CORE

Type of Data:	Identifier
Format:	Integer
Length:	8
CHIA Derived:	No
Description:	The Organization ID for the main facility affiliation.
Reference Table:	Organization

IdOrgSite

Short Description	Facility identifier.
Primary Table:	Discharge
Linking Tables:	Organization
Availability to Users:	CORE
Type of Data:	Identifier
Format:	Integer
Length:	8
CHIA Derived:	No
Description:	The Organization ID for the site where the patient received Inpatient care.
Reference Table:	Organization

IdOrgTransfer

Short Description	Indicates where patient was transferred from.
Primary Table:	Discharge
Linking Tables:	Organization
Availability to Users:	CORE
Type of Data:	Identifier
Format:	Integer
Length:	8
CHIA Derived:	No
Description:	Organization ID for the facility from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the IdOrgTransfer will be 9999999.
Reference Table:	Organization

Indicator - Diagnosis

Short Description	Indicates if the diagnosis was primary, secondary, admitting, or discharge.
Primary Table:	Diagnosis
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR

Length:	1
CHIA Derived:	No
Description:	Indicates if the diagnosis or procedure was primary, secondary, admitting, or discharge.
Reference Table:	

CODE	DESCRIPTION
A	Admitting
D	Discharge
P	Principal
S	Secondary

Indicator - Procedure

Short Description	Indicates if the submitted Procedure Code was secondary
Primary Table:	Procedure
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	Order in which procedure code was submitted to CHIA
Reference Table:	No

LeaveOfAbsenceDays

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

LegCHIAAttendingPhysicianNumber

Short Description	ID of the Attending physician
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA Derived:	No
Description:	Physician Board of Registration of Medicine License Number
Reference Table:	External reference table Massachusetts Department of Public Health Board of Registration in Medicine license numbers

LegCHIAOperatingPhysicianP

Short Description	ID of the primary Procedure Physician
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA Derived:	No
Description:	Physician Board of Registration of Medicine License Number
Reference Table:	External reference table Massachusetts Department of Public Health Board of Registration in Medicine license numbers

LegCHIAOperatingPhysicianP1-P14

Short Description	ID of any other physician who performed a significant procedure on the patient
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA Derived:	No
Description:	Physician Board of Registration of Medicine License Number of Operating Physicians 1 through 14. Ordered as reported by hospital in agreement with Significant Procedures 1 through 14.
Reference Table:	External reference table Massachusetts Department of Public Health Board of Registration in Medicine license numbers

LengthOfStay

Short Description	Count of days in the hospital.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	4
CHIA Derived:	Yes
Description:	Count of days between the Admitting and Discharge date for an Inpatient discharge.
Reference Table:	No

LineNumber

Short Description	CHIA processing field
Primary Table:	Service
Linking Tables:	Service
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	
CHIA Derived:	
Description:	
Reference Table:	No

MedicalRecordNumber

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

MemberMDMID

Short Description	MemberMDMID
Primary Table:	MEID Mapping Gov
Linking Tables:	Discharge
Availability to Users:	GOV-SPEC
Type of Data:	Identifier
Format:	Integer
Length:	8
CHIA Derived:	Yes
Description:	CHIA used our Master Patient Index (MPI) approach to create unique MemberMDMID for distinct patients within the case mix data. The MemberMDMID provides a way to identify a distinct patient using a unique identifier that is not personally identifiable. The MemberMDMID provides the ability to track distinct patients across time, across case mix hospital sites of care, and across payers.
Reference Table:	No

MotherMedicalRecordNumber

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

MothersUHIN

Short Description	Patient's mother's unique ID.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Identifier
Format:	VARCHAR

Length:	9
CHIA Derived:	No
Description:	CHIA generated unique identifier of a newborn's mother. For newborns or for infants less than 1 year old, CHIA derives a unique ID for the patient's mother. This unique ID allows a newborn visit to be associated with a mother's visit. Linkable across records and fiscal years. Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as '000000001'. The utility of the UHIN field is dependent on the reporting data. For a small number of facilities, little or no UHIN data exists, as these institutions failed to report patients' uniquely identified information. Other facilities reported the same data repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's unique identifiers to her infant or assignment of a spouse's unique identifiers to a patient. Invalid data uses the code UHIN="4".
Reference Table:	No

NewBornAge

Short Description	Newborn's age in weeks at admission
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	2
CHIA Derived:	Yes
Description:	Newborn's age in weeks at admission for infant's less than 1 year old
Reference Table:	No

NumberDischargesFailed

Short Description	CHIA derived error field
Primary Table:	SubmissionLog
Linking Tables:	ErrorLog
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	3
CHIA Derived:	Yes
Description:	Number of discharge records failing submission threshold

Reference Table: No

NumberDischargesPassed

Short Description	CHIA derived error field
Primary Table:	SubmissionLog
Linking Tables:	ErrorLog
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	5
CHIA Derived:	Yes
Description:	Number of discharge records passing submission threshold
Reference Table:	No

NumberOfANDs

Short Description	Total Administratively Necessary Days
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	4
CHIA Derived:	No
Description:	The number of days which were deemed clinically unnecessary in accordance with review by the Division of Medical Assistance.
Reference Table:	No

NumberOfDiagnosisCodes

Short Description	Count of diagnosis codes in a particular submission.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	3
CHIA Derived:	Yes
Description:	Count of diagnosis codes in a particular submission.
Reference Table:	No

NumberOfDischarges

Short Description	Count of discharges in a particular submission.
Primary Table:	SubmissionLog
Linking Tables:	ErrorLog
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	5
CHIA Derived:	Yes
Description:	Count of discharges in a particular submission.
Reference Table:	No

NumberOfErrors

Short Description	Count of errors in a particular submission.
Primary Table:	ErrorLog
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	5
CHIA Derived:	Yes
Description:	Count of errors in a particular submission.
Reference Table:	No

NumberOfProcedureCodes

Short Description	Count of procedure codes in a particular submission.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	3
CHIA Derived:	Yes
Description:	Count of procedure codes in a particular submission.
Reference Table:	No

OperatingPhysicianPrincipal

Short Description	ID of the Primary Operating Physician

Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA Derived:	No
Description:	Operating Physician's Board of Registration in Medicine License Number
Reference Table:	External reference table Massachusetts Department of Public Health Board of Registration in Medicine license numbers

OperatingPhysicianSignificant1-14

Short Description	ID of any other physician who operated on the patient
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA Derived:	No
Description:	Physician Board of Registration of Medicine License Number of Operating Physicians 1 through 14.
Reference Table:	External reference table Massachusetts Department of Public Health Board of Registration in Medicine license numbers

OrgId

Short Description	Unique identifier for facility. Linkage across tables and fiscal years.
Primary Table:	Organization
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Identifier
Format:	Integer
Length:	8
CHIA Derived:	No
Description:	Facility specific identifier.
Reference Table:	Organization Table

OrgName

Short Description	Name of facility.

