

Division of Health Care Finance and Policy

Fiscal Year 2006

**Inpatient Hospital
Discharge Database
Documentation Manual**

**DATA ISSUED
MAY 2007**

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

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

General Documentation
FY2006 Inpatient Hospital Discharge Database

Table of Contents

| | <u>Page</u> |
|---|-------------|
| Introduction | 1 |
| Compact Disk (CD) File Specification | 2 |
| SECTION I. GENERAL DOCUMENTATION | 3 |
| PART A. BACKGROUND INFORMATION | 4 |
| 1. General Documentation Overview | 4 |
| 2. Quarterly Reporting Periods | 5 |
| 3. Development of the FY06 HDD Database | 6 |
| 4. DRG Grouper Methodology | 7 |
| PART B. DATA | 10 |
| 1. Data Quality Standards | 11 |
| 2. General Definitions | 13 |
| 3. General Data Caveats | 14 |
| 4. Specific Data Elements | 16 |
| a. Existing Data Elements | 16 |
| b. New Data Elements | 19 |
| c. Important Note Regarding Use of Race Code | 21 |
| d. DHCFP Calculated Fields | 22 |
| PART C. HOSPITAL RESPONSES | 23 |
| 1. Summary of Hospitals' FY06 Verification Report Responses | 24 |
| 2. List of Error Categories | 30 |
| 3. Summary of Reported Discrepancies by Category | 31 |
| 4. Index of Hospitals Reporting Data Discrepancies | 34 |
| 5. Individual Hospital Discrepancy Documentation | 35 |
| PART D. CAUTIONARY USE HOSPITALS | 46 |
| PART E. HOSPITALS SUBMITTING DATA FOR FY06 | 48 |
| 1. List of Hospitals Submitting Data for FY2006 | 49 |
| 2. Hospitals with No Data Submissions for FY2006 | 51 |
| 3. Discharge Totals and Charges by Quarter | 52 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

Table of Contents

| | <u>Page</u> |
|---|-------------|
| PART F. SUPPLEMENTARY INFORMATION | 61 |
| Supplement I – List of Type A and Type B Errors | 62 |
| Supplement II – Content of Hospital Verification Report Package | 64 |
| Supplement III – Hospital Addresses, DPH ID, ORG ID & Service Site Numbers | 65 |
| Supplement IV – Mergers, Name Changes, Closures, Conversions, and Non-Acute Care Hospitals | 71 |
| Supplement V – Alphabetical Source of Payment List | 78 |
| Supplement VI – Numerical Source of Payment List | 88 |
| SECTION II. TECHNICAL DOCUMENTATION | 97 |
| PART A. CALCULATED FIELD DOCUMENTATION | 99 |
| 1. Age Calculation | 99 |
| 2. Newborn Age | 100 |
| 3. Preoperative Days | 101 |
| 4. Length of Stay (LOS) Calculation | 102 |
| 5. Length of Stay (LOS) Routine | 103 |
| 6. Unique Health Information (UHIN) Sequence Number | 104 |
| 7. Days Between Stays | 105 |
| PART B. DATA FILE SUMMARY | 107 |
| 1. Discharge File Table FY06 | 108 |
| 2. Revenue File Table FY06 | 114 |
| 3. Data Code Tables FY06 | 115 |
| PART C. REVENUE CODE MAPPINGS | 127 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation Manual is for use with the HDD FY2006 database. The FY2006 HDD data was made available as of May 21, 2007.

Section I. General Documentation

The General Documentation for the Fiscal Year 2006 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.

General Documentation
FY2006 Inpatient Hospital Discharge Database

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” 2006 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_2006_L1_zipped.exe” will expand out to “Hosp_Inpatient_Discharge_2006_L1.mdb”
- b) “Hosp_Inpatient_Services_2006_zipped.exe” will expand out to “Hosp_Inpatient_Services_2006.mdb”

In the above examples, 2006 represents Hospital Fiscal Year 2006 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.

General Documentation
FY2006 Inpatient Hospital Discharge Database

SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY06 HDD Data Base
4. DRG Grouper Methodology

General Documentation
FY2006 Inpatient Hospital Discharge Database

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 FY2006 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 FY2006 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' FY2006 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 FY2006, and those that failed to provide any FY2006 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.

General Documentation
FY2006 Inpatient Hospital Discharge Database

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 2006 period, these quarterly reporting intervals were as follows:

| | |
|-------------------|--|
| Quarter 1: | October 1, 2005 – December 31, 2005 |
| Quarter 2: | January 1, 2006 – March 31, 2006 |
| Quarter 3: | April 1, 2006 – June 30, 2006 |
| Quarter 4: | July 1, 2006 – September 30, 2006 |

PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 2006 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 2006 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:

- | | |
|------------------|--|
| LEVEL I | Contains all case mix data elements, except the deniable data elements |
| LEVEL II | Contains all Level I data elements, plus the UPN |
| LEVEL III | 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. |
| LEVEL IV | 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. |
| LEVEL V | Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery. |
| LEVEL VI | 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, 21.0)
All Patient Refined DRG Grouper (3M-APR-DRG Version 15.0)

Beginning in October 1991, the DHCFP began using 3M's All-Patient Grouper 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.

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. This year AP V21.0 was added. The purpose of providing these multiple 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. Hospitals were reviewed for verification using the AP-V12.0, V14.1, and V18.0 Groupers.

The Version 12.0, and 14.1, 18.0, and 21.0 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, V18.0, and V21.0.

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.

General Documentation
FY2006 Inpatient Hospital Discharge Database

DRG Groupers:

All Patient Refined Grouper V. 15.0 - Continued

The Division's FY 2006 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**".¹ 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, 21.0, and the All Patient Refined Version 15.0 are included in the FY2006 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.

¹ 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.

General Documentation
FY2006 Inpatient Hospital Discharge Database

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.

General Documentation
FY2006 Inpatient Hospital Discharge Database

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 MMMMMM or MMMMMM3?.

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.

This year, the Division added a new Payer Type 'Q' for the Commonwealth Care category, and new Payer Sources for the Commonwealth Care plans.

A complete listing of Payer types and sources, including the new codes, 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

PART B. DATA

4. SPECIFIC DATA ELEMENTS

a. Existing Data Elements - *Continued*

Source of Admission

Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

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.

General Documentation
FY2006 Inpatient Hospital Discharge Database

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.

| Race Code | Description | Pre-2000 Inpatient FIPA Code |
|------------------|--------------------|-------------------------------------|
| 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 monitors 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.

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' FY2006 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
FY2006 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2006
Final Verification Report Responses

| DPH ID | HOSPITAL NAME | 'A' | 'B' | NONE | COMMENTS |
|---------------|--------------------------------------|------------|------------|-------------|-----------------|
| 2006 | Anna Jaques Hospital | X | | | |
| 2226 | Athol Memorial Hospital | X | | | |
| 2120 | Baystate Franklin Medical Center | X | | | |
| 2148 | Baystate Mary Lane | X | | | |
| 2339 | Baystate Medical Center | X | | | |
| 2313 | Berkshire Medical Center | X | | | |
| 2069 | Beth Israel Deaconess Medical Center | X | | | |
| 2054 | Beth Israel Deaconess – Needham | X | | | |
| 2307 | Boston Medical Center | X | | | |
| 2921 | Brigham and Women's Hospital | X | | | |
| 2118 | Brockton Hospital | | X | | See comments. |
| 2108 | Cambridge Hospital | X | | | |
| 2135 | Cape Cod Hospital | X | | | |
| 2003 | Caritas Carney Hospital | | X | | See comments. |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2006
Final Verification Report Responses

