



Division of Health Care Finance and Policy

Fiscal Year: 2009

**Inpatient Hospital Discharge Database
Documentation Manual**

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General Documentation
FY2009 Inpatient Hospital Discharge Database

INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation manual is for use with the HDD FY2009 database. The FY2009 HDD data reflected in this manual is based on the February 2010 refresh date.

Section I. General Documentation

The General Documentation for the Fiscal Year 2009 Hospital Discharge Database includes background on its development and the DRG Groupers, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process.

Section II. Technical Documentation

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

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

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

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CD SPECIFICATIONS

Hardware Requirements:

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

CD Contents:

*This CD contains the Final / Full Year 2009 Hospital Inpatient Discharge Data Product. It contains two Microsoft Access data base (MDB) files. The first file is the Discharge Table and contains one record per discharge. The second file is the Revenue Code Table that contains one record per revenue code reported for each discharge. The ProviderControlID and DischargeID are key fields on both tables to be utilized for linkage purposes.

Starting with FY2009, the DRG data will be part of the grouper data files. The grouper file may be linked back to the discharge table using the RecordType20 ID.

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

File Naming Conventions:

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

- a) Hosp_Inpatient_Discharge_2009_L1_zipped.exe will expand out to Hosp_Inpatient_Discharge_2009_L1.mdb
- b) Hosp_Inpatient_Services_2009_zipped.exe will expand out to Hosp_Inpatient_Services_2009.mdb
- c) FIPA_HDD_APD210_2009_Full_zipped.exe will expand out to APD version 21.0 DRG

In the above example, 2009 represents Hospital Fiscal Year and L1 represents Level 1.

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

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PART A. BACKGROUND INFORMATION

1. GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: Provides information on the quarterly reporting periods, the development of the FY2009 hospital case mix database, and the DRG methodology used.

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

Case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the DHCFP strongly encourages hospitals to verify the accuracy of their data. A standard *Verification Report Response Form* is issued by the Division, and is used by each hospital to verify the accuracy of their data as it appears on their FY2009 Final Case-mix Verification Report. If a hospital finds data discrepancies, the DHCFP requests that the hospital submit written corrections that provide an accurate profile of that hospital's discharges.

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

1. Summary of Hospitals' FY2009 Verification Report Responses
2. Summary of Reported Discrepancies by Category
3. Individual Hospital Discrepancy Documentation

PART D. CAUTIONARY USE HOSPITALS: Lists the hospitals for which the Division did not receive four (4) quarters of acceptable hospital discharge data, as specified under Regulation 114.1 CMR 17.00.

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting data for FY2009, and those that failed to provide any FY2009 data. Also lists hospital discharge and charge totals by quarter for data submissions.

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

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PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

Massachusetts hospitals are required to file case-mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2009 period, these quarterly reporting intervals were as follows:

Quarter 1:	October 1, 2008 – December 31, 2008
Quarter 2:	January 1, 2009 – March 31, 2009
Quarter 3:	April 1, 2009 – June 30, 2009
Quarter 4:	July 1, 2009 – September 30, 2009

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PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR DATABASE

Please note that the Division issued new submission specifications that took effect on October 1, 2006 for submissions starting with the FY2009 data base. The new specifications changed the database significantly. There are new fields and new code values, as well as changes to certain existing code values. Further details are provided under the Data File contents section.

Six Fiscal Year 2009 data levels have been created to correspond to the levels in *Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data"*.

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

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

LEVEL I	Contains all case mix data elements, except the deniable data elements
LEVEL II	Contains all Level I data elements, plus the UPN
LEVEL III	Contains all Level I data elements, plus the patient UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL IV	Contains all Level I data elements, plus the UPN, the UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL V	Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.
LEVEL VI	Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number.

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PART A. BACKGROUND INFORMATION

4. DRG GROUPERS

The FY2009 Hospital Discharge database has been grouped with 4 groupers:

- 1) All Patient Version 25.1
- 2) All Patient Version 21.0
- 3) All Patient Refined Version 26.1
- 4) MS-DRG V26.0

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

As part of the landmark health care reform legislation passed in April 2006, as well as careful consideration of the analytic work the Division is mandated to perform, the following was changed:

1. The All Patient Refined Grouper V20.0 was replaced by a newer All Patient Grouper – Version 26.1. In addition to discharge DRG and MDC, the admit DRG and MDC is also provided. The logic for assigning the base APR DRG, severity of illness subclass and risk of mortality subclass is identical for both the discharge and admission APR DRG. The one difference is that a reduced set of diagnoses and procedures are used to assign the admission APR DRG assignment logic.
2. The Centers for Medicare and Medicaid Services (CMS) grouper, MS-DRG Version 26.0, has replaced Version 25. In addition to discharge DRG, the initial DRG is also provided. The initial DRG is assigned before CMS HAC (hospital acquired conditions) is considered.
3. The All Patient Version 12.0 grouper was replaced by a newer All Patient grouper (Version 25.1).

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

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

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PART A. BACKGROUND INFORMATION

4. DRG GROUPERS

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

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

The 3M APR-DRGs expand the basic DRG structure by adding four subclasses to each illness and risk of mortality. Severity of illness and risk of mortality relate to distinct patient attributes. Severity of illness relates to the extent of physiologic decompensation or organ system loss of function experience by the patient, while risk of mortality relates to the likelihood of dying. For example, a patient with acute cholecystitis as the only secondary diagnosis is considered a major severity of illness but a minor risk of mortality. The severity of illness is major since there is significant organ system loss of function associated with acute cholecystitis. However, it is unlikely that the acute cholecystitis alone will result in patient mortality and thus, the risk of mortality for this patient is minor. If additional diagnoses are present along with the acute cholecystitis, patient severity of illness and risk of mortality may increase. For example, if peritonitis is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality.

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

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

The four severity of illness subclasses and the four risk of mortality subclasses are numbered sequentially from 1 to 4 indicating respectively, can not be assigned, minor, moderate, major, or extreme severity of illness or risk of mortality. For a handful of discharges, the risk of mortality and/or the severity of illness indicator(s) can not be assigned due to data or ICD-9-CM coding errors. In these cases, the risk of mortality and/or the severity of illness indicator(s) are assigned a code of '0'.

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PART A. BACKGROUND INFORMATION

4. DRG GROUPERS

The Division's FY 2009 Discharge Database contains the **APR Discharge and Admit DRG Version 26.1, the APR Discharge and Admit MDC Version 26.1, the discharge and admit severity subclass, and the discharge and admit mortality subclass**. For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRG's in conjunction with severity of illness subclass is used.

APR-MDC 26.1, the severity subclass, and the mortality subclass. For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Discharge File Table Summary in the variable named "**APR_V261_Discharge_SOF (Severity Level)**". For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can be found in the Discharge File Table in the variable named "**APR_V261_Discharge_ROM (Mortality Level)**".

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

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PART B. DATA

1. DATA QUALITY STANDARDS

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

Type A: One error per discharge causes rejection of discharge.

Type B: Two errors per discharge cause rejection of discharge.

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

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

Verification Report Process

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

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PART B. DATA

1. DATA QUALITY STANDARDS

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

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

“A” Response: By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

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

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

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

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PART B. DATA

2. GENERAL DEFINITIONS

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

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

- Collection and Verification of Patient supplied information before or at admission;
- Medical record coding, consistency, and/or completeness;
- Extent of hospital data processing capabilities;
- Flexibility of hospital data processing systems;
- Varying degrees of commitment of quality of merged case mix and charge data;
- Capacity of financial processing system to record late occurring charges on the Division of Health Care Finance and Policy's electronic submission;
- Non-comparability of data collection and reporting

Case Mix Data

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

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PART B. DATA

3. GENERAL DATA CAVEATS

Charge Data

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

Expanded Data Elements

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

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PART B. DATA

4. GENERAL DATA ELEMENTS

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

a. Existing Data Elements

DPH Hospital ID Number – REPLACED with Org ID starting with FY2007 Data

The Massachusetts Department of Public Health's four-digit identification number. (See Supplement III). *Please note that DPH Hospital ID number has been replaced with Org ID starting with FY2007 data, beginning October 1, 2006.*

Patient Race

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

Leave of Absence (LOA) Days

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

Principal External Cause of Injury Code

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

Unique Physician Number (UPN)

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

Physicians that do not have Board of Registration in Medicine license numbers that are submitted in the Hospital Discharge Database as DENS, PODTR, and OTHER (codes for Dental Surgeon, Podiatrist, and Other physician) appear in the AttendingPhysID and OperatingPhysID fields as MMMMM or MMMMM3?.

MIDWIF (the code for Midwife) appears in the AttendingPhysID and OperatingPhysID fields as K##### or K#####.

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PART B. DATA

4. GENERAL DATA ELEMENTS

Payer Codes

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

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

This year, the Division added a new Payer Type 'Q' for the Commonwealth Care category, and new Payer Sources for the Commonwealth Care plans.

