

*Division of Health Care Finance and Policy*

**Fiscal Year 2005**

**Inpatient Hospital  
Discharge Database  
Documentation Manual**

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Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, Massachusetts 02116-4704

<http://www.mass.gov/dhcfp>

General Documentation  
FY2005 Inpatient Hospital Discharge Database

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**INTRODUCTION**

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation Manual is for use with the HDD FY2005 database. The FY2005 HDD data was made available as of May 8, 2006.

**Section I. General Documentation**

The General Documentation for the Fiscal Year 2005 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. It also includes supplements listing the hospitals within the database, information on mergers, name changes, closures, conversion, and non-acute care hospitals, and alphabetical and numerical payer source lists.

**Section II. Technical Documentation**

The Technical Documentation includes information on the fields calculated by the Division of Health Care Finance & 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. Please note that as of October 1, 1999, certain regulatory changes were made to the format of the data.

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](mailto: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” 2005 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.

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\_2005\_L1\_zipped.exe” will expand out to “Hosp\_Inpatient\_Discharge\_2005\_L1.mdb”
- b) “Hosp\_Inpatient\_Services\_2005\_zipped.exe” will expand out to “Hosp\_Inpatient\_Services\_2005.mdb”

In the above examples, 2005 represents Hospital Fiscal Year 2005 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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SECTION I. GENERAL DOCUMENTATION

**PART A. BACKGROUND INFORMATION**

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY05 HDD Data Base
4. DRG Grouper Methodology

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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 FY2005 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 FY2005 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 of the general documentation details hospital responses.

**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' FY2005 Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies by Category
4. Index of Hospitals Reporting Discrepancies
5. 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 FY2005, and those that failed to provide any FY2005 data. Also lists hospital discharge and charge totals by quarter for data submissions.

**PART F. SUPPLEMENTARY INFORMATION:** Provides Supplements I through VIII 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 2005 period, these quarterly reporting intervals were as follows:

<b>Quarter 1:</b>	<b>October 1, 2004 – December 31, 2004</b>
<b>Quarter 2:</b>	<b>January 1, 2005 – March 31, 2005</b>
<b>Quarter 3:</b>	<b>April 1, 2005 – June 30, 2005</b>
<b>Quarter 4:</b>	<b>July 1, 2005 – September 30, 2005</b>



**PART A. BACKGROUND INFORMATION**

**3. DEVELOPMENT OF THE FISCAL YEAR 2005 DATABASE**

In 2001, the Division embarked on a major effort to restructure its Information System that produces the Hospital Case Mix and Charge Database. Two of the Division's objectives were to improve operational efficiency as well as to improve the quality of the database for data users. Improved data cleaning, integrity checks, and modification to the file structure were just a few ways we worked to improve the database.

Additions that went into effect on October 1, 2001 included an ER indicator and an Observation indicator. Further detail is provided under the Data File Contents section.

Six Fiscal Year 2005 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:

- |                  |  |
|------------------|--|
| <b>LEVEL I</b>   | Contains all case mix data elements, except the deniable data elements   |
| <b>LEVEL II</b>  | Contains all Level I data elements, plus the UPN   |
| <b>LEVEL III</b> | 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.  |
| <b>LEVEL IV</b>  | 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. |
| <b>LEVEL V</b>   | Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.  |
| <b>LEVEL VI</b>  | Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number.  |

**PART A. BACKGROUND INFORMATION**

**4. DRG GROUPERS:**

All Patient DRG Groupers (3M AP-DRG Versions 12.0, 14.1, 18.0)  
All Patient Refined DRG Grouper (3M-APR-DRG Version 15.0)

Beginning in October 1991, the DHCFP began using 3M's All-Patient Grouper Version 8.1 (mainframe) 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. For the past several years, both the AP-DRG Version 8.1 Grouper and the AP-DRG Version 12.0 were included in the database. The purpose of providing these two groupers on the database was to allow consistency for data users of previously released databases that contain the AP-V8.1 and AP-V12.0.

As of fiscal year-end 2001, the Division began to use 3M's AP-DRG V12.0, V14.1, and V18.0 groupers with the database. AP-DRG Version 8.1 has been discontinued and the most current 3M AP-DRG Version 18.0 Grouper was added to the database. Hospitals were reviewed for verification using the AP-V12.0, V14.1, and V18.0 Groupers.

The Version 12.0, and 14.1, and 18.0 All Patient-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 to those acceptable to these groupers. The DHCFP mapped the applicable 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.

There are several birth weight options within the 3M Grouper software for determining newborn DRG assignment. Option 5, which determines the newborn DRG by inferring the birth weight from the ICD-9-CM code, is used as the birth weight option in implementations of groupers V12.0, V14.1, and V18.0.

**DRGs and the Verification Report Process**

The hospital's profile of discharges, grouped by AP-DRG 12.0, AP-DRG 14.1, and AP-DRG 18.0, is part of the verification report and it is this grouped profile on which the hospitals commented.

**PART A. BACKGROUND INFORMATION**

**4. DRG GROUPERS - Continued:**

**All Patient Refined Grouper (3M APR-DRG 15.0)**

As of FY1997, the All Patient Refined DRGs V12.0 were added to the Hospital Discharge Database. 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 15.0 is the most current and year-2000 compliant version of the APR Grouper. This version (15.0) has replaced the previously used APR V12.0 for grouping the HDD patient data.

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, minor, moderate, major, or extreme severity of illness or risk of mortality.

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**DRG Groupers:**

***All Patient Refined Grouper V. 15.0 - Continued***

The Division's FY 2005 Discharge Database contains the **APR- DRG 15.0, the APR-MDC 15.0, 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 – V15 Severity Level**".<sup>1</sup> 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 – V15 Mortality Level**".

All three groupers, versions 12.0, 14.1, 18.0, and the All Patient Refined Version 15.0 are included in the FY2005 Hospital Discharge Database.

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

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<sup>1</sup> Massachusetts-specific cost weights were developed for the All Patient Refined DRG Grouper (Version 12.0) and may be utilized with the information contained in the database.

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**PART B. DATA**

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Specific Data Elements

**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 causes 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.

**PART B. DATA**

**1. DATA QUALITY STANDARDS**

**Verification Report Process – Continued**

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.

**PART B. DATA**

**2. GENERAL DEFINITIONS**

Before turning to a description of the specific data elements, several basic definitions (as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*) should be noted.

**Case Mix Data**

Case specific, diagnostic discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data such as sex, race, expected payer, and patient zip code.

**Charge Data**

The full, undiscounted total and service-specific charges billed by the hospital to the general public.

**Ancillary Services**

The services and their definitions as specified in the DHCFP **Hospital Uniform Reporting Manual** (HURM) s. 3243, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06 (2)(c), and include physical therapy, laboratory, and respiratory services.

**Routine Services**

The services and their definitions as specified in DHCFP's HURM s. 3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a) and include medical/surgical, obstetrics, and pediatrics.

**Special Care Units**

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetrical, or pediatric patient. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who require intense, comprehensive care.

**Leave of Absence Days**

The number of days of a patient's absence during a hospital stay, with physician approval, but without formal discharge and readmission to the facility.



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**PART B. DATA**

**3. GENERAL DATA CAVEATS**

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 to 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.

**PART B. DATA**

**3. GENERAL DATA CAVEATS - Continued**

**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.

**PART B. DATA**

**4. SPECIFIC DATA ELEMENTS**

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

**a. Existing Data Elements**

**DPH Hospital ID Number**

The Massachusetts Department of Public Health's four-digit identification number. (See Supplement III).

**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 DENSG, PODTR, and OTHER (codes for Dental Surgeon, Podiatrist, and Other physician) appear in the AttendingPhysID and OperatingPhysID fields as MMMMM or MMMMM3?.

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

**PART B. DATA**

**4. SPECIFIC DATA ELEMENTS**

**a. Existing Data Elements - *Continued***

**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.

A complete listing of Payer types and sources 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 Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

**PART B. DATA**

**4. SPECIFIC DATA ELEMENTS**

**a. Existing Data Elements - *Continued***

**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.

**PART B. DATA**

**4. SPECIFIC DATA ELEMENTS**

**b. 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 AI).

**c. 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".

**PART B. DATA**

**4. SPECIFIC DATA ELEMENTS**

**c. New Data Elements (as of October 1, 1999) – *Continued***

**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 Massachusetts Department of Public Health (MDPH) facility 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**

**d. Important Note Regarding the Use of Race Codes**

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 current and future data, you will have to standardize using the translation table below.

The following table should be referenced when using Race Code data in all Division data products.

<b>Race Code</b>	<b>Description</b>	<b>Pre-2000 Inpatient FIPA Code</b>
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 except pre-2000 Inpatient, and is the same format as reported to the Division.



**PART B. DATA**

**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 monitor 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\_allcharequal = 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.

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**PART C. HOSPITAL RESPONSES**

1. Summary of Hospitals' FY2005 Final Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies By Category
4. Index of Hospitals Reporting Data Discrepancies
5. Individual Hospital Discrepancy Documentation

General Documentation  
FY2005 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2005  
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2006	Anna Jaques Hospital	X			
2226	Athol Memorial Hospital	X			
2148	Baystate Mary Lane	X			
2339	Baystate Medical Center	X			
2313	Berkshire Medical Center	X			
2054	Beth Israel Deaconess Hospital – Needham	X			
2069	Beth Israel Deaconess Medical Center	X			
2307	Boston Medical Center	X			
2921	Brigham and Women's Hospital	X			
2118	Brockton Hospital	X			
2108	Cambridge Hospital	X			
2135	Cape Cod Hospital			X	Response form not received.
2003	Caritas Carney Hospital	X			
2101	Caritas Good Samaritan Medical Center	X			

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**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2005  
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2KGH	Caritas Good Sam. Medical Ctr. – Norcap Lodge Campus	X			
2225	Caritas Holy Family Hospital	X			
2114	Caritas Norwood Hospital & Med. Ctr.		X		See comments.
2085	Caritas St. Elizabeth's Medical Center	X			
2139	Children's Hospital Boston	X			
2126	Clinton Hospital	X			
2155	Cooley Dickinson Hospital	X			
2335	Dana-Farber Cancer Institute	X			
2018	Emerson Hospital	X			
2052	Fairview Hospital	X			
2289	Falmouth Hospital	X			
2048	Faulkner Hospital	X			
2120	Franklin Medical Center	X			
2038	Hallmark Health – Lawrence Memorial Hospital Campus	X			

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**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2005  
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2058	Hallmark Health – Melrose-Wakefield Hospital Campus	X			
2143	Harrington Memorial Hospital	X			
2034	Health Alliance Hospitals, Inc.	X			
2036	Heywood Hospital		X		See comments.
2145	Holyoke Medical Center	X			
2157	Hubbard Regional Hospital	X			
2082	Jordan Hospital	X			
2091	Kindred Hospital – Boston			X	Unable to verify data due to use of a different grouper.
2171	Kindred Hospital Boston – North Shore			X	Unable to verify data due to use of a different grouper.
2033	Lahey Clinic	X			
2099	Lawrence General Hospital	X			
2040	Lowell General Hospital	X			
2103	Marlborough Hospital	X			

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**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2005  
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2042	Martha's Vineyard Hospital	X			
2167	Massachusetts Eye and Ear Infirmary	X			
2168	Massachusetts General Hospital	X			
2150	Mercy Medical Center - Providence	X			
2149	Mercy Medical Center – Springfield	X			
2131	Merrimack Valley Hospital	X			
2020	MetroWest Medical Center	X			
2105	Milford Regional Medical Center	X			
2227	Milton Hospital	X			
2022	Morton Hospital and Medical Center	X			
2071	Mount Auburn Hospital	X			
2044	Nantucket Cottage Hospital		X		See comments.
2298	Nashoba Valley Medical Center	X			

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**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2005  
Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2059	New England Baptist Hospital	X			
2075	Newton-Wellesley Hospital	X			
2076	Noble Hospital	X			
2061	North Adams Regional Hospital	X			
2014	North Shore Medical Center		X		See comments.
2016	Northeast Health System – Addison Gilbert Campus		X		See comments.
2007	Northeast Health System – Beverly Campus		X		See comments.
2151	Quincy Medical Center	X			
2011	Saint Anne's Hospital (Caritas)	X			
2128	Saint Vincent Hospital at Worcester Medical Center	X			
2063	Saints Memorial Medical Center	X			
2107	South Shore Hospital	X			

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**PART C. HOSPITAL RESPONSES**

Summary of Hospitals' FY 2005  
 Final Verification Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2337	Southcoast Hospitals Group – Charlton Memorial Campus	X			
2010	Southcoast Hospitals Group – St. Luke's Campus	X			
2106	Southcoast Hospitals Group – Tobey Hospital Campus	X			
2100	Sturdy Memorial Hospital	X			
2299	Tufts-New England Medical Center	X			
2841	UMass. Memorial Medical Center	X			
2094	Winchester Hospital	X			
2181	Wing Memorial Hospital and Medical Centers	X			