Primary Table:	Organization
Linking Tables:	SubmissionLog
	ErrorLog
Availability to Users:	CORE
Type of Data:	Categorial
Format	VARCHAR
CHIA Derived:	No
Description:	Facility specific name
Reference Table:	No

OtherCareGiverCode

Short Description	Indicates type of other patient caregiver.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	This data element indicates the type of primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver codes include resident, intern, nurse practitioner, and physician's assistant.

Reference Table:

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

Summary Statistics:	OtherCareGiverCode Frequency

OtherEthnicity

Short Description	Non-standard patient ethnicity designations.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	GOV

Type of Data:	Categorical
Format:	VARCHAR
Length:	20
CHIA Derived:	No
Description:	Patient's ethnicity as entered by the facility. Other ethnicity is an open text field for reporting additional ethnicities when ethnicity 1 or ethnicity 2 equals "R9", or "Other ethnicity".
Reference Table:	No

OtherRace

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

OutpatntObsrvStayFlagCode

Short Description	Indicates inpatient admission began in observation stay unit
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	Indicates inpatient admission began in observation stay unit
Reference Table:	Yes
Summary Statistics:	OutpatientObsrvStayFlagCode Frequency

Passed

Short Description	CHIA processing field
Primary Table:	SubmissionLog
Linking Tables:	
Availability to Users:	CORE

Type of Data:	Categorical
Format:	VARCHAR
Length:	
CHIA Derived:	No
Description:	
Reference Table:	No

PatientBirthDate

Short Description	Patient Date of Birth
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	GOV-SPEC
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA Derived:	No
Description:	Patient Date of Birth
Reference Table:	No

PatientStatus

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

PayerCode1

Short Description	Standardized Payer Source code.
Primary Table:	Discharge
Linking Tables:	

Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	3
CHIA Derived:	No
Description:	A standardized source of payment code (different than payer code). Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.
Reference Table:	Payer Source Code

PayerCode2

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

PeriodEndingDate

Short Description	Must be the last day of the quarter for which data is being submitted
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA Derived:	No
Description:	Must be the last day of the quarter for which data is being submitted
Reference Table:	No

PeriodEndingMonth

Short Description	Must be the last month of the quarter for which data is being submitted
Primary Table:	Discharge

Linking Tables:

Availability to Users:	LDS
Type of Data:	Date
Format:	MM
Length:	2
CHIA Derived:	No
Description:	Must be the last month of the quarter for which data is being submitted
Reference Table:	No

PeriodEndingYear

Short Description	Must be the year for which data is being submitted
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Date
Format:	YYYY
Length:	4
CHIA Derived:	No
Description:	Must be the year for which data is being submitted
Reference Table:	No

PeriodStartingDate

Short Description	Must be the first day of the quarter for which data is being submitted
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA Derived:	No
Description:	
Reference Table:	No

PeriodStartingMonth

Short Description	Must be the first month of the quarter for which data is being submitted
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Date

Format:	YYYYMM
Length:	6
CHIA Derived:	No
Description:	Must be the first month of the quarter for which data is being submitted
Reference Table:	No

PeriodStartingYear

Short Description	Must be the year for which data is being submitted
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Date
Format:	YYYY
Length:	4
CHIA Derived:	No
Description:	Must be the year for which data is being submitted
Reference Table:	No

PermanentPatientCityLDS

Short Description	Permanent city of residence for the patient.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Categorical
Format:	VARCHAR
Length:	25
CHIA Derived:	No
Description:	Primary city of residency for patient.
Reference Table:	No

PermanentPatientCountryLDS

Short Description	Permanent country of residence for the patient.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	2
CHIA Derived:	No
Description:	Primary country of residency for patient. In the LDS file for non-government data users, the data release will only include country information for the United States

(US), Canada (CA) and Mexico (MX). All other countries will be designated by ZZ. Any additional questions concerning country information can be addressed by contacting CHIA at CaseMix.data@chiamass.gov

Reference Table: No

PermanentPatientStateLDS

Short Description	Permanent state of residence for the patient.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	2
CHIA Derived:	No
Description:	Primary state of residency for patient. In the LDS file for non-government data users, the data release will only include state information for Massachusetts (MA), Connecticut (CT), Maine (ME), New Hampshire (NH), New York (NY), Vermont (VT) and Rhode Island (RI). All other states in the US will be designated by XX. Any additional questions concerning state information can be addressed by contacting CHIA at CaseMix.data@chiamass.gov
Reference Table:	STATE

PermanentPatientStreetAddress

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

PermanentPatientZIP3CodeLDS

Short Description	3-digit ZIP Code of the patient's permanent residence.
Primary Table:	Discharge
Linking Tables:	

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

PermanentPatientZIP5CodeLDS

Short Description	5-digit ZIP Code of the patient's permanent residence.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Categorical
Format:	VARCHAR (NNNNN)
Length:	5
CHIA Derived:	No
Description:	First five digits of patient's permanent ZIP Code. ZIP Codes are not standardized, and this field is as reported from a nine-digit ZIP Code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont, or Rhode Island) ZIP Codes are set to zeros (0s) and the state is removed. Any additional questions can be addressed by contacting CHIA at CaseMix.data@chiamass.gov.
Reference Table:	No

PreOperativeDays

Short Description	Count of days between Admission and Procedure
Primary Table:	Procedure
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	4
CHIA Derived:	
Description:	Calculation of the number of days between Admission and the Procedure.
Reference Table:	No

PrimaryConditionPresent

Short Description	Flag indicating that Principal Condition was present on admission.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	Indicates that Principal Condition was present on admission.
Reference Table:	Condition Present on Admission

PrimaryDiagnosisCode

Short Description	ICD-10-CM code for the condition that led to the Inpatient visit.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	7
CHIA Derived:	No
Description:	The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care.
Reference Table:	Standard ICD-10-CM Diagnosis Codes

PrimaryPayerType

Short Description	Indicates the Type of Payer
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	
Reference Table:	Payer Source Code

PrincipalPreoperativeDays

Short Description	Count of days between Admission and Primary procedure.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	5
CHIA Derived:	
Description:	Calculation of the number of days between Admission and the Procedure.
Reference Table:	Payer Source Code