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

Source of Admission

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

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

Effective October 1, 1999, the Division added a new data element, Secondary Source of Admission, as well as a new source of admission code, "Transfer from Within Hospital Emergency Room". These additions were intended to accommodate those patients with two sources of admission (for example, patients transferred twice prior to being admitted). It is important to note that the code "Transfer from Within" is intended to be used as a Secondary Source of

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Source of Admission

Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

Patient Disposition

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

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

Accommodation and Ancillary Revenue Codes

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

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

Unique Health Identification Number (UHIN)

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

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PART B. DATA

4. GENERAL DATA ELEMENTS

b. New Data Elements (as of October 1, 2006)

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

Race: Previously there was a single field to report patient race. Beginning this year, there are three fields to report race. Race 1, Race 2, and Other Race (a free text field for reporting any additional races). Also, race codes have been updated. Please see the Data Codes section for a listing of updated values. These are consistent with both the federal OMB standards and code set values, and the EOHHS Standards for Massachusetts.

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

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

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

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

Permanent & Temporary US Patient Address:

Patient address now includes the following fields:

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

New Zip Code Requirements: Zip codes must be 0's if unknown or if the patient country is not the United States.

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

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

Transfer Hospital Org ID: Organization ID of the transferring hospital, if any.

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PART B. DATA

4. GENERAL DATA ELEMENTS

Hospital Service Site Reference: OrgID for site of service.

Surgeon License Number & Date: Expanded from 3 to 15 procedures.

New Data Elements (as of October 1, 2001)

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

ER Indicator

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

Observation Indicator

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

New Payer Sources

The following new payer sources were added as of October 1, 2001:
207 – Network Health (Cambridge Health Alliance MCD Program)
208 – HealthNet Boston (Boston Medical Center MCD Program)
272 – Auto Insurance
990 – Free Care – co-pay, deductible, or co-insurance (for use with #143)

New Payer Type

One new payer type was added – Auto Insurance (Code T – Abbreviation AD).

New Data Elements (as of October 1, 1999)

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

Secondary Source of Admission

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

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PART B. DATA

4. GENERAL DATA ELEMENTS

Do Not Resuscitate (DNR) Status

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

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

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

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

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

Facility Site Number

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

Organization ID

A unique facility number assigned by the Division.

Associated Diagnosis 9 – 14

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

Nurse Midwife Code for ATT and OP MD License Field

Other Caregiver Field

The primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver includes resident, intern, nurse practitioner, and physician's assistant.

Attending, Operating, and Additional Caregiver National Provider Identifier Fields

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

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PART B. DATA

4. GENERAL DATA ELEMENTS

c. Important Note Regarding the Use of Race Codes

Beginning in FY07, the Division will use the federal OMB standard race codes and code set values. These are also consistent with the EOHHS standards for Massachusetts. There are now three fields for reporting race. Race 1 and Race 2 require the use of one of the 2-digit codes (R1-R9) in the table below. Other Race is a free text field for reporting additional races.

Please see the following table for new HCF Race Codes:

New Race 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/not specified

Race Code Data for FY2006 and prior years

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

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

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

General Documentation
FY2009 Inpatient Hospital Discharge Database

PART B. DATA

4. GENERAL DATA ELEMENTS

e. DHCFP Calculated Fields

Admission Sequence Number

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

Days Between UHIN Stays

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

Analysis of UHIN data by the Division has turned up problems with some of the reported data. For a small number of hospitals, little or no UHIN data exists, as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% – 10%.

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

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

ssn_empty = 1
ssn_notninechars = 2
ssn_allcharsequal = 3
ssn_firstthreecharszero = 4
ssn_midtwocharszero = 5
ssn_lastfourcharszero = 6
ssn_notnumeric = 7
ssn_rangeinvalid = 8
ssn_erroroccurred = 9
ssn_encrypterror = 10

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

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	'COMMENTS'
1	Anna Jaques Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Athol Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Baystate Franklin Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Baystate Mary Lane Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Baystate Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Berkshire Medical Center - Berkshire Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Berkshire Medical Center - Hillcrest Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53	Beth Israel Deaconess Hospital - Needham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Beth Israel Deaconess Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Boston Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Brigham and Women's Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Cambridge Health Alliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Cambridge Health Alliance - Somerville Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Cambridge Health Alliance - Whidden Memorial	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	Cape Cod Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42	Caritas Carney Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
62	Caritas Good Samaritan Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4460	Caritas Good Samaritan Medical Ctr - Norcap Lodge Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75	Caritas Holy Family Hospital and Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41	Caritas Norwood Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
114	Caritas St. Anne's Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
126	Caritas St. Elizabeth's Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46	Children's Hospital Boston	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
132	Clinton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50	Cooley Dickinson Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51	Dana-Farber Cancer Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57	Emerson Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	'COMMENTS'
8	Fairview Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	Falmouth Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
59	Faulkner Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See comments
66	Hallmark Health System - Lawrence Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
141	Hallmark Health System - Melrose-Wakefield Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68	Harrington Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71	Health Alliance Hospitals, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73	Heywood Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
77	Holyoke Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
78	Hubbard Regional Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See comments
79	Jordan Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
81	Lahey Clinic - Burlington Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
83	Lawrence General Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
85	Lowell General Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
88	Martha's Vineyard Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
89	Massachusetts Eye and Ear Infirmary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See comments
91	Massachusetts General Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
118	Mercy Medical Center - Providence Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
119	Mercy Medical Center - Springfield Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70	Merrimack Valley Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49	MetroWest Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
97	Milford Regional Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
98	Milton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
99	Morton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
100	Mount Auburn Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
101	Nantucket Cottage Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52	Nashoba Valley Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
103	New England Baptist Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	'COMMENTS'
105	Newton Wellesley Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
106	Noble Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
107	North Adams Regional Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
116	North Shore Medical Center, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
110	Northeast Health Systems - Beverly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
109	Northeast Health Systems - Addison Gilbert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
112	Quincy Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
127	Saint Vincent Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
115	Saints Memorial Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	Signature Healthcare Brockton Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
122	South Shore Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
123	Southcoast Hospitals Group - Charlton Memorial Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
124	Southcoast Hospitals Group - St. Luke's Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
145	Southcoast Hospitals Group - Tobey Hospital Campus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
129	Sturdy Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
104	Tufts Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See comments
133	UMass. Marlborough Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
131	UMass. Memorial Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
139	UMass. Wing Memorial Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See comments
138	Winchester Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General Documentation
 FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Source of Admission
Type of Admission
Discharge by Month
Primary Payer Type
Patient Disposition
Discharges by Gender
Discharges by Race
Discharges by Race/Ethnicity
Discharges by Ethnicity
Discharges by Patient Hispanic Indicator
Discharges by Age
APR20 MDCs Listed in Rank Order
Top 20 APR 20 DRGs Total Discharges
Length of Stay Frequency Report
Ancillary Services by Discharges
Routine Accommodations Svcs by Disch.
Spcl Care Accommodations by Disc
Ancillary Services by Charges
Routine Accommodation by Chgs
Special Care Accom. Svcs. By Chgs.
Condition Present on Admission

Anna Jaques Hospital

x

Athol Memorial Hospital

Baystate Franklin Medical
Center

Baystate Mary Lane Hospital

Baystate Medical Center

Berkshire Medical Center -
Berkshire Campus

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 FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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Routine Accommodations Svcs by Disch.
Spcl Care Accommodations by Disc
Ancillary Services by Charges
Routine Accommodation by Chgs
Special Care Accom. Svcs. By Chgs.
Condition Present on Admission

Berkshire Medical Center -
 Hillcrest Campus

Beth Israel Deaconess
 Hospital - Needham

Beth Israel Deaconess
 Medical Center

Boston Medical Center

Brigham and Women's
 Hospital

Cambridge Health Alliance

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PART C. HOSPITAL RESPONSES

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Spcl Care Accommodations by Disc
Ancillary Services by Charges
Routine Accommodation by Chgs
Special Care Accom. Svcs. By Chgs.
Condition Present on Admission

Cambridge Health Alliance -
 Somerville Campus

Cambridge Health Alliance -
 Whidden Memorial

Cape Cod Hospital

Caritas Carney Hospital

Caritas Good Samaritan
 Medical Center

Caritas Good Samaritan
 Medical Ctr - Norcap Lodge
 Campus

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PART C. HOSPITAL RESPONSES

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Routine Accommodations Svcs by Disch.
Spcl Care Accommodations by Disc
Ancillary Services by Charges
Routine Accommodation by Chgs
Special Care Accom. Svcs. By Chgs.
Condition Present on Admission

Caritas Holy Family
 Hospital and Medical Center

Caritas Norwood Hospital

Caritas St. Anne's Hospital

Caritas St. Elizabeth's
 Hospital

Children's Hospital Boston

Clinton Hospital

Cooley Dickinson Hospital

Dana-Farber Cancer Institute

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PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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Emerson Hospital

Fairview Hospital

Falmouth Hospital

Faulkner Hospital

X X

Hallmark Health System -
 Lawrence Memorial Hospital

Hallmark Health System -
 Melrose-Wakefield Hospital

Harrington Memorial
 Hospital

General Documentation
 FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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Spcl Care Accommodations by Disc
Ancillary Services by Charges
Routine Accommodation by Chgs
Special Care Accom. Svcs. By Chgs.
Condition Present on Admission

Health Alliance Hospitals,
 Inc.