## **PART C. HOSPITAL RESPONSES**

### **2. LIST OF ERROR CATEGORIES**

- Source of Admission
- Type of Admission
- Discharges by Month
- Primary Payer Type
- Diagnosis Codes per Discharge
- Patient Disposition
- Gender
- Procedure Codes per Discharge
- Race
- Age
- Top 20 E-Codes
- AP 12 MDCs Ranked
- AP 14 MDCs Ranked
- APR 15 MDCs Ranked
- AP 18 MDCs Ranked
- Top 20 AP 12 DRGs
- Top 20 AP 14 DRGs
- Top 20 APR 15 DRGs
- Top 20 AP 18 DRGs
- Length of Stay
- Ancillary Services
- Routine Accommodation
- Special Care Accommodation
- Ancillary Services Charges
- Routine Accommodation Charges
- Special Care Accommodation Charges

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**PART C. HOSPITAL RESPONSES**

**3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY**

<b>Hospital</b>	<b>Source of Admission</b>	<b>Type of Admission</b>	<b>Discharges by Month</b>	<b>Primary Payer</b>	<b>Diagnosis Codes per Discharge</b>	<b>Patient Disposition</b>	<b>Gender</b>	<b>Procedure Codes per Discharge</b>
Caritas Norwood			X					
Heywood						X		
Nantucket Cottage	X	X	X	X		X	X	
North Shore Medical Ctr	X					X		
NE – Addison Gilbert	X							
NE – Beverly	X							

General Documentation  
 FY2005 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

**3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)**

<b>Hospital</b>	<b>Race</b>	<b>Age</b>	<b>Top 20 E-Codes</b>	<b>AP 12 MDCs</b>	<b>AP 14 MDCs</b>	<b>APR 15 MDCs</b>	<b>AP 18 MDCs</b>	<b>Top 20 AP 12 DRGs</b>	<b>Top 20 AP 14 DRGs</b>	<b>Top 20 APR 15 MDCs</b>
Nantucket Cottage	X	X	X					X		

General Documentation  
 FY2005 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

**3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)**

<b>Hospital</b>	<b>Top 20 AP 18 DRGs</b>	<b>Length of Stay</b>	<b>Ancillary Services</b>	<b>Routine Accommod.</b>	<b>Special Care Accommod.</b>	<b>Ancillary Services Charges</b>	<b>Routine Accomm. Charges</b>	<b>Special Care Accomm. Charges</b>
Nantucket Cottage		X	X					

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**PART C. HOSPITAL RESPONSES**

**4. INDEX OF HOSPITALS REPORTING DATA DISCREPANCIES FY2005**

<b><u>Hospital</u></b>	<b><u>Page</u></b>
Caritas Norwood	35
Heywood	36
Nantucket Cottage	37
North Shore Medical Center	43
Northeast – Addison Gilbert	44
Northeast – Beverly	45

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 FY2005 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**Caritas Norwood Hospital**

Caritas Norwood Hospital reported discrepancies in the area of Discharges by Month.  
 See the following table:

FY 05 Inpatients				
Reconciliation with The Division of Healthcare Finance and Policy				
Discharge Month	Caritas Norwood Total	Div of Healthcare	Variance	CNH IP accts with zero chrgs
Oct-04	1140	1137	3	3
Nov-04	1044	1042	2	2
Dec-04	1140	1136	4	4
Jan-05	1160	1155	5	4
Feb-05	1076	1073	3	3
Mar-05	1091	1090	1	1
Apr-05	1053	1049	4	3
May-05	1075	1068	7	4
Jun-05	1089	1086	3	3
Jul-05	1073	1070	3	3
Aug-05	1041	1039	2	2
Sep-05	1105	1102	3	3
Grand Total	13087	13047	40	35

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**Heywood Hospital**

Heywood Hospital reported discrepancies in the area of Patient Disposition Frequency. The hospital stated to decrease deaths by 2 in the 4<sup>th</sup> quarter and add them to discharge home.

## **PART C. HOSPITAL RESPONSES**

### **5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

#### **Nantucket Cottage Hospital**

Nantucket Hospital reported discrepancies in numerous areas. Please see the following documentation submitted by the hospital.

#### Hospital Notes:

1. The #s – DHCF&P (Division of Health Care Finance & Policy) column = the reported cases.
2. The #s – NCH column = currently compiled data for the FY05 verification totals.
3. The #s – Variance column is reported as a (-) negative where NCH actual is a higher value than DHCF&P reported. Conversely, (+) positive variance is indicated where the DHCF&P reported value is higher than the NCH current data #s. (?) no comparison possible not reported.



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FY2005 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

FY2005 - Data Elements	#s – DHCF&P	#s - NCH	#s - Variance
Totals	552	582	-30
<b>Source of Admission Frequency:</b>			
0 – Info. Not Available	1	0	+1
1 – Direct Physician Referral	178	209	-31
7 - Outside ER transfer	257	257	0
A – Normal Delivery	111	116	-5
B – Premature Delivery	1	0	+1
D – Extramural Birth	4	1	+3
<b>Admission Type Frequency:</b>			
1- Emergency	83	84	-1
2 – Urgent	315	320	-5
3 – Elective	37	60	-23
4 – Newborn	117	118	-1
5 – Information Unavailable	0	0	0
(--) – Invalid/ Not Provided	0	0	0
<b>Discharge Month Frequency</b>			
October 2004	56	56	0
November 2004	44	44	0
December 2004	41	41	0
January 2005	35	54	-19
February 2005	49	49	0
March 2005	49	48	+1
April 2005	30	31	-1
May 2005	57	61	-4
June 2005	52	53	-1
July 2005	42	43	-1
August 2005	53	53	0
September 2005	44	49	-5
Total	552	582	
<b>Primary Payer Type Frequency</b>			
Invalid	1	0	+1
1 – Self Pay	26	70	-44
3 - Medicare	197	194	+3
FY2005 - Data Elements (con't)	#s – DHCF&P	#s - NCH	#s - Variance



General Documentation  
FY2005 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

FY2005 - Data Elements	#s – DHCF&P	#s - NCH	#s - Variance
E888.9 – Fall, NOS	4	5	-1
E880.9 – Fall on/or from stairs or steps	4	5	-1
E830.9 – Watercraft Submersion	0	3	-3
E935.2 – Adverse effects of opiates	2	2	0
E884.9 – Fall from one level to another	2	2	0
E869.8 – Poisoning by gas & vapors	1	1	0
E932.0 – Adverse effect of cortical steroids	1	1	0
E956 – Suicide & self inflicted injury	1	1	0
FY2005 - Data Elements (con't)	#s – DHCF&P	#s - NCH	#s - Variance
E888.1 – Fall striking against object	1	1	0
E906.4 – Bite nonvenomous arthropod	1	1	0
E917.0 – Struck by object or person	1	1	0
E882 – Fall from or out of building	1	1	0
E817.1 – MVA - passenger	1	1	0
E935.9 – Adverse effects of analgesics	1	1	0
E933.1 – Adverse effects immunosuppressives	1	1	0
E912 – Respiratory tract obstruction	1	1	0
<b>Top 20 AP 12 DRGs with most Total Discharges</b>			
391 – Normal Newborn	115	111	+4
373 – Vaginal Delivery w/o Complicating Dx	68	76	-18
371 – C-Section w/o CC	21	23	-2
372 – Vag. Delivery w/ Complicating Dx	21	14	+7
167 – Appendectomy w/o complicated Dx w/o CC	13	12	+1
243 – Medical Back Problems	12	12	0
127 – Heart Failure & Shock	10	11	-1
430 - Psychoses	10	9	+1
088 - COPD	8	8	0
090 – Simple Pneumonia & Puerisy >17 w/o CC	8	5	+3
089 – Simple Pneumonia & Puerisy > 17 w/ CC	8	13	-5
183 – Esophagitis/Gastroent/Digestive Disorder w/oCC	7	6	+1
467 – Other Factors influencing Health Status	7	30	-23
249 – Aftercare, Musculoskeletal System	6	6	0
423 – Other Infectious & Parasitic Diseases	6	6	0
097 – Bronchitis & Asthama >17 w/o CC	6	5	+1
278 – Cellulitis Age > 17 w/o CC	6	6	0

General Documentation  
FY2005 Inpatient Hospital Discharge Database

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

FY2005 - Data Elements	#s – DHCF&P	#s - NCH	#s - Variance
320 – Kidney & UTI infections > 17 w/CC	6	8	-2
416 – Septicemia Age >17	5	6	-1
172 – Digestive Malignancy w/ CC	5	6	-1
277 – Cellulitis Age > 17 w/ CC	5	6	-1
095 – Pneumothorax w/o CC	5	6	-1
296 – Nutritional & Misc Metabolic Disorders > 17 w/CC	0	7	-7
183 - Esophagitis/Gastroent/Digestive Disorder w/oCC	0	6	-6
236 – Fractures of Hip & Pelvis	5	5	0
<b>Ancillary Services by Discharges:</b>			
0250 - Pharmacy	531	---	N/A
0260 – IV Therapy	68	---	N/A
0270 – Med/Surg Supplies & Devices	224	---	N/A
0300 - Laboratory	430	1224	N/A
0320 – Diagnostic Radiology	225	206	+19
0350 – CAT Scan	73	73	0
FY2005- Data Elements (con't)	#s – DHCF&P	#s - NCH	#s - Variance
0360 – OR Services	46	50	-4
0370 - Anesthesia	106	107	-1
0390 – Blood Storage & Processing	21	25	-4
0410 – Respiratory Services	1	0	+1
0420 – Physical Therapy	62	83	-21
0430 – Occupational Therapy	27	29	-1
0440 – Speech Therapy	15	16	-1
<b>Routine Accommodation by Discharges:</b>			
0111 – Medical/ Surgical	290	313	-23
0112 - Obstetrics	120	121	-1
0170 - Nursery	117	118	-1
0210 – CCU/ Special Care	30	30	0

## PART C. HOSPITAL RESPONSES

### 5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

#### **Inpatient Verification FY05 Data Comments:**

The specific areas that require comment are listed below. NCH will not be resubmitting tapes for this past fiscal year.

1. **Total Inpatient Discharges:** FY05 = -30 variance in total visits (HCF&P vs NCH actual)
  - FY02 – indicated -10 variance in total visits (HCF&P vs. NCH actual).
  - FY03 – indicated -2 visits (HCF&P vs. NCH actual).
  - FY04 – indicated -1 visits (HCF & P vs. NCH actual).
2. **Source of Visits:**
  - #7 Outside ER transfer is the largest designation at NCH, & is used when the originating source of the visit is through the ED or undetermined.
3. **Top 20 E Code Frequency:**
  - HCF&P report and NCH do agree with the exceptions of those shelter relief cases (E908.3) and (E830.9) that were unable to be finalized and submitted do to lack of documentation.
4. **Top 20 DRGs with the most total Discharges (refer to table):**
  - DRG 467 Other factors influencing Health Care would have increased an additional 23 cases and be the 3<sup>rd</sup> ranking DRG if reported.
  - DRG 296 Nutritional & Misc Metabolic Disorders ranked 14<sup>th</sup> with 7 cases but failed to register as such as part of the HCF&P grouper.
  - DRG 183 – Esophagitis/ Gastroenteritis & Digestive Disorder w/o CC ranked 15<sup>th</sup> with 6 cases but failed to register as such as part of the HCF&P grouper.
5. **Ancillary Services by Discharges:**
  - Laboratory is unable to be rectified as the Laboratory reports the # of times they went to the floor to draw blood on patients not the # of patients served.
  - Diagnostic Radiology reported 19 less inpatients than DHCF&P outcomes
  - OR Services reported 4 more patients' cases than the DHCF&P outcomes
  - Physical Therapy reported 21 more inpatients than was reflected in the DHCF&P reporting.

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**North Shore Medical Center**

North Shore Medical Center reported discrepancies in the areas of Source of Admission and Patient Disposition Frequency.

1. The discharge disposition value of 03 is a combination of discharges to SNF and discharges to a nursing home. Not sure if we should be mapping our discharged to a nursing home to your discharged to a rest home value of 14, we will be looking into this.
2. The source of admission value X (for observation) is being used here at NSMC to include all patients who would be observed before an inpatient stay is determined. This looks to be a process issue here at NSMC given the fact the DCHFP is only accepting this value for patients who actually have an observation charge (rev code of 762). We are valuing this for patients who may start out as an observation patient but are then upgraded to inpatient on the first day.

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**Northeast Addison Gilbert – Addison Gilbert**

Northeast Addison Gilbert reported discrepancies in the area of Source of Admission. The hospital is concerned with the term “outside ER transfer”, as SDC numbers seem low.