PrincipalProcedureCode

Short Description	ICD-10-PCS code for the Principal procedure in the Inpatient visit.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	7
CHIA Derived:	No
Description:	The chief procedure performed in the Inpatient visit.
Reference Table:	Standard ICD-10-PCS Procedure Codes

PrincipalProcedureDate

Short Description	Date that the Principal procedure was performed
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA Derived:	No
Description:	
Reference Table:	No

PrincipalProcedureMonth

Short Description	The month in which the Principal procedure was performed

Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Date
Format:	YYYYMM
Length:	6
CHIA Derived:	No
Description:	The month in which the Principal procedure was performed
Reference Table:	No

ProcedureCode

Short Description	ICD-10-PCS code for each Significant Procedure reported by the facility. Up to 78 new Procedures were added by CMS in FY 2024. See: https://www.cms.gov/medicare/coding-billing/icd-10-codes
Primary Table:	Procedure
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	7
CHIA Derived:	No
Description:	The ICD procedure code usually corresponding to additional procedures which carry an operative or anesthetic risk or require highly trained personnel, special equipment or facilities.
Reference Table:	Standard ICD-10-PCS Procedure Codes

ProcedureCodeDate

Short Description	Date the procedure was performed
Primary Table:	Procedure
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA Derived:	No
Description:	
Reference Table:	No

ProcedureTable

Short Description	Indicates the order in which facilities submitted Procedure Codes.
Primary Table:	Procedure Code
Linking Tables:	Discharge
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	3
CHIA Derived:	No
Description:	Order in which procedure code was submitted to CHIA.
Reference Table:	No

Quarter

Short Description	Quarter of submission.
Primary Table:	Discharge
Linking Tables:	Service
	SubmissionLog
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (N)
Length:	1
CHIA Derived:	No
Description:	Quarter in which the discharge was submitted to CHIA. (1, 2, 3, 4)
Reference Table:	No

Race1, Race2

Short Description	Standardized, facility reported race.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Categorical
Format:	VARCHAR
Length:	6
CHIA Derived:	No
Description:	Primary race as reported by the provider. CHIA's Provider community utilizes the full list of standard race codes, per the code set available on CHIA's website at https://www.chiamass.gov/assets/docs/p/case-mix/FY25-Case-Mix-Submission-Guides/CDC-Ethnicity-Codes.pdf and those listed below.

Reference Table:

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

Summary Statistics: Race1, Race2

RecordType20ID

Short Description	Unique per discharge. Key to link from discharge table.
Primary Table:	Discharge
Linking Tables:	Diagnosis
	Service
	Procedure
	Grouper
Availability to Users:	CORE
Type of Data:	Identifier
Format:	Integer
Length:	8
CHIA Derived:	No
Description:	Indicator for Record Type '20'. Required for every Inpatient discharge record. Only one allowed per inpatient discharge record. Inpatient discharge specific record identifier used to link data about a specific discharge across CHIA data tables. It is important to note that if the same patient is admitted and discharged multiple times, the patient will have a separate unique Record Type 20 ID for each discharge. Therefore, the Record Type 20 ID is intended to distinguish unique discharges rather than unique individuals. The Record Type 20 ID is used in combination with the facility ID when you seek to aggregate and analyze discharges by facility. Because a single patient may have multiple diagnosis codes, multiple revenue codes in the services table, and multiple procedure codes, the Record Type 20 ID in the main discharge table has a 1-to-many relationship to the diagnosis, procedure code, and services table.
Reference Table:	No

RevenueCode

Short Description	Billing code.
Primary Table:	Service
Linking Tables:	Service
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	4
CHIA Derived:	
Description:	A numeric code which identifies a particular routine or special care accommodation. The revenue codes are taken from the Uniform Billing (UB) revenue codes and correspond to specific cost centers in the CHIA-403 cost report.
Reference Table:	www.nubc.org (UB-04)

RevenueCodeType

Short Description	Type of billing code
Primary Table:	Service
Linking Tables:	Service
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	
CHIA Derived:	No
Description:	Category of billing code to allow association with specific billing systems.
Reference Table:	www.nubc.org (UB-04)

SecondaryPayerType

Short Description	Secondary Payer for the visit.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	4
CHIA Derived:	No
Description:	Secondary Payer for this visit.
Reference Table:	Payer Source Code

SexLDS

Short Description	Indicates gender
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	
Reference Table:	

CODE	DESCRIPTION
M	Male
F	Female
U	Unknown

SpecialConditionIndicator

Short Description	
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No
Description:	
Reference Table:	Yes

SubmissionActive

Short Description	CHIA processing field
Primary Table:	ErrorLog
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	
Description:	

Reference Table: No

SubmissionControlID

Short Description	Unique per facility-quarter-submission. Key to link from the Discharge table.
Primary Table:	Discharge
Linking Tables:	Service
	SubmissionLog
	ErrorLog
Availability to Users:	CORE
Type of Data:	Identifier
Format:	Integer
Length:	4
CHIA Derived:	No
Description:	Unique id for a facility's submission of data to CHIA. Usually, one Submission Control ID is associated with a facility's quarterly submission.
Reference Table:	No

SubmissionPassed

Short Description	CHIA flag.
Primary Table:	ErrorLog
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	Yes
Description:	Indicates the submission to CHIA has passed.
Reference Table:	No

SubmissionPassedFlag

Short Description	CHIA derived field
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR
Length:	1
CHIA Derived:	No

Description:

Reference Table: No

SubmissionQuarter

Short Description	Indicates the quarter (1-4) in which the record was submitted to CHIA.
Primary Table:	ErrorLog
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Categorical
Format:	VARCHAR (N)
Length:	1
CHIA Derived:	No
Description:	Year in which the record was submitted to CHIA.
Reference Table:	No

TemporaryPatientCityLDS

Short Description	Current municipality of residence for a patient, if different from permanent residence.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Categorical
Format:	VARCHAR
Length:	25
CHIA Derived:	No
Description:	MA City in which the patient temporarily resides.
Reference Table:	No

TemporaryPatientStateLDS

Short Description	Current state of residence for a patient, if different from permanent residence.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Categorical
Format:	VARCHAR
Length:	2
CHIA Derived:	No
Description:	Indicates "MA" if the patient temporarily resides in Massachusetts.
Reference Table:	STATE

TemporaryPatientZip3CodeLDS

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

TemporaryPatientZip5CodeLDS

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

TemporaryPatientZIP5Code

Short Description	Patient's ZIP Code
Primary Table:	Discharge
Linking Tables:	