 Heywood Hospital

 Holyoke Medical Center

 Hubbard Regional Hospital

 Jordan Hospital

 Lahey Clinic - Burlington
 Campus

 Lawrence General Hospital

 Lowell General Hospital

General Documentation
 FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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Spcl Care Accommodations by Disc
Ancillary Services by Charges
Routine Accommodation by Chgs
Special Care Accom. Svcs. By Chgs.
Condition Present on Admission

Martha's Vineyard Hospital

Massachusetts Eye and Ear
 Infirmary

Massachusetts General
 Hospital

Mercy Medical Center -
 Providence Campus

Mercy Medical Center -
 Springfield Campus

Merrimack Valley Hospital

MetroWest Medical Center

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PART C. HOSPITAL RESPONSES

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Spcl Care Accommodations by Disc
Ancillary Services by Charges
Routine Accommodation by Chgs
Special Care Accom. Svcs. By Chgs.
Condition Present on Admission

Milford Regional Medical
Center

Milton Hospital

Morton Hospital

Mount Auburn Hospital

Nantucket Cottage Hospital

Nashoba Valley Medical
Center

New England Baptist
Hospital

Newton Wellesley Hospital

x

General Documentation
 FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Disposition	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accom. Svcs. By Chgs.	Condition Present on Admission
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Noble Hospital

North Adams Regional
Hospital

North Shore Medical Center,
Inc.

Northeast Health Systems -
Beverly

Northeast Health Systems -
Addison Gilbert

Quincy Medical Center

Saint Vincent Hospital

X X X X X

General Documentation
 FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

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Spcl Care Accommodations by Disc
Ancillary Services by Charges
Routine Accommodation by Chgs
Special Care Accom. Svcs. By Chgs.
Condition Present on Admission

Saints Memorial Medical
 Center

Signature Healthcare
 Brockton Hospital

South Shore Hospital

Southcoast Hospitals
 Group - Charlton Memorial
 Campus

Southcoast Hospitals
 Group - St. Luke's Campus

General Documentation
 FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Source of Admission	Type of Admission	Discharge by Month	Primary Payer Type	Patient Disposition	Discharges by Gender	Discharges by Race	Discharges by Race/Ethnicity	Discharges by Ethnicity	Discharges by Patient Hispanic Indicator	Discharges by Age	APR20 MDCs Listed in Rank Order	Top 20 APR 20 DRGs Total Discharges	Length of Stay Frequency Report	Ancillary Services by Discharges	Routine Accommodations Svcs by Disch.	Spcl Care Accommodations by Disc	Ancillary Services by Charges	Routine Accommodation by Chgs	Special Care Accom. Svcs. By Chgs.	Condition Present on Admission
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Southcoast Hospitals
 Group - Tobey Hospital
 Campus

Sturdy Memorial Hospital

Tufts Medical Center X

UMass. Marlborough
 Hospital

UMass. Memorial Medical
 Center

UMass. Wing Memorial
 Hospital

General Documentation
 FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Source of Admission
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Patient Disposition
Discharges by Gender
Discharges by Race
Discharges by Race/Ethnicity
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Discharges by Age
APR20 MDCs Listed in Rank Order
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Length of Stay Frequency Report
Ancillary Services by Discharges
Routine Accommodations Svcs by Disch.
Spcl Care Accommodations by Disc
Ancillary Services by Charges
Routine Accommodation by Chgs
Special Care Accom. Svcs. By Chgs.
Condition Present on Admission

Winchester Hospital

General Documentation
FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Faulkner Hospital

The Faulkner Hospital data is incomplete. Of the approximately 8200 inpatient discharges from Faulker Hospital in FY2009, data from 600 of those discharges is not included in the current FY2009 summary. The omission was due to a problem with the Hospital's download of data; this problem has been corrected. The Hospital has successfully resubmitted three of the four quarters.

General Documentation
FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Hubbard Regional Hospital

Hubbard Hospital only submitted 2 quarters of data. The hospital was closed on May 1, 2009 and their operations was merged with Harrington Memorial Hospital.

General Documentation
FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Massachusetts Eye and Ear Infirmary

Mass Eye and Ear submitted four quarters of failed data for 2009 inpatient. There were errors with primary and secondary payors and charge data, among others.

General Documentation
FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Tufts Medical Center

We are unable to agree that the data represents Tufts Medical Center accurately because there are up to 200 discharges we have on our records that do not appear in the State's database. Because of the multiple uses of this data we feel it necessary to correct the submission. We are working on correcting the data currently. Until that data is recreated and validated, Tufts Medical Center cannot agree to the accuracy.

General Documentation
FY2009 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

UMass. Wing Memorial Hospital

As of April 21, 2010, Wing Memorial Hospital's actual discharges for Fiscal Year 2009 are approximately 2% greater than those reported in the FY2009 Hospital Discharge Data Profile Response Form. After comparing the data, at this time we do not plan to resubmit our data to the Division.

A portion of this variance may be due to inpatient/observation classification changes and Wing will continue to review and compare the reports and will work to resolve any issues prior to the FY 2010 final submission.

General Documentation
FY2009 Inpatient Hospital Discharge Database

PADT D. CAUTIONARY USE HOSPITALS

The following are cautionary use hospitals for FY2009

Massachusetts Eye and Ear Infirmary

Mass Eye and Ear submitted four quarters of failed data for 2009 inpatient. There were errors with primary and secondary payor and charge data, among others.

General Documentation
FY2009 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTED DATA FOR FY2009

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Mary Lane Hospital
Baystate Medical Center
Berkshire Medical Center - Berkshire Campus
Berkshire Medical Center - Hillcrest Campus
Beth Israel Deaconess Hospital - Needham
Beth Israel Deaconess Medical Center
Boston Medical Center
Brigham and Women's Hospital
Cambridge Health Alliance
Cambridge Health Alliance - Somerville Campus
Cambridge Health Alliance - Whidden Memorial
Cape Cod Hospital
Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Good Samaritan Medical Ctr - Norcap Lodge Ca
Caritas Holy Family Hospital and Medical Center
Caritas Norwood Hospital
Caritas St. Anne's Hospital
Caritas St. Elizabeth's Hospital
Children's Hospital Boston
Clinton Hospital
Cooley Dickinson Hospital
Dana-Farber Cancer Institute
Emerson Hospital
Fairview Hospital
Falmouth Hospital
Faulkner Hospital
Hallmark Health System - Lawrence Memorial Hospital
Hallmark Health System - Melrose-Wakefield Hospital
Harrington Memorial Hospital
Health Alliance Hospitals, Inc.
Heywood Hospital
Holyoke Medical Center
Hubbard Regional Hospital
Jordan Hospital

General Documentation
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PART E. HOSPITALS SUBMITTED DATA FOR FY2009

Lahey Clinic - Burlington Campus
Lawrence General Hospital
Lowell General Hospital
Martha's Vineyard Hospital
Massachusetts Eye and Ear Infirmary
Massachusetts General Hospital
Mercy Medical Center - Providence Campus
Mercy Medical Center - Springfield Campus
Merrimack Valley Hospital
MetroWest Medical Center
Milford Regional Medical Center
Milton Hospital
Morton Hospital
Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
New England Baptist Hospital
Newton Wellesley Hospital
Noble Hospital
North Adams Regional Hospital
North Shore Medical Center, Inc.
Northeast Health Systems - Beverly
Northeast Health Systems - Addison Gilbert
Quincy Medical Center
Saint Vincent Hospital
Saints Memorial Medical Center
Signature Healthcare Brockton Hospital
South Shore Hospital
Southcoast Hospitals Group - Charlton Memorial Campu
Southcoast Hospitals Group - St. Luke's Campus
Southcoast Hospitals Group - Tobey Hospital Campus
Sturdy Memorial Hospital
Tufts Medical Center
UMass. Marlborough Hospital
UMass. Memorial Medical Center
UMass. Wing Memorial Hospital
Winchester Hospital

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FY2009 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTED DATA FOR FY2009

LIST OF HOSPITALS WITH NO DATA FOR FY2009

Kindred Hospital - Boston

Kindred Hospital - North Shore

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FY2009 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

The following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES AND CHARGES BY QUARTER

Qtr	Hospital Name	ORG ID	Total Discharges	Total Charges
1	Anna Jaques Hospital	1	2,024	\$21,126,957
2	Anna Jaques Hospital		2,014	\$21,984,277
3	Anna Jaques Hospital		2,033	\$21,825,203
4	Anna Jaques Hospital		2,147	\$21,311,108
	Totals		8,218	\$86,247,545

1	Athol Memorial Hospital	2	232	\$3,027,108
2	Athol Memorial Hospital		262	\$3,883,469
3	Athol Memorial Hospital		204	\$2,879,723
4	Athol Memorial Hospital		237	\$3,135,611
	Totals		935	\$12,925,911

1	Baystate Franklin Medical Center	5	1,072	\$14,821,025
2	Baystate Franklin Medical Center		1,097	\$14,870,898
3	Baystate Franklin Medical Center		1,093	\$14,346,619
4	Baystate Franklin Medical Center		1,163	\$14,464,708
	Totals		4,425	\$58,503,250