| DPH ID | HOSPITAL NAME | 'A' | 'B' | NONE | COMMENTS |
|--------|--|-----|-----|------|---------------|
| 2101 | Caritas Good Samaritan Medical Center | X | | | |
| 2KGH | Caritas Good Sam. Medical Ctr. – Norcap Lodge Campus | X | | | |
| 2225 | Caritas Holy Family Hospital | X | | | |
| 2114 | Caritas Norwood Hospital & Med. Ctr. | X | | | |
| 2011 | Caritas Saint Anne's Hospital | X | | | |
| 2085 | Caritas St. Elizabeth's Medical Center | | X | | See comments. |
| 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 | | | |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2006
Final Verification Report Responses

| DPH ID | HOSPITAL NAME | 'A' | 'B' | NONE | COMMENTS |
|--------|---|-----|-----|------|---|
| 2038 | Hallmark Health – Lawrence Memorial Hospital Campus | X | | | |
| 2058 | Hallmark Health – Melrose-Wakefield Hospital Campus | X | | | |
| 2143 | Harrington Memorial Hospital | X | | | |
| 2034 | Health Alliance Hospitals, Inc. | | | X* | |
| 2036 | Heywood Hospital | X | | | |
| 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. Submitted only Q1-3. |
| 2171 | Kindred Hospital Boston – North Shore | | | X | Unable to verify data due to use of a different grouper. Submitted only Q1-3. |
| 2033 | Lahey Clinic | X | | | |
| 2099 | Lawrence General Hospital | X | | | |
| 2040 | Lowell General Hospital | X | | | |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2006
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 | | See comments. |
| 2071 | Mount Auburn Hospital | | X | | See comments. |
| 2044 | Nantucket Cottage Hospital | | X | | See comments. |
| 2298 | Nashoba Valley Medical Center | | X | | See comments. |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2006
Final Verification Report Responses

| DPH ID | HOSPITAL NAME | 'A' | 'B' | NONE | COMMENTS |
|--------|--|-----|-----|------|---------------|
| 2059 | New England Baptist Hospital | X | | | |
| 2075 | Newton-Wellesley Hospital | | X | | See comments. |
| 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 | | | |
| 2007 | Northeast Health System – Beverly Campus | X | | | |
| 2151 | Quincy Medical Center | X | | | |
| 2128 | Saint Vincent Hospital at Worcester Medical Center | | X | | See comments. |
| 2063 | Saints Memorial Medical Center | X | | | |
| 2107 | South Shore Hospital | X | | | |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2006
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 | | | |
| 2103 | U Mass. Marlborough Hospital | X | | | |
| 2841 | U Mass. Memorial Medical Center | | | X* | |
| 2181 | U Mass. Wing Memorial Hospital | X | | | |
| 2094 | Winchester Hospital | | X | | See comments. |

* Hospitals with no verification received were strongly pursued to verify their data. Each hospital was contacted numerous times via telephone and letter and given ample opportunity to respond. As of the cutoff date, however, the Division had not received a Verification Response Form from the hospital.

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

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

| Hospital | Source of Admission | Type of Admission | Discharges by Month | Primary Payer | Diagnosis Codes per Discharge | Patient Disposition | Gender | Procedure Codes per Discharge |
|-------------------------|----------------------------|--------------------------|----------------------------|----------------------|--------------------------------------|----------------------------|---------------|--------------------------------------|
| Brockton Hospital | X | | | | | | | |
| Morton Hospital | X | | | | | | | |
| Nantucket Cottage | X | | X | | | | X | |
| Nashoba Valley Medical | | | | | | X | | |
| Newton Wellesley | | | X | | | | | |
| North Shore Medical Ctr | | | | | X | | | |
| St. Vincent Hospital | X | | | | X | | | |
| Winchester Hospital | X | | | | | | | |

General Documentation
 FY2006 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)

| Hospital | Race | Age | Top 20 E-Codes | AP 12 MDCs | AP 14 MDCs | APR 15 MDCs | AP 18 MDCs | Top 20 AP 12 DRGs | Top 20 AP 14 DRGs | Top 20 APR 15 MDCs |
|-------------------|-------------|------------|---------------------------|-----------------------|-----------------------|------------------------|-----------------------|----------------------------------|----------------------------------|-----------------------------------|
| Morton Hospital | X | | | | | | | | | |
| Nantucket Cottage | X | | | | | | | | | |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)

| Hospital | Top 20 AP 18 DRGs | Length of Stay | Ancillary Services | Routine Accommod. | Special Care Accommod. | Ancillary Services Charges | Routine Accomm. Charges | Special Care Accomm. Charges |
|-------------------------|----------------------------------|---------------------------|-------------------------------|------------------------------|---------------------------------------|---|--|---|
| Caritas Carney | | | | | | | X | |
| Caritas St. Elizabeth's | | | | X | | | X | |
| Nashoba Valley Medical | | | X | | | X | | |
| Newton Wellesley | | | | X | X | | X | |

PART C. HOSPITAL RESPONSES

4. INDEX OF HOSPITALS REPORTING DATA DISCREPANCIES FY2006

| <u>Hospital</u> | <u>Page</u> |
|----------------------------|--------------------|
| Brockton | 35 |
| Caritas Carney | 36 |
| Caritas St. Elizabeth's | 37 |
| Morton Hospital | 38 |
| Mount Auburn | 39 |
| Nantucket Cottage | 40 |
| Nashoba Valley | 41 |
| Newton Wellesley Hospital | 42 |
| North Shore Medical Center | 43 |
| St. Vincent | 44 |
| Winchester Hospital | 45 |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Brockton Hospital

Brockton Hospital reported one discrepancy in the area of Source of Admission. The hospital submitted the following explanation:

It was determined that Brockton Hospital was counting the ER patients who were then admitted both under the Primary Source of Admission and also counted again under the Secondary Source of Admission.

Brockton Hospital coded 8,754 admissions with a Primary Source of Admission as R-within the hospital and 230 admissions with a Secondary Source of Admission as R-within hospital for a total of 8,984, which is 1 off of the total “ED Flag Count” of 8,983. The 8,754 admissions that were “doubly” coded with a Secondary Source of Admission of R-within hospital are a simple duplication of the coding process.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Caritas Carney Hospital

Caritas Carney Hospital reported one discrepancy in the area of Routine Accommodation Charges. The hospital submitted the following explanation:

Below is a copy of the email sent by the hospital to DHCFP. It explains the discrepancy marked on the 2006 Inpatient Verification form for (25) Routine Accommodation Charges.

I've put together an outline of the issue of missing charge codes submitted for TCU room/bed charges in Caritas case mix file submissions. This exception was seen on our 2006 year-end inpatient verification forms for Caritas Hospitals, but was in process to correct for the last few years of data, but not yet corrected for FY 2006.

This problem occurred at Carney, Holy Family and St. Elizabeth's Hospitals. The last few years of TCU room/bed charges were incorrect and since we didn't have the information on hand (wasn't coded) we couldn't submit the rate setting case mix files. What was decided was to send files with TCU patient account, medical record numbers and discharge dates to match against our case mix file submissions, and the State would then match them up to make the TCU corrections. This was done for 2004 and 2005. FY 2006 TCU correction files haven't been submitted. What I've found was that it was apparently decided to send the TCU corrections in for all quarters after FY 2006 case mix submissions were complete. However, this was not done.

Recently, it was decided that we should send the TCU correction files to the state, to be matched up with our 2006 submissions, similar to the previous two years. This would be to correct our TCU activity and charges. No our 2006 verification forms we will note that TCU charges remain outstanding to be corrected. I can do so for Carney and St. Elizabeth Hospitals. I suggest that Holy Family and St. Anne's Hospital resend their inpatient verification noted that TCU charges values are in process or to be determined.

I will be sending out the 2006 TCU files to the respective DHCFP reps for Hospitals: Carney, St. Elizabeth, Holy Family, St. Anne.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Caritas St. Elizabeth's Hospital

Caritas St. Elizabeth's Hospital reported discrepancies in the area of Routine Accommodation Frequency and Routine Accommodation Charges. The hospital submitted the following explanation:

For the first three quarters of the year, data associated with our TCU unit was inadvertently misclassified. This information was resubmitted, but the revisions are not reflected in DHCFP's current reports for Routine Accommodation Charges (25) and Routine Accommodation by Discharges (22).

