

**Lori A. Weaver Interim Commissioner**

**Patricia M. Tilley Director**

**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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**Fax: 603-271-8705 TDD Access: 1-800-735-2964**

[**www.dhhs.nh.gov**](http://www.dhhs.nh.gov/)

**Uniform Healthcare Facility Discharge Data Set (UHFDDS)**

**Limited Use Dataset**

**For Health-Related Research Only Application**

Please send the completed and signed application materials to the following address: NHUHFDDS

Bureau of Public Health Statistics & Informatics Division of Public Health Services

Department of Health and Human Services 29 Hazen Drive

Concord, NH 03301-3857 OR

Email: [Hospitaldata@dhhs.nh.gov](mailto:Hospitaldata@dhhs.nh.gov)

**This data application is in coordination with and under direction as required by NH RSA 126:28**

**Part I: Request for Data**

**Except as otherwise provided by law, upon the approval of the Commissioner, limited use datasets shall be provided to principal investigators for the purposes of health-related research. The requestor is required to sign a Data Sharing Agreement after the application is approved.**

**In order to be approved, the application must be complete. All information and attachments, including the UHFDDS limited use dataset element forms are required. This information will serve as criteria for decisions regarding release of the dataset. Access to limited use datasets will be approved only for the purposes of health- related research.**

**Section A: Individual and Organization Requestor Information**

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| Principal Investigator’s Name and Title (name of person in charge of health-related research project): |
| Organization: |
| Address: |
| Telephone Number: |
| E-mail Address: |

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| --- |
| Contact Person’s Name and Title  (name of person in charge of the request and receiving the UHFDDS limited use dataset if not principal investigator): |
| Organization: |
| Address: |
| Telephone Number: |
| E-mail Address: |

**Data Retrieval Information/Data release/Data transmission**

Datasets may be provided via secure email or in some circumstances via secure FTP, if applicable, for delivery of data if data size is within quota. The data requestor will be given login and password information for retrieval of requested data. If the data file is too large to be uploaded, a disk will be sent to the data requestor.

NH DHHS can no longer send materials out to other clients’ UPS or FedEx accounts. If a disk method is used by either UPS or FedEx, the data requestor will need to provide account information and send a call tag for 1 pound to NH UHFDDS (HospitalData@dhhs.nh.gov). Otherwise, standard USPS mailing will be used.

**Section B: Summary of Research Study Protocol or Project Activities**

Please submit a copy of your research/study/project protocol. Use as much space as you need below or attach documents as applicable to answer the questions. If you are not using this electronic document, attach a separate document with numbered answers.

1. **Overall title of study or project:**
2. **Institutional review board (IRB) document.** Please provide a copy of your document from an IRB operating in accordance with 45 CFR 46.
3. **Benefit of study or project.** How will this study benefit New Hampshire residents and/or public health?
4. **Personnel, qualifications and affiliation.** Please describe qualifications, or attach individual resumes or curriculum vitae, of all staff who will have access to the limited use data files. These include personnel, subcontractors, and affiliated agencies.
5. **Study background and design.** Please attach a copy of the research protocol if available, or summarize the research protocol by providing the following information:
   1. A summary of background, purposes, and origin of the research;
   2. A statement of the health-related problem or issue to be addressed by the research;
   3. The research hypothesis, or hypotheses to be tested, or the specific statistical quantities or dependencies to be measured;
   4. The research design and methodology including:
      1. A clear definition of exactly how the records needed for the research will be selected;
      2. Method of data analysis;
      3. The way in which the requested data will be used; and
      4. The procedures that will be followed to maintain the confidentiality of any data or copies of records provided to the principal investigator.
   5. The intended research completion date, if applicable. If no date is specified, annual updates to the application will be necessary.
6. **Data Management Plan.** Please describe the methods used to store the UHFDDS limited use dataset, the security safeguards in place to protect unauthorized use of the UHFDDS limited use dataset, and how the confidentiality of the UHFDDS limited use dataset will be maintained. Please provide the following information:
   1. Identify and list the following individuals within your organization:
      1. The individual responsible for organizing, storing and archiving the UHFDDS limited use dataset. This individual is the Custodian of the UHFDDS limited use dataset;
      2. The individual(s) responsible for the research team using the UHFDDS limited use dataset, including ensuring each individual (i) has a signed End User Agreement (Attachment A), (ii) accesses and uses only the minimum UHFDDS limited use dataset necessary to achieve the research purpose, (iii) accesses the UHFDDS limited use dataset only on a secured server according to the Data Sharing Agreement policies;
      3. The individual responsible for notifying NH DHHS of any breach;
      4. The individual responsible for ensuring the UHFDDS limited use dataset is destroyed upon termination of the Data Sharing Agreement;
   2. Provide the full address, including building and floor, of each location where UHFDDS limited use dataset will be stored, and the information of following:
      1. Will the UHFDDS limited use dataset be stored by a third party on a system in the cloud (reachable via the Internet)?

