Massachusetts Center for Health Information and Analysis

Hospital Outpatient Observation Data Submission Guide FY ~~2021~~2025

Effective October 1, ~~2020~~2024



CHIA has adopted regulation 957 CMR 8.00 to require the reporting of Hospital Inpatient Discharge Data, Outpatient Emergency Department Visit Data and Outpatient Observation Data to the Center for Health Information and Analysis. This document provides the technical and data specifications, including edit specifications required for the Hospital Outpatient Observation Data.

This submission guide will be in effect beginning with the quarterly submission of 10/1/2024 – 12/31/2024 data due at CHIA on March 16, 2025 (preliminary data due January 31, 2025).

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## Outpatient Observation Data Specifications Overview

#### Data to Include in Outpatient Observation Data Submissions

Outpatient Observation Data shall be reported for patients who receive observation services and who are not admitted. An example of an outpatient observation stay might be a post-surgical day care patient who, after a normal recovery period, continues to require hospital observation, and then is released from the hospital. Patients who are receiving observation services at a hospital to further evaluate the patient’s condition and provide treatment to determine the need for possible admission to the hospital should be reported to CHIA as an outpatient observation stay. These services can include the use of a bed and periodic monitoring by a hospital’s physician, nursing, and other staff. An observation stay may occur even if the only service provided to a registered patient is triage or screening. Note: Outpatient Observation Data (OOD) has an “ED Indicator” flag which identifies care that begins in the ED. Observation stays that began in the ED should have a positive “ED Indicator”.

The Outpatient Observation Data is subject to the Data Submission Arrangements, Submission Dates and Compliance as required in Regulation 957 CMR 8.00 and within this specification document.

##### Data File Format

The data for outpatient observation departures must be submitted in an ASCII comma delimiter format. Separate files must be filed for each quarter for each hospital. Inclusion of a patient’s Outpatient Observation Data in a quarterly submission shall be based on the patient’s ending date of service which must fall within the quarter to be submitted.

Hospitals must submit ASCII comma delimited data using the following format specifications: Text Delimiter: Double Quote (‘’)

Field Separator: Comma (,)

Carriage return and line feed must be placed at the end of each record.

The number of characters between quotes must not exceed the maximum length of a field. ASCII Comma Delimiter Format Example: “20XX”,””,”nnnnnnnnn”,”nnnnnnnnn”,”nnnnn”

##### Data Transmission Media Specifications

Data must be submitted in an ASCII comma delimiter format. In order to do this in a secure manner, CHIA’s file encryption application (FileSecure) must be utilized. Each submitter must first download a copy of FileSecure from the CHIA web site. There is a separate installation guide for installing the FileSecure program. FileSecure will take each submission file and compress, encrypt and rename it in preparation for transmitting to CHIA. The newly created encrypted file shall be transferred to CHIA via its CHIA Submissions website. Providers should contact their CHIA liaison to submit test files. Detailed information on FileSecure and CHIA Submissions will be shared separately.

The edit specifications are incorporated into CHIA's system for receiving and editing incoming data. Edit reports are posted to CHIA Submissions for the provider to download. CHIA recommends that data processing systems incorporate these edits to minimize:

* 1. the potential of unacceptable data reaching CHIA and
	2. penalties for inadequate compliance as specified in regulation 957 CMR 8.00.

##### File Naming Convention

In order for CHIA to correctly associate each file with the proper provider please use the following naming convention for all files: OOA\_#######\_CCYY\_# where:

* ####### = Provider CHIA organization ID – do not pad with zeros
* CCYY = the Fiscal Year for the data included
* # = the Quarter being reported.

For Test Files please include “\_TEST” at the end of the file name. (ex.: OOA\_123\_2001\_1\_TEST.txt).

## Outpatient Observation Data Record Specifications

### Record Specification Elements

The Outpatient Observation Data File is made up of a series of data elements. The Record Specifications that follow provide further details:

|  |  |
| --- | --- |
| **Data Element** | **Definition** |
| **Field No.** | Sequential number for the field in the record (**Field Number**). |
| **Field Name** | Name of the Field. |
| **Data Type** | Data format required for field. |
| **Length** | Record length or number of characters in the field. |
| **Short Description and Edit Specifications** | Explanation of Conditional Requirements.List of edits to be performed on fields to test for validity. |
| **Error Type** | Errors are categorized as A or B errors. Presence of one A or two B errors will cause a discharge to be rejected. |

### Data Field Type

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Type** | **Field Use** | **Definition** | **Example** |
| **Text** | **Date** | Date fields are 8 characters. The field is formatted as follows:CCYYMMDD | February 14, 2024 would be entered as:20240214 |
| **Numeric (Num)**A numeric field which will be used in a calculation | Numeric, whole, unsigned, integer digits. Do NOT space fill. | Observation Time (a 4 character field) would be entered as:2359 |
| **Currency (Curr)**A numeric field which will contain a currency amount | (Unformatted) numeric, whole, unsigned integer digits. Do not include cents or decimals. | 20 dollars in a 10 character field might be entered as:20 |
| **Char/Varchar**An alphanumeric field | Alphanumeric fieldMay be fixed length or variable length within stated field lengthDo NOT zero pad or space fill. | Address may contain alphanumeric data with a length up to 100Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID) is a 12 digit fixed length field containing only numbers |

##### Record Type Inclusion Rules

Each observation data submission file must include the following record types:

|  |  |  |  |
| --- | --- | --- | --- |
| **Record Type** | **Description** | **Condition** | **Number** |
| **Visit Record** | *Visit Record* contains socio-demographic, clinical, service, physician and charge information pertaining to the patient’s visit. This record is presented once for each patient visit in the reporting period. | Must be present. | One per Visit |

###### VISIT RECORD

There must be one record for every Observation stay with an ending service date within the reported quarter.

