

Program Guidelines

Alaska Health Facilities Data Reporting (HFDR) Program

Updated: 2/15/2022

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Version history

| Version | Date | Change Summary |
|---------|------------|--|
| v. 1.1 | 11-20-2014 | N/A |
| v. 1.2 | 12-11-2014 | II. 2. Deleted: “each facility must sign a Business Associate agreement with the data clearinghouse, in accordance with HIPAA.” |
| v. 1.3 | 3-3-2015 | I. 1. Clarified process to updating program guidelines and annual opportunities to submit comment II. 2. Added quarterly technical assistance calls Clarified mandated reporting periods vs. voluntary submission of calendar year 2014 data II. 3. Added wording on penalties for non-reporting facilities II. 4. Removed reference to ASHNHA/other third parties access to data through member facilities III. 1. Added formation of ad hoc data use committee III. 1. Moved language on reporting facilities’ access to data and reports III. 3. Re-worded <i>limited data set</i> definition for clarity |
| v. 1.4 | 5-8-2015 | Removed “DRAFT” watermark II. 1. Added reference to Business Associate Agreement II. 3. Added more wording on penalties for non-reporting facilities III. 1. Added “Healthcare Industry” to users of data III. 1. Added “Public information – Data reported under this program are not considered public information subject to the public records requirements of AS 40.25.110. For more information refer to 7 AAC 27.890.” Added Appendix C – Business Associate Agreement |
| v. 1.4a | 5-29-2015 | Appendix C Added DPH name and title to signature block |
| v. 1.4b | 6-4-2015 | Appendix A-3 Changed “Source of Admission” to “Point of Origin” |
| v. 1.4c | 10-14-2015 | Appendix A-3 Footnote *2 changed “Outpatient” to “Outpatient Observation” |
| v. 2.0 | 10-26-2016 | Throughout: Replaced references to “Health Planning and Systems Development” to “Alaska Bureau of Vital Statistics,” including contact information II. 2. Updated language to reflect ongoing nature of program II. 3. Clarified escalation steps for non-compliant facilities III. 1. Removed reference to first year data workgroup Clarified uses for public health practice, research, and healthcare operations, including fees for healthcare operations data clarified public use data set will be considered ‘de-identified’ under HIPAA Added language for recommended citation III. 2. Clarified suppression guidelines Appendices: Re-numbered Appendices for ease of use Added updated Data Use Agreement for 2015 data Updated data request forms: 1) Public Health/Research Data Request and 2) Healthcare Operations Data Request Added data dictionary |
| v. 2.1 | 11-16-2016 | III. 1. b. Added language about fees for research requests Appendix B-4 Added fee schedule to request form Appendix B-7 Corrected error in “agegroupfive” value field |

| | | |
|--------|------------|---|
| v. 2.2 | 6-30-2017 | <p>Throughout: Replaced references to “Bureau of Vital Statistics” to “Health Analytics and Vital Records” to reflect section name change</p> <p>Appendix A-3 Corrected Hospital Industry Data Institute URL</p> <p>Appendices B-4 and B-5 Updated data request forms to include option for revenue code files</p> <p>Appendices B-2, B-4, B-5 Removed “digital secure messaging address” field</p> <p>Appendix B-7 Updated Data Dictionary fields to reflect additions to healthcare operations variables (admit and discharge dates and times) and deleted unused variables</p> <p>Re-ordered variables across data sets for consistency</p> <p>Corrected values for field “agegroup”</p> <p>Added Revenue Code File fields</p> |
| v.2.3 | 07-01-2018 | <p>I. 1. Changed “Annual opportunities to comment will be posted in the state Online Public Notice system to “This document will be reviewed and updated by the program manager periodically to reflect current conditions and developments and shared with reporting facilities.”</p> <p>III. 1. b. Removed wording regarding posting of unidentifiable data to IBIS-PH</p> <ul style="list-style-type: none"> • Re-ordered appendices • Appendices A-1, A-2, B-1, B-2, B-3, B-4: <ul style="list-style-type: none"> ▪ Change contact email to healthanalytics@alaska.gov • Removed all references to Skilled Nursing Facilities which are no longer required to report to HFDR (Regulations update forthcoming) |
| v.2.4 | 01-2020 | <p>II.2 Reporting deadline change from 60 days after end of quarter to 2 calendar months.</p> <p>III.1.b <i>Healthcare Industry</i> –removed “and will not contain charge data” <i>Healthcare Cost and Utilization Program</i> – change from “a limited dataset may be made available” to “is available”</p> <p>III.2.a Updated: <i>Annual counts below 5 may not be published without permission from DHSS.</i></p> <p>III.2.b Updated: <i>Rates and proportions based upon a numerator less 6 may not be published; those based on numerators less than 20 should include a footnote noting possible statistical unreliability</i></p> <p>Appendix A-3 Addition of first name, last name and suffix to required UB-04 elements</p> <p>Appendices B-1, 2, and 3 Updated format for data request forms.</p> <p>Appendix B-5 New variables added for 2018 v4 HCO dataset release: totcharges, stmfomdate, lengthbilling, hfdrepisode, and hasinpatient. Totals charges added at the request of the ASHNHA board.</p> |
| v.2.5 | 07-26-2021 | <p>Appendix A-3 In the Special Instructions section remove the “up to” restrictions on B-type and C-type records allowing unlimited submission of revenue codes, diagnosis codes, and procedure codes, to be consistent with earlier instructions in the appendix.</p> |
| v.2.6 | 02-15-2022 | <p>Appendix B-3 Removed minimum hours threshold for hourly fee.</p> |

