

**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**

**603-271-4988 1-800-852-3345 Ext. 4988**

**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)

**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](mailto:HospitalData@dhhs.nh.gov)

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

NH DHHS, Division of Public Health Services

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# 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 dataavailable.
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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Outpatient |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Specialty |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



**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 providersAttachment 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 to 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](mailto:DHHSInformationSecurityOfficer@dhhs.nh.gov) and [DHHSPrivacyOfficer@dhhs.nh.gov.](mailto: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