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| --- | --- | --- | --- | --- | --- |
| Field No. | Field Name: | Data Type: | Length: | Short Description and Edit Specifications: | Error Category |
| 1. | Provider Organization Id(IdOrgFiler) | Text | 7 | Hospital Organization number for provider:* Must be present
* Must be numeric
* Must be a valid Organization ID as assigned by CHIA
 | A |
| 2. | Site Organization ID(IdOrgSite) | Text | 7 | Hospital’s designated number for multiple service sites merged under one CHIA Organization ID number.* Must be valid Organization ID as assigned by CHIA
* Must be numeric
* Must be present if provider is approved to submit multiple campuses

in one file | A |
| 3. | Pt\_ID | Text | 9 | * Must be present
* Must be a valid Social Security Number or '000000001' if unknown
 | A |
| 4. | MR\_N | Text | 25 | Patient’s Medical Record Number:- Must be present | A |
| 5. | Acct\_N | Text | 25 | Hospital billing number for the patient:- Must be present | A |
| 6. | MOSS | Text | 9 | Mother’s Social Security Number for infants up to 1 year old:- Must be present for infants one year old or less. | B |

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| --- | --- | --- | --- | --- | --- |
| 7. | MMIS\_ID | Text | 12 | Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID):* Must be present if Payer Type Code is ‘4’ (Medicaid) or ‘H’ (Health Safety Net) as specified in Outpatient Observation Data Code Tables.
* Must be 12 digits.
* Must not start with a zero.
* Must be blank if payer source is not a Medicaid plan.
 | A |
| 8. | DOB (CCYYMMDD) | Text | 8 | Patient date of birth:* Must be present
* Must be valid date and format
* Must not be later than the begin date
 | A |
| 9. | Patient Sex at Birth | Text | 8 | Patient’s sex at birth:* Must be present
* Must be a valid code as specified in Outpatient Observation Data Code Tables
 | A |
| 10. | Race 1 | Text | 8 | Patient’s race:* Must be present
* Must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 11. | Zip\_Code | Text | 5 | Patient’s Zip code:* Must be present
* Must be numeric
* Must be 0's if zip code is unknown or Patient Country is not ‘US’
 | B |
| 12. | Ext\_ZCode | Text | 4 | Patient’s 4 digit Zip code extension:* May be present
* Must be numeric
* If not present, leave blank
 |  |
| 13. | Beg\_Date (CCYYMMDD) | Text | 8 | Patient’s beginning service date:* Must be present
* Must be valid date and format
* Must be less than or equal to end date
 | A |
| 14. | End\_Date (CCYYMMDD) | Text | 8 | Patient’s ending service date:* Must be present
* Must be valid date and format
* Must be greater than or equal to begin date
* Must not be earlier than Quarter Begin Date or later than Quarter End Date
 | A |

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| --- | --- | --- | --- | --- | --- |
| 15. | Obs\_Time | Text | 4 | Initial encounter time of day:* Must be present
* Must range from 0000 to 2359
 | B |
| 16. | Ser\_Unit | Text | 9 | Unit of service is hours:* Must be present
* Include decimal point with 2 places (for example 100.25)
 | A |
| 17. | Obs\_Type | Text | 1 | Patient’s type of visit status:* Must be present
* Must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 18. | Obs\_1Srce | Text | 1 | Originating referring or transferring source for Observation visit:* Must be present
* Must be a valid code as specified in Outpatient Observation Data Code

Tables | B |
| 19. | Obs\_2Srce | Text | 1 | Secondary referring or transferring source for Observation visit:* Must be present, if applicable
* If not present, leave blank
* Must be a valid code as specified in Outpatient Observation Data Code

Tables | B |
| 20. | Dep\_Stat | Text | 1 | Patient’s departure status:* Must be present
* Must be a valid code as specified in Outpatient Observation Data Code Tables
 | A |
| 21. | Payr\_Pri | Text | 3 | Patient’s primary source of payment:* Must be present
* Must be a valid code as specified in Outpatient Observation Data Code Tables
* If Medicaid is one of two payers, Medicaid must be coded as the secondary source of payment unless Health Safety Net or Free Care is the secondary source of payment
* Medicaid may be primary with code ‘159’ (None) as secondary
 | A |

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| --- | --- | --- | --- | --- | --- |
| 22. | Payr\_Sec | Text | 3 | Patient’s secondary payment source:* Must be present
* Must be a valid code as specified in Outpatient Observation Data Code Tables
* If Medicaid is one of two payers, Medicaid must be coded as the secondary source of payment unless Health Safety Net or Free Care is the secondary source of payment
* If not applicable, must be coded as ’159’ (None*)*
 | A |
| 23. | Charges | Text | 10 | * Must be present
* Must be numeric
* Must be whole numbers, no decimals.
* Must be rounded up to the nearest dollar (for example $337.59 should be reported as $338)
 | A |
| 24. | Surgeon | Text | 25 | Patient’s surgeon for the principal procedure:* Must be present if Principal Procedure is present
* Must be a valid and current Mass. Board of Registration in Medicine license number

OR* Must be “DENSG”, “PODTR”, “OTHER”, “NURSEP”, “PHYAST” or “MIDWIF”
 | B |
| 25. | Att\_MD | Text | 25 | Patient’s attending physician:* Must be present
* Must be a valid and current Mass. Board of Registration in Medicine license number

OR* Must be “DENSG”, “PODTR”

“OTHER” , “NURSEP”, “PHYAST” or “MIDWIF” | B |
| 26. | Oth\_Care | Text | 1 | Other caregiver:* May be present
* If not present, leave blank
* If present, must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |

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| 27. | PDX | Text | 7 | Patient’s principal diagnosis:* Must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
 | A |
| 28. | Assoc\_DX1 | Text | 7 | Patient’s first associated diagnosis:* If present, PDX must be present
* Must be valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 29. | Assoc\_DX2 | Text | 7 | Patient’s second associated diagnosis:* If present DX1 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 30. | Assoc\_DX3 | Text | 7 | Patient’s third associated diagnosis:* If present, DX2 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 31. | Assoc\_DX4 | Text | 7 | Patient’s fourth associated diagnosis:* If present, DX3 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 32. | Assoc\_DX5 | Text | 7 | Patient’s fifth associated diagnosis:* If present, DX4 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 33. | P\_PRO | Text | 7 | Patient’s Principal Procedure:* If entered must be a valid ICD-10 code+ (exclude decimal point)
* Must agree with ICD Indicator
 | A |