Yes No

* + 1. If you answered yes to (1): Is this Cloud Service Provider in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security *for the specific cloud system* which will host the UHFDDS limited use dataset*?*

Yes No

* + 1. If you answered yes to (2): What is the name of the provider *and* the FedRAMP level the specific cloud system hosting the UHFDDS limited use dataset is operating at?
  1. Provide the encryption method of the UHFDDS limited use dataset;
     1. Will all UHFDDS limited use dataset at rest be encrypted on storage media (backup tapes, local hard drives, network storage, et al) with **encryption at least AES-256 or stronger.**

Yes No

* + 1. Will the UHFDDS limited use dataset be transmitted by your organization over the Internet?

Yes No

If you answered yes to (2): which of the following are used when transmitting data over the internet? If selecting *other* please describe method in space provided below.

SSL SFTP Other

**Part II: Specification of Request for Limited Use Dataset**

**Instructions for using the following checklists:**

1. Check ( ) 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.
4. On the following pages, find the data element listings corresponding to the datasets available. On the form(s), indicate fields requested by placing a check mark in corresponding box. Please provide a justification for those fields indicated as potential indirect identifiers.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Discharge Type** | **Years Requested** | | | | | |
| **2012** | **2013** | **2014** | **2015** | **2016** | **2017\*** |
| Inpatient |  |  |  |  |  |  |
| Outpatient |  |  |  |  |  |  |
| Specialty |  |  |  |  |  |  |

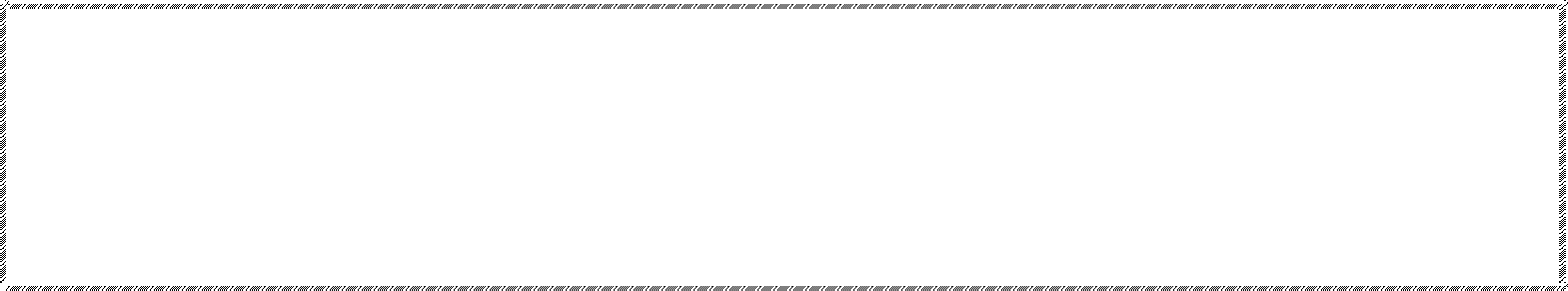
Note: \* The 2017 data is anticipated available in spring 2019.

