

2015 Hospital Inpatient Encounter Data – Release Notes

# Opening Statement

This release of MHDO 2015 Hospital Inpatient Encounter data contains data submitted through two different online submission systems. One of the primary goals of the new submission system is improving data quality by monitoring and validating data at the point of submission. The new submission system utilizes approximately 300 rules and thresholds to validate the inpatient data. During the transition to the new data submission system the reporting time period submitted through the new system vs the old system varied by hospital and ranged from 3 months to 12 months of data. Provided below in the Hospital Information section, is detail by hospital of the reporting period.

# Documentation Included with This Release

The documentation included in this release:

1. MHDO’s Release Notes (this document)
2. MHDO’s 2015 Hospital Inpatient Record Counts
3. Inpatient Level II Base Layout (New: provides a detailed description of the new file layout)
4. Rule Chapter 241, Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets <https://mhdo.maine.gov/_finalStatutesRules/Chapter%20241_151122.doc>
5. MHDO Hospital Encounter FAQs

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# Hospital Information

| Hospital Name | MHDO Hospital ID | Hospital Type | Status | First Month of Submission to New System |
| --- | --- | --- | --- | --- |
| Acadia Hospital | 200004 | Private Psych | Active | 7/2015 |
| Blue Hill Memorial Hospital | 200051 | Critical Access | Active | 7/2015 |
| Bridgton Hospital | 200007 | Critical Access | Active | 10/2015 |
| Calais Regional Hospital | 200055 | Critical Access | Active | 10/2015 |
| Cary Medical Center | 200031 | Acute Care | Active | 10/2015 |
| Central Maine Medical Center | 200024 | Acute Care | Active | 7/2015 |
| Charles A. Dean Memorial Hospital | 200023 | Critical Access | Active | 7/2015 |
| Dorothea Dix Psychiatric Center | 200057 | State Psych | Active | 10/2015 |
| Down East Community Hospital | 200027 | Critical Access | Active | 10/2015 |
| Eastern Maine Medical Center | 200033 | Acute Care | Active | 7/2015 |
| Franklin Memorial Hospital | 200037 | Acute Care | Active | 10/2015 |
| Henrietta D. Goodall Hospital[[1]](#footnote-2) | 200040 | Acute Care | Closed -10/23/2015 | 7/2015 |
| Houlton Regional Hospital | 200026 | Critical Access | Active | 10/2015 |
| Inland Hospital | 200041 | Acute Care | Active | 7/2015 |
| LincolnHealth | 201302 | Critical Access | Active | 7/2015 |
| Maine Coast Memorial Hospital | 200050 | Acute Care | Active | 1/2015 |
| Maine Medical Center | 200009 | Acute Care | Active | 1/2015 |
| MaineGeneral Medical Center  | 200015 | Acute Care | Active | 10/2015 |
| Mayo Regional Hospital | 200066 | Critical Access | Active | 10/2015 |
| Mercy Hospital | 200008 | Acute Care | Active | 10/2015 |
| Mid Coast Hospital | 200044 | Acute Care | Active | 4/2015 |
| Millinocket Regional Hospital | 200003 | Critical Access | Active | 10/2015 |
| Mount Desert Island Hospital | 200038 | Critical Access | Active | 10/2015 |
| New England Rehabilitation Hospital | 200010 | Rehab | Active | 10/2015 |
| Northern Maine Medical Center | 200052 | Acute Care | Active | 7/2015 |
| Parkview Adventist Medical Center | 200025 | Acute Care | Closed – 8/20/2015 | not applicable |
| Pen Bay Medical Center | 200063 | Acute Care | Active | 10/2015 |
| Penobscot Valley Hospital | 200062 | Critical Access | Active | 10/2015 |
| Redington-Fairview General Hospital | 200012 | Critical Access | Active | 7/2015 |
| Riverview Psychiatric Center | 200056 | State Psych | Active | 10/2015 |
| Rumford Hospital | 200016 | Critical Access | Active | 10/2015 |
| Sebasticook Valley Health | 200028 | Critical Access | Active | 7/2015 |
| Southern Maine Health Care | 200019 | Acute Care | Active | 7/2015 |
| Spring Harbor Hospital  | 200067 | Private Psych | Active | 1/2015 |
| St. Joseph Hospital | 200001 | Acute Care | Active | 1/2015 |
| St. Mary’s Regional Medical Center | 200034 | Acute Care | Active | 10/2015 |
| Stephens Memorial Hospital | 200032 | Critical Access | Active | 10/2015 |
| The Aroostook Medical Center | 200018 | Acute Care | Active | 7/2015 |
| Waldo County General Hospital | 200013 | Critical Access | Active | 1/2015 |
| York Hospital | 200020 | Acute Care | Active | 10/2015 |