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| 34. | P\_PRODATE (CCYYMMDD) | Text | 8 | Date of patient’s Principal Procedure:* Must be present if P\_PRO code is present
* Must be a valid date and format
* Must not be earlier than 3 days prior to beginning date of service
* Must not be later than departure date (ending date of service)
* If present, P\_PRO code must be present
 | B |
| 35. | Assoc\_PRO1 | Text | 7 | Patient’s first associated procedure:* If present, P\_PRO code must be present
* If entered, must be a valid ICD-10 code+ (exclude decimal point)
* Must agree with ICD Indicator
 | A |
| 36. | AssocDATE1 (CCYYMMDD) | Text | 8 | Date of patient’s first Associated Procedure:* Must be present if Assoc\_PRO1 code is present
* Must be a valid date and format
* Must not be earlier than 3 days prior to the beginning date of service
* Must not be later than the ending date of service
* If present, Assoc\_PRO1 code must be present
 | B |
| 37. | Assoc\_PRO2 | Text | 7 | Patient’s second Associated Procedure:* If present, Assoc\_PRO1 code must be present.
* If entered must be valid ICD-10 code+ (exclude decimal point)
* Must agree with ICD Indicator
 | A |
| 38. | AssocDATE2 (CCYYMMDD) | Text | 8 | Date of patient’s second associated procedure:* Must be present if Assoc\_PRO2 code is present
* Must be a valid date and format
* Must not be earlier than 3 days prior to the beginning date of service
* Must not be later than the ending date of service
* If present, Assoc\_PRO2 must be present
 | B |

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| 39. | Assoc\_PRO3 | Text | 7 | Patient’s third associated procedure:* If present, Assoc\_PRO2 code must be present.
* If entered must be valid ICD-10 code+ (exclude decimal point)
* Must agree with ICD Indicator
 | A |
| 40. | AssocDATE3 (CCYYMMDD) | Text | 8 | Date of patient’s third associated procedure:* Must be present if Assoc\_PRO3 code is present
* Must be a valid date and format
* Must not be earlier than 3 days prior to the beginning date of service
* Must not be later than ending date of service

-If present, Assoc\_PRO3 must be present | B |
| 41. | CPT1 | Text | 5 | Patient’s first CPT code:- If entered must be valid CPT code | A |
| 42. | CPT2 | Text | 5 | Patient’s second CPT code:* If entered must be valid CPT code
* If present, CPT1 must be present
 | A |
| 43. | CPT3 | Text | 5 | Patient’s third CPT code:* If entered must be valid CPT code
* If present, CPT2 must be present
 | A |
| 44. | CPT4 | Text | 5 | Patient’s fourth CPT code:* If entered must be valid CPT code
* If present, CPT3 must be present
 | A |
| 45. | CPT5 | Text | 5 | Patient’s fifth CPT code:* If entered must be valid CPT code
* If present, CPT4 must be present
 | A |
| 46. | ED\_Flag | Text | 1 | Flag to indicate whether patient was admitted to this outpatient observation stay from this facility’s ED- Must be present | A |
| 47. | PermanentPatient Street Address | Text | 100 | - Must be present when Patient Country is ‘US’ unless Homeless Indicator is ‘Y’ | B |
| 48. | Permanent PatientCity/Town | Text | 25 | - Must be present when Patient Country is ‘US’ | B |
| 49. | Permanent Patient State | Text | 2 | * Must be present when Patient Country is ‘US’
* Must be a valid U.S. postal state code
 | B |

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| 50. | Patient Country | Text | 2 | * Must be present
* Must be a valid International Standards Organization (ISO-3166) 2-digit country code
 | B |
| 51. | Temporary USPatient Street Address | Text | 100 | - Must be present when Patient Country is not ‘US’ | B |
| 52. | Temporary US PatientCity/Town | Text | 25 | - Must be present when Patient Country is not ‘US’ | B |
| 53. | Temporary US Patient State | Text | 2 | * Must be present when Patient Country is not ‘US’
* Must be a valid U.S. postal state code
 | B |
| 54. | Temporary US Patient Zip Code | Text | 9 | * Must be present when Patient Country is not ‘US’
* Must be a valid U.S. postal zip code
 | B |
| 55. | Hispanic Indicator | Text | 8 | * Must be present
* Must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 56. | Race 2 | Text | 8 | Patient’s secondary race:* May only be present if Race 1 is entered.
* Must be a valid code as specified in

Outpatient Observation Data Code Tables | B |
| 57. | Other Race | Text | 15 | Patient’s other race:* May only be present if Race 1 is entered.
* Must be present if Race 1 is OTH~~R9~~ – Other Race.
 | B |
| 58. | Ethnicity 1 | Text | 8 | * Must be present
* Must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 59. | Ethnicity 2 | Text | 8 | * May only be present if Ethnicity 1 is entered.
* Must be a valid code as specified in

Outpatient Observation Data Code Tables | B |
| 60. | Other Ethnicity | Text | 20 | - May only be present if Ethnicity 1 is entered. | B |

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| --- | --- | --- | --- | --- | --- |
| 61. | Condition Present on Observation – Principal DiagnosisCode | Text | 1 | * May be present
* If present, must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 62. | Condition Present on Observation – Assoc.Diagnosis Code I | Text | 1 | * May be present when Assoc. Diagnosis Code I is present
* If present, must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 63. | Condition Present on Observation – Assoc.Diagnosis Code II | Text | 1 | * May be present when Assoc. Diagnosis Code II is present
* If present, must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 64. | Condition Present on Observation – Assoc.Diagnosis Code III | Text | 1 | * May be present when Assoc. Diagnosis Code III is present
* If present, must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 65. | Condition Present on Observation – Assoc.Diagnosis Code IV | Text | 1 | * May be present when Assoc. Diagnosis Code IV is present
* If present, must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 66. | Condition Present on Observation – Assoc.Diagnosis Code V | Text | 1 | * May be present when Assoc. Diagnosis Code V is present
* If present, must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 67. | Homeless Indicator | Text | 8 | * Include if applicable.
* Must be a valid code as specified in

