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Interim Commissioner

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS

29 HAZEN DRIVE, CONCORD, NH 03301
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**Uniform Healthcare Facility Discharge
Data Set (UHFDDS)
Public Use Dataset
Application**

Please send your complete and signed application materials to the following address:

NH UHFDDS
Bureau of Public Health Statistics & Informatics
Division of Public Health Services
Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301-3857
Email: HospitalData@dhhs.nh.gov

**This data set application will be processed in accordance with the provisions of
NH RSA 126:28**

Part I: Request for Data

Individual and Organization Requestor and Shipping Information

Contact Person's Name and Title:
Organization/Department Affiliation (if applicable):
Address:
Telephone Number:
Fax Number:
E-mail Address:
Date:

Data Retrieval Information/Data release/Data transmission

Datasets may be provided via secure email or in some circumstances via secure FTP.

Part II: Specification of Request for Public Use Dataset

Instructions for using the following checklists:

1. Check (1) dataset(s) requested.
2. Specify year(s) of data requested based on years of data available.
3. Indicate the software format in which you would like to receive dataset.

Please indicate the type of data and years requested by checking boxes below:

Discharge Type	Years Requested																	
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important Note:

The 2010 and 2011 New Hampshire hospital discharge datasets contain known data quality issues and are unfortunately not reliable for surveillance or research. Additionally, a 2010 change to the rule (NH He-C 1500) governing the collection of discharge data extended the reporting of outpatient visits to a large generalized set of data but removed the emergency department (ED) indicator field. Consequently, identification of ED discharges or inpatient discharges resulting from ED visits is not currently possible.

Please check the type of data your Agency requests:

- Record level data without direct or indirect identifiers of patients or health care providers Attachment A lists elements for the Public Use Dataset
- Statistical aggregated report(s)
Describe the content and format of the statistical aggregated report(s). Numbers between 1 and 4 by rows or columns are also subject to suppression. Each request will be reviewed for approval.

Please indicate your Agency's expected use of the data requested:

Please indicate how you would like to receive the data:

Comma-delimited

R

SAS

SPSS

End User Terms and Conditions

All individuals affiliated with INSERT the individual and organization requestor name (“requestor”) and working with the data received under this application shall sign the End User Terms and Conditions page.

This Public Use dataset (“the dataset”) is provided to support the information needs of the “requestor” for the specific purpose as stated within the section of “Agency’s expected use of the data requested” and for improving service delivery, evaluating health care, and monitoring the health of the people of New Hampshire. By receiving “the dataset”, the “requestor” agrees to comply with the following terms and conditions:

1. “The dataset” may be used for statistical reports and analyses. Commercial use, except nominal cost-based or no fees to recipients of these services, of this dataset is prohibited.
2. “The dataset” shall not be shared, in part or in total, with any individual or entity other than authorized employees of the “requestor”.
3. The “requestor” shall follow all state and federal laws and regulations to ensure the privacy and confidentiality of any individual patient or individual health care practitioner whose data is included in “the dataset”.
4. The “requestor” shall not attempt to learn the identity of any person included in “the dataset” and shall not combine “the dataset” provided with other dataset(s) for the purpose of linking or matching records to identify any individual patient or individual health care practitioner.
5. The “requestor” shall not disclose or make use of the identity of any individual patient, individual health care practitioner, or establishment discovered inadvertently the “requestor” shall report any such discovery within 24 hours to: DHHSInformationSecurityOfficer@dhhs.nh.gov and DHHSPrivacyOfficer@dhhs.nh.gov.
6. The “requestor” shall not imply or state, either in written or oral form, that interpretations based on “the dataset” are those of the original data sources and the New Hampshire Department of Health and Human Services, Division of Public Health, nor any of its bureaus or program entities unless the parties are formally collaborating.
7. Failure to comply with any of the above requirements may be subject to legal action.
8. The “requestor” shall acknowledge, in all reports and/or presentations based on the data derived from “the dataset”, that the original source of the data is the Public Use Dataset. The “requestor” shall not imply or state, either in written or oral form, that interpretations based on “the dataset” are those of the Department of Health and Human Services, Division of Public Health or the State of New Hampshire.
9. In any use of the data in statistical reporting, the “requestor” should include the following suggested citation: “The Public Use Dataset was provided by the New Hampshire Department of Health and Human Services. Division of Public Health Services, Bureau of Public Health Statistics and Informatics.”
10. If “the dataset” is provided by sFTP, the “requestor” understands that the sFTP details and/or any information security credentials (user name and password) shall not be shared with anyone. This applies to credentials used to access the site directly or indirectly through a third party application.
11. The “requestor” shall notify the Department immediately upon discovery if identifiable and/or confidential information is inadvertently included in “the dataset”.

