STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS

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Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

Uniform Healthcare Facility Discharge Data Set (UHFDDS)

Limited Use Dataset

<u>For Health-Related Research Only</u>

Application

Please send the completed 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

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

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

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.

<u>**Section B: Summary of Research Study Protocol or Project Activities**</u>

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:

   (a) A summary of background, purposes, and origin of the research;

   (b) A statement of the health-related problem or issue to be addressed by the research;

   (c) The research hypothesis, or hypotheses to be tested, or the specific statistical quantities or dependencies to be measured;

   (d) 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.

   (e) 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:

   (a) 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;

   (b) 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

(2) 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

(3) 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?

(c) 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

(2) 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).

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 values you 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.

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:

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:

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:

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:

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:

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:

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.

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.