Outpatient Observation Data Code Tables | B |

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| --- | --- | --- | --- | --- | --- |
| 68. | Massachusetts Transfer Hospital Organization ID (OrgID) | Text | 7 | * Must be a valid OrgID if originating (Obs\_1Srce) or secondary referring or transferring (Obs\_2Srce) Source of Observation is:

‘4’ (Transfer from an Acute Hospital) ‘5’ (Transfer from an SNF Facility)‘6’ (Transfer from an Intermediate Care Facility)‘7’ (Outside Hospital Emergency Room Transfer )* Transfer OrgID should not be the OrgID for Provider or the Hospital Service Site OrgID on this Visit Record.
* Must be a valid Organization ID as specified in the [Transfer OrgID list](https://www.chiamass.gov/assets/docs/p/case-mix/Transfer-Org-Id-List.xlsx) posted on CHIA’s website if the provider from which the transfer occurred is in Massachusetts OR
* If provider from which the transfer

occurred is outside Massachusetts, the transfer OrgID must be 9999999. | B |
| 69. | Surgeon for Associated Procedure I (Board of Registration in Medicine Number) | Text | 25 | * Must be present if Associated Procedure 1 Code is present.
* Must be a valid and current Mass. Board of Registration in Medicine license number

OR* Must be “DENSG”, “PODTR” , “OTHER” , “NURSEP”, “PHYAST” or

“MIDWIF” | B |

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| --- | --- | --- | --- | --- | --- |
| 70. | Surgeon for Associated Procedure 2 (Board of Registration in Medicine Number) | Text | 25 | * Must be present if Associated Procedure 2 Code is present.
* Must be a valid and current Mass. Board of Registration in Medicine license number

OR* Must be “DENSG”, “PODTR” , “OTHER” , “NURSEP”, “PHYAST” or “MIDWIF”
 | B |
| 71. | Surgeon for Associated Procedure 3 (Board of Registration in Medicine Number) | Text | 25 | * Must be present if Associated Procedure 3 Code is present.
* Must be a valid and current Mass. Board of Registration in Medicine license number

OR* Must be “DENSG”, “PODTR” , “OTHER” , “NURSEP”, “PHYAST” or “MIDWIF”
 | B |
| 72. | ICD Indicator | Text | 1 | * Must be present
* Must be “0” for ICD-10
 | A |
| 73. | Principal External Cause Code | Text | 7 | * Must be present if principal diagnosis is an ICD-10-CM S-code
* May be present if principal diagnosis is an ICD-10-CM T-code (T00-T88)
* If present, must be a valid ICD-10-CM external cause code (V00-Y89)
* Supplemental (Y90-Y99) ICD-10-CM external cause codes shall be recorded in associated diagnosis fields

- Additional (V00-Y89) ICD-10-CMexternal cause codes shall be recorded in associated diagnosis fields | B |

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| --- | --- | --- | --- | --- | --- |
| 74. | Assoc\_DX6 | Text | 7 | Patient’s sixth associated diagnosis:* If present, DX5 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 75. | Assoc\_DX7 | Text | 7 | Patient’s seventh associated diagnosis:* If present, DX6 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 76. | Assoc\_DX8 | Text | 7 | Patient’s eighth associated diagnosis:* If present, DX7 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 77. | Assoc\_DX9 | Text | 7 | Patient’s ninth associated diagnosis:* If present, DX8 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 78. | Assoc\_DX10 | Text | 7 | Patient’s tenth associated diagnosis:* If present, DX9 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 79. | Condition Present on Observation – Assoc.Diagnosis Code 6 | Text | 1 | * May be present when Assoc. Diagnosis Code 6 is present
* If present, must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |

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| 80. | Condition Present on Observation – Assoc.Diagnosis Code 7 | Text | 1 | * May be present when Assoc. Diagnosis Code 7 is present
* If present, must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 81. | Condition Present on Observation – Assoc.Diagnosis Code 8 | Text | 1 | * May be present when Assoc. Diagnosis Code 8 is present
* If present, must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 82. | Condition Present on Observation – Assoc.Diagnosis Code 9 | Text | 1 | * May be present when Assoc. Diagnosis Code 9 is present
* If present, must a be valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 83. | Condition Present on Observation – Assoc.Diagnosis Code 10 | Text | 1 | * May be present when Assoc. Diagnosis Code 10 is present
* If present, must be a valid code as specified in Outpatient Observation Data Code Tables
 | B |
| 84. | Health Plan Member ID | Text | 40 | * Must be present when Primary Payer Type Code is not:

‘1’ (Self Pay)‘2’ (Worker’s Comp)‘4’ (Medicaid)‘9’ (Free Care)‘H’ (Health Safety Net) ‘T’ (Auto Insurance)* Report Health Plan Subscriber ID if Member ID is unknown.
 | A |
| 85. | Patient Last Name | Text | 35 | - Must be present | A |
| 86. | Patient First Name | Text | 25 | - Must be present | A |

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| --- | --- | --- | --- | --- | --- |
| 87. | Number of hours in ED | Text | 10 | * Must be present if Source of Admission is ‘R’ – Within hospital Emergency Room Transfer
* Must be present if ED Flag is set to 2.
* May be present if ED Flag is set to 1.
* Must be numeric
* Include decimal point with 2 places (for example 100.25)
 | B |
| 88. | Emergency Department Registration Date (CCYYMMDD) | Text | 8 | * Must be present if Source of Admission is ‘R’ – Within hospital Emergency Room Transfer.
* Must be present if ED Flag is set to 2.
* May be present if ED Flag is set to 1.
* Must be valid date and format
* Must be less than or equal to ED Discharge Date.
 | B |
| 89. | Emergency Department Registration Time | Text | 4 | * Must be present if Source of Admission is ‘R’ – Within hospital Emergency Room Transfer.
* Must be present if ED Flag is set to 2.
* May be present if ED Flag is set to 1.
* Must be numeric.
* Must range from 0000 to 2359.
 | B |
| 90. | Emergency Department Discharge Date (CCYYMMDD) | Text | 8 | * Must be present if Source of Admission is ‘R’ – Within hospital Emergency Room Transfer.
* Must be present if ED Flag is set to 2.
* May be present if ED Flag is set to 1.
* Must be valid date and format
* Must be greater than or equal to ED Registration Date
* Must be less than or equal to OOD End\_Date (Field 14).
 | B |
| 91. | Emergency Department Discharge Time | Text | 4 | * Must be present if Source of Admission is ‘R’ – Within hospital Emergency Room Transfer.
* Must be present if ED Flag is set to 2.
* May be present if ED Flag is set to 1.
* Must be numeric.
* Must range from 0000 to 2359.
 | B |