Availability to Users:	LDS
Type of Data:	Categorical
Format:	VARCHAR (NNNNN)
Length:	5
CHIA Derived:	
Description:	ZIP Code of patient's temporary Massachusetts address. CHIA does not alter or standardize the values in this field.
Reference Table:	No

TemporaryUSPatientStreetAddress

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

TotalCharges

Short Description	Total inpatient charges included with a Facility-Submission-Quarter.
Primary Table:	Service
Linking Tables:	Service
	SubmissionLog
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	8
CHIA Derived:	No
Description:	Sum of charges for the inpatient stay.
Reference Table:	No

TotalChargesAll

Short Description	Hospital charges (all)
Primary Table:	Discharge
Linking Tables:	

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

TotalChargesAncillaries

Short Description	Hospital ancillary charges
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	8
CHIA Derived:	No
Description:	The full, undiscounted charges summarized by a specific ancillary service revenue code(s).
Reference Table:	No

TotalChargesRoutine

Short Description	Hospital routine charges
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	8
CHIA Derived:	No

Description: The full, undiscounted charges for patient care summarized by prescribed revenue code for routine accommodation services as specified in Inpatient Data Code Table(3).

Reference Table: No

TotalChargesSpecial

Short Description Special charges for hospital services

Primary Table: Discharge

Linking Tables:

Availability to Users: CORE

Type of Data: Continuous

Format: Integer

Length: 8

CHIA Derived: No

Description: The full, undiscounted charges for patient care summarized by prescribed revenue code for accommodation services in those special care units which provide patient care of a more intensive nature than that provided in the general medical care units, as specified in Inpatient Data Code Table(3).

Reference Table: No

TransmittalID

Short Description CHIA created field

Primary Table: SubmissionLog

Linking Tables:

Availability to Users: CORE

Type of Data: Identifier

Format: Integer

Length: 5

CHIA Derived: No

Description: CHIA processing field

Reference Table: No

TypeofService

Short Description CHIA created field

Primary Table: Service

Linking Tables:

Availability to Users: CORE

Type of Data: Categorical

Format: VARCHAR

Length:	
CHIA Derived:	No
Description:	Code ANC used to indicate ancillary services and Code ACC used to indicate accommodation services.
Reference Table:	No

UHIN

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

UHIN_SequenceNo

Short Description	Order of hospital discharges for a patient.
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	LDS
Type of Data:	Continuous
Format:	VARCHAR
Length:	3
CHIA Derived:	Yes
Description:	This calculated field indicates the chronological order of Inpatient discharge for patients with multiple Inpatient discharges in a fiscal year. A match with the UHIN

only, is used to make the determination that a patient has had multiple discharges. The Sequence Number uses the following data conventions: (1) The sequence number is calculated by sorting the file by UHIN and discharge date (in ascending order). (2) The sequence number is then calculated by incrementing a counter for each UHIN's set of discharges. A sequence number of "1" indicates the first discharge for the UHIN in that fiscal year. (3) If a UHIN has two visits on the same day, the visit date is used as the secondary sort key. (4) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

Reference Table: No

UnitsOfService

Short Description	Number of days with an Accommodation charge
Primary Table:	Service
Linking Tables:	Service
Availability to Users:	CORE
Type of Data:	Continuous
Format:	Integer
Length:	5
CHIA Derived:	No
Description:	Number of days with an Accommodation charge
Reference Table:	No

VeteransStatus

Short Description	Indicates Veteran status
Primary Table:	Discharge
Linking Tables:	
Availability to Users:	GOV
Type of Data:	Categorical
Format:	VARCHAR (N)
Length:	1
CHIA Derived:	No
Description:	Indicates Veteran status
Reference Table:	

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

Year

Short Description	Indicates Fiscal Year of submission.
Primary Table:	Discharge
Linking Tables:	Service
	SubmissionLog
Availability to Users:	CORE
Type of Data:	Date
Format:	YYYY
Length:	4
CHIA Derived:	No
Description:	Fiscal Year the data was submitted.
Reference Table:	No

Longer Reference Tables

FY 2024 HIDD has 20 standard reference tables. These relate to categorical variables that are driven by the *Hospital Inpatient Discharge Database October 2020 Submission Guide.* Some of the tables have been integrated into the data dictionary. This section contains longer tables used by multiple data elements. Users of the data with additional questions about any specific Reference table should contact CHIA at CaseMix.data@chiamass.gov.

Table 1. ADSOURCE

Principal Data Element:	AdmissionSourceCode1
Other Data Elements:	AdmissionSourceCode2
Rules:	All other values are invalid
Last Updated:	04/2020

CODE	DESCRIPTION
0	Information Not Available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral/HMO Referral
4	Transfer from Acute Care Hospital
5	Transfer from a Skilled Nursing Facility (SNF)
6	Transfer from Intermediate Care Facility (ICF)
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other
F	Transfer from a Hospice Facility
J	Transfer from another unit within same hospital
K	Transfer from a Designated Disaster Alternative Care Site
L	Outside Hospital Clinic Referral
M	Walk-In/Self-Referral
R	Within Hospital ER Transfer
T	Transfer from Another Institution's Ambulatory Surgery (SDS)
U	Transfer to Swing bed in same facility

CODE	DESCRIPTION
V	Transfer from another facility to Swing bed
W	Extramural Birth
X	Observation
Y	Within Hospital Ambulatory Surgery Transfer (SDS Transfer)

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

Table 2. CONDITION PRESENT

Principal Data Element: PrimaryConditionPresent

Other Data Elements: ConditionPresent
ConditionPresentECode

Rules: All other values invalid.

Last Updated: 1/31/2017

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

Table 3. PATIENT STATUS

Look-up Table	Patient Status
Principal Data Element:	Patient Status
Rules:	All other values are invalid
Last Updated:	4/21/2020

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

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

Table 4. PAYER TYPE

Principal Data Element: Payer Type

Other Data Elements: ManagedCareCode / MCareMCaidPrivCode

Rules: All other values are invalid

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

Table 5. PAYMENT SOURCE

Principal Data Element:	PayerCode1
Other Data Elements:	PayerCode2 PrimaryPayerType SecondaryPayerType
Rules:	All other values are invalid. Some codes are valid as Secondary Source of Payment.
Last Updated:	10/01/2020
Refer to complete listing at:	CHIA Payer Source Codes

Table 6. STATE

Principal Data Element:	PermanentPatientStateLDS
Other Data Elements:	TemporaryPatientStateLDS Rules
Rules:	All other values are invalid. Must be present when Patient Country is 'US'. Must be valid U.S. postal code for state.

