

## ADMINISTRATIVE BULLETIN 25-03

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

**Effective May 12, 2025**

The Center for Health Information and Analysis (CHIA) is issuing this Administrative Bulletin pursuant to 957 CMR 8.06(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 FY 2026 Case Mix and Charge Data submission requirements for Outpatient Observation Data (OOD) with three new data elements to collect National Provider Identifiers (NPI) for Surgeon, Attending Physician or Clinician and Additional Caregiver.

Further, CHIA changed the required file format for OOD to an asterisk delimited format. A Header Record with six data elements is added to this filing type to include Provider Organization Id, Hospital Name, Period Starting Date, Period Ending Date, Number of Outpatient Observation Stays and Total Charges.

The following table lists data elements with updated specifications. Technical specifications for these fields are found within the related Submission Manual. The changes noted herein and within the Submission Manual will be in effect beginning with the quarterly submission of 10/1/2025 – 12/31/2025 (1st Quarter 2026). The due date for the filing of 1st Quarter 2026 is January 31, 2026. The submittal schedule is not changing for Case Mix and EHRD data submissions.

| New Data Element  | File Type              |
|---|------------------------|
| Surgeon National Provider Identifier (NPI)                          | Outpatient Observation |
| Attending Physician or Clinician National Provider Identifier (NPI) | Outpatient Observation |
| Additional Caregiver National Provider Identifier (NPI)             | Outpatient Observation |

| New File Format    | File Type              |
|--------------------|------------------------|
| Asterisk Delimiter | Outpatient Observation |

| New Header Record with Data Element    | File Type              |
|--|------------------------|
| Provider Organization Id               | Outpatient Observation |
| Hospital Name                          | Outpatient Observation |
| Period Starting Date                   | Outpatient Observation |
| Period Ending Date                     | Outpatient Observation |
| Number of Outpatient Observation Stays | Outpatient Observation |
| Total Charges                          | Outpatient Observation |