

**ADMINISTRATIVE BULLETIN 24-04**

**957 CMR 8.00: All Payer Claims Database (APCD) and  
Case Mix and Charge Data Submission**

**Effective December 23, 2024  
Case Mix Data from Behavioral Health Facilities**

The Center for Health Information and Analysis (CHIA) is issuing this Administrative Bulletin pursuant to 957 CMR 8.06(1) to notify non-acute psychiatric hospitals and select psychiatric facilities controlled by the Department of Mental Health (DMH) required to submit inpatient 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 FY 2025 Case Mix and Charge Data submission requirements with three new data elements to collect Transfer Hospital Organization ID (OrgID), Spoken Language, and Operating Physician/Clinician for Significant HCPCS/CPT Procedure I National Provider Identifier (NPI).

Other assorted Case Mix changes to the submission requirements include updated field lengths to accommodate the intake of certain data with increasing size, updated field edits and updated descriptions.

Data code tables for Behavioral Health Inpatient Discharge Data (BHID) are updated to align with MassHealth’s standards or codes required for Case Mix Acute Hospital Data file submissions.

Further, CHIA changed the required BHID file format from fixed length to an asterisk delimited format. All Filler (empty) fields, DSM Diagnosis (Record Type 45) and Sequence (Record Type 65) are data elements removed from this filing type.

The following tables list data elements with updated specifications. Technical specifications for these fields are found within the Submission Guide. The changes noted herein and within the Submission Guide will be effective for FY 2025 BHID data submissions beginning with the quarterly submission of 10/1/2024 – 12/31/2024 data. CHIA is extending the deadline for all four FY 2025 quarterly BHID file submissions to December 14, 2025 to allow ample time to address these changes. Thereafter, the submittal dates will return to the quarterly schedule as published in the Submission Guide.

<b>New Data Element</b>
Transfer Hospital Organization ID (OrgID)
Spoken Language
Operating Physician/Clinician for Significant HCPCS/CPT Procedure I National Provider Identifier (NPI)

<b>New File Format</b>
Asterisk Delimiter

<b>Data Element Removed</b>
All Filler fields
DSM Diagnosis (Record Type 45)
Sequence (Record Type 65)

<b>Data Element with Updated Field Length</b>
Medical Record Number
Submitter EIN
Submitter Name
Provider Name
Provider Address
Patient Sex at Birth
Billing Number
Homeless Indicator
Patient's Sexual Orientation
Patient's Gender Identity
Permanent Patient Street Address
Race 1
Race 2
Hispanic Indicator
Ethnicity 1

Ethnicity 2
Accommodations 1 – 5
Units of Service (Accom. Days)
Ancillaries 1 – 5
Units of Service (Ancillary)
Physician License Number (Board of Registration in Medicine Number)
Number of Discharges
Total Days

<b>Data Element with Updated Field Edit</b>
Submitter EIN
Primary Source of Payment
Secondary Source of Payment
Primary Payer Type
Secondary Payer Type
Homeless Indicator
Medicaid Claim Certificate Number (New MMIS ID/Medicaid ID)
Patient’s Sexual Orientation
Patient’s Gender Identity
Race 1
Race 2
Hispanic Indicator
Ethnicity 1
Ethnicity 2

Health Plan Member ID
Accommodations 1
Ancillaries 1
Principal External Cause Code
Condition Present on Admission – Principal External Cause Code
Condition Present on Admission – Principal Diagnosis Code
Associated Diagnosis Code I – XIV
Condition Present on Admission – Associated Diagnosis Code I – XIV
Total Charges

<b>Data Table with Updated Codes</b>
Patient Sex at Birth
Type of Admission
Source of Admission
Payer Type
Source of Payment
Homeless Indicator
Patient’s Sexual Orientation
Patient Gender Identity
Race
Hispanic Indicator
Ethnicity
Spoken Language