# New Data Layout/Format

The excel document "Inpatient Level II Base Layout" provides a detailed description of the new layout. This is the first MHDO hospital inpatient data release that includes ICD-10 data elements. In general, records with discharge dates before 10/1/2015 used ICD-9 data elements while those discharged on or after this date used the new ICD-10 data elements. Note: ICD-9 and ICD-10 data elements are stored in different fields. For instance, the ICD-9 principal diagnosis is stored in the field IP7004\_PrincipalDiagnosisCode while the ICD-10 version is stored in IP7104\_PrincipalDiagnosis. Whenever possible, data elements are prefixed with the data element name from the input layout specified in Rule Chapter 241, Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets, which provides additional details on the derivation of each element in Appendix B-2 (<https://mhdo.maine.gov/_finalStatutesRules/Chapter%20241_151122.doc>).

Value add fields that are not directly mapped from the input layout are prefixed with identifiers that begin with 4 alphabetic characters, to allow easy differentiation. For example, the patient age, which is calculated using date of birth and the admission/start of care date, is found under the field name IPMVA21\_AGE.

# MHDO Assigned Payer Category Codes

For 2015 data, we updated our MHDO assigned payer category codes. Based on conversations with the data user group the updated codes and categories listed below adds ‘12’ Medicare Advantage and ‘00’ Unknown and no longer includes ‘05’ Blue Cross which is now recoded as ‘06’ Commercial Carriers. In addition to the category codes[[2]](#footnote-3), we also include the National Association of Insurance Commissioners (NAIC) Payer Code and Payer Name as received on the encounter records. Payer Names are released if the name does not disclose an individual - over 90% of payer names will be passed on.

| MHDO Assigned Payer Category Code | Category Name | Payer Name Examples |
| --- | --- | --- |
| 01 | MEDICARE | MEDICARE, MEDICARE A B, MEDICARE PART A IP |
| 02 | MEDICAID | MAINECARE, MEDICAID - OUT OF STATE |
| 04 | [TRICARE/USVA](#RANGE!_ftn1) | CHAMPVA, TRICARE, VA TOGUS |
| 06 | COMMERCIAL CARRIERS | AETNA HMO, ANTHEM BCBS, UNITED HEALTH |
| 07 | CHARITY/UNCOMPENSATED CARE | DISCOUNTED CARE, FREE CARE, UNCOMP CARE |
| 08 | SELF PAY | SELF PAY NO INSURANCE, S/P SELF PAY |
| 09 | WORKERS COMPENSATION | BATH IRON WORKS WC, LIBERTY MUTUAL WC |
| 11 | OTHER | RISK MANAGEMENT, HOSPICE |
| 12 | MEDICARE ADVANTAGE | AETNA MEDICARE HMO, HUMANA MEDICARE |
| 00 | UNKNOWN | MH NET, RM DEPT, MISC PAYER MISC ADDRESS |

# Assignment of Geocodes

If your data request includes the release of ZIP codes, you will also receive a geocode. The MHDO assigns a geocode when the city, state, and ZIP code match the entries that appear on the canonical list of geocode values (a data table of Maine geocodes provided by the Maine Office of GIS (MEGIS) is the canonical list used for the assignment and is included in this release). The MHDO will not impute geocodes based on incomplete or conflicting city, state, or ZIP code information. In order to improve our ability to assign geocodes, we are working with those facilities that have not provided consistent city, state, and ZIP code information.

# Assignment of Health Service Areas (HSA)

If your data request includes the release of ZIP codes, you will also receive two HSA assignments. One (IPML23\_Original\_SA) is based on the Dartmouth Atlas of Health Care methodology and the other (IPML25\_MMC\_HSA) is based on a methodology developed by the MaineHealth/Maine Medical Center Planning Department which is also based on the Dartmouth Atlas of Health Care methodology with a few modifications.

# Diagnostic Related Group (DRG) Calculation

MHDO assigns the DRG using the 3M Grouper software. Currently, two different sets of DRG codes and Major Diagnostic Categories (MDC) codes are created: one based on the All Patients Refined Diagnosis Related Groups (APR-DRG) and the other on the Medicare Severity-Diagnosis Related Groups (MS-DRG). The MDHO had previously also distributed two older versions of DRGs (AP-DRGS and CMS-DRGs) which have since been depreciated by their maintainers.

Both the APR-DRG and the MS-DRG are revised annually. The version of the DRGs used for records with discharge dates before 10/1/2015 was 32.0; the version used for records on or after this date was 33.0.

# MHDO-Assigned Medical Record Numbers (MRN)

The MHDO-assigned Medical Record Number (MRN) is an obfuscated and transformed version of the MRN that is submitted by facilities to uniquely identify patients. Data users are reminded that the MHDO-assigned Medical Record Number generally cannot be used to track individuals between facilities; the same MRN may be used at different facilities to represent different individuals. Also, even within the same facility, an individual may not retain the same MRN across time; when hospitals merge or when they transition to new data systems, new MRNs may be assigned. The MHDO has no control over the MRN assignment policies within facilities. The MHDO is developing data elements that will allow an individual to be more reliably tracked both across time within a given facility and between facilities. MHDO is considering a Rule Change to add patient SSN, patient name and patient street address to Chapter 241 Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets with an effective date of 2019.