CODE	DESCRIPTION
CT	Connecticut
ME	Maine
MA	Massachusetts
NH	New Hampshire
NY	New York
RI	Rhode Island
VT	Vermont

Note: The LDS includes only the states listed above. The default code of XX is used for any other state or U.S. possession.

Part D. Data Notes

At the time of this publication, the following data notes were present. As data findings occur, CHIA will update the FY 2024 HIDD Release Notes published on the CHIA website at https://www.chiamass.gov/case-mix-data/.

- Anna Jaques Hospital (Org Id 1) re-licensed two inpatient Behavioral Health units under Beverly Hospital (Org Id 110) in July 2024.
- Baystate Health – Baystate Noble Hospital (Org Id 106) closed their adult inpatient psychiatric unit effective October 23, 2023 and Baystate Wing Campus (Org Id 139) closed their adult inpatient psychiatric unit effective December 6, 2023 with plans to move some behavioral health services to Valley Springs Behavioral Health Hospital.
- Beth Israel Deaconess Hospital – Needham (Org Id 53) opened a new hospital unit in January 2023 increasing capacity by 15 beds and also experienced an increase in patient discharge volume due to the continued temporary closure of Signature Healthcare Brockton Hospital (Org Id 25) through August 2024.
- Boston Medical Center Behavioral Health (Org Id 20327) reported revenue code 1002, Behavioral Health Accommodations–Residential-Chemical Dependency, on 386 patient records in FY 2024. This is a satellite facility for behavioral health acute inpatient psychiatric patients licensed under Boston Medical Center (Org Id 16).
- Health Alliance – Leominster Campus (Org Id 71) reported the closure of their Maternity program in September 2023.
- Morton Hospital, A Steward Family Hospital (Org Id 99) reported the closure of their substance abuse and detox unit on September 30, 2024.
- North Adams Regional Hospital (Org Id 21965) opened in March 2024 and is designated a critical access hospital.
- North Shore Medical Center – Salem Campus (Org Id 116) opened a new inpatient unit adding 24 private rooms in January 2024.
- Signature Healthcare Brockton Hospital (Org Id 25) temporarily closed as of February 7, 2023, due to a transformer fire and did not submit quarterly HIDD files for FY 2024 Quarter 1 through Quarter 3. This site reopened August 13, 2024, and submitted for Quarter 4 FY 2024. The Maternity Unit was reopened on September 23, 2024.
- South Shore Hospital (Org Id 122) opened an intermediate ICU step down unit in January 2024.
- Steward Health Care closed two sites on August 31, 2024: Nashoba Valley Medical Center, A Steward Family Hospital (Org Id 11467) and Steward Carney Hospital (Org Id 42). Also, Steward Norwood Hospital (Org Id 41) is currently considered a closed facility since this site's license was not renewed in November 2024.

Note: In October 2022, the Board of Registration in Medicine (BORIM) implemented a new online system that required a change in the physician license number from 6 to 7-digits. CHIA specifications only allowed a fixed length physician license number of 6-digits. To address this reporting issue, CHIA implemented a short-term solution for FY 2023 and FY 2024 with the use of a new code, "BORIM7" when the patient record required a 7-digit physician license number. Although this new code was reported by hospitals, it is not present (NULL) in the Final FY 2024 HIDD Release. This issue has been resolved for FY 2025 with the expansion of the BORIM license number field length.

FY 2024 – Provider Specific Notes

Prior to releasing the FY 2024 HIDD data, CHIA provides the hospitals with a profile of the data submitted. Providers may resubmit data or may provide written feedback to CHIA. Below is a summary of some of the key feedback received:

- Berkshire Medical Center – Berkshire Campus (Org Id 7):
    - Noted 30% decline in Patient Discharge status for Discharged/Transferred to Another Type of Health Care Institution in FY 2024 attributed to opening of North Adams Regional Hospital.
- Beth Israel Deaconess Medical Center – East Campus (Org Id 10):
    - Noted patient discharge volume fluctuations due to an Electronic Medical Records (EMR) conversion in June 2024.
- Boston Children's Hospital (Org Id 46):

- o Noted an EMR conversion in June 2024 contributed to data mapping challenges. These data issues will be corrected in FY 2025.
- ■ Cape Cod Hospital (Org Id 39):
  - o Noted Payer Type was incorrectly mapped for Quarter 4 to various Medicaid payer types. Medicaid Managed Care, which was not reported this quarter, should have been included on 101 patient discharges. Files were not able to be resubmitted prior to finalizing FY 2024.
  - o Noted Associated Diagnosis codes were omitted in error for all quarters. Files were not able to be resubmitted prior to finalizing FY 2024; however, this has been corrected for FY 2025.
- ■ Falmouth Hospital (Org Id 40):
  - o Noted Payer Type volumes were incorrectly mapped for Quarter 4 to various Medicaid payer types. Senior Care Option/Integrated Care Organization which was not reported this quarter, should have been included on 26 patient discharges and Medicaid Managed Care/MCO should have been included on 14 patient discharges. Files were not able to be resubmitted prior to finalizing FY 2024.
  - o Noted Associated Diagnosis codes were omitted in error for all quarters. Files were not able to be resubmitted prior to finalizing FY 2024; however, this has been corrected for FY 2025.
- ■ Lawrence General Hospital (Org Id 83):
  - o Noted missing Quarter 3 Patient Is Hispanic/Latino/Spanish Indicator Status data. Files were not able to be resubmitted prior to finalizing FY 2024
- ■ MetroWest Medical Center (Org Id 49):
  - o Noted EMR conversion in June 2023 created data mapping challenges which continued into FY 2024.
  - o Noted FY 2024 Source of Admission for Newborns was incorrectly mapped with system conversion. All newborn discharges confirmed as 100% Normal Delivery and no Extramural Births. Files were not able to be resubmitted prior to finalizing FY 2024; however, this has been corrected for FY 2025.
- ■ New England Baptist (Org Id 103):
  - o Noted a modest increase in Type of Admission and changes in reporting in Quarter 4 attributed to an EHR conversion in Quarter 3.
- ■ Saint Vincent Hospital (Org Id 127):
  - o Noted an EMR conversion in June 2023 created data mapping challenges which continued into FY 2024.
  - o Noted FY 2024 Source of Admission for Newborns was incorrectly mapped with system conversion. All newborn discharges confirmed as 100% Normal Delivery and no Extramural Births. Files were not able to be resubmitted prior to finalizing FY 2024; however, this has been corrected for FY 2025.
- ■ South Shore Hospital (Org Id 122):
  - o Noted increase in volume reported for Source of Admission - Walk-In/Self Referral related to the temporary closure of Signature Healthcare Brockton Hospital (Org Id 25) through August 2024 and as a hospital policy, the discontinued use of the Observation reporting category under Source of Admission.
- ■ Steward Good Samaritan Medical Center – Brockton Campus (Org Id 62):
  - o Noted patients are increasingly reluctant to provide SSN data which is required to create CHIA generated Unique Health Information Numbers (UHIN).