1	Baystate Mary Lane Hospital	6	495	\$4,778,033
2	Baystate Mary Lane Hospital		413	\$4,540,718
3	Baystate Mary Lane Hospital		394	\$4,063,097
4	Baystate Mary Lane Hospital		371	\$3,453,766
	Totals		1,673	\$16,835,614

1	Baystate Medical Center	4	9,534	\$202,616,525
2	Baystate Medical Center		9,447	\$200,733,268
3	Baystate Medical Center		9,534	\$200,134,944

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FY2009 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

4	Baystate Medical Center		9,649	\$199,463,560
	Totals		38,164	\$802,948,297
<hr/>				
1	Berkshire Medical Center - Berkshire Campus	7	3,195	\$56,699,677
2	Berkshire Medical Center - Berkshire Campus		3,162	\$53,657,064
3	Berkshire Medical Center - Berkshire Campus		3,244	\$54,924,170
4	Berkshire Medical Center - Berkshire Campus		3,153	\$54,472,582
	Totals		12,754	\$219,753,493
<hr/>				
1	Beth Israel Deaconess Hospital - Needham	53	634	\$7,333,021
2	Beth Israel Deaconess Hospital - Needham		602	\$7,675,151
3	Beth Israel Deaconess Hospital - Needham		549	\$6,319,144
4	Beth Israel Deaconess Hospital - Needham		540	\$5,710,044
	Totals		2,325	\$27,037,360
<hr/>				
1	Beth Israel Deaconess Medical Center - East Campus	10	10,340	\$259,535,731
2	Beth Israel Deaconess Medical Center - East Campus		9,840	\$252,312,207
3	Beth Israel Deaconess Medical Center - East Campus		10,269	\$258,666,181
4	Beth Israel Deaconess Medical Center - East Campus		10,524	\$256,786,481
	Totals		40,973	\$1,027,300,600
<hr/>				
1	Boston Medical Center - Harrison Avenue Campus	16	7,396	\$166,430,936
2	Boston Medical Center - Harrison Avenue Campus		7,352	\$162,963,839
3	Boston Medical Center - Harrison Avenue Campus		7,698	\$171,478,213
4	Boston Medical Center - Harrison Avenue Campus		7,819	\$174,656,808
	Totals		30,265	\$675,529,796
<hr/>				
1	Brigham and Women's Hospital	22	13,022	\$674,374,080

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FY2009 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

2	Brigham and Women's Hospital		12,759	\$658,277,161
3	Brigham and Women's Hospital		13,533	\$692,533,492
4	Brigham and Women's Hospital		13,381	\$688,403,714
	Totals		52,695	\$2,713,588,447
<hr/>				
1	Cambridge Health Alliance - Cambridge Campus	27	3,979	\$59,717,690
2	Cambridge Health Alliance - Cambridge Campus		3,460	\$51,487,038
3	Cambridge Health Alliance - Cambridge Campus		3,386	\$51,192,266
4	Cambridge Health Alliance - Cambridge Campus		3,016	\$46,163,862
	Totals		13,841	\$208,560,856
<hr/>				
1	Cape Cod Hospital	39	4,115	\$79,408,763
2	Cape Cod Hospital		4,146	\$80,671,509
3	Cape Cod Hospital		4,260	\$82,053,908
4	Cape Cod Hospital		4,656	\$87,749,723
	Totals		17,177	\$329,883,903
<hr/>				
1	Caritas Carney Hospital	42	1,566	\$22,464,346
2	Caritas Carney Hospital		1,665	\$22,240,507
3	Caritas Carney Hospital		1,613	\$21,323,731
4	Caritas Carney Hospital		1,565	\$20,139,913
	Totals		6,409	\$86,168,497
<hr/>				
1	Caritas Good Samaritan Medical Center - Brockton Campus	62	3,495	\$43,700,449
2	Caritas Good Samaritan Medical Center - Brockton Campus		3,575	\$45,329,128
3	Caritas Good Samaritan Medical Center - Brockton Campus		3,561	\$43,678,531
4	Caritas Good Samaritan Medical Center - Brockton Campus		3,427	\$40,629,702
	Totals		14,058	\$173,337,810
<hr/>				
1	Caritas Good Samaritan Medical Center - Norcap Lodge Campus	4460	579	\$2,385,830

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FY2009 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

2	Caritas Good Samaritan Medical Center - Norcap Lodge Campus		612	\$2,540,845
3	Caritas Good Samaritan Medical Center - Norcap Lodge Campus		607	\$2,288,663
4	Caritas Good Samaritan Medical Center - Norcap Lodge Campus		673	\$2,553,640
	Totals		2,471	\$9,768,978
<hr/>				
1	Caritas Holy Family Hospital and Medical Center	75	2,820	\$36,804,949
2	Caritas Holy Family Hospital and Medical Center		2,666	\$34,707,507
3	Caritas Holy Family Hospital and Medical Center		2,650	\$33,710,788
4	Caritas Holy Family Hospital and Medical Center		2,753	\$33,225,402
	Totals		10,889	\$138,448,646
<hr/>				
1	Caritas Norwood Hospital	41	3,140	\$40,605,448
2	Caritas Norwood Hospital		3,205	\$40,692,565
3	Caritas Norwood Hospital		3,190	\$40,070,617
4	Caritas Norwood Hospital		3,243	\$40,088,774
	Totals		12,778	\$161,457,404
<hr/>				
1	Caritas Saint Anne's Hospital	114	1,454	\$22,602,719
2	Caritas Saint Anne's Hospital		1,574	\$23,630,320
3	Caritas Saint Anne's Hospital		1,434	\$21,287,501
4	Caritas Saint Anne's Hospital		1,412	\$20,505,856
	Totals		5,874	\$88,026,396
<hr/>				
1	Caritas St. Elizabeth's Medical Center	126	3,211	\$66,017,024
2	Caritas St. Elizabeth's Medical Center		3,247	\$63,499,328
3	Caritas St. Elizabeth's Medical Center		3,352	\$65,042,890
4	Caritas St. Elizabeth's Medical Center		3,393	\$63,876,101
	Totals		13,203	\$258,435,343
<hr/>				
1	Children's Hospital Boston	46	4,363	\$185,136,945
2	Children's Hospital Boston		4,671	\$200,998,889
3	Children's Hospital Boston		4,740	\$210,108,176

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PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

4	Children's Hospital Boston		4,574	\$220,678,263
	Totals		18,348	\$816,922,273
<hr/>				
1	Clinton Hospital	132	331	\$7,744,787
2	Clinton Hospital		331	\$8,080,627
3	Clinton Hospital		307	\$6,610,183
4	Clinton Hospital		294	\$6,397,167
	Totals		1,263	\$28,832,764
<hr/>				
1	Cooley Dickinson Hospital	50	2,290	\$34,215,293
2	Cooley Dickinson Hospital		2,299	\$35,042,225
3	Cooley Dickinson Hospital		2,258	\$36,230,272
4	Cooley Dickinson Hospital		2,202	\$32,707,879
	Totals		9,049	\$138,195,669
<hr/>				
1	Dana-Farber Cancer Institute	51	238	\$15,652,398
2	Dana-Farber Cancer Institute		232	\$16,273,141
3	Dana-Farber Cancer Institute		272	\$16,059,376
4	Dana-Farber Cancer Institute		249	\$14,946,697
	Totals		991	\$62,931,612
<hr/>				
1	Emerson Hospital	57	2,188	\$36,445,341
2	Emerson Hospital		2,283	\$37,049,175
3	Emerson Hospital		2,228	\$33,014,145
4	Emerson Hospital		2,194	\$30,597,708
	Totals		8,893	\$137,106,369
<hr/>				
1	Fairview Hospital	8	371	\$3,637,714
2	Fairview Hospital		318	\$3,400,142
3	Fairview Hospital		359	\$3,421,358
4	Fairview Hospital		335	\$3,110,419
	Totals		1,383	\$13,569,633
<hr/>				
1	Falmouth Hospital	40	1,679	\$26,397,966
2	Falmouth Hospital		1,679	\$27,196,487

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PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

3	Falmouth Hospital		1,593	\$26,733,058
4	Falmouth Hospital		1,737	\$26,407,223
	Totals		6,688	\$106,734,734
<hr/>				
1	Faulkner Hospital	59	2,011	\$44,805,862
2	Faulkner Hospital		1,927	\$41,051,789
3	Faulkner Hospital		1,916	\$40,319,478
4	Faulkner Hospital		1,729	\$35,548,626
	Totals		7,583	\$161,725,755
<hr/>				
1	Hallmark Health System - Lawrence Memorial Hospital Campus	66	1,277	\$17,408,383
2	Hallmark Health System - Lawrence Memorial Hospital Campus		1,289	\$18,919,158
3	Hallmark Health System - Lawrence Memorial Hospital Campus		1,352	\$20,131,427
4	Hallmark Health System - Lawrence Memorial Hospital Campus		1,231	\$18,091,256
	Totals		5,149	\$74,550,224
<hr/>				
1	Hallmark Health System - Melrose-Wakefield Hospital Campus	141	2,547	\$29,792,107
2	Hallmark Health System - Melrose-Wakefield Hospital Campus		2,455	\$27,820,244
3	Hallmark Health System - Melrose-Wakefield Hospital Campus		2,559	\$29,249,695
4	Hallmark Health System - Melrose-Wakefield Hospital Campus		2,677	\$30,106,527
	Totals		10,238	\$116,968,573
<hr/>				
1	Harrington Memorial Hospital	68	878	\$10,471,703
2	Harrington Memorial Hospital		856	\$9,839,517
3	Harrington Memorial Hospital		996	\$11,326,435
4	Harrington Memorial Hospital		997	\$11,730,985
	Totals		3,727	\$43,368,640
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PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