**Please indicate the data format:**

Comma-delimited  R  SAS  SPSS

Other (please specify)

**Data element requests listed below is for variables available in 2012 or after. For requesting data in the years 2000 – 2011 datasets, please contact NH UHFDDS (Email:** [**HospitalData@dhhs.nh.gov**](mailto:HospitalData@dhhs.nh.gov)**).**



**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.

**Data Elements Available in Year 2012 and after**

Please check the variables you would like included in your dataset. Select only those elements needed for your analysis. Where indicated, provide a justification for need and specify any sub-selection of records or grouping of valuesyou expect to use for each variable. *Please use as much space as you need.*

**Justification:** We will only provide the minimum set of information with the minimum specificity that you need. Variables may be denied if your application does not justify your need explicitly when required.

**Sub-selection of Records (Filters):** We will only release the minimum set of records needed for your study. Please provide any selection criteria for the records you are specifically interested in. For instance, if you are specifically studying a certain type of psychiatric discharges specified by DRG code, be sure to indicate you only require records where the DRG met your specified criteria.

**Grouping of Values:** Where relevant, we will provide data elements pre-grouped. Please indicate any grouping that is needed for your study. For instance, if you only are studying women, indicate that and we will supply records where the patient was female. Another common example is grouping the patient's age.

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| **Data Fields and Description from Database** | **Check Field(s) Requested** | **Justification, Filters and Groups** |
| DISCHARGE\_KEY  (Unique discharge ID for each record) |  | Justification:  Filter  Groups: |
| HDD\_HOSPITAL\_CDE  (NH hospital code) |  | Justification:  Filter  Groups: |
| HOSPITAL\_NME  (NH hospital name) |  | Justification:  Filter  Groups: |
| HOSPITAL\_TYPE\_CDE  (NH hospital service type) |  | Justification:  Filter  Groups: |
| PT\_BIRTH\_DATE  (Patient’s date of birth) |  | Justification:  Filter  Groups: |
| PT\_AGE  (Patient’s age) |  | Justification:  Filter  Groups: |
| PT\_GENDER\_CDE  (Patient’s sex) |  | Justification:  Filter  Groups: |
| PT\_RACE\_1\_CDE  (Patient’s primary race) |  | Justification:  Filter  Groups: |

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| **Data Fields and Description from Database** | **Check Field(s) Requested** | **Justification, Filters and Groups** |
| PT\_RACE\_2\_CDE  (Patient’s secondary race) |  | Justification:  Filter  Groups: |
| PT\_RACE\_3\_CDE  (Patient’s tertiary race) |  | Justification:  Filter  Groups: |
| PT\_ETHNICITY\_CDE  (Patient’s Hispanic origin) |  | Justification:  Filter  Groups: |
| PT\_LANGUAGE\_GROUP  (Patient’s primary language, classified by DPHS) |  | Justification:  Filter  Groups: |
| PT\_CITY\_NME  (Patient’s town or city of residence.) |  | Justification:  Filter  Groups: |
| PT\_STATE  (Patient’s state of residence.) |  | Justification:  Filter  Groups: |
| PT\_ZIP\_CDE  (Patient’s zip code of residence.) |  | Justification:  Filter  Groups: |
| PT\_RESIDENCE\_CDE  (Patient’s county FIPS code for NH resident or State FIPS code for non-NH resident) |  | Justification:  Filter  Groups: |
| VR\_GEOCODE  (NH patient’s geo-code based on town/city of residence.) |  | Justification:  Filter  Groups: |
| 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) |  | Justification:  Filter  Groups: |
| 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.) |  | Justification:  Filter  Groups: |
| DISCHARGE\_TYPE  (Type of discharge, either inpatient, outpatient or specialty) |  | Justification:  Filter  Groups: |
| ED\_FLAG  (A flag if Revenue code 045x appears in any of the revenue codes on discharge) |  | Justification:  Filter  Groups: |