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Morton Hospital

Morton Hospital reported two discrepancies in the areas of Source of Admission and Race. The hospital submitted the following explanation:

1. Source of Admission Frequency Report

This report indicates that 61.46% of our inpatient admissions are from an emergency room outside of our hospital (code 7) when these should all be within hospital emergency room (code R).

2. Race Frequency Report

This report shows in quarter four, 92.18% of our admissions were of American Indian race. This is incorrect; this should be code 1 White.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Mt. Auburn Hospital

Mt. Auburn Hospital reported a data discrepancy in the area of Surgeon Activity. The hospital submitted the following explanation:

Because the data only pulls one surgeon, and multiple procedures may be done on some patients, we find that the number of Coronary Bypass procedures were undercounted. Our totals are the same for Coronary Artery Bypasses and PCI's. However, the individual physician counts do not reflect what the surgeon actually did.

Under Coronary Bypass Grafts,
Dr. Vladimir Birjiniuk did 120
Dr. Peter Maggs did 57

Under Percutaneous Coronary Interventions (PCI):
Dr. Robert Campbell did 175
Dr. Salim Jabbour did 59
Dr. Michael Kjelsberg did 189
Dr. Rohit Kumar did 57

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Nantucket Cottage Hospital

Nantucket Cottage Hospital reported minor discrepancies in the areas of Source of Admission, Discharges by Month, Gender Distribution, and Race Distribution. The hospital indicated that the discrepancy /case were negligible.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Nashoba Valley Medical Center

Nashoba Valley Medical Center reported discrepancies in the areas of Patient Disposition Frequency, Ancillary Services by Discharge, and Ancillary Services Charges. The hospital submitted the following explanation:

Due to a programming error in the report, Q1 and Q2 totals are incorrect for 02-Discharge/transferred to another short term general hospital and 51-Discharge to hospice medical facility. A computer conversion in March 2006 has resolved the issue going forward. The corrected data for quarters 1 and 2, respectively, should read as follows:

| | Q1 | Percent Q1 | Q2 | Percent Q2 | 2006 | Percent 2006 |
|---|----|------------|----|------------|------|--------------|
| 02-Discharge/Transferred to another short term general hospital | 74 | 12.01% | 42 | 6.80% | 213 | 8.72% |
| 51-Discharge to hospice medical facility | 0 | 0.00% | 0 | 0.00% | 0 | 0% |

- 2) 021-Ancillary Services by Discharges Report
- 3) 024-Ancillary Services Charges Report

Due to a change in computer systems in March 2006, the revenue code 360 was further divided into revenue code 361.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Newton Wellesley Hospital

Newton Wellesley Hospital reported discrepancies in the areas of Discharges by Month, Routine Accommodation Frequency, Special Care Accommodation Frequency, and Routine Accommodation Charges. The hospital submitted the following explanation:

003 - Discharge Month Frequency Report:

December 2005 total should be 1,277 (not 1,153)

Total should be 16,954 (not 16,824)

Newton Wellesley Hospital also indicated that it was unable to verify the following reports:

- Top 20 AP 12 DRGs by Discharge
- Top 20 APR 15 DRGs by Discharge
- Ancillary Services Frequency

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

North Shore Medical Center

North Shore Medical Center reported one discrepancy in the area of Diagnosis Codes per Discharge. The hospital submitted the following explanation:

I have reviewed the FY 2006 Inpatient Discharge Data Profile reports and agree that the data is accurate, complete, and reflect what was in the system at the time the file was generated. There are discrepancies in the number of diagnosis codes per discharge. For reasons unknown at the time, the number of diagnosis codes per discharge does not accurately reflect what is currently in our system.

We have just begun generating this inpatient data out of a different database. In addition we are now using a new program to reflect the regulation changes that began for Q1 FY 2007. Because of these two reasons, I will not be able to resubmit this data.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

St. Vincent Hospital

St. Vincent Hospital reported discrepancies in the areas of Source of Admission and Diagnosis Codes per Discharge. No further explanation was provided.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Winchester Hospital

Winchester Hospital reported one discrepancy in the area of Source of Admission. No further explanation was provided

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART D. CAUTIONARY USE HOSPITALS

General Documentation
FY2006 Inpatient Hospital Discharge Database

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.

There are two cautionary use hospitals for FY2006.

Kindred Hospital Boston and Kindred Hospital Boston – North Shore submitted data for Quarters 1 – 3 only.

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

- 1. List of Hospitals Submitting Data for FY2006**
- 2. Hospitals with No Data Submissions**
- 3. Discharge Totals and Charges for Hospitals Submitting Data by Quarter**

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2006

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin
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
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

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2006 - *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

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

2. LIST OF HOSPITALS WITH NO DATA FOR FY2006

The Division is pleased to announce that all Massachusetts acute care hospitals reported case mix and charge data for FY2006.

Note: Part D. Cautionary Use Hospitals contains information on hospitals with missing or problematic quarters. For FY2006, there were two cautionary use hospitals. See section for details.