1	Health Alliance Hospitals, Inc.	71	2,223	\$34,266,896
2	Health Alliance Hospitals, Inc.		2,191	\$34,985,036
3	Health Alliance Hospitals, Inc.		2,194	\$34,427,949
4	Health Alliance Hospitals, Inc.		2,227	\$35,825,794
	Totals		8,835	\$139,505,675
<hr/>				
1	Heywood Hospital	73	1,408	\$14,905,456
2	Heywood Hospital		1,420	\$15,196,370
3	Heywood Hospital		1,404	\$14,579,949
4	Heywood Hospital		1,372	\$13,939,280
	Totals		5,604	\$58,621,055
<hr/>				
1	Holyoke Medical Center	77	1,835	\$20,748,655
2	Holyoke Medical Center		1,681	\$19,041,891
3	Holyoke Medical Center		1,761	\$18,851,361
4	Holyoke Medical Center		1,862	\$19,085,560
	Totals		7,139	\$77,727,467
<hr/>				
1	Hubbard Regional Hospital	78	251	\$1,898,086
2	Hubbard Regional Hospital		268	\$1,885,849
	Totals		519	\$3,783,935
<hr/>				
1	Jordan Hospital	79	2,814	\$36,864,309
2	Jordan Hospital		2,913	\$38,369,931
3	Jordan Hospital		2,926	\$36,598,106
4	Jordan Hospital		3,115	\$36,757,348
	Totals		11,768	\$148,589,694
<hr/>				
1	Lahey Clinic -- Burlington Campus	81	5,436	\$125,107,419
2	Lahey Clinic -- Burlington Campus		5,500	\$118,122,691
3	Lahey Clinic -- Burlington Campus		5,725	\$129,882,286
4	Lahey Clinic -- Burlington Campus		5,405	\$121,022,755
	Totals		22,066	\$494,135,151
<hr/>				
1	Lawrence General Hospital	83	3,081	\$42,233,696

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FY2009 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

2	Lawrence General Hospital		3,198	\$41,374,686
3	Lawrence General Hospital		3,167	\$41,889,442
4	Lawrence General Hospital		3,124	\$39,971,008
	Totals		12,570	\$165,468,832
<hr/>				
1	Lowell General Hospital	85	3,907	\$49,088,089
2	Lowell General Hospital		3,996	\$50,050,478
3	Lowell General Hospital		3,998	\$50,856,042
4	Lowell General Hospital		3,889	\$48,979,559
	Totals		15,790	\$198,974,168
<hr/>				
1	Martha's Vineyard Hospital	88	273	\$3,992,132
2	Martha's Vineyard Hospital		284	\$5,148,502
3	Martha's Vineyard Hospital		297	\$5,229,155
4	Martha's Vineyard Hospital		305	\$4,386,163
	Totals		1,159	\$18,755,952
<hr/>				
1	Massachusetts Eye and Ear Infirmary	89	357	\$8,239,358
2	Massachusetts Eye and Ear Infirmary		221	\$5,542,508
3	Massachusetts Eye and Ear Infirmary		345	\$8,441,058
4	Massachusetts Eye and Ear Infirmary		382	\$8,961,339
	Totals		1,305	\$31,184,263
<hr/>				
1	Massachusetts General Hospital	91	12,390	\$653,869,096
2	Massachusetts General Hospital		12,416	\$652,824,142
3	Massachusetts General Hospital		13,182	\$652,043,585
4	Massachusetts General Hospital		12,777	\$645,924,554
	Totals		50,765	\$2,604,661,377
<hr/>				
1	Mercy Medical Center - Providence Behavioral Health Hospital Campus	118	1,051	\$13,705,036
2	Mercy Medical Center - Providence Behavioral Health Hospital Campus		1,154	\$14,209,546
3	Mercy Medical Center - Providence Behavioral Health Hospital Campus		1,201	\$14,879,929

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PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

4	Mercy Medical Center - Providence Behavioral Health Hospital Campus		1,047	\$13,862,163
	Totals		4,453	\$56,656,674
<hr/>				
1	Mercy Medical Center - Springfield Campus	119	3,156	\$60,505,844
2	Mercy Medical Center - Springfield Campus		3,038	\$60,014,443
3	Mercy Medical Center - Springfield Campus		3,349	\$63,119,867
4	Mercy Medical Center - Springfield Campus		3,067	\$57,337,492
	Totals		12,610	\$240,977,646
<hr/>				
1	Merrimack Valley Hospital	70	1,060	\$16,709,020
2	Merrimack Valley Hospital		1,036	\$16,751,497
3	Merrimack Valley Hospital		1,053	\$16,122,509
4	Merrimack Valley Hospital		985	\$14,884,575
	Totals		4,134	\$64,467,601
<hr/>				
1	MetroWest Medical Center - Framingham Campus	49	3,745	\$55,179,530
2	MetroWest Medical Center - Framingham Campus		3,831	\$59,901,622
3	MetroWest Medical Center - Framingham Campus		3,861	\$58,092,275
4	MetroWest Medical Center - Framingham Campus		3,922	\$57,798,064
	Totals		15,359	\$230,971,491
<hr/>				
1	Milford Regional Medical Center	97	2,298	\$36,863,807
2	Milford Regional Medical Center		2,275	\$36,588,637
3	Milford Regional Medical Center		2,153	\$33,390,649
4	Milford Regional Medical Center		2,166	\$33,849,563
	Totals		8,892	\$140,692,656
<hr/>				
1	Milton Hospital	98	1,049	\$15,470,546
2	Milton Hospital		1,128	\$16,715,541
3	Milton Hospital		1,186	\$16,633,937
4	Milton Hospital		1,177	\$17,465,722
	Totals		4,540	\$66,285,746
<hr/>				
1	Morton Hospital and Medical Center	99	1,819	\$19,117,287

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PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

2	Morton Hospital and Medical Center		2,021	\$19,842,769
3	Morton Hospital and Medical Center		2,087	\$20,336,729
4	Morton Hospital and Medical Center		1,889	\$18,602,742
	Totals		7,816	\$77,899,527
<hr/>				
1	Mount Auburn Hospital	100	3,523	\$46,730,060
2	Mount Auburn Hospital		3,632	\$50,677,222
3	Mount Auburn Hospital		3,658	\$49,251,503
4	Mount Auburn Hospital		3,594	\$49,028,707
	Totals		14,407	\$195,687,492
<hr/>				
1	Nantucket Cottage Hospital	101	146	\$1,186,454
2	Nantucket Cottage Hospital		146	\$1,324,876
3	Nantucket Cottage Hospital		133	\$1,502,579
4	Nantucket Cottage Hospital		195	\$2,086,127
	Totals		620	\$6,100,036
<hr/>				
1	Nashoba Valley Medical Center	52	500	\$7,420,439
2	Nashoba Valley Medical Center		440	\$7,472,449
3	Nashoba Valley Medical Center		464	\$6,935,665
4	Nashoba Valley Medical Center		387	\$5,883,484
	Totals		1,791	\$27,712,037
<hr/>				
1	New England Baptist Hospital	103	1,750	\$43,720,107
2	New England Baptist Hospital		1,761	\$43,836,157
3	New England Baptist Hospital		1,834	\$45,057,842
4	New England Baptist Hospital		1,699	\$42,181,234
	Totals		7,044	\$174,795,340
<hr/>				
1	Newton-Wellesley Hospital	105	4,530	\$89,120,906
2	Newton-Wellesley Hospital		4,451	\$94,253,454
3	Newton-Wellesley Hospital		4,767	\$94,380,954
4	Newton-Wellesley Hospital		3,769	\$75,474,288
	Totals		17,517	\$353,229,602

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PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

1	Noble Hospital	106	886	\$14,522,704
2	Noble Hospital		879	\$15,250,781
3	Noble Hospital		872	\$13,712,068
4	Noble Hospital		849	\$13,066,744
	Totals		3,486	\$56,552,297
<hr/>				
1	North Adams Regional Hospital	107	842	\$14,270,773
2	North Adams Regional Hospital		802	\$14,504,357
3	North Adams Regional Hospital		734	\$12,644,713
4	North Adams Regional Hospital		793	\$13,033,381
	Totals		3,171	\$54,453,224
<hr/>				
1	North Shore Medical Center, Inc. - Salem Campus	116	5,222	\$131,975,295
2	North Shore Medical Center, Inc. - Salem Campus		5,290	\$135,493,642
3	North Shore Medical Center, Inc. - Salem Campus		5,552	\$137,566,152
4	North Shore Medical Center, Inc. - Salem Campus		5,387	\$129,955,444
	Totals		21,451	\$534,990,533
<hr/>				
1	Northeast Hospital Corporation - Addison Gilbert Campus	109	634	\$6,786,524
2	Northeast Hospital Corporation - Addison Gilbert Campus		655	\$7,850,412
3	Northeast Hospital Corporation - Addison Gilbert Campus		620	\$7,289,375
4	Northeast Hospital Corporation - Addison Gilbert Campus		673	\$7,007,315
	Totals		2,582	\$28,933,626
<hr/>				
1	Northeast Hospital Corporation - Beverly Campus	110	4,453	\$51,390,394
2	Northeast Hospital Corporation - Beverly Campus		4,837	\$54,888,262
3	Northeast Hospital Corporation - Beverly Campus		4,721	\$53,260,624
4	Northeast Hospital Corporation - Beverly Campus		4,868	\$53,431,341
	Totals		18,879	\$212,970,621
<hr/>				
1	Quincy Medical Center	112	1,582	\$22,296,594