INSERT the individual and organization requestor name (“requestor”)

Signature

Date

Printed Name

Title

Business Name

Attachment A
Public Use Data Elements and Description

Field Position	Field Name	Field Description
1	DISCHARGE_KEY	Unique encounter identifier assigned by the NH UHFDDS Data Management System.
2	HDD_HOSPITAL_CDE	NH hospital code
3	HOSPITAL_NME	NH hospital name
4	HOSPITAL_TYPE_CDE	NH hospital service type
5	PT_AGE_GROUP	Patient's 5-year age group
6	PT_GENDER_CDE	Patient's sex
7	PT_RESIDENCE_CDE	Patient's county FIPS code for NH resident. Non NH residents were coded as 'non-NH'.
8	FACILITY_TYPE_CDE	The first two digits of the type of bill to identify the type and classification of facility that provided care to the patient
9	CLAIM_FREQ	The third digit of the type of bill to indicate the sequence of a claim in the patient's current episode of care.
10	DISCHARGE_TYPE	Type of discharge, either inpatient, outpatient or specialty
11	ED_FLAG	A flag if Revenue code 045X appears in any of the revenue codes on discharge.
12	OBS_FLAG	A flag if Revenue code 0762 appears in any of the revenue codes on discharge.
13	ADMISSION_YEAR	Year of admission
14	DISCHARGE_YEAR	Year of discharge
15	LENGTH_OF_STAY	The number of days between admission and discharge from an inpatient care facility.
16	ADMISSION_HOUR_NBR	The time a patient was admitted.
17	ADMISSION_TYPE_CDE	The type and priority of an inpatient admission
18	ADMISSION_SOURCE_CDE	The source of the referral for the admission or visit
19	DISCHARGE_HOUR_NBR	The time a patient was discharged.
20	PT_RELATIONSHIP_CDE	The code to identify the patient relationship to the insurance plan subscriber.
21	PRIMARY_PAY_SOURCE_CDE	Primary payer classification code
22	PRIMARY_PAY_GROUP_TXT	Primary payer classification description
23	TTL_DISCHARGE_CHG_AMT	The total charges for all services on discharge.
24	PT_DISCHARGE_STATUS_CDE	The code to identify the status of the patient as of the discharge date
25-27	PT_REASON_FOR_VISIT_n_CDE	The diagnosis code to identify the patient's reason for visit. (up to 3)
28	ADMITTING_DX_CDE	The diagnosis code used to identify the patient's initial diagnosis at admission.
29	ICD_VERSION	Diagnosis ICD code identifier
30	PRINCIPAL_DX_CDE	The diagnosis code identifying the diagnosis, condition, problem or other reason for the admission/encounter/visit shown in the medical record to be chiefly responsible for the services provided.
31 – 39	OTHER_DX_n_CDE	The diagnosis code identifying the patient's other diagnosis (up to 9)
40	AGENCY_DRG_CDE	The Diagnosis-related group code to classify any inpatient stay into groups for the purposes of payment.
41	AGENCY_MDC_CDE	The Major Diagnostic Categories code to identify a particular medical specialty in an inpatient discharge.

Field Position	Field Name	Field Description
42-45	EXTERN_INJURY_CAUSE_n_CDE	External cause of injury code (up to 4)
46-50	REVENUE_n_CDE	Revenue code is used on hospital bills to tell the insurance companies either where the patient was when they received treatment, or what type of item a patient might have received as a patient. The code is to identify specific accommodations and/or ancillary service in ascending numeric order, by date of service if applicable. (up to 5)
51	PRINCIPAL_PROCEDURE_CDE	The code indicates the principal procedure performed during the period covered by the institutional claim.
52-56	OTHER_PROCEDURE_n_CDE	The code that indicates the other procedure performed during the period covered by the institutional claim (up to 5)

To protect patients' confidential information, the following data elements are no longer available in the 2016 dataset

- Patient primary race code (PT_RACE_1_CDE)
- Patient secondary race code (PT_RACE_2_CDE)
- Patient tertiary race code (PT_RACE_3_CDE)
- Patient ethnicity code (PT_ETHNICITY_CDE)
- Patient age (PT_AGE)
- Non NH residents FIPS code (PT_RESIDENCE_CDE)
- Removing code 10 through 21 for OTHER_DX_n_CDE
- Removing code 6 through 18 for REVENUE_n_CDE
- Removing code 6 through 12 for OTHER_PROCEDURE_n_CDE
- Removing the following codes:
 - PRINCIPAL_DX_POA_CDE
 - CONDITION_n_CDE
 - OCCURRENCE_n_CDE
 - HCPS_n_CDE
 - HCPS_MOD_1_LN_n_CDE
 - HCPS_MOD_1_LN_n_CDE
 - HCPS_MOD_3_LN_n_CDE
 - HCPS_MOD_4_LN_n_CDE
 - SERVICE_LN_n_ITEM_CHG_AMT
 - SERVICE_LN_n_UNITS_AMT
 - VALUE_n_CDE
 - VALUE_n_AMT