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| 92. | Assoc\_DX11 | Text | 7 | Patient’s eleventh associated diagnosis:* If present, DX10 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 93. | Assoc\_DX12 | Text | 7 | Patient’s twelfth associated diagnosis:* If present, DX11 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 94. | Assoc\_DX13 | Text | 7 | Patient’s thirteenth associated diagnosis:* If present, DX12 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 95. | Assoc\_DX14 | Text | 7 | Patient’s fourteenth associated diagnosis:* If present, DX13 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 96. | Assoc\_DX15 | Text | 7 | Patient’s fifteenth associated diagnosis:* If present, DX14 must be present
* Must be a valid ICD-10-CM code+ in diagnosis file (exclude decimal point)
* Must agree with ICD Indicator
* May be an ICD-10-CM external cause code (V00-Y99)
 | A |
| 97. | CPT6 | Text | 5 | Patient’s sixth CPT code:* If entered must be a valid CPT code
* If present, CPT5 must be present
 | A |
| 98. | CPT7 | Text | 5 | Patient’s seventh CPT code:* If entered must be a valid CPT code
* If present, CPT6 must be present
 | A |

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| 99. | CPT8 | Text | 5 | Patient’s eighth CPT code:* If entered must be a valid CPT code
* If present, CPT7 must be present
 | A |
| 100. | CPT9 | Text | 5 | Patient’s ninth CPT code:* If entered must be a valid CPT code
* If present, CPT8 must be present
 | A |
| 101. | CPT10 | Text | 5 | Patient’s tenth CPT code:* If entered must be a valid CPT code
* If present, CPT9 must be present
 | A |
| 102. | Primary Payer Type | Text | 1 | * Must be present
* Must be a valid code as specified in Outpatient Observation Data Code Tables
* If Medicaid is one of two payers, Medicaid must be coded as the secondary payer type unless Health Safety Net or Free Care is the secondary payer type
* Medicaid may be primary with code ‘N’ (None) in secondary
 | A |
| 103. | Secondary Payer Type | Text | 1 | * Must be present
* Must be a valid code as specified in Outpatient Observation Data Code Tables
* If Medicaid is one of two payers, Medicaid must be coded as the secondary payer type unless Health Safety Net or Free Care is the secondary payer type
* If not applicable, must be coded as ‘N’ (None)
 | A |

+ = All ICD codes should be reported as the exact code excluding the decimal point. Zeros contained in the code should be reported. For example, the code ‘001.0’ should be reported as ‘0010’.

Note: Any field that is not required and not present should be left blank.

## Outpatient Observation Data Code Tables:

**VISIT RECORD**

|  |  |  |
| --- | --- | --- |
| No. | Field Name: | Description: |
| 1. | Provider Organization ID | Hospital Organization ID, as assigned by Center for Health Information and Analysis (CHIA), for the provider submittingobservation stays in the file (IdOrgFiler). Refer to Hospital Organization ID table below. |
| 2. | Site Organization ID | Hospital Organization ID, as assigned by CHIA, for the site where care was given. Required if provider is approved to submit multiple campuses in one file (IdOrgSite). Refer to Hospital Organization IDtable below. |
| 3. | Pt\_ID | Patient social security number. |
| 4. | MR\_N | Patient’s hospital medical record number. |
| 5. | Acct\_N | Hospital’s billing number for the patient. |
| 6. | MOSS | Mother’s social security number for infants up to one year old or less. |
| 7. | MMIS\_ID | Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID). |
| 8. | DOB | Birth century, year, month, and day. If exact century and year are unknown, estimate. |
| 9. | Patient Sex at Birth | Patient Sex at Birth Code:M = MaleF = Female UNK = UnknownDONTKNOW = Don’t know ASKU = Choose not to answerUTC = Unable to collect this information on patient due to lack of clinical capacity of patient to respond |

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| 10.,56. | Race 1, 2 | Patient Race Code:1002-5 ~~R1~~= American Indian/Alaska Native 2028-9 ~~R2~~= Asian2054-5 ~~R3~~= Black/African American2076-8 ~~R4~~= Native Hawaiian or other Pacific Islander 2106-3 ~~R5~~= WhiteOTH ~~R9~~= Other Race DONTKNOW = Don’t know ASKU = Choose not to answer UNK = UnknownUTC = Unable to collect this information on patient due to lack of clinical capacity of patient to respond |
| 11. | Zip\_Code | Patient’s residential 5 digit zip code. If patient is homeless, report zipcode for last known address and indicate homeless status “Y” in the Homeless Indicator field. |
| 12. | Ext\_Zcode | Patient’s residential 4 digit zip code extension. |
| 13. | Beg\_Date | Century, year, month and day when service begins. |
| 14. | End\_Date | Century, year, month and day when service ends. |
| 15. | Obs\_Time | Initial Observation encounter time. The time the patient became an Observation Stay patient. |
| 16. | Ser\_Unit | The amount of time the patient has spent as an Observation Stay patient. The unit of service for Observation Stay is hours. |
| 17. | Obs\_Type | Observation Visit Status Code:1 = Emergency2 = Urgent3 = Elective4 = Newborn5 = Information Not Available6 =Trauma |