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3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

2	Quincy Medical Center		1,656	\$23,722,563
3	Quincy Medical Center		1,689	\$24,381,364
4	Quincy Medical Center		1,619	\$23,719,540
	Totals		6,546	\$94,120,061
<hr/>				
1	Saint Vincent Hospital	127	4,556	\$82,288,488
2	Saint Vincent Hospital		4,598	\$82,691,560
3	Saint Vincent Hospital		4,719	\$84,028,952
4	Saint Vincent Hospital		4,420	\$74,312,630
	Totals		18,293	\$323,321,630
<hr/>				
1	Saints Medical Center	115	1,606	\$23,711,034
2	Saints Medical Center		1,622	\$23,622,403
3	Saints Medical Center		1,528	\$22,191,592
4	Saints Medical Center		1,546	\$22,278,462
	Totals		6,302	\$91,803,491
<hr/>				
1	Signature Healthcare Brockton Hospital	25	3,796	\$51,328,733
2	Signature Healthcare Brockton Hospital		3,864	\$51,898,201
3	Signature Healthcare Brockton Hospital		3,774	\$54,250,419
4	Signature Healthcare Brockton Hospital		3,659	\$48,099,765
	Totals		15,093	\$205,577,118
<hr/>				
1	South Shore Hospital	122	6,226	\$88,066,007
2	South Shore Hospital		6,492	\$92,445,418
3	South Shore Hospital		6,435	\$90,987,334
4	South Shore Hospital		6,631	\$88,110,276
	Totals		25,784	\$359,609,035
<hr/>				
1	Southcoast Hospitals Group - Charlton Memorial Campus	123	3,804	\$74,549,820
2	Southcoast Hospitals Group - Charlton Memorial Campus		3,986	\$79,110,341
3	Southcoast Hospitals Group - Charlton Memorial Campus		3,840	\$72,375,339

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3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

4	Southcoast Hospitals Group - Charlton Memorial Campus		4,024	\$69,162,294
	Totals		15,654	\$295,197,794
1	Southcoast Hospitals Group - St. Luke's Campus	124	4,434	\$71,425,537
2	Southcoast Hospitals Group - St. Luke's Campus		4,688	\$75,055,670
3	Southcoast Hospitals Group - St. Luke's Campus		4,546	\$72,966,010
4	Southcoast Hospitals Group - St. Luke's Campus		4,565	\$67,102,099
	Totals		18,233	\$286,549,316
1	Southcoast Hospitals Group - Tobey Hospital Campus	145	1,118	\$14,667,939
2	Southcoast Hospitals Group - Tobey Hospital Campus		1,200	\$16,257,164
3	Southcoast Hospitals Group - Tobey Hospital Campus		1,160	\$15,683,704
4	Southcoast Hospitals Group - Tobey Hospital Campus		1,239	\$15,964,945
	Totals		4,717	\$62,573,752
1	Sturdy Memorial Hospital	129	1,663	\$20,602,620
2	Sturdy Memorial Hospital		1,830	\$24,472,905
3	Sturdy Memorial Hospital		1,656	\$22,186,171
4	Sturdy Memorial Hospital		1,760	\$22,251,976
	Totals		6,909	\$89,513,672
1	Tufts Medical Center	104	4,643	\$190,547,945
2	Tufts Medical Center		4,746	\$198,875,231
3	Tufts Medical Center		4,937	\$194,020,371
4	Tufts Medical Center		5,100	\$209,537,312
	Totals		19,426	\$792,980,859
1	UMass Marlborough Hospital	133	1,017	\$17,262,532
2	UMass Marlborough Hospital		1,057	\$17,501,208
3	UMass Marlborough Hospital		1,036	\$17,427,451

General Documentation
 FY2009 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2009

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA - BY QUARTER

4	UMass Marlborough Hospital		1,047	\$17,378,399
	Totals		4,157	\$69,569,590
<hr/>				
1	UMass Memorial Medical Center - University Campus	131	11,378	\$396,064,300
2	UMass Memorial Medical Center - University Campus		11,245	\$396,643,185
3	UMass Memorial Medical Center - University Campus		11,800	\$405,747,758
4	UMass Memorial Medical Center - University Campus		11,400	\$415,036,672
	Totals		45,823	\$1,613,491,915
<hr/>				
1	UMass Wing Memorial Hospital	139	797	\$11,502,099
2	UMass Wing Memorial Hospital		792	\$11,676,629
3	UMass Wing Memorial Hospital		822	\$11,691,314
4	UMass Wing Memorial Hospital		747	\$10,534,335
	Totals		3,158	\$45,404,377
<hr/>				
1	Winchester Hospital	138	3,393	\$27,464,253
2	Winchester Hospital		3,711	\$27,882,196
3	Winchester Hospital		3,761	\$27,855,782
4	Winchester Hospital		3,776	\$27,908,152
	Totals		14,641	\$111,110,383
<hr/>				
	GRAND TOTALS		853,447	\$19,701,271,103

General Documentation
FY2009 Inpatient Hospital Discharge Database

PART F. SUPPLEMENTARY INFORMATION

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

TYPE "A" ERRORS:

Record Type	Total Charges: Special Services
Submitter Name	Total Charges: Routine Services
Receiver ID	Total Charges: Ancillaries <input type="checkbox"/>
DPH Hospital Computer Number	Total Charges: (ALL CHARGES)
Type of Batch	Number of Discharges
Period Starting Date	Total Charges: Accommodations
Period Ending Date	Total Charges: Ancillaries
Medical Record Number	Submitter Employer Identification Number (EIN)
Patient Sex	Number of Providers on Electronic submission
Patient Birth Date	Count of Batches
Admission Date	ED Flag
Discharge Date	Observation Flag
Primary Source of Payment	HCF Org ID
Patient Status	MA Transfer Hospital Org ID
Billing Number	Hospital Service Site Reference
Primary Payer Type	
Secondary Payer Type	
Mother's Medical Record Number	
Primary National Payer Identification Number	
Secondary National Payer Identification Number	
Revenue Code	
Units of Service	
Total Charges (by Revenue Code)	
Principal Diagnosis Code	
Associate Diagnosis Code (I – XIV)	
Number of ANDS	
Principal Procedure Code	
Significant Procedure Code I	
Significant Procedure Code II	
Significant Procedure Code III-XIV	
Physical Record Count	
Record Type 2X Count	
Record Type 3X Count	
Record Type 4X Count	
Record Type 5X Count	
Record Type 6X Count	

General Documentation
FY2009 Inpatient Hospital Discharge Database

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

TYPE "B" ERRORS:

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

General Documentation
FY2009 Inpatient Hospital Discharge Database

The Hospital Verification Report includes the following frequency distribution tables:

- Source of Admissions
- Type of Admissions
- Discharges by Month
- Primary Payer Type
- Patient Disposition
- Discharges by Gender
- Discharges by Race
- Discharges by Race/Ethnicity
- Discharges by Ethnicity
- Discharges by Patient Hispanic Indicator
- Discharges by Age
- MDC's Listed in Rank Order (APR 20)
- Top 20 DRGs with Most Total Discharges (APR 20)
- Length of Stay
- Ancillary Services by Discharges
- Routine Accommodation Services by Discharges
- Special Care Accommodation by Discharges
- Ancillary Services by Charges
- Routine Accommodation by Charges
- Special Care Accommodation Services by Charges
- Condition Present on Admission

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

*NOTE: Hospital discharges has been grouped with 4 groupers: All Patient Version 25.1; All Patient Version 21.0; All Patient Refined Version 26.1; and MS-DRG v26.0 A discharge report showing counts by DRG for CMS v26 MDC and APR v26.1 was supplied to hospitals for verification.