**PART C. HOSPITAL RESPONSES**

**5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION**

**Northeast Addison Gilbert – Beverly Hospital**

Northeast Addison Gilbert reported discrepancies in the area of Source of Admission. The hospital is concerned with the term “outside ER transfer”, as SDC numbers seem low.



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**PART D. CAUTIONARY USE HOSPITALS**

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**PART D. CAUTIONARY USE HOSPITALS**

Previous year's data contained a separate file for the failed submissions. Beginning with FY2000, the database contains all submissions together, both passed and failed submissions for all hospitals within the database. The failed submissions are marked with an asterisk for easy identification. In 2001, the database file added a supplementary report, "Top Errors", listing all top errors by hospitals. This list contains top errors for both passed and failed submissions. Although this is not a cautionary use listing, its purpose is to provide the user with an overview of all hospitals' top errors, not just the failed submissions.

We are pleased to report that there are no cautionary use hospitals for FY2005. All hospitals submitted four quarters of acceptable data.

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FY2005 Inpatient Hospital Discharge Database

**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

- 1. List of Hospitals Submitting Data for FY2005**
- 2. Hospitals with No Data Submissions**
- 3. Discharge Totals and Charges for Hospitals Submitting Data by Quarter**

General Documentation  
FY2005 Inpatient Hospital Discharge Database

**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2005

Anna Jaques Hospital  
Athol Memorial Hospital  
Baystate Mary Lane  
Baystate Medical Center  
Berkshire Medical Center  
Beth Israel Deaconess Hospital - Needham  
Beth Israel Deaconess Medical Center  
Boston Medical Center – Harrison Avenue Campus  
Brigham and Women’s Hospital  
Brockton Hospital  
Cambridge Health Alliance - Cambridge  
Cape Cod Hospital  
Caritas Carney Hospital  
Caritas Good Samaritan Medical Center  
Caritas Good Samaritan Medical Center – Norcap Lodge Campus  
Caritas Holy Family Hospital and Medical Center  
Caritas Norwood Hospital  
Caritas St. Elizabeth’s Medical Center  
Children’s Hospital Boston  
Clinton Hospital  
Cooley Dickinson Hospital  
Dana-Farber Cancer Institute  
Emerson Hospital  
Fairview Hospital  
Falmouth Hospital  
Faulkner Hospital  
Franklin Medical Center  
Hallmark Health System – Lawrence Memorial Hospital Campus  
Hallmark Health System – Melrose-Wakefield Hospital Campus  
Harrington Memorial Hospital  
Health Alliance Hospitals  
Heywood Hospital  
Holyoke Medical Center  
Hubbard Regional Hospital  
Jordan Hospital  
Kindred Hospital – Boston  
Kindred Hospital Boston – North Shore  
Lahey Clinic – Burlington  
Lawrence General Hospital  
Lowell General Hospital  
Marlborough Hospital  
Martha’s Vineyard Hospital

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2005 - *Continued*

Massachusetts Eye and Ear Infirmary  
Massachusetts General Hospital  
Mercy Medical Center – Providence Behavioral Health Hospital Campus  
Mercy Medical Center – Springfield Campus  
Merrimack Valley Hospital  
MetroWest Medical Center  
Milford Regional Medical Center  
Milton Hospital  
Morton Hospital and Medical Center  
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  
Northeast Health System – Addison Gilbert Campus  
Northeast Health System – Beverly Campus  
Quincy Medical Center  
Saint Anne’s Hospital  
Saint Vincent Hospital at Worcester Medical Center  
Saints Memorial Medical Center  
South Shore Hospital  
Southcoast Hospitals Group – Charlton Memorial Campus  
Southcoast Hospitals Group – St. Luke’s Campus  
Southcoast Hospitals Group – Tobey Hospital Campus  
Sturdy Memorial Hospital  
Tufts-New England Medical Center  
UMass. Memorial Medical Center  
Winchester Hospital  
Wing Memorial Hospital and Medical Centers

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

2. LIST OF HOSPITALS WITH NO DATA FOR FY2005

The Division is pleased to announce that all Massachusetts acute care hospitals reported case mix and charge data for FY2005.

Note: Part D. Cautionary Use Hospitals contains information on hospitals with missing or problematic quarters. For FY2005, however, there were no cautionary use hospitals.

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

**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 & CHARGES BY QUARTER**

<b>Qtr</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Anna Jaques Hospital	2006	1,860	\$18,998,016
2	Anna Jaques Hospital		2,053	\$22,162,476
3	Anna Jaques Hospital		2,015	\$20,521,583
4	Anna Jaques Hospital		2,085	\$20,729,254
	Totals		8,013	\$82,411,329
1	Athol Memorial Hospital	2226	262	\$3,623,439
2	Athol Memorial Hospital		297	\$4,096,841
3	Athol Memorial Hospital		293	\$3,864,231
4	Athol Memorial Hospital		252	\$3,073,330
	Totals		1,104	\$14,657,841
1	Baystate Mary Lane	2148	337	\$2,624,489
2	Baystate Mary Lane		396	\$3,048,216
3	Baystate Mary Lane		406	\$3,002,535
4	Baystate Mary Lane		397	\$2,832,675
	Totals		1,536	\$11,507,915
1	Baystate Medical Center	2339	8,953	\$167,236,185
2	Baystate Medical Center		8,898	\$175,132,558
3	Baystate Medical Center		9,198	\$183,765,420
4	Baystate Medical Center		9,011	\$176,309,021
	Totals		36,060	\$702,443,184
1	Berkshire Health Systems – Berkshire	2313	3,068	\$41,200,280
2	Berkshire Health Systems – Berkshire		3,036	\$39,807,603
3	Berkshire Health Systems – Berkshire		3,125	\$41,584,176
4	Berkshire Health Systems – Berkshire		3,130	\$41,534,840
	Totals		12,359	\$164,126,899
1	Beth Israel Deaconess – Needham	2054	512	\$6,199,364
2	Beth Israel Deaconess – Needham		644	\$8,358,666
3	Beth Israel Deaconess – Needham		543	\$6,971,696
4	Beth Israel Deaconess – Needham		556	\$6,149,807
	Totals		2,255	\$27,679,533
1	Beth Israel Deaconess Medical Center	2069	9,674	\$223,421,305
2	Beth Israel Deaconess Medical Center		9,331	\$227,719,535
3	Beth Israel Deaconess Medical Center		9,560	\$225,553,657
4	Beth Israel Deaconess Medical Center		9,754	\$232,320,167
	Totals		38,319	\$909,014,664
1	Boston Medical Center – Harrison Ave.	2307	7,123	\$125,112,550
2	Boston Medical Center – Harrison Ave.		6,574	\$125,032,465
3	Boston Medical Center – Harrison Ave.		6,899	\$129,692,397
4	Boston Medical Center – Harrison Ave.		7,152	\$126,634,573
	Totals		27,748	\$506,471,985

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

Qtr	Hospital Name	DPH #	Total Discharges	Total Charges
1	Brigham and Women's Hospital	2921	12,810	\$456,568,944
2	Brigham and Women's Hospital		12,436	\$440,222,741
3	Brigham and Women's Hospital		13,348	\$465,011,357
4	Brigham and Women's Hospital		12,788	\$449,417,985
	Totals		51,382	\$1,811,221,027
1	Brockton Hospital	2118	3,558	\$35,890,885
2	Brockton Hospital		3,599	\$37,556,794
3	Brockton Hospital		3,656	\$36,335,445
4	Brockton Hospital		3,734	\$35,923,493
	Totals		14,547	\$145,706,617
1	Cambridge Health Alliance-Cambridge	2108	4,161	\$51,235,209
2	Cambridge Health Alliance-Cambridge		4,032	\$52,195,119
3	Cambridge Health Alliance-Cambridge		3,852	\$49,431,006
4	Cambridge Health Alliance-Cambridge		3,678	\$43,969,414
	Totals		15,723	\$196,830,748
1	Cape Cod Hospital	2135	4,204	\$63,106,305
2	Cape Cod Hospital		4,180	\$61,690,601
3	Cape Cod Hospital		4,143	\$61,899,068
4	Cape Cod Hospital		4,285	\$64,149,135
	Totals		16,812	\$250,845,109
1	Caritas Carney Hospital	2003	1,901	\$24,539,277
2	Caritas Carney Hospital		1,999	\$26,193,953
3	Caritas Carney Hospital		1,953	\$24,401,601
4	Caritas Carney Hospital		1,924	\$23,373,094
	Totals		7,777	\$98,507,925
1	Caritas Good Samaritan Medical Ctr.	2101	3,030	\$27,962,811
2	Caritas Good Samaritan Medical Ctr.		3,088	\$30,367,569
3	Caritas Good Samaritan Medical Ctr.		3,123	\$29,125,632
4	Caritas Good Samaritan Medical Ctr.		3,171	\$31,822,754
	Totals		12,412	\$119,278,766
1	Caritas Good Sam. - Norcap Lodge	2KGH	620	\$1,827,245
2	Caritas Good Sam. - Norcap Lodge		681	\$2,087,388
3	Caritas Good Sam. - Norcap Lodge		676	\$2,044,515
4	Caritas Good Sam. - Norcap Lodge		718	\$2,121,771
	Totals		2,695	\$8,080,919
1	Caritas Holy Family Hospital	2225	3,128	\$32,600,039
2	Caritas Holy Family Hospital		3,201	\$32,409,469
3	Caritas Holy Family Hospital		3,099	\$32,783,410
4	Caritas Holy Family Hospital		3,055	\$33,862,387
	Totals		12,483	\$131,655,305
1	Caritas Norwood Hospital	2114	3,315	\$39,068,707
2	Caritas Norwood Hospital		3,318	\$40,643,884
3	Caritas Norwood Hospital		3,203	\$38,549,518
4	Caritas Norwood Hospital		3,211	\$37,201,815
	Totals		13,047	\$155,463,924



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**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Caritas St. Elizabeth's Hospital	2085	4,207	\$74,363,621
2	Caritas St. Elizabeth's Hospital		4,292	\$79,690,243
3	Caritas St. Elizabeth's Hospital		4,175	\$75,888,728
4	Caritas St. Elizabeth's Hospital		4,199	\$74,313,119
	Totals		16,873	\$304,255,711
1	Children's Hospital Boston	2139	4,149	\$138,576,249
2	Children's Hospital Boston		4,092	\$134,758,476
3	Children's Hospital Boston		4,221	\$144,434,907
4	Children's Hospital Boston		4,264	\$143,063,056
	Totals		16,726	\$560,832,688
1	Clinton Hospital	2126	350	\$5,230,380
2	Clinton Hospital		371	\$5,667,364
3	Clinton Hospital		328	\$5,124,200
4	Clinton Hospital		317	\$5,040,179
	Totals		1,366	\$21,062,123
1	Cooley Dickinson Hospital	2155	2,084	\$23,125,489
2	Cooley Dickinson Hospital		2,144	\$25,102,299
3	Cooley Dickinson Hospital		2,024	\$23,009,815
4	Cooley Dickinson Hospital		2,084	\$22,506,063
	Totals		8,336	\$93,743,666
1	Dana-Farber Cancer Institute	2335	265	\$14,485,676
2	Dana-Farber Cancer Institute		223	\$12,715,021
3	Dana-Farber Cancer Institute		186	\$15,948,612
4	Dana-Farber Cancer Institute		271	\$12,986,128
	Totals		945	\$56,135,437
1	Emerson Hospital	2018	1,982	\$29,349,152
2	Emerson Hospital		2,292	\$31,985,199
3	Emerson Hospital		2,196	\$30,548,223
4	Emerson Hospital		2,190	\$28,612,632
	Totals		8,660	\$120,495,206
1	Fairview Hospital	2052	324	\$3,026,304
2	Fairview Hospital		349	\$3,302,468
3	Fairview Hospital		301	\$2,965,943
4	Fairview Hospital		270	\$2,396,834
	Totals		1,244	\$11,691,549
1	Falmouth Hospital	2289	1,640	\$18,497,967
2	Falmouth Hospital		1,564	\$17,850,284
3	Falmouth Hospital		1,626	\$18,672,726
4	Falmouth Hospital		1,701	\$19,549,354
	Totals		6,531	\$74,570,331
1	Faulkner Hospital	2048	1,999	\$34,732,178
2	Faulkner Hospital		2,108	\$38,969,752
3	Faulkner Hospital		2,064	\$37,415,368
4	Faulkner Hospital		2,009	\$33,925,757
	Totals		8,180	\$145,043,055