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| 18. | Obs\_1Srce | Originating Observation Visit Source Code:1 = Direct Physician Referral2 = Within Hospital Clinic Referral3 = Direct Health Plan Referral4 = Transfer from Acute Care Hospital5 = Transfer from a Skilled Nursing Facility (SNF)6 = Transfer from an Intermediate Care Facility (ICF)7 = Outside Hospital ER Transfer8 = Court/Law Enforcement9 = Other0 = Information Not AvailableF = Transfer from a Hospice FacilityJ = Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the PayerL = Outside Hospital Clinic ReferralM = Walk-in/Self-ReferralR = Within Hospital ER TransferT = Transfer from Another Institution’s Ambulatory Surgery (SDS) W = Extramural BirthY = Within Hospital Ambulatory Surgery Transfer (SDS Transfer)Example: If a patient is transferred from a SNF to the hospital’s Clinic andthen becomes an Observation Stay status, the Originating Observation Source would be “5 - Transfer from SNF”. |

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| --- | --- | --- |
| 19. | Obs\_2Srce | Secondary Observation Visit Source Code:1 = Direct Physician Referral2 = Within Hospital Clinic Referral3 = Direct Health Plan Referral4 = Transfer from Acute Care Hospital5 = Transfer from a Skilled Nursing Facility (SNF)6 = Transfer from an Intermediate Care Facility (ICF)7 = Outside Hospital ER Transfer8 = Court/Law Enforcement9 = Other0 = Information Not AvailableF = Transfer from a Hospice FacilityJ = Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the PayerL = Outside Hospital Clinic ReferralM = Walk-in/Self-ReferralR = Within Inside Hospital ER TransferT = Transfer from another Institution’s Ambulatory Surgery (SDS) W = Extramural BirthY = Within Hospital Ambulatory Surgery Transfer (SDS Transfer)Example: If a patient is transferred from a SNF to the hospital’s Clinic andthen becomes an Observation Stay status, the Secondary Observation Source would be “2 - Within Hospital Clinic Transfer”. |
| 20. | Dep\_Stat | Patient Disposition Code (Departure Status):1 = Routine2 = Admit to Hospital3 = Transferred4 = AMA5 = Expired |
| 21. | Payr\_Pri | Primary Source of Payment. Refer to the Payer Codes list on CHIA’s website.<https://www.chiamass.gov/hospital-data-specification-manuals/> |
| 22. | Payr\_Sec | Secondary Source of Payment. Refer to the Payer Codes list on CHIA’s website.<https://www.chiamass.gov/hospital-data-specification-manuals/>If there is no secondary source of payment, use payer source code ‘159’ - NONE. |
| 23. | Charges | Grand total of all charges associated with the patient’s observation stay. The total charge amount should be rounded up to the nearest dollar. For example, $3562.79 should be reported as $3563. |

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| 24. | Surgeon | Surgeon’s Mass. Board of Registration in Medicine License Number or“DENSG”, “PODTR”, “OTHER”, “NURSEP”, “PHYAST” or “MIDWIF”for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively. |
| 25. | Att\_MD | Attending Physician’s Mass. Board of Registration in Medicine License Numberor“DENSG”, “PODTR”, “OTHER”, “NURSEP”, “PHYAST” or “MIDWIF”for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians), nurse practitioner, physician assistant or Midwife, respectively. |
| 26. | Oth\_Care | Other primary caregiver responsible for patient’s care:1 = Resident2 = Intern3 = Nurse Practitioner4 = Not Used5 = Physician Assistant |
| 27. | PDX | ICD Principal Diagnosis Code (excluding decimal point). |
| 28.-32. | Assoc\_DX | ICD Associated Diagnosis Code, up to five associated diagnoses (excluding the decimal point). |
| 33. | P\_PRO | Principal ICD Procedure Code (excluding decimal point). |
| 34. | P\_PRODATE | Date (century, year, month and day) of patient’s principal procedure. |
| 35.37.39. | Assoc\_PRO | ICD Associated Procedures, up to three associated procedures excluding the decimal point. |
| 36.38.40. | AssocDATE | Date (century, year, month and day) of patient’s associated procedures, up to three. |
| 41.-45. | CPT | CPT, up to five CPT codes. |
| 46. | ED\_Flag | ED Flag Code:0=not admitted to observation from the ED, no ED visit reflected on this record1= not admitted to observation from the ED, but ED visit(s) reflected in this record2=admitted to observation from the ED |

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| 47. | Permanent Patient Street Address | Patient’s residential address including number, street name, and type (i.e. street, drive, road) This is required if the patient is a United States citizen. If the patient is homeless, this field may be left blank. |
| 48. | Permanent Patient City/Town | Patient’s residential city or town. This is required if the patient is a United States citizen. If the patient is homeless and does not have aZIP Code or City, provide the ZIP Code or City of their last temporary or permanent residence. |
| 49. | Permanent Patient State | Patient’s residential state using the U.S. Postal Service state code. This is required if the patient is a United States citizen. |
| 50. | Patient Country | Patient’s residential country using the International Standards Organization (ISO) 2-digit country code. This is required for allobservation records. |
| 51. | Temporary US Patient Street Address | The temporary United States street address where the patient resides while under treatment. This is required for patient’s whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state ofMassachusetts but are residing at a temporary address while receiving treatment. |
| 52. | Temporary US Patient City/Town | The temporary United States city/town where the patient resides while under treatment. This is required for patient’s whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address whilereceiving treatment. |
| 53. | Temporary US Patient State | The U.S. Postal Service code for the state of the temporary address where the patient resides while under treatment. This is required for patient’s whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporaryaddress while receiving treatment. |
| 54. | Temporary US Patient Zip Code | The U.S. Postal Service zip code for the temporary address where the patient resides while under treatment. This is required for patient’s whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside thestate of Massachusetts but are residing at a temporary address while receiving treatment. |
| 55. | Hispanic Indicator | Hispanic Indicator Code:2135-2 ~~Y~~ = Patient is Hispanic 2186-5 ~~N~~ = Patient is not Hispanic DONTKNOW = Don’t know ASKU = Choose not to answer UNK = UnknownUTC = Unable to collect this information on patient due to lack of clinical capacity of patient to respond |