General Documentation
 FY2009 Inpatient Hospital Discharge Database
PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Anna Jaques Hospital	25 Highland Ave Newburyport, MA 01950	1	1	1
Athol Memorial Hospital	2033 Main Street Athol, MA 01331	2	2	2
Baystate Franklin Medical Center	164 High Street Greenfield, MA 01301	5	5	
Baystate Mary Lane Hospital	85 South Street Ware, MA 01082	6	6	
Baystate Medical Center	3601 Main Street Springfield, MA 01107-1116	4	4	4
Berkshire Medical Center - Berkshire Campus	725 North Street Pittsfield, MA 01201	6309	7	7
Berkshire Medical Center - Hillcrest Campus	165 Tor Court Rd Pittsfield, MA 01201	6309	7	9
Beth Israel Deaconess Hospital - Needham	148 Chestnut Street Needham, MA 02192	53	53	53
Beth Israel Deaconess Medical Center	330 Brookline Avenue Boston, MA 02215	8702	10	10
Boston Medical Center	88 East Newton St Boston, MA 02118	3107	16	16
Brigham and Women's Hospital	75 Francis St Boston, MA 02115	22	22	22

General Documentation
 FY2009 Inpatient Hospital Discharge Database
PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Cambridge Health Alliance	65 Beacon Street Somerville, MA 02143	3108	27	27
Cambridge Health Alliance - Somerville Campus	,	3108	27	143
Cambridge Health Alliance - Whidden Memorial	,	3108	27	142
Cape Cod Hospital	27 Park Street Hyannis, MA 02601	39	39	
Caritas Carney Hospital	2100 Dorchester Avenue Dorchester, MA 02124	42	42	
Caritas Good Samaritan Medical Center	235 North Pearl Street Brockton, MA 02301	8701	62	
Caritas Good Samaritan Medical Ctr - Norcap Lodge Campus	71 Walnut Avenue Foxboro, MA 02035	8701	4460	
Caritas Holy Family Hospital and Medical Center	70 East Street Methuen, MA 01844	75	75	
Caritas Norwood Hospital	800 Washington Street Norwood, MA 02062	41	41	
Caritas St. Anne's Hospital	795 Middle Street Fall River, MA 02721	114	114	
Caritas St. Elizabeth's Hospital	736 Cambridge Street Brighton, MA 02135	126	126	

General Documentation
 FY2009 Inpatient Hospital Discharge Database
PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Children's Hospital Boston	300 Longwood Avenue Boston, MA 02115	46	46	
Clinton Hospital	201 Highland Street Clinton, MA 01510	132	132	
Cooley Dickinson Hospital	30 Locust Street Northampton, MA 01060-5001	50	50	
Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	51	51	
Emerson Hospital	Route 2 Concord, MA 01742	57	57	
Fairview Hospital	29 Lewis Avenue Great Barrington, MA 01230	8	8	
Falmouth Hospital	100 Ter Heun Drive Falmouth, MA 02540	40	40	
Faulkner Hospital	1153 Centre Street Jamaica Plain, MA 02130	59	59	
Hallmark Health System - Lawrence Memorial Hospital	170 Governors Avenue Medford, MA 02155	3111	66	
Hallmark Health System - Melrose-Wakefield Hospital	585 Lebanon Street Melrose, MA 02176	3111	141	
Harrington Memorial Hospital	100 South Street Southbridge, MA 01550	68	68	
Health Alliance Hospitals, Inc.	600 Hospital Road Leominster, MA 01453-8004	71	71	

General Documentation
 FY2009 Inpatient Hospital Discharge Database
PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Heywood Hospital	242 Green Street Gardner, MA 01440	73	73	
Holyoke Medical Center	575 Beech Street Holyoke, MA 01040	77	77	
Hubbard Regional Hospital	340 Thompson Road Webster, MA 01570	78	78	
Jordan Hospital	275 Sandwich Street Plymouth, MA 02360	79	79	
Kindred Hospital - Boston	1515 Commonwealth Avenue Boston, MA 02135	136	136	
Kindred Hospital - North Shore	15 King St Peabody, MA 01960	135	135	
Lahey Clinic - Burlington Campus	41 Mall Road Burlington, MA 01805	6546	81	81
Lawrence General Hospital	One General Street Lawrence, MA 01842-0389	83	83	
Lowell General Hospital	295 Varnum Avenue Lowell, MA 01854	85	85	
Martha's Vineyard Hospital	Linton Lane Oak Bluffs, MA 02557	88	88	
Massachusetts Eye and Ear Infirmary	243 Charles Street Boston, MA 02114-3096	89	89	
Massachusetts General Hospital	55 Fruit Street Boston, MA 02114	91	91	

General Documentation
 FY2009 Inpatient Hospital Discharge Database
PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Mercy Medical Center - Providence Campus	1233 Main St Holyoke, MA 01040	6547	118	118
Mercy Medical Center - Springfield Campus	271 Carew Street Springfield, MA 01102	6547	119	
Merrimack Valley Hospital	140 Lincoln Avenue Haverhill, MA 01830-6798	70	70	
MetroWest Medical Center	115 Lincoln Street Framingham, MA 01701	3110	49	49
Milford Regional Medical Center	14 Prospect Street Milford, MA 01757	97	97	
Milton Hospital	199 Reedsdale Rd Milton, MA 02186	98	98	
Morton Hospital	88 Washington St Taunton, MA 02780	99	99	
Mount Auburn Hospital	330 Mt. Auburn St. Cambridge, MA 02238	100	100	
Nantucket Cottage Hospital	57 Prospect St Nantucket, MA 02554	101	101	
Nashoba Valley Medical Center	200 Groton Road Ayer, MA 01432	52	52	52
New England Baptist Hospital	125 Parker Hill Avenue Boston, MA 02120	103	103	
Newton Wellesley Hospital	2014 Washington St Newton, MA 02162	105	105	

General Documentation
 FY2009 Inpatient Hospital Discharge Database
PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID</u> <u>ORG</u> <u>HOSP</u>	<u>ID</u> <u>ORG</u> <u>FILER</u>	<u>SITE</u> <u>NO.*</u>
Noble Hospital	115 West Silver Street Westfield, MA 01086	106	106	
North Adams Regional Hospital	Hospital Avenue North Adams, MA 02147	107	107	
North Shore Medical Center, Inc.	81 Highland Avenue Salem, MA 01970	345	116	116
Northeast Health Systems - Beverly	85 Herrick Street Beverly, MA 01915	3112	110	
Northeast Health Systems - Addison Gilbert	298 Washington St Gloucester, MA 01930	3112	109	
Quincy Medical Center	114 Whitwell Street Quincy, MA 02169	112	112	
Saint Vincent Hospital	20 Worcester Ctr. Blvd. Worcester, MA 01608	127	127	
Saints Memorial Medical Center	One Hospital Drive Lowell, MA 01852	115	115	
Signature Healthcare Brockton Hospital	680 Centre Street Brockton, MA 02402	25	25	25
South Shore Hospital	55 Fogg Road South Weymouth, MA 02190	122	122	
Southcoast Hospitals Group - Charlton Memorial Campus	363 Highland Avenue Fall River, MA 02720	3113	123	
Southcoast Hospitals Group - St. Luke's Campus	101 Page Street New Bedford, MA 02740	3113	124	

General Documentation
 FY2009 Inpatient Hospital Discharge Database
PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT II. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS

<u>Current Organization Name</u>	<u>Hospital Address</u>	<u>ID ORG HOSP</u>	<u>ID ORG FILER</u>	<u>SITE NO.*</u>
Southcoast Hospitals Group - Tobey Hospital Campus	43 High Street Wareham, MA 02571	3113	145	
Sturdy Memorial Hospital	211 Park Street Attleboro, MA 02703	129	129	
Tufts Medical Center	750 Washington Street Boston, MA 02111	104	104	
UMass. Marlborough Hospital	57 Union Street Marlborough, MA 01752-9981	133	133	
UMass. Memorial Medical Center	120 Front Street Worcester, MA 01608	3115	131	130
UMass. Wing Memorial Hospital	40 Wright Street Palmer, MA 01069-1187	139	139	
Winchester Hospital	41 Highland Avenue Winchester, MA 01890	138	138	

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

General Documentation
 FY2009 Inpatient Hospital Discharge Database
PART F. SUPPLEMENTARY INFORMATION

**SUPPLEMENT III. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS, AND NON-
 ACUTE CARE HOSPITALS**

MERGERS - ALPHABETICAL LIST

Name of New Entity	Names of Original Entities	DATE
Berkshire Health System	-Berkshire Medical Center -Hillcrest Hospital -Fairview Hospital	July 1996
Beth Israel Deaconess Medical Center	-Beth Israel Hospital -N.E. Deaconess Hospital	October 1996
Boston Medical Center	-Boston University Med. Ctr. -Boston City Hospital -Boston Specialty/Rehab	July 1996
Cambridge Health Alliance NOTE: As of July 2001, Cambridge Health Alliance included Cambridge, Somerville, Whidden, & Malden's 42 Psych beds. Malden now closed. Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility's discharges.	-Cambridge Hospital -Somerville Hospital	July 1996
Good Samaritan Medical Center	-Cardinal Cushing Hospital -Goddard Memorial	October 1993
Hallmark Health Systems NOTE: As of July 2001 includes only Lawrence Memorial & Melrose-Wakefield	-Lawrence Memorial -Hospital Malden Hospital -Unicare Health Systems (Note: Unicare was formed in July 1996 as a result of the merger of Melrose-Wakefield and Whidden Memorial Hospital)	October 1997
Health Alliance Hospitals, Inc.	-Burbank Hospital -Leominster Hospital	November 1994
Hubbard Regional Hospital. Closed as of May 1, 2009.		May 2009
Lahey Clinic	-Lahey -Hitchcock (NH)	January 1995
Medical Center of Central Massachusetts	-Holden District Hospital -Worcester Hahnemann -Worcester Memorial	October 1989
MetroWest Medical Center	-Leonard Morse Hospital -Framingham Union	January 1992