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr.</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Franklin Medical Center	2120	1,203	\$13,081,412
2	Franklin Medical Center		1,283	\$14,828,188
3	Franklin Medical Center		1,259	\$14,031,860
4	Franklin Medical Center		1,224	\$13,645,491
	Totals		4,969	\$55,586,951
1	Hallmark Health – Lawrence Memorial	2038	1,280	\$18,213,237
2	Hallmark Health – Lawrence Memorial		1,370	\$18,701,953
3	Hallmark Health – Lawrence Memorial		1,214	\$15,798,725
4	Hallmark Health – Lawrence Memorial		1,260	\$16,821,847
	Totals		5,124	\$69,535,762
1	Hallmark Health – Melrose-Wakefield	2058	2,726	\$28,222,843
2	Hallmark Health – Melrose-Wakefield		2,757	\$28,925,695
3	Hallmark Health – Melrose-Wakefield		2,759	\$26,649,339
4	Hallmark Health – Melrose-Wakefield		2,858	\$27,847,858
	Totals		11,100	\$111,645,735
1	Harrington Memorial Hospital	2143	840	\$8,879,159
2	Harrington Memorial Hospital		847	\$9,092,105
3	Harrington Memorial Hospital		858	\$7,912,348
4	Harrington Memorial Hospital		810	\$8,224,086
	Totals		3,355	\$34,107,698
1	Health Alliance Hospitals, Inc.	2034	2,142	\$21,129,986
2	Health Alliance Hospitals, Inc.		2,161	\$22,344,011
3	Health Alliance Hospitals, Inc.		2,147	\$21,169,742
4	Health Alliance Hospitals, Inc.		2,104	\$20,630,950
	Totals		8,554	\$85,274,689
1	Heywood Hospital	2036	1,104	\$12,322,320
2	Heywood Hospital		1,244	\$14,047,545
3	Heywood Hospital		1,212	\$12,858,356
4	Heywood Hospital		1,092	\$11,237,216
	Totals		4,652	\$50,465,437
1	Holyoke Medical Center	2145	1,906	\$19,819,023
2	Holyoke Medical Center		2,116	\$20,700,599
3	Holyoke Medical Center		1,998	\$20,163,418
4	Holyoke Medical Center		1,948	\$20,030,772
	Totals		7,968	\$80,713,812
1	Hubbard Regional Hospital	2157	332	\$2,411,643
2	Hubbard Regional Hospital		428	\$3,216,110
3	Hubbard Regional Hospital		424	\$3,183,474
4	Hubbard Regional Hospital		306	\$2,330,085
	Totals		1,490	\$11,141,312
1	Jordan Hospital	2082	2,209	\$24,738,039
2	Jordan Hospital		2,313	\$25,486,850
3	Jordan Hospital		2,342	\$25,792,011
4	Jordan Hospital		2,384	\$25,729,907
	Totals		9,248	\$101,746,807

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr.</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Kindred Hospital – Boston	2091	86	\$5,513,465
2	Kindred Hospital – Boston		103	\$7,864,111
3	Kindred Hospital – Boston		101	\$8,884,214
4	Kindred Hospital – Boston		86	\$6,148,588
	Totals		376	\$28,410,378
1	Kindred Hospital Boston – North Shore	2171	130	\$9,183,220
2	Kindred Hospital Boston – North Shore		145	\$11,043,379
3	Kindred Hospital Boston – North Shore		126	\$13,146,927
4	Kindred Hospital Boston – North Shore		118	\$10,904,319
	Totals		519	\$44,277,845
1	Lahey Clinic Burlington	2033	4,761	\$86,730,277
2	Lahey Clinic Burlington		4,532	\$83,831,454
3	Lahey Clinic Burlington		4,788	\$92,841,940
4	Lahey Clinic Burlington		4,627	\$87,605,074
	Totals		18,708	\$351,008,745
1	Lawrence General Hospital	2099	2,729	\$30,728,133
2	Lawrence General Hospital		2,794	\$31,079,938
3	Lawrence General Hospital		2,843	\$29,921,528
4	Lawrence General Hospital		2,927	\$30,439,533
	Totals		11,293	\$122,169,132
1	Lowell General Hospital	2040	2,997	\$29,168,489
2	Lowell General Hospital		3,027	\$30,081,820
3	Lowell General Hospital		3,082	\$31,281,827
4	Lowell General Hospital		2,977	\$30,561,340
	Totals		12,083	\$121,093,476
1	Marlborough Hospital	2103	918	\$12,830,600
2	Marlborough Hospital		893	\$13,565,877
3	Marlborough Hospital		855	\$13,238,912
4	Marlborough Hospital		856	\$12,486,649
	Totals		3,522	\$52,122,038
1	Martha's Vineyard Hospital	2042	279	\$2,759,176
2	Martha's Vineyard Hospital		318	\$3,437,467
3	Martha's Vineyard Hospital		283	\$3,387,051
4	Martha's Vineyard Hospital		349	\$4,317,911
	Totals		1,229	\$13,901,605
1	Mass. Eye and Ear Infirmary	2167	262	\$4,635,734
2	Mass. Eye and Ear Infirmary		315	\$5,302,226
3	Mass. Eye and Ear Infirmary		327	\$5,944,034
4	Mass. Eye and Ear Infirmary		342	\$5,828,631
	Totals		1,246	\$21,710,625
1	Massachusetts General Hospital	2168	11,972	\$515,518,636
2	Massachusetts General Hospital		11,558	\$503,698,605
3	Massachusetts General Hospital		12,602	\$522,570,777
4	Massachusetts General Hospital		12,571	\$518,631,490
	Totals		48,703	\$2,060,419,508

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr.</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Mercy Medical Center - Providence	2150	988	\$12,759,919
2	Mercy Medical Center - Providence		972	\$12,495,878
3	Mercy Medical Center - Providence		1,039	\$12,922,528
4	Mercy Medical Center - Providence		979	\$12,947,475
	Totals		3,978	\$51,125,800
1	Mercy Medical Center - Springfield	2149	3,313	\$55,523,216
2	Mercy Medical Center - Springfield		3,290	\$53,196,474
3	Mercy Medical Center - Springfield		3,226	\$54,492,190
4	Mercy Medical Center - Springfield		3,163	\$50,595,230
	Totals		12,992	\$213,807,110
1	Merrimack Valley Hospital	2131	1,057	\$27,305,708
2	Merrimack Valley Hospital		1,165	\$32,195,496
3	Merrimack Valley Hospital		1,077	\$32,529,522
4	Merrimack Valley Hospital		1,099	\$32,118,381
	Totals		4,398	\$124,149,107
1	MetroWest Medical Center.	2020	4,081	\$55,587,407
2	MetroWest Medical Center.		4,027	\$52,174,798
3	MetroWest Medical Center.		4,104	\$56,134,559
4	MetroWest Medical Center.		3,851	\$52,919,040
	Totals		16,063	\$216,815,804
1	Milford Regional Medical Center	2105	2,160	\$29,008,011
2	Milford Regional Medical Center		2,449	\$35,361,776
3	Milford Regional Medical Center		2,238	\$31,206,316
4	Milford Regional Medical Center		2,412	\$31,066,979
	Totals		9,259	\$126,643,082
1	Milton Hospital	2227	1,133	\$13,171,131
2	Milton Hospital		1,181	\$14,659,984
3	Milton Hospital		1,199	\$15,009,147
4	Milton Hospital		1,101	\$12,836,896
	Totals		4,614	\$55,677,158
1	Morton Hospital	2022	1,831	\$17,220,889
2	Morton Hospital		2,007	\$18,190,899
3	Morton Hospital		2,000	\$17,450,760
4	Morton Hospital		1,877	\$16,681,790
	Totals		7,715	\$69,544,338
1	Mount Auburn Hospital	2071	3,544	\$36,129,886
2	Mount Auburn Hospital		3,501	\$38,648,257
3	Mount Auburn Hospital		3,682	\$38,685,223
4	Mount Auburn Hospital		3,421	\$38,147,110
	Totals		14,148	\$151,610,476
1	Nantucket Cottage Hospital	2044	141	\$942,860
2	Nantucket Cottage Hospital		133	\$737,851
3	Nantucket Cottage Hospital		139	\$770,049
4	Nantucket Cottage Hospital		139	\$1,029,566
	Totals		552	\$3,480,326

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr.</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Nashoba Valley Hospital	2298	657	\$7,887,211
2	Nashoba Valley Hospital		636	\$7,715,638
3	Nashoba Valley Hospital		604	\$7,686,640
4	Nashoba Valley Hospital		574	\$6,307,758
	Totals		2,471	\$29,597,247
1	New England Baptist Hospital	2059	1,779	\$40,325,842
2	New England Baptist Hospital		1,716	\$38,913,117
3	New England Baptist Hospital		1,796	\$39,597,441
4	New England Baptist Hospital		1,684	\$37,084,305
	Totals		6,975	\$155,920,705
1	Newton-Wellesley Hospital	2075	3,994	\$52,656,377
2	Newton-Wellesley Hospital		4,180	\$55,926,871
3	Newton-Wellesley Hospital		4,179	\$53,711,920
4	Newton-Wellesley Hospital		4,171	\$52,367,533
	Totals		16,524	\$214,662,701
1	Noble Hospital	2076	889	\$12,860,030
2	Noble Hospital		913	\$12,945,496
3	Noble Hospital		836	\$12,681,538
4	Noble Hospital		851	\$12,448,686
	Totals		3,489	\$50,935,750
1	North Adams Regional Hospital	2061	846	\$10,963,870
2	North Adams Regional Hospital		807	\$11,145,222
3	North Adams Regional Hospital		803	\$10,304,104
4	North Adams Regional Hospital		806	\$11,264,294
	Totals		3,262	\$43,677,490
1	North Shore Medical Center	2014	5,662	\$58,338,109
2	North Shore Medical Center		5,806	\$63,671,764
3	North Shore Medical Center		5,671	\$59,154,665
4	North Shore Medical Center		5,773	\$58,556,869
	Totals		22,912	\$239,721,407
1	Northeast Health – Addison Gilbert	2016	546	\$4,897,935
2	Northeast Health – Addison Gilbert		597	\$5,981,906
3	Northeast Health – Addison Gilbert		530	\$5,595,883
4	Northeast Health – Addison Gilbert		513	\$5,123,268
	Totals		2,186	\$21,598,992
1	Northeast Health – Beverly	2007	4,137	\$38,193,711
2	Northeast Health – Beverly		4,210	\$38,715,767
3	Northeast Health – Beverly		4,448	\$42,333,793
4	Northeast Health – Beverly		4,351	\$39,495,840
	Totals		17,146	\$158,739,111
1	Quincy Medical Center	2151	1,990	\$24,361,455
2	Quincy Medical Center		2,133	\$26,216,008
3	Quincy Medical Center		2,096	\$24,440,576
4	Quincy Medical Center		2,120	\$25,722,674
	Totals		8,339	\$100,740,713

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr.</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	Saint Anne's Hospital	2011	1,589	\$22,274,173
2	Saint Anne's Hospital		1,681	\$24,024,792
3	Saint Anne's Hospital		1,646	\$24,198,404
4	Saint Anne's Hospital		1,584	\$22,384,194
	Totals		6,500	\$92,881,563
1	Saint Vincent Hospital at Worcester	2128	5,416	\$83,104,360
2	Saint Vincent Hospital at Worcester		4,930	\$76,979,064
3	Saint Vincent Hospital at Worcester		5,043	\$80,773,263
4	Saint Vincent Hospital at Worcester		4,841	\$78,994,980
	Totals		20,230	\$319,851,667
1	Saints Memorial Medical Center	2063	1,882	\$22,251,636
2	Saints Memorial Medical Center		1,911	\$23,232,257
3	Saints Memorial Medical Center		1,849	\$21,913,571
4	Saints Memorial Medical Center		1,788	\$21,014,143
	Totals		7,430	\$88,411,607
1	South Shore Hospital	2107	5,821	\$63,711,004
2	South Shore Hospital		5,551	\$64,166,488
3	South Shore Hospital		5,660	\$61,904,590
4	South Shore Hospital		5,561	\$61,777,016
	Totals		22,593	\$251,559,098
1	Southcoast Hospitals Group - Charlton	2337	4,135	\$56,092,983
2	Southcoast Hospitals Group - Charlton		4,426	\$64,584,344
3	Southcoast Hospitals Group - Charlton		4,286	\$61,291,044
4	Southcoast Hospitals Group - Charlton		4,307	\$59,570,907
	Totals		17,154	\$241,539,278
1	Southcoast Hospitals Group - St. Luke's	2010	4,709	\$56,321,879
2	Southcoast Hospitals Group - St. Luke's		4,871	\$60,683,780
3	Southcoast Hospitals Group - St. Luke's		4,697	\$54,522,935
4	Southcoast Hospitals Group - St. Luke's		4,747	\$56,079,935
	Totals		19,024	\$227,608,529
1	Southcoast Hospitals Group - Tobey	2106	972	\$9,802,236
2	Southcoast Hospitals Group - Tobey		1,042	\$10,299,770
3	Southcoast Hospitals Group - Tobey		1,050	\$9,809,252
4	Southcoast Hospitals Group - Tobey		1,006	\$9,764,212
	Totals		4,070	\$39,675,470
1	Sturdy Memorial Hospital	2100	1,734	\$16,936,259
2	Sturdy Memorial Hospital		1,877	\$20,059,094
3	Sturdy Memorial Hospital		1,853	\$19,798,441
4	Sturdy Memorial Hospital		1,807	\$17,446,305
	Totals		7,271	\$74,240,099
1	Tufts-New England Medical Center	2299	4,469	\$138,435,152
2	Tufts-New England Medical Center		4,281	\$150,876,742
3	Tufts-New England Medical Center		4,443	\$153,267,382
4	Tufts-New England Medical Center		4,409	\$148,352,553
	Totals		17,602	\$590,931,829