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| 57. | Other Race | Additional Race description entered when the codes for Race 1 and Race 2 do not adequately capture the patient’s race. |
| 58.-59. | Ethnicity 1, 2 | Use **Ethnicity Codes from the Center for Disease Control :** [**http://www.cdc.gov/nchs/data/dvs/Race\_Ethnicity\_CodeSet.pdf**](http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf)OR refer to the Ethnicity codes as specified in Outpatient Observation Data Code Table II. |
| 60. | Other Ethnicity | Additional Ethnicity description entered when the codes for Ethnicity 1 and Ethnicity 2 do not adequately capture the patient’s ethnicity. |
| 61. | Condition Present on Observation – Principal Diagnosis Code | Condition Present on Observation for Principal Diagnosis Code: Y = YesN = NoU = UnknownW = Clinically undetermined 1 = ExemptA = Not applicable (only valid for NCHS official published list of not applicable ICD-10-CM codes for POA flag.) |
| 62.-66. | Condition Present on Observation – Assoc.Diagnosis Code | Condition Present on Observation for Diagnosis Codes 1 – 5: Y = YesN = NoU = UnknownW = Clinically undetermined 1 = ExemptA = Not applicable (only valid for NCHS official published list of not applicable ICD codes for POA flag.) |
| 67. | Homeless Indicator | Homeless Indicator Code:Y = Patient is known to be homelessN = Patient is not known to be homeless UNK = UnknownDONTKNOW = Don’t know ASKU = Choose not to answerUTC = Unable to collect this information on patient due to lack of clinical capacity of patient to respond |
| 68. | Massachusetts Transfer Hospital Organization ID (OrgID) | Transferring Hospital/Facility:Must be a valid OrgID as specified in the [Transfer OrgID list](https://www.chiamass.gov/assets/docs/p/case-mix/Transfer-Org-Id-List.xlsx) posted on CHIA’s website if the provider from which the transfer occurred is in Massachusetts.If the provider from which the transfer occurred is outside Massachusetts, the transfer OrgID must be 9999999.Transfer OrgID should not be the OrgID for Provider in Field 1 or the Hospital Service Site OrgID in Field 2 |

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| 69.-71. | Surgeon for Associated Procedure I - 3 (Board of Registration inMedicine Number) | Physician’s Mass. Board of Registration in Medicine License Number or“DENSG”, “PODTR”, “OTHER”, “NURSEP”, “PHYAST” or “MIDWIF”for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians), nurse practitioner, physician assistant, or Midwife, respectively. |
| 72. | ICD Indicator | International Classification of Diseases version for Diagnosis Codes. Report “0” to define the ICD-10 diagnosis on claim. |
| 73. | External Cause Code | Principal External Cause Code of morbidity:Must be present when principal diagnosis is ICD-10-CM S-Code (S00-S99).May be present when principal diagnosis is ICD-10-CM T-Code (T00-T88).Must be a valid ICD-10-CM external cause code (V00-Y89).Additional (V00-Y89) and Supplemental (Y90-Y99) ICD external cause codes shall be recorded in associated diagnosis fields. |
| 74.-78. | Assoc\_DX | ICD Associated Diagnosis, up to five additional associated diagnoses excluding the decimal point. |
| 79.-83. | Condition Present on Observation – Assoc.Diagnosis Code | Condition Present on Observation for Diagnosis codes, up to five additional conditions present on observation:Y = Yes N = NoU = UnknownW = Clinically undetermined 1 = ExemptA = Not applicable (only valid for NCHS official published list of not applicable ICD codes for POA flag.) |
| 84. | Health Plan Member ID | Health Plan Member ID for payer not including Self Pay, Worker’s Comp, MassHealth, Free Care, Health Safety Net, Auto Insurance.Report Subscriber ID if member ID is unknown. |
| 85. | Patient Last Name | Patient Last Name is required. |
| 86. | Patient First Name | Patient First Name is required. |
| 87. | Number of Hours in ED | Number of Hours in ED should be provided when ED is reflected in the observation stay. It is required when Admission Source is ‘R- Within Hospital ER Transfer’, or ED Flag is set to 2. |

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| 88. | Emergency Department RegistrationDate | Emergency Department Registration Date should be provided when ED is reflected in the observation stay. It is required when Admission Source is ‘R-Within Hospital ER Transfer’, or ED Flag is set to 2. |
| 89. | Emergency Department RegistrationTime | Emergency Department Registration Time should be provided when ED is reflected in the observation stay. It is required when Admission Source is ‘R-Within Hospital ER Transfer’, or ED Flag is set to 2. |
| 90. | Emergency Department Discharge Date | Emergency Department Discharge Date should be provided when ED is reflected in the observation stay. It is required when Admission Source is ‘R-Within Hospital ER Transfer’, or ED Flag is set to 2. |
| 91. | Emergency DepartmentDischarge Time | Emergency Department Discharge Time should be provided when ED is reflected in the observation stay. It is required when Admission Source is ‘R-Within Hospital ER Transfer’, or ED Flag is set to 2. |
| 92.-96. | Assoc\_DX | ICD Associated Diagnosis, up to five additional associated diagnoses excluding the decimal point. |
| 97.- 101 | CPT | CPT, up to five CPT codes. |
| 102- 103 | Payer Type Code | Primary and Secondary Payer Type Code are required.Must be a valid code per the Payer Codes list on CHIA’s website: <https://www.chiamass.gov/hospital-data-specification-manuals/> |

#### CHIA Organization IDs for Hospitals

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| --- | --- |
| **Org Id** | **Organization Name** |
| 1 | Anna Jaques Hospital |
| 2 | Athol Memorial Hospital |
| 5 | Baystate Franklin Medical Center |
| 4 | Baystate Medical Center |
| 106 | Baystate Noble Hospital |
| 139 | Baystate Wing Memorial Hospital |
| 7 | Berkshire Medical Center – Berkshire Campus |
| 98 | Beth Israel Deaconess Hospital – Milton |
| 53 | Beth Israel Deaconess Hospital – Needham |
| 79 | Beth Israel Deaconess Hospital – Plymouth |
| 10 | Beth Israel Deaconess Medical Center – East Campus |
| 46 | Boston Children’s Hospital |
| 16 | Boston Medical Center – Menino Pavilion Campus |
| 59 | Brigham and Women's Faulkner Hospital |
| 22 | Brigham and Women's Hospital |
| 27 | Cambridge Health Alliance – Cambridge Campus |
| 142 | Cambridge Health Alliance – Everett Hospital Campus (formerly Whidden) |
| 39 | Cape Cod Hospital |
| 50 | Cooley Dickinson Hospital |
| 51 | Dana-Farber Cancer Institute |
| 57 | Emerson Hospital |
| 8 | Fairview Hospital |

