**ADMINISTRATIVE BULLETIN 16-09**

**957 CMR 8.00: All Payer Claims Database (APCD) and**

**Case Mix and Charge Data Submission**

**October 6, 2016**

The Center for Health Information and Analysis (CHIA) is issuing this Administrative Bulletin pursuant to 957 CMR 8.07(1) to notify hospitals required to submit data to CHIA in accordance with 957 CMR 8.00 of changes to the Case Mix and Charge Data file submission guidelines.

CHIA updated the data submission requirements with additional data elements to collect Emergency Department (ED) boarding information. Additionally, CHIA updated the edit section of existing data elements and added new data elements to enhance linkage of data across years, settings, and providers. CHIA also increased the number of diagnosis codes in the Outpatient Observation Submission Guide, updated a code table, and improved guidelines for clarity.

The following table lists the data elements with updated specifications. Technical specifications for these fields are found within the related Submission Guides. The changes noted herein and within the Submission Guides will be in effect beginning with the quarterly submission of 10/1/2016 – 12/31/2016 (1st Quarter 2017). The due date for the filing of 1st Quarter 2017 submissions is extended from March 16, 2017 to June 14, 2017.

|  |  |
| --- | --- |
| **New Data Element** | **File Type** |
| Associated Diagnosis Codes (6 through 10) | Outpatient Observation |
| Do Not Resuscitate (DNR) Status | Emergency Department |
| Emergency Department Discharge Date | Inpatient Discharge, Outpatient Observation |
| Emergency Department Discharge Time | Inpatient Discharge, Outpatient Observation |
| Emergency Department Registration Date | Inpatient Discharge, Outpatient Observation |
| Emergency Department Registration Time | Inpatient Discharge, Outpatient Observation |
| Health Plan Member ID | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| Number of Hours in ED | Inpatient Discharge, Outpatient Observation |
| Patient First Name | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| Patient Last Name | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| Principal External Cause Code | Outpatient Observation |
| Service Line Item Charges | Emergency Department |
| **Existing Data Element with Updated Edits** | **File Type** |
| Additional Care Giver National Provider Identifier (NPI) | Inpatient Discharge |
| Attending Physician National Provider Identifier (NPI) | Inpatient Discharge |
| Massachusetts Transfer Hospital Organization ID | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| Medicaid Claim Certificate Number  (New MMIS ID / Medicaid ID) | Inpatient Discharge, Emergency Department,  Outpatient Observation |
| Operating Physician National Provider Identifier (NPI) | Inpatient Discharge |

Code Table Updates:

|  |
| --- |
| **Data Element Name** |
| Payer Source Code |