# Hospital Specific Data Notes

## Franklin Memorial Hospital

* In the Pay2 and Pay3 fields, self-pay represents a high percentage of payers. Franklin Memorial confirmed that their system defaults to self-pay in the payer fields after all validated insurance carriers are included. MHDO is working with the hospital to resolve this issue for the submission of their 2017 data.

## MaineGeneral Medical Center

* Identifying ER Visits: MaineGeneral did not include ER-related revenue codes in the data submitted to the MHDO for the first 3 quarters of 2015. Thus, the field IPMVA25\_EDFlag, which relies upon these revenue codes to detect ER visits, does not correctly identify these. MaineGeneral has informed MHDO that their ER visits in Q1 – Q3 are identified by a code value of ‘7’ in the Point of Origin (IP2007) field. The value ‘7’ was a valid code that had been used to indicate an ER source of admission prior to July of 2010, when it was discontinued by the National Uniform Billing Committee (NUBC). ER Visits in the fourth quarter of 2015 are correctly identified by the IPMVA25\_EDFlag field.
* MaineGeneral agreed (the afternoon of March 16th) to resubmit data to include revenue codes on their ED records back to July 2013-September 2015. This will also include Q3 and part of Q4 2013 for their Waterville campus, which stopped inpatient services in October, 2013. MHDO will incorporate the new files into our database after we release the 2015 Hospital Outpatient data.   In the interim, the way to identify the ED records for MaineGeneral is described above.

## Penobscot Valley Hospital

* In the 4th Quarter of 2015 data, where Revenue Code values are 120 and/or 160 (for room and board charges), there are approximately 91 cases where the accommodation service units, represented as days, are greater than the number of days for the length of stay (‘Statement Covers Period Thru’ date minus ‘Admission/Start of Care’ date). We have reached out to the hospital for further explanation.
* Uses “A” as the race code for American Indian.

## Riverview Psychiatric Center

* IP7304 - there are no POA values when ECI code is a W or Y in the Q1-Q4 2015 data, because Riverview’s vendor erroneously classified the W and Y ECI codes to be on the exemption list. The vendor corrected this error on 12/8/16.

## St. Joseph Hospital

* In the Pay2 and Pay3 fields, self-pay represents a high percentage of payers. St. Joseph confirmed that their system defaults to self-pay in the payer fields after all validated insurance carriers are included. MHDO is working with the hospital to resolve this issue for the submission of their 2017 data.

## Spring Harbor Hospital

* There are a small number of inpatient encounters with no accommodation data (IP50 records). These are observation patients that flipped to inpatient and then were discharged same day.

# Other Release Reports

1. MHDO's 2015 Hospital Inpatient Records Counts – Excel Document

The IP Record Counts shows the current state of the unified IP master file by discharge date for 2015.

1. Inpatient Level II Base Layout – Excel Document

This Inpatient Level II Base Layout is the new standard file layout including ICD-10, which can vary by data level (I, II, III) as defined in MHDO Rule Chapter 120, RELEASE OF DATA TO THE PUBLIC (<https://mhdo.maine.gov/_finalStatutesRules/Chapter%20120%20Data%20Release_Effective160728%20.docx>). MHDO Level I Data is considered MHDO De-Identified Data. MHDO Level II Data releases are a limited data set. MHDO Level III Data includes MHDO Direct Patient Identifiers.

1. Rule Chapter 241, Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets

MHDO Rule that governs the submission of hospital data to the MHDO (<https://mhdo.maine.gov/_finalStatutesRules/Chapter%20241_151122.doc>) Appendix A lists the Source Codes with references to specific MHDO data elements by file type. Note: not all data elements collected are releasable.

1. MHDO Hospital Encounter FAQs – Word Document

This document is an excerpt from the FAQs on the MHDO website found here: <https://mhdo.maine.gov/faqs_data.html>. MHDO updates these FAQs regularly.

1. On Jan. 1, 2014, Southern Maine Medical Center (SMMC), based in Biddeford, and Goodall Hospital, based in Sanford, merged to become Southern Maine Health Care. Goodall Hospital is now known as Southern Maine Health Care, Sanford Campus. As of 10/23/2015, all inpatient services are provided at Southern Maine Health Care in Biddeford. [↑](#footnote-ref-2)
2. MHDO Category Codes are assigned from Payer Name. Discrepancies could exist between the submitted Payer Name or NAIC Payer Code and the MHDO Category Codes. [↑](#footnote-ref-3)