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

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

| Qtr | Hospital Name | DPH # | Total Discharges | Total Charges |
|------------|--------------------------------------|--------------|-------------------------|----------------------|
| 1 | Anna Jaques Hospital | 2006 | 1,906 | \$20,436,585 |
| 2 | Anna Jaques Hospital | | 2,006 | \$21,846,140 |
| 3 | Anna Jaques Hospital | | 2,100 | \$21,683,000 |
| 4 | Anna Jaques Hospital | | 2,088 | \$20,373,952 |
| | Totals | | 8,100 | \$84,339,677 |
| 1 | Athol Memorial Hospital | 2226 | 259 | \$3,720,200 |
| 2 | Athol Memorial Hospital | | 258 | \$3,630,576 |
| 3 | Athol Memorial Hospital | | 257 | \$3,128,629 |
| 4 | Athol Memorial Hospital | | 232 | \$2,810,113 |
| | Totals | | 1,006 | \$13,289,518 |
| 1 | Baystate Franklin Medical Center | 2120 | 1,181 | \$15,158,661 |
| 2 | Baystate Franklin Medical Center | | 1,217 | \$14,792,810 |
| 3 | Baystate Franklin Medical Center | | 1,176 | \$14,555,797 |
| 4 | Baystate Franklin Medical Center | | 1,155 | \$14,029,508 |
| | Totals | | 4,729 | \$58,536,776 |
| 1 | Baystate Mary Lane | 2148 | 384 | \$3,306,402 |
| 2 | Baystate Mary Lane | | 362 | \$3,165,985 |
| 3 | Baystate Mary Lane | | 415 | \$3,685,635 |
| 4 | Baystate Mary Lane | | 434 | \$3,579,502 |
| | Totals | | 1,595 | \$13,737,524 |
| 1 | Baystate Medical Center | 2339 | 9,246 | \$194,166,513 |
| 2 | Baystate Medical Center | | 9,378 | \$200,852,044 |
| 3 | Baystate Medical Center | | 9,600 | \$205,260,594 |
| 4 | Baystate Medical Center | | 9,629 | \$194,730,227 |
| | Totals | | 37,853 | \$795,009,378 |
| 1 | Berkshire Health Systems – Berkshire | 2313 | 3,042 | \$44,641,676 |
| 2 | Berkshire Health Systems – Berkshire | | 3,089 | \$44,047,456 |
| 3 | Berkshire Health Systems – Berkshire | | 3,161 | \$47,391,672 |
| 4 | Berkshire Health Systems – Berkshire | | 3,278 | \$46,932,513 |
| | Totals | | 12,570 | \$183,013,317 |
| 1 | Beth Israel Deaconess – Needham | 2054 | 585 | \$8,325,409 |
| 2 | Beth Israel Deaconess – Needham | | 558 | \$7,947,161 |
| 3 | Beth Israel Deaconess – Needham | | 658 | \$8,558,898 |
| 4 | Beth Israel Deaconess – Needham | | 676 | \$7,528,537 |
| | Totals | | 2,477 | \$32,360,005 |
| 1 | Beth Israel Deaconess Medical Center | 2069 | 9,154 | \$220,019,539 |
| 2 | Beth Israel Deaconess Medical Center | | 9,332 | \$237,083,122 |
| 3 | Beth Israel Deaconess Medical Center | | 9,820 | \$246,251,553 |
| 4 | Beth Israel Deaconess Medical Center | | 9,961 | \$241,229,812 |
| | Totals | | 38,267 | \$944,584,026 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr | Hospital Name | DPH # | Total Discharges | Total Charges |
|-----|---------------------------------------|-------|------------------|-----------------|
| 1 | Boston Medical Center – Harrison Ave. | 2307 | 7,233 | \$141,610,995 |
| 2 | Boston Medical Center – Harrison Ave. | | 7,109 | \$130,920,246 |
| 3 | Boston Medical Center – Harrison Ave. | | 7,117 | \$133,840,565 |
| 4 | Boston Medical Center – Harrison Ave. | | 6,946 | \$128,287,356 |
| | Totals | | 28,405 | \$534,659,162 |
| 1 | Brigham and Women’s Hospital | 2921 | 12,372 | \$483,180,962 |
| 2 | Brigham and Women’s Hospital | | 12,706 | \$499,274,930 |
| 3 | Brigham and Women’s Hospital | | 13,258 | \$507,317,070 |
| 4 | Brigham and Women’s Hospital | | 13,054 | \$489,306,566 |
| | Totals | | 51,390 | \$1,979,079,528 |
| 1 | Brockton Hospital | 2118 | 3,637 | \$37,419,738 |
| 2 | Brockton Hospital | | 3,776 | \$40,471,705 |
| 3 | Brockton Hospital | | 3,793 | \$40,980,338 |
| 4 | Brockton Hospital | | 3,707 | \$39,584,268 |
| | Totals | | 14,913 | \$158,456,049 |
| 1 | Cambridge Health Alliance-Cambridge | 2108 | 4,267 | \$48,787,145 |
| 2 | Cambridge Health Alliance-Cambridge | | 4,439 | \$50,559,998 |
| 3 | Cambridge Health Alliance-Cambridge | | 4,442 | \$51,962,780 |
| 4 | Cambridge Health Alliance-Cambridge | | 4,454 | \$51,157,449 |
| | Totals | | 17,602 | \$202,467,372 |
| 1 | Cape Cod Hospital | 2135 | 3,924 | \$65,897,815 |
| 2 | Cape Cod Hospital | | 3,934 | \$68,234,692 |
| 3 | Cape Cod Hospital | | 4,046 | \$70,594,986 |
| 4 | Cape Cod Hospital | | 4,383 | \$72,972,536 |
| | Totals | | 16,287 | \$277,700,029 |
| 1 | Caritas Carney Hospital | 2003 | 1,870 | \$24,360,549 |
| 2 | Caritas Carney Hospital | | 1,983 | \$25,248,774 |
| 3 | Caritas Carney Hospital | | 1,861 | \$24,849,709 |
| 4 | Caritas Carney Hospital | | 1,842 | \$24,546,923 |
| | Totals | | 7,556 | \$99,005,955 |
| 1 | Caritas Good Samaritan Medical Ctr. | 2101 | 3,209 | \$34,374,800 |
| 2 | Caritas Good Samaritan Medical Ctr. | | 3,219 | \$36,029,294 |
| 3 | Caritas Good Samaritan Medical Ctr. | | 3,190 | \$34,112,649 |
| 4 | Caritas Good Samaritan Medical Ctr. | | 3,306 | \$35,716,815 |
| | Totals | | 12,924 | \$140,233,558 |
| 1 | Caritas Good Sam. - Norcap Lodge | 2KGH | 593 | \$1,836,237 |
| 2 | Caritas Good Sam. - Norcap Lodge | | 657 | \$2,036,416 |
| 3 | Caritas Good Sam. - Norcap Lodge | | 629 | \$1,967,862 |
| 4 | Caritas Good Sam. - Norcap Lodge | | 654 | \$2,025,428 |
| | Totals | | 2,533 | \$7,865,943 |
| 1 | Caritas Holy Family Hospital | 2225 | 2,953 | \$39,101,477 |
| 2 | Caritas Holy Family Hospital | | 3,091 | \$41,442,141 |
| 3 | Caritas Holy Family Hospital | | 3,023 | \$37,389,498 |
| 4 | Caritas Holy Family Hospital | | 2,852 | \$34,917,788 |
| | Totals | | 11,919 | \$152,850,904 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr | Hospital Name | DPH # | Total Discharges | Total Charges |
|------------|----------------------------------|--------------|-------------------------|----------------------|
| 1 | Caritas Norwood Hospital | 2114 | 3,205 | \$37,465,391 |
| 2 | Caritas Norwood Hospital | | 3,224 | \$40,203,499 |
| 3 | Caritas Norwood Hospital | | 3,212 | \$38,420,667 |
| 4 | Caritas Norwood Hospital | | 3,166 | \$37,787,236 |
| | Totals | | 12,807 | \$153,876,793 |
| 1 | Caritas St. Elizabeth's Hospital | 2085 | 3,946 | \$70,197,662 |
| 2 | Caritas St. Elizabeth's Hospital | | 3,935 | \$73,108,875 |
| 3 | Caritas St. Elizabeth's Hospital | | 3,831 | \$71,035,436 |
| 4 | Caritas St. Elizabeth's Hospital | | 3,938 | \$69,001,614 |
| | Totals | | 15,650 | \$283,343,587 |
| 1 | Children's Hospital Boston | 2139 | 4,226 | \$151,007,170 |
| 2 | Children's Hospital Boston | | 4,153 | \$151,477,054 |
| 3 | Children's Hospital Boston | | 4,401 | \$158,666,611 |
| 4 | Children's Hospital Boston | | 4,268 | \$159,730,569 |
| | Totals | | 17,048 | \$620,881,404 |
| 1 | Clinton Hospital | 2126 | 324 | \$5,130,392 |
| 2 | Clinton Hospital | | 310 | \$5,164,343 |
| 3 | Clinton Hospital | | 309 | \$5,136,148 |
| 4 | Clinton Hospital | | 306 | \$5,099,385 |
| | Totals | | 1,249 | \$20,530,268 |
| 1 | Cooley Dickinson Hospital | 2155 | 2,089 | \$25,443,006 |
| 2 | Cooley Dickinson Hospital | | 2,300 | \$27,603,669 |
| 3 | Cooley Dickinson Hospital | | 2,192 | \$25,960,351 |
| 4 | Cooley Dickinson Hospital | | 2,141 | \$26,492,451 |
| | Totals | | 8,722 | \$105,499,477 |
| 1 | Dana-Farber Cancer Institute | 2335 | 293 | \$14,504,463 |
| 2 | Dana-Farber Cancer Institute | | 228 | \$13,969,593 |