The following hospitals resubmitted data prior to finalizing the FY 2024 HIDD release available in May 2025.

- ■ Boston Children's Hospital (Org Id 46) resubmitted Quarter 4 to correct Unknown reporting of Race and Zip Code due to a system conversion in June 2024.
- ■ Lawrence General Hospital (Org Id 83) resubmitted all quarters to correct payer mapping.
- ■ Saint Vincent Hospital (Org Id 127) resubmitted Quarters 1 and 2 to include a Transfer Org Id table update.

HOSPITAL INPATIENT DISCHARGE VOLUME

Hospital inpatient discharge volume peaked in FY 2019 (809,331 discharges), followed by a sharp decline in FY 2020 (748,320 discharges), coinciding with the onset of the COVID-19 pandemic. Discharges remained lower than pre-pandemic levels from FY 2020 through FY 2023. The FY 2024 discharge volume reflects a modest recovery to 766,685 discharges, still about 5.3% below the FY 2019 peak.

Comparison of Hospital Annual Inpatient Discharge Volume FY2015 through FY2024
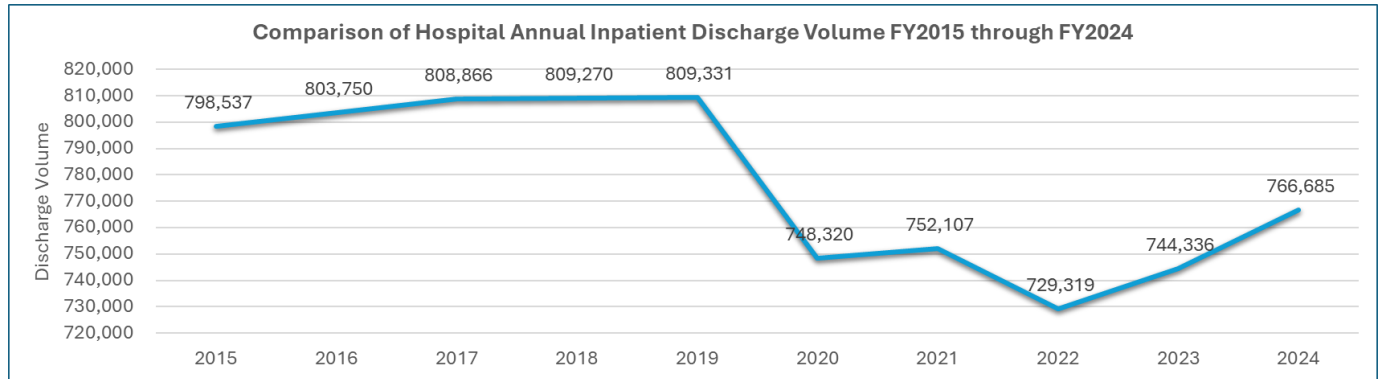
HOSPITAL INPATIENT DEATH RATE PER 1,000 DISCHARGES

From FY 2015 to FY 2019, the inpatient discharge death rate (based on discharge status code '20'(expired) and code '42'(hospice expired)) remained relatively stable, ranging between 19.2 and 20.4 deaths per 1,000 discharges. Beginning in FY 2020, coinciding with the onset of the COVID-19 pandemic, the death rate rose sharply, peaking at 27.8 in FY 2022 before gradually declining to 23.9 by FY 2024—yet remaining elevated compared to pre-pandemic levels.

Comparison of Hospital Annual Inpatient Death Rate per 1,000 Discharges FY2015 through FY2024
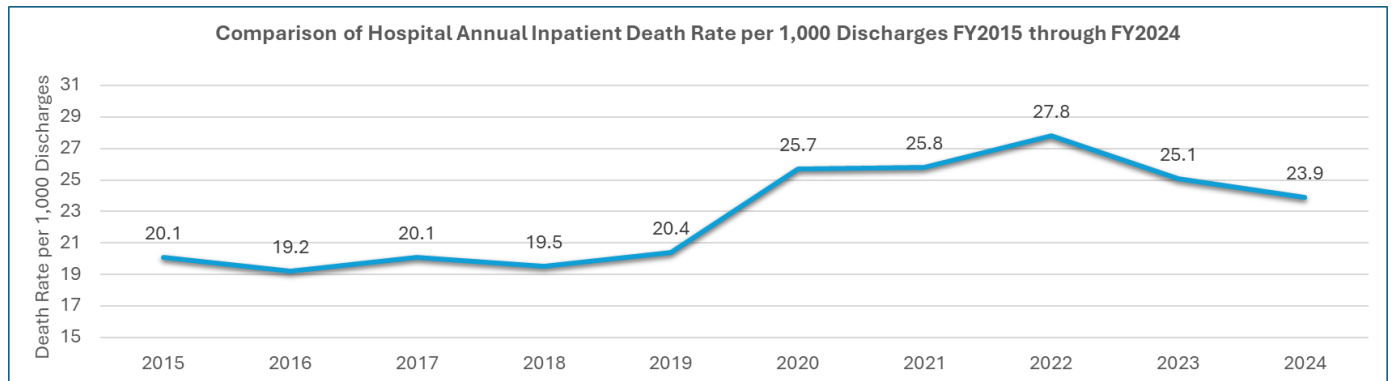
DRG VERSIONS

CHIA releases multiple versions of the DRG groupers each year to facilitate longitudinal across year comparison using the same DRG version. Older APR_DRG Versions not developed based on ICD-10-CM, have been retired from FY 2024 HIDD. Therefore, the FY 2024 HIDD contains several newer DRG versions created after ICD-10-CM/PCS implementation which more comprehensively group newer ICD-10-CM diagnosis codes.