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**PART E. HOSPITALS SUBMITTING DATA FOR FY2005**

**TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER**

<b>Qtr.</b>	<b>Hospital Name</b>	<b>DPH #</b>	<b>Total Discharges</b>	<b>Total Charges</b>
1	UMass. Memorial Medical Center	2841	11,093	\$289,936,371
2	UMass. Memorial Medical Center		10,931	\$290,963,490
3	UMass. Memorial Medical Center		11,074	\$291,856,376
4	UMass. Memorial Medical Center		10,835	\$282,092,928
	Totals		43,933	\$1,154,849,165
1	Winchester Hospital	2094	3,403	\$25,048,418
2	Winchester Hospital		3,473	\$25,057,080
3	Winchester Hospital		3,537	\$24,842,262
4	Winchester Hospital		3,488	\$25,602,239
	Totals		13,901	\$100,549,999
1	Wing Memorial Hospital	2181	761	\$5,889,469
2	Wing Memorial Hospital		718	\$5,977,884
3	Wing Memorial Hospital		670	\$5,993,300
4	Wing Memorial Hospital		659	\$5,995,284
	Totals		2,808	\$23,855,937
	<b>TOTALS</b>		<b>836,811</b>	<b>\$15,373,466,569</b>
			<b>Total Discharges</b>	<b>Total Charges</b>

**PART F. SUPPLEMENTARY INFORMATION**

**Supplement I**

Type A Errors and Type B Errors

**Supplement II**

Content of Hospital Verification Report Package

**Supplement III**

Hospital Addresses, DPH ID, ORG ID & Service Site ID  
Numbers

**Supplement IV**

Mergers, Name Changes, Closures, Conversions & Non-  
Acute Care Hospitals

**Supplement V**

Alphabetical Source of Payment List

**Supplement VI**

Numerical Source of Payment List



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**SUPPLEMENT I. LIST OF TYPE 'A' AND TYPE 'B' ERRORS**

**TYPE 'A' ERRORS:**

Record Type  
Submitter Name  
Receiver ID  
DPH Hospital Computer Number  
Type of Batch  
Period Starting Date  
Period Ending Date  
Medical Record Number  
Patient Sex  
Patient Birth Date  
Admission Date  
Discharge Date  
Primary Source of Payment  
Patient Status  
Billing Number  
Primary Payer Type  
Claim Certificate Number  
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

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**SUPPLEMENT I. LIST OF TYPE 'A' AND TYPE 'B' ERRORS**

**TYPE 'A' ERRORS – Continued:**

Total Charges: Special Services  
Total Charges: Routine Services  
Total Charges: Ancillaries  
Total Charges: (ALL CHARGES)  
Number of Discharges  
Total Charges: Accommodations  
Total Charges: Ancillaries  
Submitter Employer Identification Number (EIN)  
Number of Providers on Electronic submission  
Count of Batches  
ED Flag  
Observation Flag

**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 & II)

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**SUPPLEMENT II. CONTENT OF HOSPITAL VERIFICATION PACKAGE**

The **Hospital Verification Report\*** includes the following frequency distribution tables:

Type of Admission  
Source of Admission  
Age  
Sex  
Race  
Payer  
Length of Stay  
Disposition Status  
Number of Diagnosis Codes Used per Patient  
Number of Procedure Codes Used per Patient  
Month of Discharge  
\*DRGs  
Accommodation Charge Information  
Ancillary Charge Information  
Top 20 Principal E Codes  
Top 20 DRGs with Most Total Discharges  
MDCs listed in Rank Order Including DRG (468-470)  
MDCs listed in Rank Order Excluding DRG (468-470)

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

\*NOTE: Hospital discharges were grouped with All Patient-DRG Groupers, Version 12.0, 14.0, and 18.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification.

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**SUPPLEMENT III. HOSPITAL ADDRESSES, DPH ID, ORG ID  
& SERVICE SITE ID NUMBERS**

<b>Current Organization Name</b>	<b>Hospital Address</b>	<b>Hospital Org ID</b>	<b>Filing Org ID</b>	<b>DPH ID</b>	<b>Site ID</b>
Anna Jaques Hospital	25 Highland Avenue Newburyport, MA 01950	1	1	2006	1
Athol Memorial Hospital	2033 Main Street Athol, MA 01331	2	2	2226	2
Baystate Mary Lane	85 South Street Ware, MA 01082	6	6	2148	
Baystate Medical Center	3601 Main Street Springfield, MA 01107-1116	4	4	2339	4
Berkshire Medical Center – Berkshire Campus	725 North Street Pittsfield, MA 01201	6309	7	2313	7
Berkshire Medical Center – Hillcrest Campus	165 Tor Court Rd. Pittsfield, MA 01201	6309	7	2231	9
Beth Israel Deaconess Hospital – Needham	148 Chestnut Street Needham, MA 02192	53	53	2054	53
Beth Israel Deaconess Medical Center	330 Brookline Avenue Boston, MA 02215	8702	10	2069	10
Boston Medical Center – Harrison Avenue Campus	88 East Newton Street Boston, MA 02118	3107	16	2307	16
Boston Medical Center – East Newton Campus		3107	16	2084	144
Brigham and Women’s Hospital	75 Francis Street Boston, MA 02115	22	22	2921	22
Brockton Hospital	680 Centre Street Brockton, MA 02402	25	25	2118	25
Cambridge Health Alliance – Cambridge Campus	65 Beacon Street Somerville, MA 02143	3108	27	2108	27
Cambridge Health Alliance – Somerville Campus		3108	27	2001	143
Cambridge Health Alliance – Whidden Memorial Campus		3108	27	2046	142
Cape Cod Hospital	27 Park Street Hyannis, MA 02601	39	39	2135	

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<b>Current Organization Name</b>	<b>Hospital Address</b>	<b>Hospital Org ID</b>	<b>Filing Org ID</b>	<b>DPH ID</b>	<b>Site ID</b>
Caritas Carney Hospital	2100 Dorchester Avenue Dorchester, MA 02124	42	42	2003	
Caritas Good Samaritan Medical Center	235 North Pearl Street Brockton, MA 02301	8701	62	2101	
Caritas Good Samaritan Med. Ctr. – Norcap Lodge Campus	71 Walnut Avenue Foxboro, MA 02035	8701	4460	2KGH	
Caritas Holy Family Hospital and Medical Center	70 East Street Methuen, MA 01844	75	75	2225	
Caritas Norwood Hospital	800 Washington Street Norwood, MA 02062	41	41	2114	
Caritas St. Elizabeth's Hospital	736 Cambridge Street Brighton, MA 02135	126	126	2085	
Children's Hospital Boston	300 Longwood Avenue Boston, MA 02115	46	46	2139	
Clinton Hospital	201 Highland Street Clinton, MA 01510	132	132	2126	
Cooley Dickinson Hospital	30 Locust Street Northampton, MA 01060-5001	50	50	2155	
Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	51	51	2335	
Emerson Hospital	Route 2 Concord, MA 01742	57	57	2018	
Fairview Hospital	29 Lewis Avenue Great Barrington, MA 01230	8	8	2052	
Falmouth Hospital	100 Ter Heun Drive Falmouth, MA 02540	40	40	2289	
Faulkner Hospital	1153 Centre Street Jamaica Plain, MA 02130	59	59	2048	

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<b>Current Organization Name</b>	<b>Hospital Address</b>	<b>Hospital Org ID</b>	<b>Filing Org ID</b>	<b>DPH ID</b>	<b>Site ID</b>
Franklin Medical Center	164 High Street Greenfield, MA 01301	5	5	2120	
Hallmark Health System – Lawrence Memorial Campus	170 Governors Avenue Medford, MA 02155	3111	66	2038	
Hallmark Health System – Melrose-Wakefield Campus	585 Lebanon Street Melrose, MA 02176	3111	141	2058	
Harrington Memorial Hospital	100 South Street Southbridge, MA 01550	68	68	2143	
Health Alliance Hospitals, Inc.	60 Hospital Road Leominster, MA 01453-8004	71	71	2034	
Health Alliance Hospital – Burbank Campus		71	71	2034	8548
Health Alliance Hospital – Leominster Campus		71	71	2127	8509
Heywood Hospital	242 Green Street Gardner, MA 01440	73	73	2036	
Holyoke Medical Center	575 Beech Street Holyoke, MA 01040	77	77	2145	
Hubbard Regional Hospital	340 Thompson Road Webster, MA 01570	78	78	2157	
Jordan Hospital	275 Sandwich Street Plymouth, MA 02360	79	79	2082	
Kindred Hospital - Boston	1515 Comm. Ave. Boston, MA 02135	136	136	2091	
Kindred Hospital Boston – North Shore	15 King Street Peabody, MA 01960	135	135	2171	
Lahey Clinic – Burlington Campus	41 Mall Road Burlington, MA 01805	6546	81	2033	81
Lahey Clinic North Shore		6546	81	2033	4448

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<b>Current Organization Name</b>	<b>Hospital Address</b>	<b>Hospital Org ID</b>	<b>Filing Org ID</b>	<b>DPH ID</b>	<b>Site ID</b>
Lawrence General Hospital	One General Street Lawrence, MA 01842-0389	83	83	2099	
Lowell General Hospital	295 Varnum Avenue Lowell, MA 01854	85	85	2040	
Marlborough Hospital	57 Union Street Marlborough, MA 01752-9981	133	133	2103	
Martha's Vineyard Hospital	Linton Lane Oak Bluffs, MA 02557	88	88	2042	
Massachusetts Eye & Ear Infirmary	243 Charles Street Boston, MA 02114-3096	89	89	2167	
Massachusetts General Hospital	55 Fruit Street Boston, MA 02114	91	91	2168	
Mercy Medical Center - Providence Behavioral Health Hospital	1233 Main Street Holyoke, MA 01040	6547	118	2150	118
Mercy Medical Center-- Springfield Campus	271 Carew Street Springfield, MA 01102	6547	119	2149	119
Merrimack Valley Hospital	140 Lincoln Avenue Haverhill, MA 01830-6798	70	70	2131	
MetroWest Medical Center – Framingham Campus	115 Lincoln Street Framingham, MA 01701	3110	49	2020	49
MetroWest Medical Center – Leonard Morse Campus	67 Union Street Natick, MA 01760	3110	457	2039	457
Milford Regional Medical Center	14 Prospect Street Milford, MA 01757	97	97	2105	
Milton Hospital	92 Highland Street Milton, MA 02186	98	98	2227	
Morton Hospital and Medical Center	88 Washington Street Taunton, MA 02780	99	99	2022	
Mount Auburn Hospital	330 Mt. Auburn Street Cambridge, MA 02238	100	100	2071	

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<b>Current Organization Name</b>	<b>Hospital Address</b>	<b>Hospital Org ID</b>	<b>Filing Org ID</b>	<b>DPH ID</b>	<b>Site ID</b>
Nantucket Cottage Hospital	57 Prospect Street Nantucket, MA 02554	101	101	2044	
Nashoba Valley Medical Center	200 Groton Road Ayer, MA 01432	52	52	2298	
New England Baptist Hospital	125 Parker Hill Avenue Boston, MA 02120	103	103	2059	
Newton-Wellesley Hospital	2014 Washington Street Newton, MA 02162	105	105	2075	
Noble Hospital	115 West Silver Street Westfield, MA 01086	106	106	2076	
North Adams Regional Hospital	Hospital Avenue North Adams, MA 01247	107	107	2061	
North Shore Medical Center – Salem Campus	81 Highland Avenue Salem, MA 01970	345	116	2014	116
North Shore Medical Center – Union Campus	500 Lynnfield Street Lynn, MA 01904- 1424	345	116 Formerly #3	2073	3
Northeast Health System– Addison Gilbert Campus	298 Washington Street Gloucester, MA 01930	3112	109	2016	
Northeast Health System – Beverly Campus	85 Herrick Street Beverly, MA 01915	3112	110	2007	
Quincy Medical Center	114 Whitwell Street Quincy, MA 02169	112	112	2151	
Saint Anne’s Hospital	795 Middle Street Fall River, MA 02721	114	114	2011	
Saint Vincent Hospital at Worcester Medical Center	20 Worcester Ctr. Blvd. Worcester, MA 01608	127	127	2128	
Saints Memorial Medical Center	One Hospital Drive Lowell, MA 01852	115	115	2063	
South Shore Hospital	55 Fogg Road South Weymouth, MA 02190	122	122	2107	