| 3 | Dana-Farber Cancer Institute | | 265 | \$15,810,477 |
| 4 | Dana-Farber Cancer Institute | | 249 | \$12,858,388 |
| | Totals | | 1,035 | \$57,142,921 |
| 1 | Emerson Hospital | 2018 | 2,101 | \$30,954,679 |
| 2 | Emerson Hospital | | 2,167 | \$32,109,075 |
| 3 | Emerson Hospital | | 2,330 | \$32,780,491 |
| 4 | Emerson Hospital | | 2,380 | \$34,185,647 |
| | Totals | | 8,978 | \$130,029,892 |
| 1 | Fairview Hospital | 2052 | 304 | \$2,336,347 |
| 2 | Fairview Hospital | | 302 | \$2,773,735 |
| 3 | Fairview Hospital | | 314 | \$2,629,644 |
| 4 | Fairview Hospital | | 310 | \$2,661,616 |
| | Totals | | 1,230 | \$10,401,342 |
| 1 | Falmouth Hospital | 2289 | 1,583 | \$20,814,943 |
| 2 | Falmouth Hospital | | 1,640 | \$22,527,057 |
| 3 | Falmouth Hospital | | 1,560 | \$20,156,752 |
| 4 | Falmouth Hospital | | 1,785 | \$22,802,389 |
| | Totals | | 6,568 | \$86,301,141 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|-------------------------------------|--------------|-------------------------|----------------------|
| 1 | Faulkner Hospital | 2048 | 1,975 | \$37,911,048 |
| 2 | Faulkner Hospital | | 2,182 | \$39,822,235 |
| 3 | Faulkner Hospital | | 2,159 | \$39,021,440 |
| 4 | Faulkner Hospital | | 2,022 | \$37,966,842 |
| | Totals | | 8,338 | \$154,721,565 |
| 1 | Hallmark Health – Lawrence Memorial | 2038 | 1,259 | \$17,092,427 |
| 2 | Hallmark Health – Lawrence Memorial | | 1,436 | \$19,493,725 |
| 3 | Hallmark Health – Lawrence Memorial | | 1,452 | \$18,350,631 |
| 4 | Hallmark Health – Lawrence Memorial | | 1,307 | \$17,044,030 |
| | Totals | | 5,454 | \$71,980,813 |
| 1 | Hallmark Health – Melrose-Wakefield | 2058 | 2,684 | \$26,447,926 |
| 2 | Hallmark Health – Melrose-Wakefield | | 2,824 | \$28,318,813 |
| 3 | Hallmark Health – Melrose-Wakefield | | 2,949 | \$30,055,979 |
| 4 | Hallmark Health – Melrose-Wakefield | | 2,915 | \$29,729,803 |
| | Totals | | 11,372 | \$114,552,521 |
| 1 | Harrington Memorial Hospital | 2143 | 837 | \$8,583,446 |
| 2 | Harrington Memorial Hospital | | 874 | \$8,818,389 |
| 3 | Harrington Memorial Hospital | | 842 | \$8,597,243 |
| 4 | Harrington Memorial Hospital | | 816 | \$8,287,682 |
| | Totals | | 3,369 | \$34,286,760 |
| 1 | Health Alliance Hospitals, Inc. | 2034 | 2,196 | \$23,416,700 |
| 2 | Health Alliance Hospitals, Inc. | | 2,286 | \$25,039,721 |
| 3 | Health Alliance Hospitals, Inc. | | 2,375 | \$26,766,598 |
| 4 | Health Alliance Hospitals, Inc. | | 2,215 | \$24,955,431 |
| | Totals | | 9,072 | \$100,178,450 |
| 1 | Heywood Hospital | 2036 | 1,182 | \$13,045,020 |
| 2 | Heywood Hospital | | 1,322 | \$13,807,294 |
| 3 | Heywood Hospital | | 1,294 | \$13,920,754 |
| 4 | Heywood Hospital | | 1,220 | \$12,521,034 |
| | Totals | | 5,018 | \$53,294,102 |
| 1 | Holyoke Medical Center | 2145 | 1,942 | \$21,631,282 |
| 2 | Holyoke Medical Center | | 1,963 | \$21,493,662 |
| 3 | Holyoke Medical Center | | 1,917 | \$21,828,688 |
| 4 | Holyoke Medical Center | | 1,939 | \$19,137,944 |
| | Totals | | 7,761 | \$84,091,576 |
| 1 | Hubbard Regional Hospital | 2157 | 347 | \$2,591,689 |
| 2 | Hubbard Regional Hospital | | 333 | \$2,398,918 |
| 3 | Hubbard Regional Hospital | | 301 | \$2,037,415 |
| 4 | Hubbard Regional Hospital | | 269 | \$2,213,874 |
| | Totals | | 1,250 | \$9,241,896 |
| 1 | Jordan Hospital | 2082 | 2,454 | \$25,774,781 |
| 2 | Jordan Hospital | | 2,678 | \$27,756,951 |
| 3 | Jordan Hospital | | 2,612 | \$26,836,653 |
| 4 | Jordan Hospital | | 2,723 | \$27,726,577 |
| | Totals | | 10,467 | \$108,094,962 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|---------------------------------------|--------------|-------------------------|----------------------|
| 1 | Kindred Hospital – Boston | 2091 | 108 | \$6,432,380 |
| 2 | Kindred Hospital – Boston | | 97 | \$10,122,375 |
| 3 | Kindred Hospital – Boston | | 96 | \$7,116,082 |
| 4 | Kindred Hospital – Boston | | | |
| | Totals | | 301 | \$23,670,837 |
| 1 | Kindred Hospital Boston – North Shore | 2171 | 126 | \$11,046,391 |
| 2 | Kindred Hospital Boston – North Shore | | 121 | \$10,444,519 |
| 3 | Kindred Hospital Boston – North Shore | | 105 | \$10,122,984 |
| 4 | Kindred Hospital Boston – North Shore | | | |
| | Totals | | 352 | \$31,613,894 |
| 1 | Lahey Clinic Burlington | 2033 | 4,856 | \$92,393,728 |
| 2 | Lahey Clinic Burlington | | 5,037 | \$96,373,252 |
| 3 | Lahey Clinic Burlington | | 5,176 | \$99,828,777 |
| 4 | Lahey Clinic Burlington | | 4,896 | \$92,323,219 |
| | Totals | | 19,965 | \$380,918,976 |
| 1 | Lawrence General Hospital | 2099 | 3,041 | \$32,759,878 |
| 2 | Lawrence General Hospital | | 2,997 | \$33,368,343 |
| 3 | Lawrence General Hospital | | 3,074 | \$34,303,443 |
| 4 | Lawrence General Hospital | | 3,173 | \$34,727,676 |
| | Totals | | 12,285 | \$135,159,340 |
| 1 | Lowell General Hospital | 2040 | 2,917 | \$33,399,697 |
| 2 | Lowell General Hospital | | 3,023 | \$32,787,686 |
| 3 | Lowell General Hospital | | 3,106 | \$32,567,976 |
| 4 | Lowell General Hospital | | 3,121 | \$32,827,800 |
| | Totals | | 12,167 | \$131,583,159 |
| 1 | Marlborough Hospital | 2103 | 863 | \$14,048,468 |
| 2 | Marlborough Hospital | | 899 | \$14,177,593 |
| 3 | Marlborough Hospital | | 907 | \$14,055,908 |
| 4 | Marlborough Hospital | | 883 | \$13,406,266 |
| | Totals | | 3,552 | \$55,688,235 |
| 1 | Martha’s Vineyard Hospital | 2042 | 234 | \$3,057,600 |
| 2 | Martha’s Vineyard Hospital | | 299 | \$3,815,430 |
| 3 | Martha’s Vineyard Hospital | | 250 | \$3,932,886 |
| 4 | Martha’s Vineyard Hospital | | 366 | \$4,927,734 |
| | Totals | | 1,149 | \$15,733,650 |
| 1 | Mass. Eye and Ear Infirmary | 2167 | 341 | \$6,813,724 |
| 2 | Mass. Eye and Ear Infirmary | | 306 | \$5,753,101 |
| 3 | Mass. Eye and Ear Infirmary | | 280 | \$5,799,812 |
| 4 | Mass. Eye and Ear Infirmary | | 310 | \$6,040,741 |
| | Totals | | 1,237 | \$24,407,378 |
| 1 | Massachusetts General Hospital | 2168 | 12,255 | \$547,462,432 |
| 2 | Massachusetts General Hospital | | 12,113 | \$547,681,497 |
| 3 | Massachusetts General Hospital | | 12,410 | \$563,076,828 |
| 4 | Massachusetts General Hospital | | 12,597 | \$562,281,748 |
| | Totals | | 49,375 | \$2,220,502,505 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|------------------------------------|--------------|-------------------------|----------------------|
| 1 | Mercy Medical Center - Providence | 2150 | 953 | \$12,196,275 |
| 2 | Mercy Medical Center - Providence | | 961 | \$13,515,141 |
| 3 | Mercy Medical Center - Providence | | 1,002 | \$13,542,910 |
| 4 | Mercy Medical Center - Providence | | 990 | \$12,478,729 |
| | Totals | | 3,906 | \$51,733,055 |
| 1 | Mercy Medical Center - Springfield | 2149 | 3,247 | \$51,549,705 |
| 2 | Mercy Medical Center - Springfield | | 3,228 | \$54,175,774 |
| 3 | Mercy Medical Center - Springfield | | 3,304 | \$56,339,553 |
| 4 | Mercy Medical Center - Springfield | | 3,035 | \$51,818,494 |
| | Totals | | 12,814 | \$213,883,526 |
| 1 | Merrimack Valley Hospital | 2131 | 1,116 | \$32,355,906 |
| 2 | Merrimack Valley Hospital | | 1,130 | \$36,222,179 |
| 3 | Merrimack Valley Hospital | | 1,155 | \$31,433,893 |