DEMOGRAPHIC RANKING OF FY 2024 HIDD TOP FIVE DRGS (APR-DRG 40.0)

Ages 4 and Younger

RANK	FEMALES (AGES 4 AND YOUNGER)
1	NEONATE BIRTH WEIGHT > 2499 GRAMS, NORMAL NEWBORN OR NEONATE WITH OTHER PROBLEM
2	NEONATE BIRTH WEIGHT 2000-2499 GRAMS, NORMAL NEWBORN OR NEONATE WITH OTHER PROBLEM
3	NEONATE BIRTH WEIGHT > 2499 GRAMS WITH OTHER SIGNIFICANT CONDITION
4	BRONCHIOLITIS AND RSV PNEUMONIA
5	NEONATE BIRTH WEIGHT > 2499 GRAMS WITH MAJOR ANOMALY

RANK	MALES (AGES 4 AND YOUNGER)
1	NEONATE BIRTH WEIGHT > 2499 GRAMS, NORMAL NEWBORN OR NEONATE WITH OTHER PROBLEM
2	NEONATE BIRTH WEIGHT > 2499 GRAMS WITH OTHER SIGNIFICANT CONDITION
3	BRONCHIOLITIS AND RSV PNEUMONIA
4	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND
5	NEONATE BIRTH WEIGHT 2000-2499 GRAMS, NORMAL NEWBORN OR NEONATE WITH OTHER PROBLEM

Ages 5 – 14

RANK	FEMALES (AGES 5 - 14)
1	ASTHMA
2	OTHER PNEUMONIA
3	MAJOR DEPRESSIVE DISORDERS AND OTHER OR UNSPECIFIED PSYCHOSES
4	ADJUSTMENT DISORDERS AND NEUROSES EXCEPT DEPRESSIVE DIAGNOSES
5	SEIZURE

RANK	MALES (AGES 5 - 14)
1	ASTHMA
2	OTHER PNEUMONIA
3	SEIZURE
4	BEHAVIORAL DISORDERS
5	RESPIRATORY FAILURE

Ages 15 – 24

RANK	FEMALES (AGES 15 - 24)
1	VAGINAL DELIVERY
2	CESAREAN SECTION WITHOUT STERILIZATION
3	MAJOR DEPRESSIVE DISORDERS AND OTHER OR UNSPECIFIED PSYCHOSES
4	BIPOLAR DISORDERS
5	ANTEPARTUM WITHOUT O.R. PROCEDURE

RANK	MALES (AGES 15 - 24)
1	MAJOR DEPRESSIVE DISORDERS AND OTHER OR UNSPECIFIED PSYCHOSES
2	BIPOLAR DISORDERS
3	SCHIZOPHRENIA
4	SEIZURE
5	DIABETES

Ages 25 – 44

RANK	FEMALES (AGES 25 - 34)
1	VAGINAL DELIVERY
2	CESAREAN SECTION WITHOUT STERILIZATION
3	CESAREAN SECTION WITH STERILIZATION
4	ANTEPARTUM WITHOUT O.R. PROCEDURE
5	SEPTICEMIA & DISSEMINATED INFECTIONS

RANK	MALES (AGES 25 - 34)
1	ALCOHOL ABUSE AND DEPENDENCE
2	SEPTICEMIA AND DISSEMINATED INFECTIONS
3	SCHIZOPHRENIA
4	BIPOLAR DISORDERS
5	MAJOR DEPRESSIVE DISORDERS AND OTHER OR UNSPECIFIED PSYCHOSES

Ages 45 – 64

RANK	FEMALES (AGES 45 - 64)
1	SEPTICEMIA AND DISSEMINATED INFECTIONS
2	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
3	HEART FAILURE
4	OTHER PNEUMONIA
5	MAJOR RESPIRATORY INFECTIONS AND INFLAMMATIONS

RANK	MALES (AGES 45 - 64)
1	SEPTICEMIA AND DISSEMINATED INFECTIONS
2	ALCOHOL ABUSE AND DEPENDENCE
3	HEART FAILURE
4	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS
5	CELLULITIS & OTHER SKIN INFECTIONS

Ages 65 – 84

RANK	FEMALES (AGES 65 - 84)
1	SEPTICEMIA AND DISSEMINATED INFECTIONS
2	HEART FAILURE
3	MAJOR RESPIRATORY INFECTIONS AND INFLAMMATIONS
4	KIDNEY AND URINARY TRACT INFECTIONS
5	OTHER PNEUMONIA

RANK	MALES (AGES 65 - 84)
1	SEPTICEMIA AND DISSEMINATED INFECTIONS
2	HEART FAILURE
3	MAJOR RESPIRATORY INFECTIONS AND INFLAMMATIONS
4	OTHER PNEUMONIA
5	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS

Ages 85 and Older

RANK	FEMALES (AGES 85 AND OLDER)
1	HEART FAILURE
2	SEPTICEMIA AND DISSEMINATED INFECTIONS
3	MAJOR RESPIRATORY INFECTIONS AND INFLAMMATIONS
4	KIDNEY AND URINARY TRACT INFECTIONS
5	OTHER PNEUMONIA

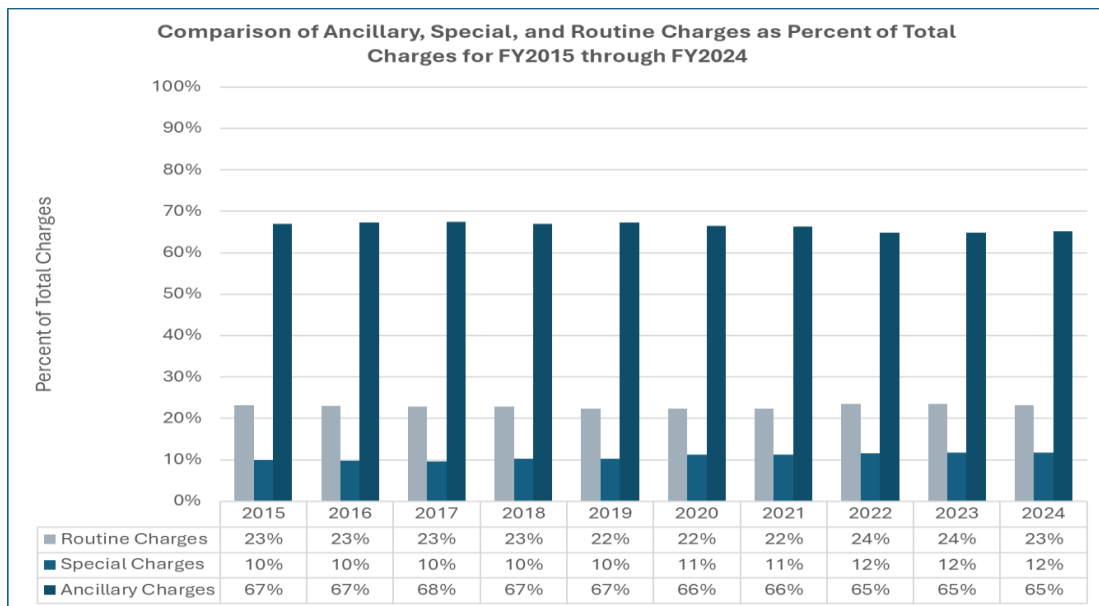| RANK	MALES (AGES 85 AND OLDER)
1	SEPTICEMIA AND DISSEMINATED INFECTIONS
2	HEART FAILURE
3	MAJOR RESPIRATORY INFECTIONS AND INFLAMMATIONS
4	OTHER PNEUMONIA
5	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC