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<b>Current Organization Name</b>	<b>Hospital Address</b>	<b>Hospital Org ID</b>	<b>Filing Org ID</b>	<b>DPH ID</b>	<b>Site ID</b>
Southcoast Hospitals Group – Charlton Memorial Campus	363 Highland Avenue Fall River, MA 02720	3113	123	2337	
Southcoast Hospitals Group - St. Luke's Campus	101 Page Street New Bedford, MA 02740	3113	124	2010	
Southcoast Hospitals Group – Tobey Hospital Campus	43 High Street Wareham, MA 02571	3113	145	2106	
Sturdy Memorial Hospital	211 Park Street Attleboro, MA 02703	129	129	2100	
Tufts-New England Medical Center	750 Washington Street Boston, MA 02111	104	104	2299	
U.Mass. Memorial Medical Center – Memorial Campus	120 Front Street Worcester, MA 01608	3115	131	2841 Formerly #2124	130
UMass. Memorial Medical Center – University Campus		3115	131	2841	131
Winchester Hospital	41 Highland Avenue Winchester, MA 01890	138	138	2094	
Wing Memorial Hospital and Medical Centers	40 Wright Street Palmer, MA 01069-1187	139	139	2181	

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

**MERGERS – ALPHABETICAL LIST**

<b>Name of New Entity</b>	<b>Names of Original Entities</b>	<b>DATE</b>
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 <b>NOTE:</b> 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 <b>NOTE:</b> 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
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

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,  
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**MERGERS – ALPHABETICAL LIST**

<b>Name of New Entity</b>	<b>Names of Original Entities</b>	<b>Date</b>
Northeast Health Systems	-Beverly Hospital -Addison Gilbert Hospital	October 1996
North Shore Medical Center	-North Shore Medical Center (dba Salem Hospital) and -Union Hospital  <b><u>NOTES:</u></b> 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

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,  
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**MERGERS – CHRONOLOGICAL LIST**

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

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

**NAME CHANGES**

<b>Name of New Entity</b>	<b>Original Entities</b>	<b>Date</b>
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

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,  
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**NAME CHANGES**

<b>Name of New Entity</b>	<b>Original Entities</b>	<b>Date</b>
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	
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.

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,  
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**CLOSURES**

<b>Date</b>	<b>Hospital Name</b>	<b>Comments</b>
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	

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

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

**CONVERSIONS & NON-ACUTE CARE HOSPITALS**

<b>HOSPITAL</b>	<b>COMMENTS</b>
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



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**SUPPLEMENT V.**  
**ALPHABETICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
272	Auto Insurance	T	AI
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) - POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.)	8	HMO

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**SUPPLEMENT V.**  
**ALPHABETICAL SOURCE OF PAYMENT LIST**  
**Effective October 1, 1997**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
14	Health new England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

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**SUPPLEMENT V.**  
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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician’s Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage - PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select - PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
203	Principal Financial Group (Principal Mutual Life)	7	COM
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice-PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

\*\* Supplemental Payer Source

\*\*\*Please list under the specific carrier when possible

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**SUPPLEMENT V.  
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**SUPPLEMENTAL PAYER SOURCES  
USE AS SECONDARY PAYER SOURCE ONLY**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC



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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage - PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health new England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice - PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker’s Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker’s Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

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<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
2236-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC

\*\* Supplemental Payer Source

\*\*\* Please list under the specific carrier when possible

General Documentation  
FY2005 Inpatient Hospital Discharge Database

**SUPPLEMENT VI.  
NUMERICAL SOURCE OF PAYMENT LIST  
Effective October 1, 1997**

**SUPPLEMENTAL PAYER SOURCES  
USE AS SECONDARY PAYER SOURCE ONLY**

<b>SOURCE PAY CODE</b>	<b>SOURCE OF PAYMENT DEFINITIONS</b>	<b>MATCHING PAYER TYPE CODE</b>	<b>PAYER TYPE ABBREVIATION</b>
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker’s Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC



## SECTION II. TECHNICAL DOCUMENTATION

### **PART A. CALCULATED FIELD DOCUMENTATION**

1. Age Calculation
2. Newborn Age
3. Preoperative Days
4. Length of Stay (LOS) Calculation
5. Length of Stay (LOS) Routine
6. Unique Health Information Number
7. Days Between Stays

**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.

**PART A. CALCULATED FIELD DOCUMENTATION**

**1. AGE CALCULATION**

**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.

**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) CALCULATION**

**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.

**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.

**PART A. CALCULATED FIELD DOCUMENTATION**

**7. DAYS BETWEEN STAYS (*continued*)**

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.

Technical Documentation  
FY2005 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

1. Discharge File Table FY2005
2. Revenue File Table FY2005
3. Data Code Tables FY2005

Technical Documentation  
FY2005 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

The following is a list of the contents of the FIPA Layout. The data is separated into a Discharge File and a Revenue File. Passed and Failed data are included together in each file. The failed discharges are flagged for easy identification. See Data Elements: Flag to indicate if Discharge passed edits, SubmissionPassedFlag.

Linkage between the Discharge File and the Revenue File can be accomplished using two data elements: ProviderControlID and DischargeID. ProviderControlID identifies a unique collection of discharges from a provider – i.e., a specific data submission for a specific hospital and quarter. DischargeID is a sequential number that identifies a specific discharge record within a specific provider submission. The combination of ProviderControlID and DischargeID identifies a unique discharge record.

It is important to note that the data set may vary depending on what level data you have received. Please also note that the FIPA file has been cleaned. Bad character data have been replaced with underscores. Bad numeric data and bad dates have been replaced with nulls.

The following files are included in the electronic files along with the Hospital Discharge Data:

- Top Errors Report
- Record Layout
- Total Charges & Discharges by Hospital

1. FY2005 Discharge File Table – 1 Record per Discharge

Please note changes made during FY04.

#	Data Element	Column
1	RecordType20ID*	RecordType20ID*
2	SubmissionControlID**	SubmissionControlID**
3	Hospital Organization ID	HospitalOrgID
4	Filing Organization ID	FilingOrgID
5	Site Number	SiteOrgID
6	Sex of Patient	Sex
7	Race of Patient	Race
8	Patient's Employer's Zip Code	EmployerZipCode
9	Patient's Resident Zip Code	ZipCode
10	Calculated Age	Age
11	Newborn Birth Weight (in grams)	Birthweight
12	Veterans Status	VeteransStatus
13	DNR Status	DNRStatus
14	Nature of the Patient Admission	AdmissionType

\*formerly dischargeid

\*\*formerly providercontolid

1. FY2005 Discharge File Table – 1 Record per Discharge - Continued

Technical Documentation  
FY2005 Inpatient Hospital Discharge Database

#	Data Element	Column
15	Primary Source of Patient Admission	AdmissionSourceCode1
16	Secondary Source of Patient Admission	AdmissionSourceCode2
17	Outcome of Patients Hospitalization	PatientStatus
18	Anticipated SOURCE of Hospital Expense Reimbursement	PayerCode1
19	Anticipated TYPE of Hospital Expense Reimbursement	PrimaryPayerType
20	Secondary SOURCE of Hospital Expense Reimbursement	PayerCode2
21	Secondary TYPE of Hospital Reimbursement	SecondaryPayerType
22	Day of week patient was Admitted	AdmissionDayOfWeek
23	Day of week patient was Discharged	DischargeDayOfWeek
24	Calculated Length of Stay	LengthOfStay
25	Administratively Necessary Days	NumberOfANDs
26	Leave of Absence Days	LeaveOfAbsenceDays
27	NbrOfDiagnosisCodes	NumberOfDiagnosisCodes
28	NbrOfProcedureCodes	NumberOfProcedureCodes
29	Patient's Medical Record Number	MedicalRecordNumber
30	Billing Number	HospBillNo
31	Unique Patient Identifier	UHIN
32	Patient's Birthdate	DOB
33	Mothers Unique Patient Identifier	MotherSSN
34	Mothers Medical Record Number	MotherMedicalRecordNumber
35	Days Between Stays	DaysBetweenStays
36	Re-Admission Sequence	UHIN SequenceNo
37	Date of Hospital Admission	AdmissionDate
38	Month of Hospital Admission	AdmissionMonth
39	Date of Hospital Discharge	DischargeDate
40	Month of Hospital Discharge	DischargeMonth
41	Period (Quarter) Starting Date	PeriodStartingDate
42	Period (Quarter) Ending Date	PeriodEndingDate
43	Attending Physician ID	AttendingPhysID
44	Attending Physician NPI	AttendingPhysNPI
45	Attending Physician NPI Location Code	AttendingPhysNPILocationCode
46	Operating Physician ID	OperatingPhysID
47	Operating Physician NPI	OperatingPhysNPI
48	Operating Physician NPI Location Code	OperatingPhysNPILocationCode
49	Other Care Giver Code	OtherCareGiverCode
50	Other Care Giver NPI	OtherCareGiverNPI
51	Other Care Giver NPI Location Code	OtherCareGiverNPILocCode

1. FY2005 Discharge File Table – 1 Record per Discharge - Continued

Technical Documentation  
FY2005 Inpatient Hospital Discharge Database

#	Data Element	Column
52	Total Charges for Routine Accom. Revenue Centers	TotalChargesRoutine
53	Total Charges for Special Accom. Revenue Centers	TotalChargeSpecial
54	Total Charges for all Revenue Centers	TotalChargesAll
55	Total Charges for Ancillary Revenue Centers	TotalChargesAncillaries
56	Flag to indicate if discharge passed edits	DischargePassed
57	SubmissionPassedFlag	SubmissionPassedFlag
58	ED Flag	EDFlagCode
59	Outpatient Observation Stay Flag	OutpatntObsrvStayFlagCode
60	Special Condition Indicator	SpecialConditionIndicator
61	Principal ICD-9 Diagnosis Code	DiagnosisCode1
62	Associated ICD-9 Diag Code I	DiagnosisCode2
63	Associated ICD-9 Diag Code II	DiagnosisCode3
64	Associated ICD-9 Diag Code III	DiagnosisCode4
65	Associated ICD-9 Diag Code IV	DiagnosisCode5
66	Associated ICD-9 Diag Code V	DiagnosisCode6
67	Associated ICD-9 Diag Code VI	DiagnosisCode7
68	Associated ICD-9 Diag Code VII	DiagnosisCode8
69	Associated ICD-9 Diag Code VIII	DiagnosisCode9
70	Associated ICD-9 Diag Code IX	DiagnosisCode10
71	Associated ICD-9 Diag Code X	DiagnosisCode11
72	Associated ICD-9 Diag Code XI	DiagnosisCode12
73	Associated ICD-9 Diag Code XII	DiagnosisCode13
74	Associated ICD-9 Diag Code XIII	DiagnosisCode14
75	Associated ICD-9 Diag Code XIV	DiagnosisCode15
76	Principal ICD-9 Procedure Code	ProcedureCode1
77	Principal Procedure Date	ProcedureDate1
78	Significant ICD-9 Procedure Code I	ProcedureCode2
79	Procedure I Date	ProcedureDate2
80	Significant ICD-9 Procedure II Code	ProcedureCode3
81	Procedure II Date	ProcedureDate3
82	Significant ICD-9 Procedure III Code	ProcedureCode4
83	Significant ICD-9 Procedure IV Code	ProcedureCode5
84	Significant ICD-9 Procedure V Code	ProcedureCode6
85	Significant ICD-9 Procedure VI Code	ProcedureCode7
86	Significant ICD-9 Procedure VII Code	ProcedureCode8
87	Significant ICD-9 Procedure VIII Code	ProcedureCode9
88	Significant ICD-9 Procedure IX Code	ProcedureCode10
89	Significant ICD-9 Procedure X Code	ProcedureCode11
90	Significant ICD-9 Procedure XI Code	ProcedureCode12
91	Significant ICD-9 Procedure XII Code	ProcedureCode13