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| **Data Fields and Description from Database** | **Check Field(s) Requested** | **Justification, Filters and Groups** |
| OBS\_FLAG  (A flag if Revenue code 0762 appears in any of the revenue codes on discharge) |  | Justification:  Filter  Groups: |
| ADMISSION\_YEAR  (Year of admission) |  | Justification:  Filter  Groups: |
| DISCHARGE\_YEAR  (Year of discharge) |  | Justification:  Filter  Groups: |
| ADMIT\_DT  (Admission date/Visit date) |  | Justification:  Filter  Groups: |
| DISCHARGE\_DT  (Discharge date) |  | Justification:  Filter  Groups: |
| LENGTH\_OF\_STAY  (The number of days between admission and discharge from an inpatient care facility) |  | Justification:  Filter  Groups: |
| ADMISSION\_HOUR\_NBR  (The time a patient was admitted) |  | Justification:  Filter  Groups: |
| ADMISSION\_TYPE\_CDE  (The type and priority of an inpatient admission) |  | Justification:  Filter  Groups: |
| ADMISSION\_SOURCE\_CDE  (The source of the referral for the admission or visit) |  | Justification:  Filter  Groups: |
| DISCHARGE\_HOUR\_NBR  (The time a patient was discharged) |  | Justification:  Filter  Groups: |
| PT\_RELATIONSHIP\_CDE  (The code to identify the patient  relationship to the insurance plan subscriber) |  | Justification:  Filter  Groups: |
| PAYER\_NME  (Primary insurance name or self-pay) |  | Justification:  Filter  Groups: |
| PRIMARY\_PAYER\_CDE  (Primary insurance ID (coded by hospitals)) |  | Justification:  Filter  Groups: |

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| **Data Fields and Description from Database** | **Check Field(s) Requested** | **Justification, Filters and Groups** |
| PRIMARY\_PAY\_SOURCE\_CDE  (Primary payer classification code) |  | Justification:  Filter  Groups: |
| PRIMARY\_PAY\_GROUP\_TXT  (Primary payer classification description) |  | Justification:  Filter  Groups: |
| TTL\_DISCHARGE\_CHG\_AMT  (The total charges for all services on discharge) |  | Justification:  Filter  Groups: |
| PT\_DISCHARGE\_STATUS\_CDE  (The code to identify the status of the patient as of the discharge date) |  | Justification:  Filter  Groups: |
| PT\_REASON\_FOR\_VISIT\_n\_CDE  (The diagnosis code to identify the patient’s reason for visit (up to 3)) |  | Justification:  Filter  Groups: |
| ADMITTING\_DX\_CDE  (The diagnosis code used to identify the patient’s initial diagnosis at admission) |  | Justification:  Filter  Groups: |
| ICD\_VERSION  (Diagnosis ICD code identifier) |  | Justification:  Filter  Groups: |
| PRINCIPAL\_DX\_CDE  (The diagnosis code that is chiefly responsible for the services provided) |  | Justification:  Filter  Groups: |
| OTHER\_DX\_n\_CDE  (The diagnosis code identifying the patient’s other diagnosis (up to 21)) |  | Justification:  Filter  Groups: |
| AGENCY\_DRG\_CDE  (The Diagnosis-related group code to classify any inpatient stay into groups for the  purposes of payment) |  | Justification:  Filter  Groups: |
| AGENCY\_MDC\_CDE  (The Major Diagnostic Categories code to identify a particular medical specialty in an  inpatient discharge) |  | Justification:  Filter  Groups: |
| EXTERN\_INJURY\_CAUSE\_n\_CDE  (External cause of injury code (up to 4)) |  | Justification:  Filter  Groups: |
| REVENUE\_n\_CDE  (Revenue code is used on hospital bills(up to 18)) |  | Justification:  Filter  Groups: |