CHARGES

Data users frequently ask, "*what is the difference between the charge fields in the main discharge table*?" The main discharge table contains four charge fields: <u>routine charges</u>, <u>special charges</u>, <u>ancillary charges</u>, and <u>all total charges</u>. Consistently each year, ancillary charges constitute the highest proportion of the total charges. CMS defines ancillary charges as, "professional services by a hospital or other inpatient health program. These may include x-ray, drug, laboratory, or other services." CMS defines routine charges as, "services included by the provider in a daily service charge--sometimes referred to as the 'Room and Board' charge. They include the regular room, dietary and nursing services, minor medical and surgical supplies, medical social services, psychiatric social service." Each year over 90% of special care charges are for different levels of intensive care utilization, including newborn ICU. In the services table which contains revenues, there is a field called type of service with two coding options, ANC for ancillary and ACC for accommodations. The revenue codes associated with ancillary charges will have the code ANC. Those associated with routine charges or special charges will typically have the code ACC. The Table below shows the sum of charges for each charge amount type for FY 2015 to FY 2024 and the proportion of total costs by each charge type.

FY 2015 through FY 2024 Hospital Inpatient Total Charges

From FY 2015 to FY 2024, the sharpest single-year increase in total charges occurred between FY 2023 and FY 2024, with a jump of over $2.49 billion.

Comparison of Hospital Inpatient Annual Total Charges FY2015 through FY2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
■ Total Charges	$22,708,06	$24,655,40	$25,773,30	$27,320,07	$29,229,83	$28,653,05	$31,042,57	$32,060,82	$34,001,12	$36,494,05
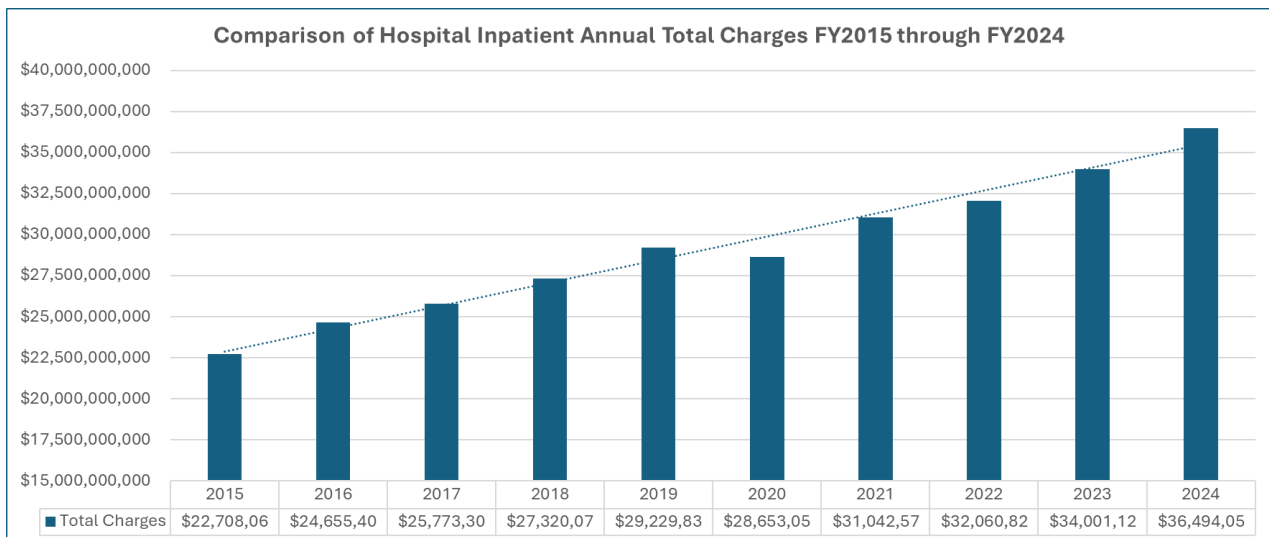
From 2015 to 2024, the proportion of hospital charges attributed to Special Charges rose steadily from 10.0% to 11.7%, reflecting a relative increase of 17% over the decade. This upward trend suggests a growing role for specialized services in total hospital billing, even as the share of Ancillary Charges gradually declined.

Comparison of Ancillary, Special, and Routine Charges as Percent of Total Charges for FY2015 through FY2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Routine Charges	23%	23%	23%	23%	22%	22%	22%	24%	24%	23%
Special Charges	10%	10%	10%	10%	10%	11%	11%	12%	12%	12%
Ancillary Charges	67%	67%	68%	67%	67%	66%	66%	65%	65%	65%

Patient Legacy UHINs and MemberMDMIDs

Data users have asked what is the difference between using the UHIN for distinct monthly patient counts and the MemberMDMID? The FY2024 hospital inpatient discharge data shows a consistent gap between patient counts derived from distinct UHINs and those from distinct MemberMDMIDs. Across the fiscal year, UHIN-based counts averaged about 34,968 distinct patients per month, while MemberMDMID-based counts averaged 59,143 distinct patients per month, with an average monthly percent difference of 40.9%. This trend highlights a steady undercount by UHINs relative to MemberMDMIDs, suggesting that reliance on legacy UHINs alone lead to an approximate 41% underestimation of the true distinct monthly patient volume. See below.

FY2024 Comparison of Distinct Monthly Patient Volume with UHINs and MemberMDMIDs

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
UHIN Distinct Monthly Patients	34,066	33,788	33,019	35,537	33,132	35,430	35,845	37,575	34,495	36,604	36,656	33,471
MemberMDMID Distinct Monthly Patients	59,285	57,839	59,550	59,919	56,554	60,605	59,238	61,692	58,270	59,465	60,374	56,926