General Documentation
 FY2009 Inpatient Hospital Discharge Database

SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS, AND NON-ACUTE CARE HOSPITALS

MERGERS - ALPHABETICAL LIST

Name of New Entity	Names of Original Entities	Date
Northeast Health Systems	-Beverly Hospital -Addison Gilbert Hospital	October 1996
North Shore Medical Center	-North Shore Medical Center (dba Salem Hospital) and -Union Hospital NOTES: 1. Salem Hospital merged with North Shore Children's Hospital in April 1988 2. Lynn Hospital merged with Union Hospital in 1986 to form Atlanticare	March 2004
Saints Memorial Medical Center	-St. John's Hospital -St. Joseph's Hospital	October 1992
Sisters of Providence Health System	-Mercy Medical Center -Providence Hospital	June 1997
Southcoast Health Systems	-Charlton Memorial Hospital -St. Luke's Hospital -Tobey Hospital	June 1996
UMass. Memorial Medical Center	-UMMC -Memorial -Memorial-Hahnemann	April 1999

General Documentation
FY2009 Inpatient Hospital Discharge Database

SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS, AND NON-ACUTE CARE HOSPITALS

NAME CHANGES

Name of New Entity	Original Entities	Date
Baystate Mary Lane	Mary Lane Hospital	
Beth Israel Deaconess Medical Center	-Beth Israel Hospital -New England Deaconess Hospital	
Beth Israel Deaconess Needham	-Glover Memorial -Deaconess-Glover Hospital	July 2002
Boston Medical Center – Harrison Avenue Campus	Boston City Hospital University Hospital	
Boston Regional Medical Center	New England Memorial Hospital	Now Closed.
Cambridge Health Alliance – (now includes Cambridge, Somerville & Whidden)	Cambridge Hospital Somerville Hospital	
Cambridge Health Alliance – Malden & Whidden	Hallmark Health Systems – Malden & Whidden	Malden now closed.
Cape Cod Health Care Systems	Cape Cod Hospital Falmouth Hospital	
Caritas Good Samaritan Medical Center	Cardinal Cushing Hospital Goddard Memorial Hospital	
Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	Norwood Hospital Southwood Hospital Good Samaritan Med. Ctr.	
Caritas St. Elizabeth's Medical Center	St. Elizabeth's Medical Center	
Children's Hospital Boston	Children's Hospital	February 2004
Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose-Wakefield Hospital	Lawrence Memorial Hospital Melrose-Wakefield Hospital	
Holy Family Hospital	Bon Secours Hospital	
Kindred Hospitals – Boston & North Shore	Vencor Hospitals – Boston & North Shore	
Lahey Clinic Hospital	Lahey Hitchcock Clinic	
MetroWest Medical Center – Framingham Union Hospital & Leonard Morse Hospital	Framingham Union Hospital Leonard Morse Hospital / Columbia MetroWest Medical Center	
Merrimack Valley Hospital	Haverhill Municipal (Hale) Hospital	Essent Health Care purchased this facility in September 2001

General Documentation
 FY2009 Inpatient Hospital Discharge Database

SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS, AND NON-ACUTE CARE HOSPITALS

NAME CHANGES

Name of New Entity	Original Entities	Date
Milford Regional Medical Center	Milford-Whitinsville Hospital	
Nashoba Valley Hospital	Nashoba Community Hospital Deaconess-Nashoba Nashoba Valley Medical Center	January 2003
Northeast Health Systems	Beverly Hospital Addison Gilbert Hospital	
North Shore Medical Center - Salem	Salem Hospital North Shore Children's Hospital	
North Shore Medical Center - Union	Union Hospital	
Quincy Hospital	Quincy City Hospital	
Southcoast Health Systems	Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	
Tufts Medical Center	Tufts New England Medical Center, New England Medical Center	January 2008
UMass. Memorial – Clinton Hospital	Clinton Hospital	
UMass. Memorial – Health Alliance Hospital	Health Alliance Hospitals, Inc.	
UMass. Memorial – Marlborough Hospital	Marlborough Hospital	
UMass. Memorial – Wing Memorial Hospital	Wing Memorial Hospital	
Waltham Hospital	Waltham-Weston Hospital Deaconess Waltham Hospital	June 2002. Now closed.

General Documentation
 FY2009 Inpatient Hospital Discharge Database

**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS, AND NON-
 ACUTE CARE HOSPITALS**

CLOSURES

Date	Hospital Name	Comments
June 1989	Sancta Maria	
September 1990	Mass. Osteopathic	
June 1990	Hunt	Outpatient only now.
July 1990	St. Luke's Middleborough	
September 1991	Worcester City	
May 1993	Amesbury	
July 1993	Saint Margaret's	
June 1994	Heritage	
June 1994	Winthrop	
October 1994	St. Joseph's	
December 1994	Ludlow	
October 1996	Providence	
November 1996	Goddard	
1996	Lynn	
January 1997	Dana Farber	Inpatient acute beds now at Brigham & Women's
March 1997	Burbank	
February 1999	Boston Regional	
April 1999	Malden	
August 1999	Symmes	
July 2003	Waltham	
May 2009	Hubbard	

NOTE: Subsequent to closure, some hospitals may have reopened for used other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.)

General Documentation
FY2009 Inpatient Hospital Discharge Database

SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES, CONVERSIONS, AND NON-ACUTE CARE HOSPITALS

CONVERSIONS AND NON-ACUTE CARE HOSPITALS

HOSPITAL	COMMENTS
Fairlawn Hospital	Converted to non-acute care hospital
Heritage Hospital	Converted to non-acute care hospital
Vencor – Kindred Hospital Boston	Non-acute care hospital
Vencor – Kindred Hospital North Shore	Non-acute care hospital

General Documentation
FY2009 Inpatient Hospital Discharge Database
PART F. SUPPLEMENTARY INFORMATION
SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST

Please refer to http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_1_17_inpatient_specs.doc for the list of Inpatient Discharge Data Specifications regarding the Alphabetical Source of Payment

General Documentation
FY2009 Inpatient Hospital Discharge Database

SUPPLEMENT VI.
NUMERICAL SOURCE OF PAYMENT LIST

Please refer to http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_1_17_inpatient_specs.doc for the list of Inpatient Discharge Data Specifications regarding the Numerical Source of Payment

Technical Documentation
FY2009 Inpatient Hospital Discharge Database

SECTION II. TECHNICAL DOCUMENTATION

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

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

Part A. Calculated Field Documentation

Part B. Data File Summary

Part C. Revenue Code Mappings

Record layout gives a description of each field along with the starting and ending positions. A copy of this layout accompanies this manual for the users' review.

Calculated fields are age, newborn age in weeks, preoperative days, length of stay, Unique Health Information Number (UHIN), and days between stays. Each description has three parts:

First is a description of any Conventions. For example, how are missing values used?

Second is a Brief Description of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a Detailed Description of how the calculation is performed. This description follows the code very closely.

Technical Documentation
FY2009 Inpatient Hospital Discharge Database

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATIONS

A) Conventions:

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

B) Brief Description:

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

C) Detailed Description:

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

Technical Documentation
FY2009 Inpatient Hospital Discharge Database

PART A. CALCULATED FIELD DOCUMENTATION

2. NEWBORN AGE

A) Conventions:

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

B) Brief Description:

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

C) Detailed Description:

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

PART A. CALCULATED FIELD DOCUMENTATION

3. PREOPERATIVE DAYS

A) Conventions:

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

B) Brief Description:

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

C) Detailed Description:

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

PART A. CALCULATED FIELD DOCUMENTATION

4. LENGTH OF STAY (LOS) CALCULATIONS

A) Conventions:

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

B) Brief Description:

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

C) Detailed Description:

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

Technical Documentation
FY2009 Inpatient Hospital Discharge Database

PART A. CALCULATED FIELD DOCUMENTATION

5. LENGTH OF STAY (LOS) ROUTINE

A) Conventions:

None.

B) Brief Description:

1) Length of Stay (LOS) is calculated by subtracting the admission date from the Discharge Date and then subtracting the Leave of Absence from the total. If either date is invalid, length of stay = 0.

2) Days are accumulated a year at a time, until both dates are in the same year. At this point, the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

PART A. CALCULATED FIELD DOCUMENTATION

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

A) Conventions:

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

B) Brief Description:

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

C) Detailed Description:

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

PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS

A) Conventions:

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

B) Brief Description:

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

C) Detailed Description:

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

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PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES

Please refer to http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_1_17_inpatient_specs.doc for the list of Inpatient Discharge Data Specifications regarding the Inpatient Data Code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00.

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PART C. REVENUE CODE MAPPINGS

Please refer to http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_1_17_inpatient_specs.doc for the list of Inpatient Discharge Data Specifications regarding the Inpatient Data Code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00.