| 4 | Merrimack Valley Hospital | | 1,099 | \$27,177,618 |
| | Totals | | 4,500 | \$127,189,596 |
| 1 | MetroWest Medical Center. | 2020 | 3,936 | \$56,974,151 |
| 2 | MetroWest Medical Center. | | 3,982 | \$57,750,547 |
| 3 | MetroWest Medical Center. | | 3,979 | \$57,770,799 |
| 4 | MetroWest Medical Center. | | 3,896 | \$52,582,191 |
| | Totals | | 15,793 | \$225,077,688 |
| 1 | Milford Regional Medical Center | 2105 | 2,340 | \$33,914,091 |
| 2 | Milford Regional Medical Center | | 2,340 | \$34,226,647 |
| 3 | Milford Regional Medical Center | | 2,390 | \$34,576,896 |
| 4 | Milford Regional Medical Center | | 2,371 | \$32,341,260 |
| | Totals | | 9,441 | \$135,058,894 |
| 1 | Milton Hospital | 2227 | 1,187 | \$16,203,808 |
| 2 | Milton Hospital | | 1,158 | \$15,638,857 |
| 3 | Milton Hospital | | 1,208 | \$16,357,748 |
| 4 | Milton Hospital | | 1,110 | \$14,623,068 |
| | Totals | | 4,663 | \$62,823,481 |
| 1 | Morton Hospital | 2022 | 1,905 | \$17,345,672 |
| 2 | Morton Hospital | | 2,091 | \$19,335,763 |
| 3 | Morton Hospital | | 1,993 | \$18,128,385 |
| 4 | Morton Hospital | | 2,059 | \$19,479,639 |
| | Totals | | 8,048 | \$74,289,459 |
| 1 | Mount Auburn Hospital | 2071 | 3,370 | \$40,328,168 |
| 2 | Mount Auburn Hospital | | 3,401 | \$41,197,397 |
| 3 | Mount Auburn Hospital | | 3,627 | \$43,997,684 |
| 4 | Mount Auburn Hospital | | 3,565 | \$43,127,194 |
| | Totals | | 13,963 | \$168,650,443 |
| 1 | Nantucket Cottage Hospital | 2044 | 127 | \$839,882 |
| 2 | Nantucket Cottage Hospital | | 165 | \$929,196 |
| 3 | Nantucket Cottage Hospital | | 188 | \$1,276,009 |
| 4 | Nantucket Cottage Hospital | | 151 | \$1,113,941 |
| | Totals | | 631 | \$4,159,028 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|------------------------------------|--------------|-------------------------|----------------------|
| 1 | Nashoba Valley Hospital | 2298 | 616 | \$8,407,205 |
| 2 | Nashoba Valley Hospital | | 618 | \$8,311,793 |
| 3 | Nashoba Valley Hospital | | 600 | \$8,516,914 |
| 4 | Nashoba Valley Hospital | | 609 | \$8,070,926 |
| | Totals | | 2,443 | \$33,306,838 |
| 1 | New England Baptist Hospital | 2059 | 1,804 | \$42,368,213 |
| 2 | New England Baptist Hospital | | 1,849 | \$44,202,749 |
| 3 | New England Baptist Hospital | | 1,875 | \$44,540,014 |
| 4 | New England Baptist Hospital | | 1,726 | \$39,989,231 |
| | Totals | | 7,254 | \$171,100,207 |
| 1 | Newton-Wellesley Hospital | 2075 | 3,784 | \$53,088,969 |
| 2 | Newton-Wellesley Hospital | | 4,244 | \$58,640,643 |
| 3 | Newton-Wellesley Hospital | | 4,472 | \$60,990,804 |
| 4 | Newton-Wellesley Hospital | | 4,324 | \$57,840,962 |
| | Totals | | 16,824 | \$230,561,378 |
| 1 | Noble Hospital | 2076 | 846 | \$13,688,762 |
| 2 | Noble Hospital | | 937 | \$13,726,095 |
| 3 | Noble Hospital | | 883 | \$12,304,335 |
| 4 | Noble Hospital | | 812 | \$11,467,916 |
| | Totals | | 3,478 | \$51,187,108 |
| 1 | North Adams Regional Hospital | 2061 | 866 | \$11,940,354 |
| 2 | North Adams Regional Hospital | | 940 | \$12,958,006 |
| 3 | North Adams Regional Hospital | | 975 | \$13,073,792 |
| 4 | North Adams Regional Hospital | | 887 | \$11,539,167 |
| | Totals | | 3,668 | \$49,511,319 |
| 1 | North Shore Medical Center | 2014 | 5,781 | \$65,491,520 |
| 2 | North Shore Medical Center | | 5,795 | \$71,813,571 |
| 3 | North Shore Medical Center | | 5,823 | \$71,241,231 |
| 4 | North Shore Medical Center | | 5,555 | \$68,219,448 |
| | Totals | | 22,954 | \$276,765,770 |
| 1 | Northeast Health – Addison Gilbert | 2016 | 503 | \$5,508,183 |
| 2 | Northeast Health – Addison Gilbert | | 527 | \$5,908,412 |
| 3 | Northeast Health – Addison Gilbert | | 574 | \$6,233,395 |
| 4 | Northeast Health – Addison Gilbert | | 598 | \$6,685,391 |
| | Totals | | 2,202 | \$24,335,381 |
| 1 | Northeast Health – Beverly | 2007 | 4,250 | \$42,524,269 |
| 2 | Northeast Health – Beverly | | 4,218 | \$42,025,112 |
| 3 | Northeast Health – Beverly | | 4,380 | \$42,571,755 |
| 4 | Northeast Health – Beverly | | 4,083 | \$41,031,985 |
| | Totals | | 16,931 | \$168,153,121 |
| 1 | Quincy Medical Center | 2151 | 2,143 | \$26,320,102 |
| 2 | Quincy Medical Center | | 2,141 | \$26,771,470 |
| 3 | Quincy Medical Center | | 2,086 | \$27,378,302 |
| 4 | Quincy Medical Center | | 2,046 | \$28,733,699 |
| | Totals | | 8,416 | \$109,203,573 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|---|--------------|-------------------------|----------------------|
| 1 | Saint Anne's Hospital | 2011 | 1,579 | \$22,786,569 |
| 2 | Saint Anne's Hospital | | 1,641 | \$23,466,914 |
| 3 | Saint Anne's Hospital | | 1,534 | \$23,184,161 |
| 4 | Saint Anne's Hospital | | 1,472 | \$22,230,104 |
| | Totals | | 6,226 | \$91,667,748 |
| 1 | Saint Vincent Hospital at Worcester | 2128 | 4,517 | \$80,220,962 |
| 2 | Saint Vincent Hospital at Worcester | | 4,834 | \$87,457,143 |
| 3 | Saint Vincent Hospital at Worcester | | 4,832 | \$84,325,412 |
| 4 | Saint Vincent Hospital at Worcester | | 4,710 | \$78,459,524 |
| | Totals | | 18,893 | \$330,463,041 |
| 1 | Saints Memorial Medical Center | 2063 | 1,862 | \$22,845,257 |
| 2 | Saints Memorial Medical Center | | 1,935 | \$23,982,411 |
| 3 | Saints Memorial Medical Center | | 1,984 | \$24,497,585 |
| 4 | Saints Memorial Medical Center | | 1,955 | \$23,108,934 |
| | Totals | | 7,736 | \$94,434,187 |
| 1 | South Shore Hospital | 2107 | 5,734 | \$65,716,812 |
| 2 | South Shore Hospital | | 5,692 | \$66,484,138 |
| 3 | South Shore Hospital | | 5,974 | \$68,415,870 |
| 4 | South Shore Hospital | | 5,770 | \$65,729,416 |
| | Totals | | 23,170 | \$266,346,236 |
| 1 | Southcoast Hospitals Group - Charlton | 2337 | 4,049 | \$64,260,684 |
| 2 | Southcoast Hospitals Group - Charlton | | 4,445 | \$70,788,024 |
| 3 | Southcoast Hospitals Group - Charlton | | 4,352 | \$71,618,854 |
| 4 | Southcoast Hospitals Group - Charlton | | 4,233 | \$67,427,675 |
| | Totals | | 17,079 | \$274,095,237 |
| 1 | Southcoast Hospitals Group - St. Luke's | 2010 | 4,403 | \$54,017,178 |
| 2 | Southcoast Hospitals Group - St. Luke's | | 4,905 | \$60,515,714 |
| 3 | Southcoast Hospitals Group - St. Luke's | | 4,809 | \$59,282,736 |
| 4 | Southcoast Hospitals Group - St. Luke's | | 4,679 | \$56,037,093 |
| | Totals | | 18,796 | \$229,852,721 |
| 1 | Southcoast Hospitals Group - Tobey | 2106 | 974 | \$10,736,608 |
| 2 | Southcoast Hospitals Group - Tobey | | 979 | \$11,294,731 |
| 3 | Southcoast Hospitals Group - Tobey | | 1,058 | \$11,873,872 |
| 4 | Southcoast Hospitals Group - Tobey | | 1,055 | \$11,948,229 |
| | Totals | | 4,066 | \$45,853,440 |
| 1 | Sturdy Memorial Hospital | 2100 | 1,807 | \$18,463,736 |
| 2 | Sturdy Memorial Hospital | | 1,728 | \$18,371,011 |
| 3 | Sturdy Memorial Hospital | | 1,778 | \$18,784,876 |
| 4 | Sturdy Memorial Hospital | | 1,722 | \$17,456,857 |
| | Totals | | 7,035 | \$73,076,480 |
| 1 | Tufts-New England Medical Center | 2299 | 4,286 | \$144,247,003 |
| 2 | Tufts-New England Medical Center | | 4,368 | \$136,898,751 |
| 3 | Tufts-New England Medical Center | | 4,357 | \$142,689,364 |
| 4 | Tufts-New England Medical Center | | 4,386 | \$147,813,054 |
| | Totals | | 17,397 | \$571,648,172 |