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| **Data Fields and Description from Database** | **Check Field(s) Requested** | **Justification, Filters and Groups** |
| PRINCIPAL\_PROCEDURE\_CDE  (The code indicates the principal procedure  performed during the period covered by the institutional claim) |  | Justification:  Filter  Groups: |
| OTHER\_PROCEDURE\_n\_CDE  (The code that indicates the other procedure performed during the period  covered by the institutional claim (up to 12)) |  | Justification:  Filter  Groups: |
| PRINCIPAL\_DX\_POA\_CDE  (Modifier of the Principal diagnosis. Present on Admission (POA)) |  | Justification:  Filter  Groups: |
| OTHER\_DX\_POA\_n\_CDE  (Modifier of the secondary diagnosis. Present on Admission (POA) (up to 21)) |  | Justification:  Filter  Groups: |
| CONDITION\_n\_CDE  (The code to identify conditions or events relating to the bill/claim that affected  processing (up to 8)) |  | Justification:  Filter  Groups: |
| OCCURRENCE\_n\_CDE  (The code noting a significant event relating  to the claim that affected payer processing (up to 13)) |  | Justification:  Filter  Groups: |
| HCPCS/Accommodation Rates HCPCS\_n\_CDE  (The accommodation rate for room and board on inpatient claims, or the appropriate CPT/HCPCS code for the outpatient ancillary service being reported  (up to 18)) |  | Justification:  Filter  Groups: |
| HCPCS\_MOD\_1\_LN\_n\_CDE  (Level 1 CPT/HCPCS Modifiers (up to 18)) |  | Justification:  Filter  Groups: |
| HCPCS\_MOD\_2\_LN\_n\_CDE  (Level 2 CPT/HCPCS Modifiers (up to 18)) |  | Justification:  Filter  Groups: |
| HCPCS\_MOD\_3\_LN\_n\_CDE  (Level 3 CPT/HCPCS Modifiers (up to 18)) |  | Justification:  Filter  Groups: |
| HCPCS\_MOD\_4\_LN\_n\_CDE  (Level 4 CPT/HCPCS Modifiers (up to 18)) |  | Justification:  Filter  Groups: |
| SERVICE\_LN\_n\_ITEM\_CHG\_AMT  (The total charge associated with each revenue center code (up to 18)) |  | Justification:  Filter  Groups: |

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| **Data Fields and Description from Database** | **Check Field(s) Requested** | **Justification, Filters and Groups** |
| SERVICE\_LN\_n\_UNITS\_AMT  (The total number of accommodation days,  ancillary units of service or visits as appropriate (up to 18)) |  | Justification:  Filter  Groups: |
| SERVICE\_LN\_n\_DT  (The date associated with the revenue center code (up to 18)) |  | Justification:  Filter  Groups: |
| VALUE\_n\_CDE  (The code to identify data of a monetary  nature that are necessary for the processing of this claim (up to 12)) |  | Justification:  Filter  Groups: |
| VALUE\_n\_AMT  (The amount to identify data of a monetary nature that are necessary for the processing  of this claim (up to 12)) |  | Justification:  Filter  Groups: |
| BILL\_PROVIDER\_NPI\_ID  (The National Provider Identifier (NPI) of the provider submitting the bill/claim) |  | Justification:  Filter  Groups: |
| ATTEND\_PHYS\_NPI\_ID  (The attending provider NPI) |  | Justification:  Filter  Groups: |
| OPER\_PHYS\_NPI\_ID  (The Operating Provider NPI) |  | Justification:  Filter  Groups: |
| OTHER\_PROVIDER\_NPI\_ID  (The Other Operating Provider NPI) |  | Justification:  Filter  Groups: |

Special additional requested data element which is not a direct or indirect identifier:

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| Encrypted Patient MRN |  | Justification:  Filter  Groups: |

***I have reviewed the application form. All statements made in the request form are true, complete, and correct to the best of my knowledge.***

***Note: Original signatures accepted only.***

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| Name of Principal Investigator: |
| Title: |
| Organization: |
| Signature:  Date: |

UHFDDS limited use dataset requests will be thoroughly reviewed for accuracy, completeness, and need before further action. The review process takes approximately 6 weeks.

If the request is approved, it will be placed in a queue in order by date. Please allow 12 weeks from review date for the request to be completed by our analyst.