1. FY2005 Discharge File Table – 1 Record per Discharge - Continued

Technical Documentation  
FY2005 Inpatient Hospital Discharge Database

#	Data Element	Column
92	Significant ICD-9 Procedure XIII Code	ProcedureCode14
93	Significant ICD-9 Procedure XIV Code	ProcedureCode15
94	Number of days in hospital when FIRST procedure performed	PreoperativeDays1
95	Number of days in hospital when SECOND procedure performed	PreoperativeDays2
96	Number of days in hospital when THIRD procedure performed	PreoperativeDays3
97	V18 Major Diagnosis Group (MDC)	V18_MDC
98	V 18 Diagnosis Related Group (DRG)	V18_DRG
99	V18 DRG Return Code	V18_ReturnCode
100	V 18 First O.R. Procedure Code used by Grouper	V18_ORProcedureCode1
101	V 18 Second O.R. Procedure Code used by Grouper	V18_ORProcedureCode2
102	V 18 Third O.R. Procedure Code used by Grouper	V18_ORProcedureCode3
103	V 18 First Non-O.R. Procedure Code used by Grouper	V18_NonORProcedureCode1
104	V 18 Second Non-O.R. Procedure Code used by Grouper	V18_NonORProcedureCode2
105	V 18 First Diagnosis Code, other than principal code, that was used by Grouper	V18_DiagnosisCode1
106	V 18 Second Diagnosis Code, other than principal code, that was used by Grouper	V18_DiagnosisCode2
107	V 18 Third Diagnosis Code, other than principal code, that was used by Grouper	V18_DiagnosisCode3
108	V 18 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	V18_DiagnosisCodeComplication
109	V 18 Major Complication/Comorbidity Indicator	V18_Complication
110	V 18 Trauma Registry Indicator	V18_TraumaRegistryIndicator
111	V 18 Congenital Malformation Registry Indicator	V18_CongenitalMalformationRegistryIndicator
112	V AP 12 Major Diagnosis Group (MDC)	V12_MDC
113	V AP 12 Diagnosis Related Group (DRG)	V12_DRG
114	V AP 12 DRG Return Code	V12_ReturnCode
115	V AP 12 First O.R. Procedure Code used by Grouper	V12_ORProcedureCode1
116	V AP 12 Second O.R. Procedure Code used by Grouper	V12_ORProcedureCode2
117	V AP 12 Third O.R. Procedure Code used by Grouper	V12_ORProcedureCode3
118	V AP 12 First Non-O.R. Procedure Code used by Grouper	V12_NonORProcedureCode1
119	V AP 12 Second Non-O.R. Procedure Code used by Grouper	V12_NonORProcedureCode2

Technical Documentation  
FY2005 Inpatient Hospital Discharge Database

1. FY2005 Discharge File Table – 1 Record per Discharge - Continued

#	Data Element	Column
120	V AP 12 First Diagnosis Code, other than principal code, that was used by Grouper	V12_DiagnosisCode1
121	V AP 12 Second Diagnosis Code, other than principal code, that was used by Grouper	V12_DiagnosisCode2
122	V AP 12 Third Diagnosis Code, other than principal code, that was used by Grouper	V12_DiagnosisCode3
123	V AP 12 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	V12_DiagnosisCodeComplication
124	V AP 12 Major Complication/Comorbidity Indicator	V12_Complication
125	V AP 12 Trauma Registry Indicator	V12_TraumaRegistryIndicator
126	V AP 14.1 Major Diagnosis Group (MDC)	V141_MDC
127	V AP 14.1 Diagnosis Related Group (DRG)	V141_DRG
128	V AP 14.1 DRG Return Code	V141_ReturnCode
129	V AP 14.1 First O.R. Procedure Code used by Grouper	V141_ORProcedureCode1
130	V AP 14.1 Second O.R. Procedure Code used by Grouper	V141_ORProcedureCode2
131	V AP 14.1 Third O.R. Procedure Code used by Grouper	V141_ORProcedureCode3
132	V AP 14.1 First Non-O.R. Procedure Code used by Grouper	V141_NonORProcedureCode1
133	V AP 14.1 Second Non-O.R. Procedure Code used by Grouper	V141_NonORProcedureCode2
134	V AP 14.1 First Diagnosis Code, other than principal code, that was used by Grouper	V141_DiagnosisCode1
135	V AP 14.1 Second Diagnosis Code, other than principal code, that was used by Grouper	V141_DiagnosisCode2
136	V AP 14.1 Third Diagnosis Code, other than principal code, that was used by Grouper	V141_DiagnosisCode3
137	V AP 14.1 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	V141_DiagnosisCodeComplication
138	V AP 14.1 Major Complication/Comorbidity Indicator	V141_Complication
139	V AP 14.1 Trauma Registry Indicator	V141_TraumaRegistryIndicator
140	V APR 15 Major Diagnosis Group (MDC)	V15_MDC
141	V APR 15 Diagnosis Related Group (DRG)	V15_DRG
142	V APR 15 DRG Return Code	V15_ReturnCode
143	V APR 15 First O.R. Procedure Code used by Grouper	V15_ORProcedureCode1
144	V APR 15 Second O.R. Procedure Code used by Grouper	V15_ORProcedureCode2
145	V APR 15 Third O.R. Procedure Code used by Grouper	V15_ORProcedureCode3



Technical Documentation  
 FY2005 Inpatient Hospital Discharge Database

1. FY2005 Discharge File Table – 1 Record per Discharge - Continued

#	Data Element	Column
146	V APR 15 First Non-O.R. Procedure Code used by Grouper	V15_NonORProcedureCode1
147	V APR 15 Second Non-O.R. Procedure Code used by Grouper	V15_NonORProcedureCode2
148	V APR 15 First Diagnosis Code, other than principal code, that was used by Grouper	V15_DiagnosisCode1
149	V APR 15 Second Diagnosis Code, other than principal code, that was used by Grouper	V15_DiagnosisCode2
150	V APR 15 Third Diagnosis Code, other than principal code, that was used by Grouper	V15_DiagnosisCode3
151	V APR 15 Patient Severity Subclass	V15_Severity
152	V APR 15 Patient Severity Diagnosis Buffer	V15_SeverityDiagnosisBuffer
153	V APR 15 Patient Mortality Subclass	V15_Mortality
154	V APR 15 Patient Mortality Diagnosis Buffer	V15_MortalityDiagnosisBuffer

Technical Documentation  
FY2005 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

2. FY2005 Revenue File Table - 1 Record per Revenue Code reported for each discharge

#	Data Element	Column
1	RecordType20ID	RecordType20ID
2	ServiceID	ServiceID
3	SubmissionControlID	SubmissionControlID
4	Revenue Code Type	TypeofService
5	LineItem	Sequence
6	UB-92 Revenue Code	RevenueCode
7	Units of Service for Revenue Center	UnitsOfService
8	Charges for Revenue Center	TotalCharges

**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES**

The following are the code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00. Please note that the Source of Payment Code Table and the Supplemental Payer Source Code Table appears as Supplements in Part F of this manual.

**Patient Sex Codes:**

<b>* SEX CODE</b>	<b>* Patient Sex Definition</b>
M	Male
F	Female
U	Unknown

**Patient Race Codes:**

<b>* RACE CODE</b>	<b>* Patient Race Definition</b>
1	White
2	Black
3	Asian
4	Hispanic
5	Native American
6	Other
9	Unknown

**Type of Admission Codes:**

<b>* TYPEADM CODE</b>	<b>*Type of Admission Definition</b>
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Information Unavailable

Technical Documentation  
 FY2005 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Source of Admission Codes:**

<b>* SRCADM CODE</b>	<b>* Source of Admission Definition</b>
0	Information not available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral / HMO Referral
4	Transfer from an Acute Hospital
5	Transfer from a Skilled Nursing Facility (SNF)
6	Transfer from Intermediate Care Facility (ICF)
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other (to include Level 4 Nursing Facility)
L	Outside Hospital Clinic Referral
M	Walk-In / Self-Referral
R	Within Hospital Emergency Room Transfer
T	Transfer from Another Institution's Ambulatory Surgery
W	Extramural Birth
X	Observation
Y	Within Hospital Ambulatory Surgery Transfer

<b>* SRCADM CODE</b>	<b>* Source of Admission Definition – Newborn Only</b>
Z	Information Not Available – Newborn
A	Normal Delivery
B	Premature Delivery
C	Sick Baby
D	Extramural Birth

Technical Documentation  
 FY2005 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Patient Status Codes:**

<b>Departure Status Code</b>	<b>Departure Status Description</b>
01	Discharged/transferred to home or self-care (routine discharge)
02	Discharged/transferred to another short-term general hospital
03	Discharged/transferred to Skilled Nursing Facility (SNF)
04	Discharged/transferred to Intermediate Care Facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
06	Discharged/transferred to home under care of organized home health service organization
07	Left Against Medical Advice
08	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
09	Not Used
10	Discharged/transferred to chronic hospital
11	Discharged/transferred to mental health hospital
12	Discharge Other
13	Discharged/transferred to rehab hospital
14	Discharged/transferred to rest home
15	Discharged to shelter
20	Expired (or did not recover – Christian Science Patient)
50	Discharged to Hospice-Home
51	Discharged to Hospice Medical Facility

Technical Documentation  
FY2005 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Payer Type Codes:**

<b>*PAYER TYPE CODE</b>	<b>Payer Type Abbreviation</b>	<b>* Payer Type Definition</b>
1	SP	Self-Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	Health Maintenance Organization
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-Of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)

Technical Documentation  
FY2005 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Veteran's Status Codes:**

<b>*VESTA CODE</b>	<b>* Veterans Status Definition</b>
1	YES
2	NO (includes never a military, currently in active duty, national guard or revisit with 6 months or less active duty)
3	Not applicable
4	Not Determined (unable to obtain information)

**DNR Codes:**

<b>* DNR CODE</b>	<b>Do Not Resuscitate Status Definition</b>
1	DNR Order Written
2	Comfort Measures Only
3	No DNR Order or comfort measures ordered

Technical Documentation  
FY2005 Inpatient Hospital Discharge Database

**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Routine Accommodations:**

	<b>Revenue Center</b>	<b>Revenue Code</b>	<b>Units of Service</b>
1.	Medical/Surgical	111 (Includes codes: 111, 121, 131, 141, 151)	Days
2.	Obstetrics	112 (Includes codes: 112, 122, 132, 142, 152)	Days
3.	Pediatrics	113 (Includes codes: 113, 123, 133, 143, 153)	Days
4.	Psychiatric	114 (Includes codes: 114, 124, 134, 144, 154)	Days
5.	Hospice	115 (Includes codes: 115, 125, 135, 145, 155)	Days
6.	Detoxification	116 (Includes codes: 116, 126, 136, 146, 156)	Days
7.	Oncology	117 (Includes codes: 117, 127, 137, 147, 157)	Days
8.	Rehabilitation	118 (Includes codes: 118, 128, 138, 148, 158)	Days
9.	Other	119 (Includes codes: 119, 129, 139, 149, 159)	Days
10.	Nursery	170 (Includes codes: 170, 171, 172, 179)	Days
11.	Chronic	192	Days
12.	Subacute	196	Days
13.	TCU	197	Days
14.	SNF	198	Days



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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Special Care Accommodations:**

	<b>Revenue Center</b>	<b>Revenue Code</b>	<b>Units of Service</b>
1.	Neo-Natal ICU	175 (Includes codes: 173 & 174)	Days
2.	Medical / Surgical ICU	200 (Includes codes: 201 & 202)	Days
3.	Pediatric ICU	203	Days
4.	Psychiatric ICU	204	Days
5.	Post Care ICU	206	Days
6.	Burn Unit	207	Days
7.	Trauma Unit	208	Days
8.	Other ICU	209	Days
9.	Coronary Care Unit	210	Days
10.	Myocardial Infarction	211	Days
11.	Pulmonary Care	212	Days
12.	Heart Transplant	213	Days
13.	Post Coronary Care	214	Days
14.	Other Coronary Care	219	Days

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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Ancillary Services:**

	<b>Revenue Center</b>	<b>Revenue Code</b>	<b>Units of Service</b>
1.	Special Charges	220	Zeros
2.	Incremental Nursing Charge Rate	230	Zeros
3.	All Inclusive Ancillary	240	Zeros
4.	Pharmacy	250	Zeros
5.	IV Therapy	260	Zeros
6.	Medical / Surgical Supplies and Devices	270	Zeros
7.	Oncology	280	Zeros
8.	Durable Medical Equipment	290	Zeros
9.	Laboratory	300	Zeros
10.	Laboratory Pathological	310	Zeros
11.	Diagnostic Radiology	320	Zeros
12.	Therapeutic Radiology	330	Zeros
13.	Nuclear Medicine	340	Zeros
14.	CAT Scan	350	Zeros
15.	Operating Room Services	360	Zeros
16.	Anesthesia	370	Zeros
17.	Blood	380	Zeros
18.	Blood Storage and Processing	390	Zeros
19.	Other Imaging Services	400	Zeros
20.	Respiratory Services	410	Zeros