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| --- | --- |
| **Org Id** | **Organization Name** |
| 40 | Falmouth Hospital |
| 68 | Harrington Memorial Hospital |
| 71 | Health Alliance Hospitals, Inc. – Leominster Campus |
| 132 | Health Alliance – Clinton Hospital Campus |
| 73 | Heywood Hospital |
| 77 | Holyoke Medical Center |
| 11466 | Holy Family Hospital at Merrimack Valley, A Steward Family Hospital, Inc. |
| 81 | Lahey Hospital & Medical Center – Burlington |
| 4448 | Lahey Medical Center – Peabody |
| 109 | Lahey Health – Addison Gilbert Hospital |
| 110 | Lahey Health – Beverly Hospital |
| 138 | Lahey Health – Winchester Hospital |
| 83 | Lawrence General Hospital |
| 85 | Lowell General Hospital |
| 115 | Lowell General Hospital – Saints Campus |
| 133 | Marlborough Hospital |
| 88 | Martha's Vineyard Hospital |
| 89 | Massachusetts Eye and Ear Infirmary |
| 91 | Massachusetts General Hospital |
| 141 | MelroseWakefield Hospital Campus – MelroseWakefield Healthcare |
| 119 | Mercy Medical Center – Springfield Campus |
| 49 | MetroWest Medical Center – Framingham Campus |
| 97 | Milford Regional Medical Center |
| 99 | Morton Hospital, A Steward Family Hospital |

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| **Org Id** | **Organization Name** |
| 100 | Mount Auburn Hospital |
| 101 | Nantucket Cottage Hospital |
| 11467 | Nashoba Valley Medical Center, A Steward Family Hospital |
| 103 | New England Baptist Hospital |
| 105 | Newton-Wellesley Hospital |
| 21965 | North Adams Regional Hospital |
| 116 | North Shore Medical Center, Inc. – Salem Campus |
| 127 | Saint Vincent Hospital |
| 6963 | Shriners Hospitals for Children – Boston |
| 25 | Signature Healthcare Brockton Hospital |
| 122 | South Shore Hospital |
| 123 | Southcoast Hospitals Group – Charlton Memorial Campus |
| 124 | Southcoast Hospitals Group – St. Luke's Campus |
| 145 | Southcoast Hospitals Group – Tobey Hospital Campus |
| 42 | Steward Carney Hospital |
| 62 | Steward Good Samaritan Medical Center – Brockton Campus |
| 75 | Steward Holy Family Hospital |
| 41 | Steward Norwood Hospital |
| 114 | Steward Saint Anne's Hospital |
| 126 | Steward St. Elizabeth's Medical Center |
| 129 | Sturdy Memorial Hospital |
| 104 | Tufts-New England Medical Center |
| 131 | UMass Memorial Medical Center – University Campus |
| 130 | UMass Memorial Medical Center – Memorial Campus |

#### Ethnicity Codes

**Utilize full list of standard codes, per Center for Disease Control** [**http://www.cdc.gov/nchs/data/dvs/Race\_Ethnicity\_CodeSet.pdf**](http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf) **and those listed below:**

|  |  |
| --- | --- |
| **Ethnicity Code** | **Ethnicity Definition** |
| AMER~~CN~~ | American |
| BRAZ~~IL~~ | Brazilian |
| CANADA | Canadian |
| CAPE-V~~CVERDN~~ | Cape Verdean |
| CARIBI | Caribbean Islander |
| E-EUR~~EASTEU~~ | Eastern European |
| PORT~~UG~~ | Portuguese |
| RUSSN~~IA~~ | Russian |
| OTH~~ER~~ | Other Ethnicity |
| UNK~~NOW~~ | Unknown |
| DONTKNOW | Don’t know |
| ASKU | Choose not to answer |
| UTC | Unable to collect this information on patient due to lack of clinical capacity of patient to respond |

1. **Source of Payment** – See complete listing at: <http://www.chiamass.gov/hospital-data-specification-manuals/>
2. **Payer Type Code –** See complete listing at: <http://www.chiamass.gov/hospital-data-specification-manuals/>

# Observation Data Quality Standards

The data will be edited for compliance with the edit specifications set forth in Outpatient Observation Data Record Specifications. The standards to be employed for rejecting data submissions from hospitals will be based upon the presence of Category A or B errors as listed in the record specifications for each data element under the following conditions:

* 1. All errors will be recorded for each patient discharge. A patient discharge will be rejected if there is:
		1. Presence of one or more error flags for Category A elements.
		2. Presence of two or more errors for Category B elements.
	2. A hospital data submission will be rejected if:
		1. 1% or more of discharges are rejected or
		2. 50 consecutive records are rejected.
	3. A hospital data submission will be rejected if:
		1. Any Category A elements on the Header Record are in error.
	4. Acceptance of data under the edit check procedures identified in this specification or in 957 CMR 8.00 shall not be deemed acceptance of the factual accuracy of the data contained therein.

# Submittal Schedule

Hospital Outpatient Observation Data Files must be submitted quarterly to the CHIA according to the following schedule. Final, complete quarterly files are due 75 days following the end of the reporting period.

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| --- | --- | --- | --- |
| **Quarter** | **Quarter Begin & End Dates** | **Due Date for Preliminary File > 30 days following the close of the quarter:** | **Due Date for Final File > 75 days following the close of the quarter:** |
| 1 | 10/1 – 12/31 | 1/31 | 3/16 |
| 2 | 1/1 – 3/31 | 4/30 | 6/14 |
| 3 | 4/1 – 6/30 | 7/31 | 9/13 |
| 4 | 7/1 – 9/30 | 10/31 | 12/14 |