General Documentation
 FY2006 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2006

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|--------------------------------|--------------|-------------------------|-------------------------|
| 1 | UMass. Memorial Medical Center | 2841 | 10,478 | \$287,563,237 |
| 2 | UMass. Memorial Medical Center | | 10,686 | \$304,237,315 |
| 3 | UMass. Memorial Medical Center | | 10,884 | \$298,929,672 |
| 4 | UMass. Memorial Medical Center | | 10,789 | \$292,178,531 |
| | Totals | | 42,837 | \$1,182,908,755 |
| 1 | Winchester Hospital | 2094 | 3,482 | \$24,620,929 |
| 2 | Winchester Hospital | | 3,361 | \$24,982,067 |
| 3 | Winchester Hospital | | 3,350 | \$24,774,694 |
| 4 | Winchester Hospital | | 3,206 | \$24,346,621 |
| | Totals | | 13,399 | \$98,724,311 |
| 1 | Wing Memorial Hospital | 2181 | 636 | \$5,979,352 |
| 2 | Wing Memorial Hospital | | 703 | \$6,111,969 |
| 3 | Wing Memorial Hospital | | 684 | \$5,571,837 |
| 4 | Wing Memorial Hospital | | 684 | \$5,546,516 |
| | Totals | | 2,707 | \$23,209,674 |
| | | | | |
| | TOTALS | | 843,167 | \$16,354,186,032 |
| | | | Total Discharges | Total Charges |

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

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

General Documentation
FY2006 Inpatient Hospital Discharge Database

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)

General Documentation
FY2006 Inpatient Hospital Discharge Database

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, 18.0, and 21.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification.

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|--|---|------------------------|----------------------|---------------|----------------|
| Anna Jaques Hospital | 25 Highland Ave. Newburyport, MA 01950 | 1 | 1 | 2006 | 1 |
| Athol Memorial Hospital | 2033 Main Street Athol, MA 01331 | 2 | 2 | 2226 | 2 |
| Baystate Franklin Medical Center | 164 High Street Greenfield, MA 01301 | 5 | 5 | 2120 | |
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|--|---|------------------------|----------------------|---------------|----------------|
| Cape Cod Hospital | 27 Park Street Hyannis, MA 02601 | 39 | 39 | 2135 | |
| 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 | |

General Documentation
FY2006 Inpatient Hospital Discharge Database

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|---|--|------------------------|----------------------|---------------|----------------|
| Faulkner Hospital | 1153 Centre Street Jamaica Plain, MA 02130 | 59 | 59 | 2048 | |
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|---|--|------------------------|----------------------|---------------|----------------|
| 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 | |

General Documentation
FY2006 Inpatient Hospital Discharge Database

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|--|---|------------------------|-----------------------|---------------|----------------|
| 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 Ave. 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 | |

General Documentation
FY2006 Inpatient Hospital Discharge Database

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|---|--|------------------------|----------------------|---------------------------|----------------|
| 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 | |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

MERGERS – ALPHABETICAL LIST

| Name of New Entity | Names of Original Entities | DATE |
|--|--|---------------|
| 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 NOTE: 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 NOTE: 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

MERGERS – ALPHABETICAL LIST

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

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

MERGERS – CHRONOLOGICAL LIST

| Date | Entity Names |
|---------------|--|
| 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) |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

NAME CHANGES

| Name of New Entity | Original Entities | Date |
|---|--|--|
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

NAME CHANGES

| Name of New Entity | Original Entities | Date |
|--|--|---------------------------|
| 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. |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

CLOSURES

| Date | Hospital Name | Comments |
|----------------|-----------------------------|--|
| 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.)