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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Ancillary Services:**

	<b>Revenue Center</b>	<b>Revenue Code</b>	<b>Units of Service</b>
21.	Physical Therapy	420	Zeros
22.	Occupational Therapy	430	Zeros
23.	Speech-Language Pathology	440	Zeros
24.	Emergency Room	450	Zeros
25.	Pulmonary Function	460	Zeros
26.	Audiology	470	Zeros
27.	Cardiology	480	Zeros
28.	Ambulatory Surgical Care	490	Zeros
29.	Outpatient Services	500	Zeros
30.	Clinics	510	Zeros
31.	Free-standing Clinic	520	Zeros
32.	Osteopathic Services	530	Zeros
33.	Ambulance	540	Zeros
34.	Skilled Nursing	550	Zeros
35.	Medical Social Services	560	Zeros
36.	Home Health Aide (Home Health)	570	Zeros
37.	Other Visits (Home Health)	580	Zeros
38.	Units of Service (Home Health)	590	Zeros
39.	Oxygen (Home Health)	600	Zeros
40.	MRI	610	Zeros
41.	Medical/ Surgical Supplies – Extension of 270	620	Zeros
42.	Drugs Requiring Specific Identification	630	Zeros

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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Ancillary Services:**

	<b>Revenue Center</b>	<b>Revenue Code</b>	<b>Units of Service</b>
43.	Home IV Therapy Services	640	Zeros
44.	Hospice Services	650	Zeros
45.	Respite Care (HHA Only)	660	Zeros
46.	Not Assigned	670	
47.	Not Assigned	680	
48.	Not Assigned	690	
49.	Cast Room	700	Zeros
50.	Recovery Room	710	Zeros
51.	Labor Room / Delivery	720	Zeros
52.	EKG/ECG (Electrocardiogram)	730	Zeros
53.	EEG (Electroencephalogram)	740	Zeros
54.	Gastro-Intestinal Services	750	Zeros
55.	General Treatment or Observation Room	760	Zeros
56.	Treatment Room	761	Zeros
57.	Observation Room	762	Zeros
58.	Other Observation Room	769	Zeros
59.	Preventive Care Services	770	Zeros
60.	Not Assigned	780	Zeros
61.	Lithotripsy	790	Zeros
62.	Inpatient Renal Dialysis	800	Zeros
63.	Organ Acquisition	810	Zeros
64.	Hemodialysis – Outpatient or Home	820	Zeros
65.	Peritoneal Dialysis – Outpatient or Home	830	Zeros
66.	Continuous Ambulatory Peritoneal Dialysis – Outpatient or Home	840	Zeros
67.	Continuous Cycling Peritoneal Dialysis – Outpatient or Home	850	Zeros
68.	Invalid (Reserved for Dialysis – National Assignment)	860	

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**PART B. DATA FILE SUMMARY**

**3. INPATIENT DATA CODE TABLES (Continued)**

**Ancillary Services:**

	<b>Revenue Center</b>	<b>Revenue Code</b>	<b>Units of Service</b>
69.	Invalid (Reserved for Dialysis – National Assignment)	870	Zeros
70.	Miscellaneous Dialysis	880	Zeros
71.	Other Donor Bank	890	Zeros
72.	Psychiatric / Psychological Treatments	900	Zeros
73.	Psychiatric / Psychological Services	910	Zeros
74.	Other Diagnostic Services	920	Zeros
75.	Not Assigned	930	Zeros
76.	Other Therapeutic Services	940	Zeros
77.	Other	950	Zeros
78.	Professional Fees	960 (Includes codes: 960, 961, 962, 963, 964, 969)	Zeros
79.	Professional Fees	970 Includes codes: 970, 971, 972, 973, 974, 975, 976, 977, 978, 979)	Zeros
80.	Professional Fees	980 Includes codes: 980, 981, 982, 983, 984, 985, 986, 987, 988, 989)	Zeros
81.	Patient Convenience Items	990	Zeros

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**PART B. DATA FILE SUMMARY**

3. **INPATIENT DATA CODE TABLES (Continued)**

**Other Caregiver Codes:**

<b>* OTH CARE CODE</b>	<b>* Type of Other Caregiver Definition</b>
1	Resident
2	Intern
3	Nurse Practitioner
4	Not Used
5	Physician Assistant

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**PART C. REVENUE CODE MAPPINGS**

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**PART C. REVENUE CODE MAPPINGS**

ANCILLARY SERVICES

Effective January 1, 1994, amendments to Regulation 114.1 CMR 17.00 were adopted to require the use of the UB-92 revenue codes. As a result, all ancillary service revenue code subcategories are now mapped to the UB-92 major classification heading for that revenue center. For example, codes 251-259 map to code 250.

For periods ending December 31, 1993 and earlier, the following tables identify how the UB-92 revenue codes are mapped in the case mix database.

250 PHARMACY:

- 250 Pharmacy
- 251 General
- 252 Generic Drugs
- 253 Non-Generic Drugs
- 254 Blood Plasma
- 255 Blood-Other Components
- 256 Experimental Drugs
- 257 Non-Prescription
- 258 IV Solution
- 259 Other

260 IV THERAPY

270 MEDICAL / SURGICAL SUPPLIES:

- 270 General Medical Surgical Supplies
- 272 Sterile Supply
- 273 Take Home Supply
- 274 Prosthetic Devices
- 275 Pace Maker
- 277 Oxygen-Take Home
- 278 Other Implants
- 279 Other Devices
- 290 Durable Medical Equipment
- 291 Rental DME
- 292 Purchase DME
- 299 Other Equipment



**PART C. REVENUE CODE MAPPINGS**

300 LABORATORY:

300 General Laboratory  
301 Chemistry  
302 Immunology  
303 Renal Patient (Home)  
304 Non-Routine Dialysis  
305 Hematology  
306 Bacteriology & Microbiology  
307 Urology  
309 Other Lab  
310 Lab-Pathological  
311 Cytology  
312 Histology  
314 Biopsy  
319 Other Path. Lab  
971 Lab. Professional Fees

320 DIAGNOSTIC RADIOLOGY:

320 General  
321 Angiocardigraph  
324 Chest X-Ray  
329 Other  
400/409 Other Imaging Services  
401 Mammography  
402 Ultrasound  
972 Diagnostic Radiology Professional Fees

THERAPEUTIC RADIOLOGY:

330 General  
331 Chemotherapy-Inject  
332 Chemotherapy-Oral  
333 Radiation Therapy  
335 Chemotherapy-IV  
339 Other  
973 Therapeutic Radiology Professional Fees

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**PART C. REVENUE CODE MAPPINGS**

340 NUCLEAR MEDICINE:

340 General  
341 Diagnostic  
342 Therapeutic  
349 Other Nuclear Medicine  
974 Nuc. Medicine Professional Fees

350 CAT SCAN:

350 General  
351 Head Scan  
352 Body Scan  
359 Other

360 OPERATING ROOM:

360 General  
361 Minor Surgery  
362 Organ Transplant (except Kidney)  
367 Kidney Transplant  
369 Other  
975 Operating Room Professional Fees

370 ANESTHESIOLOGY:

370 General  
374 Acupuncture  
379 Other  
963 Anesthesiology Professional Fees (MD)  
964 Anesthesiology Professional Fees (RN)

380 BLOOD:

380 General  
381 Packed Cells  
382 Whole Blood  
389 Other

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**PART C. REVENUE CODE MAPPINGS**

390 BLOOD STORAGE, PROCESSING, AND ADMINISTRATION:

390 General  
\*\*\*391 Blood/Administration  
399 Other

410 RESPIRATORY THERAPY:

410 General  
412 Inhalation Services  
413 Hyperbaric Oxygen Therapy  
419 Other  
976 Respiratory Therapy Professional Therapy

420 PHYSICAL THERAPY:

420 General  
429 Other  
977 Physical Therapy Professional Fees

430 OCCUPATIONAL THERAPY:

430 General  
439 Other  
978 Occupational Therapy Professional Fees

440 SPEECH THERAPY:

440 General  
449 Other  
979 Speech Therapy Professional Fees

450 EMERGENCY ROOM:

450 General  
459 Other  
981 Emergency Room Professional Fees

460 PULMONARY FUNCTION:

460 General  
469 Other

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**PART C. REVENUE CODE MAPPINGS**

470 AUDIOLOGY:

- 470 General
- 471 Diagnostic
- 472 Treatment
- 479 Other

480 CARDIAC CATHETERIZATION:

- 480 General
- 481 Cardiac Catheterization Lab
- 482 Stress Test
- 489 Other

540 AMBULANCE:

- 540 General
- 541 Supplies
- 542 Medical Treatment
- 543 Heart Mobile
- 544 Oxygen
- 545 Air Ambulance
- 549 Other

710 RECOVERY ROOM:

- 710 General
- 719 Other

720 LABOR AND DELIVERY:

- 720 General
- 721 Labor
- 722 Delivery
- 723 Circumcision
- 724 Birthing Center
- 729 Other

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**PART C. REVENUE CODE MAPPINGS**

730 EKG/ECG:

730 General  
731 Holter Monitor  
739 Other  
985 EKG Professional Fees

740 EEG:

740 General  
749 Other  
922 Electromyogram  
986 EEG Professional Fees

800 RENAL DIALYSIS:

800 General  
801 Inpatient Dialysis  
802 Inpatient Peritoneal (non CAPD)  
805 Training Hemodialysis  
806 Training Peritoneal Dialysis  
807 Under Arrangement In House  
808 Continuous Ambulatory Peritoneal Dialysis Training  
809 In Unit Lab-Routine  
810 Self Care Dialysis Unit  
811 Hemodialysis-Self Care  
812 Peritoneal Dialysis-Self Care  
813 Under Arrangement In House-Self Care  
814 In Unit Lab-Self-Care  
880 Miscellaneous Dialysis  
881 Ultrafiltration

860 KIDNEY ACQUISITION:

860 General  
861 Monozygotic Sibling  
862 Dizygotic Sibling  
863 Genetic Parent  
864 Child  
865 Non-Relating Living  
866 Cadaver

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**PART C. REVENUE CODE MAPPINGS**

900 PSYCHOLOGY AND PSYCHIATRY:

900 General  
901 Electroshock Treatment  
902 Milieu Therapy  
903 Play Therapy  
909 Other  
910 Psychology/Psychiatry Services  
911 Rehabilitation  
912 Day Care  
913 Night Care  
914 individual Therapy  
915 Group Therapy  
916 Family Therapy  
917 Bio Feedback  
918 Testing  
919 Other  
961 Psychiatry Professional Fees

950 OTHER:

280 Oncology  
\*\*\*490 Ambulatory Surgery  
\*\*\*499 Other Ambulatory Surgery  
\*\*\*510 Clinic  
\*\*\*511 Chronic Pain Center  
\*\*\*512 Dental Clinic  
\*\*\*519 Other Clinic  
530 General Osteopathic Services  
531 Osteopathic Therapy  
539 Other Osteopathic Therapy  
560 Medical Social Services  
700 Cast Room-General  
709 Cast Room-Other  
750/759 Gastro-Intestinal Services  
890/899 Other Donor Bank  
891 Bone Donor  
892 Organ Donor  
893 Skin Donor

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**PART C. REVENUE CODE MAPPINGS**

950 OTHER (Continued):

920/929 Other Diagnostic Services  
921 Peripheral Vascular Lab  
940/949 Other Therapeutic Services  
941 Recreational Therapy  
942 Educational Therapy  
943 Cardiac Rehabilitation  
960 General Professional Fees  
962 Ophthalmology  
969 Other Professional Therapy  
984 Medical Social Services  
987 Hospital Visit  
988 Consultation  
989 Private Duty Nurse

\*\*\*Please Note: These Revenue Centers should be reported only for those patients admitted to the hospital subsequent to surgical day care.

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**PART C. REVENUE CODE MAPPINGS**

The following ancillary revenue codes (and their related subcategories) are not valid pursuant to Regulation 114.1 CMR 17.00 and are not used for reporting charges on the case mix data. These revenue codes relate either to outpatient services or to non-patient care.

500 Outpatient Services  
520 Free Standing Clinic  
530 Osteopathic Services  
550 Skilled Nursing  
570 Home Health Aid  
580 Other Visits (Home Health)  
590 Units Of Service (Home Health)  
600 Oxygen (Home Health)  
640 Home IV Therapy Services  
660 Respite Care (HHA only)  
820 Hemodialysis-Outpatient or Home  
830 Peritoneal Dialysis-Outpatient or Home  
840 Continuous Ambulatory Peritoneal Dialysis-Outpatient or Home  
850 Continuous Cycling Peritoneal Dialysis-Outpatient or Home  
860 Reserved for Dialysis (National Assignment)  
870 Reserved for Dialysis (National Assignment)  
990 Patient Convenience Items