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

CONVERSIONS & NON-ACUTE CARE HOSPITALS

| HOSPITAL | COMMENTS |
|--|--------------------------------------|
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|---|---------------------------------|--------------------------------|
| 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 |
| 300 | CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 301 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I | Q | CommCare |
| 302 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II | Q | CommCare |
| 303 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III | Q | CommCare |
| 304 | CommCare: BMC HealthNet Plan/Commonwealth Care–Plan Type IV | Q | CommCare |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|---|---------------------------------|--------------------------------|
| 400 | CommCare: Cambridge Network Health Forward – General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 401 | CommCare: Cambridge Network Health Forward – Plan Type I | Q | CommCare |
| 402 | CommCare: Cambridge Network Health Forward – Plan Type II | Q | CommCare |
| 403 | CommCare: Cambridge Network Health Forward – Plan Type III | Q | CommCare |
| 404 | CommCare: Cambridge Network Health Forward – Plan Type IV | Q | CommCare |
| 500 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 501 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077) | Q | CommCare |
| 502 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220) | Q | CommCare |
| 503 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221) | Q | CommCare |
| 504 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 4 (Group No. 4455222) | Q | CommCare |
| 600 | CommCare: Neighborhood Health Plan– General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 601 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1) | Q | CommCare |
| 602 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2) | Q | CommCare |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|--|---|------------------------------------|
| 603 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3) | Q | CommCare |
| 604 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4) | Q | CommCare |
| 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 |
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|--|---------------------------------|--------------------------------|
| 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) | | |
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|--|---------------------------------|--------------------------------|
| 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 |
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|---|---------------------------------|--------------------------------|
| 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 |
| | | | |
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|--|---------------------------------|--------------------------------|
| 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 |
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|--|---------------------------------|--------------------------------|
| 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 |
| 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 |

General Documentation
 FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|---|---|------------------------------------|
| 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

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|---|---|------------------------------------|
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|---|---------------------------------|--------------------------------|
| 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) | | |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|---|---|------------------------------------|
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|---|---|------------------------------------|
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|--|---------------------------------|--------------------------------|
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|--|---------------------------------|--------------------------------|
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|---|---------------------------------|--------------------------------|
| 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 |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|---|---------------------------------|--------------------------------|
| 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 |
| 300 | CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 301 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I | Q | CommCare |
| 302 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II | Q | CommCare |
| 303 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III | Q | CommCare |
| 304 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type IV | Q | CommCare |
| 400 | CommCare: Cambridge Network Health Forward – General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 401 | CommCare: Cambridge Network Health Forward – Plan Type I | Q | CommCare |
| 402 | CommCare: Cambridge Network Health Forward – Plan Type II | Q | CommCare |

General Documentation
FY2006 Inpatient Hospital Discharge Database

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|------------------------|---|---------------------------------|--------------------------------|
| 403 | CommCare: Cambridge Network Health Forward – Plan Type III | Q | CommCare |
| 404 | CommCare: Cambridge Network Health Forward – Plan Type IV | Q | CommCare |
| 500 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 501 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077) | Q | CommCare |
| 502 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220) | Q | CommCare |
| 503 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221) | Q | CommCare |
| 504 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 4 (Group No. 4455222) | Q | CommCare |
| 600 | CommCare: Neighborhood Health Plan– General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 601 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1) | Q | CommCare |
| 602 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2) | Q | CommCare |
| 603 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3) | Q | CommCare |
| 604 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4) | Q | CommCare |
| 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
 FY2006 Inpatient Hospital Discharge Database

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

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

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|---|---|------------------------------------|
| 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
FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. Discharge File Table FY2006
2. Revenue File Table FY2006
3. Data Code Tables FY2006

Technical Documentation
FY2006 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. FY2006 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 providercontrolid

1. FY2006 Discharge File Table – 1 Record per Discharge - Continued

Technical Documentation
FY2006 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. FY2006 Discharge File Table – 1 Record per Discharge - Continued

Technical Documentation
FY2006 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. FY2006 Discharge File Table – 1 Record per Discharge - Continued

Technical Documentation
FY2006 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
FY2006 Inpatient Hospital Discharge Database

1. FY2006 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
FY2006 Inpatient Hospital Discharge Database

1. FY2006 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 |
| 155 | V AP 21 Major Diagnosis Group (MDC) | V21_MDC |
| 156 | V AP 21 Diagnosis Related Group (DRG) | V21_DRG |
| 157 | V AP 21 DRG Return Code | V21_ReturnCode |
| 158 | V AP 21 First O.R. Procedure Code used by Grouper | V21_ORProcedureCode1 |
| 159 | V AP 21 Second O.R. Procedure Code used by Grouper | V21_ORProcedureCode2 |
| 160 | V AP 21 Third O.R. Procedure Code used by Grouper | V21_ORProcedureCode3 |
| 161 | V AP 21 First Non-O.R. Procedure Code used by Grouper | V21_NonORProcedureCode1 |
| 162 | V AP 21 Second Non-O.R. Procedure Code used by Grouper | V21_NonORProcedureCode2 |
| 163 | V AP 21 First Diagnosis Code, other than principal code, that was used by Grouper | V21_DiagnosisCode1 |
| 164 | V AP 21 Second Diagnosis Code, other than principal code, that was used by Grouper | V21_DiagnosisCode2 |
| 165 | V AP 21 Third Diagnosis Code, other than principal code, that was used by Grouper | V21_DiagnosisCode3 |
| 166 | V AP 21 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria | V21_DiagnosisCodeComplication |
| 167 | V AP 21 Major Complication/Comorbidity Indicator | V21_Complication |
| 168 | V AP 21 Trauma Registry Indicator | V21_TraumaRegistryIndicator |
| 169 | V AP 21 Congenital Malformation Registry Indicator | V21_CongenitalMalformationRegistryIndicator |

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

2. FY2006 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:

| * SEX CODE | * Patient Sex Definition |
|-------------------|---------------------------------|
| M | Male |
| F | Female |
| U | Unknown |

Patient Race Codes:

| * RACE CODE | * Patient Race Definition |
|--------------------|----------------------------------|
| 1 | White |
| 2 | Black |
| 3 | Asian |
| 4 | Hispanic |
| 5 | Native American |
| 6 | Other |
| 9 | Unknown |

Type of Admission Codes:

| * TYPEADM CODE | *Type of Admission Definition |
|-----------------------|--------------------------------------|
| 1 | Emergency |
| 2 | Urgent |
| 3 | Elective |
| 4 | Newborn |
| 5 | Information Unavailable |

Technical Documentation
 FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Source of Admission Codes:

| * SRCADM CODE | * Source of Admission Definition |
|----------------------|--|
| 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 |

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

Technical Documentation
 FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Patient Status Codes:

| Departure Status Code | Departure Status Description |
|------------------------------|---|
| 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
FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Payer Type Codes:

| *PAYER TYPE CODE | Payer Type Abbreviation | * Payer Type Definition |
|-------------------------|--------------------------------|---|
| 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) |
| Q | CommCare | Commonwealth Care Plans |

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Veteran's Status Codes:

| *VESTA CODE | * Veterans Status Definition |
|--------------------|---|
| 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:

| * DNR CODE | Do Not Resuscitate Status Definition |
|-------------------|---|
| 1 | DNR Order Written |
| 2 | Comfort Measures Only |
| 3 | No DNR Order or comfort measures ordered |

Technical Documentation
 FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Routine Accommodations:

| | Revenue Center | Revenue Code | Units of Service |
|-----|-----------------------|--|-------------------------|
| 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 |

Technical Documentation
 FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Special Care Accommodations:

| | Revenue Center | Revenue Code | Units of Service |
|-----|------------------------|------------------------------------|-------------------------|
| 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 |

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

| | Revenue Center | Revenue Code | Units of Service |
|-----|---|---------------------|-------------------------|
| 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 |

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

| | Revenue Center | Revenue Code | Units of Service |
|-----|---|---------------------|-------------------------|
| 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 |

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

| | Revenue Center | Revenue Code | Units of Service |
|-----|--|---------------------|-------------------------|
| 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 | |

Technical Documentation
 FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

| | Revenue Center | Revenue Code | Units of Service |
|-----|---|--|-------------------------|
| 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 |

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

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

Other Caregiver Codes:

| * OTH CARE CODE | * Type of Other Caregiver Definition |
|------------------------|---|
| 1 | Resident |
| 2 | Intern |
| 3 | Nurse Practitioner |
| 4 | Not Used |
| 5 | Physician Assistant |

PART C. REVENUE CODE MAPPINGS

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

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

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

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

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

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

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

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

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

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

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

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

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

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

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.

Technical Documentation
FY2006 Inpatient Hospital Discharge Database

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