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|--|--|---|
| | | <p>Confidentiality: Increased suppression of published counts from less than 5 (1 through 4 suppressed) to less than 6 (1 through 5 suppressed). Data Submittal: Removed the instruction to submit interim end of quarter records when the patient has not yet departed the hospital.</p> |
|--|--|---|

Part I. Introduction

1. Purpose

This document is intended to guide the implementation of the Alaska Health Facilities Data Reporting Program (HFDR), establish roles and responsibilities, and outline appropriate use of the data. Federal and state laws supersede any guidance provided in this document.

This document will be reviewed and updated by the program manager periodically to reflect current conditions and developments and shared with reporting facilities.

Part II of this document pertains to reporting health care facilities and includes guidelines for reporting. Attachments and forms are included in Appendix A.

Part III of this document pertains to the stewardship, use, and publication of data. Forms are included in Appendix B.

2. Legal authority

The Alaska Health Facilities Data Reporting Program (HFDR) is governed by regulations 7 AAC 27.660 Article 14. Health Care Facility Discharge Data Reporting. Regulations mandating reporting became effective December 13, 2014.

3. Program overview and background

The Alaska Health Facilities Data Reporting Program (HFDR) collects inpatient and outpatient discharge data from Alaska health care facilities. Facilities required to report include private, municipal, state, or federal hospitals; hospitals operated by Alaska Native organizations; psychiatric hospitals; independent diagnostic testing facilities; residential psychiatric treatment centers; intermediate care facilities; and ambulatory surgical facilities.

The data collected from these facilities comprise the Alaska Inpatient Database and the Alaska Outpatient Database. Health facilities discharge data show utilization of health services and provide evidence of the conditions for which people receive treatment. Population health status assessment, analysis of health care utilization trends, and health system planning are examples of uses of the data from the reporting program.

The information can inform planning and decision making at all levels, including facilities, communities, and the state. Data provide valuable information for emerging issues in health status and health service delivery, and need for expanded services and facilities.

Between 2001 and 2012, data were collected under a voluntary program, through a Memorandum of Agreement between the Alaska Department of Health and Social Services (DHSS) and the Alaska State Hospital and Nursing Home Association (ASHNHA). Certain constraints pertain to use of the data through 2012, particularly with regard to facility-specific reporting, as facilities wished not to be identified.

Care must be used in attempting to generalize these data, known as the Alaska Hospital Discharge Data Set, to the state as a whole because of the non-participation of many of the small

tribal hospitals, the two military hospitals, and eventually some larger hospitals. Because these serve somewhat different populations from other hospitals, there were constraints on certain statewide assessments, particularly in regards to children's health, emergency room use, birth-related conditions, and utilization by military service members and their dependents. At its peak, the program contained roughly 80% of the state's inpatient discharges.

Public and policy-maker interest in more transparent and available data related to cost, quality, health status, and utilization of services have encouraged the movement toward more comprehensive statewide data.

Part II: Guidelines for reporting facilities

1. Reporting facilities

The following types of facilities are required to report: private, municipal, state, or federal hospitals; hospitals operated by Alaska Native organizations; psychiatric hospitals; independent diagnostic testing facilities; residential psychiatric treatment centers; intermediate care facilities; and ambulatory surgical facilities.

The section of [Health Facilities Licensing and Certification](#) (Division of Health Care Services, Alaska Department of Health and Social Services) maintains a list containing facility names and addresses, and CEO contact information, by facility type, for licensed hospitals, and ambulatory surgical facilities.

Each reporting facility is responsible for compliance with these rules. Use of a designated intermediary does not relieve the facility of its reporting responsibility.

Each facility shall designate in writing a department and a person responsible for submitting the discharge data records to the data clearinghouse. This person shall also be responsible for receiving program correspondence from the Alaska Department of Health and Social Services. A form is provided in Appendix A-1.

Each facility should enter into a Business Associate Agreement with the Department of Health and Social Services. A form is provided in Appendix A-4.

Alaska's two military hospitals are encouraged to participate in the reporting program. These facilities serve military service members and their dependents comprising a substantial segment of the population in Fairbanks and Anchorage.

2. Data submittal and correction process

Each hospital and other reporting facility shall submit data to the data clearinghouse contracted by DHSS, currently Hospital Industry Data Institute (HIDI).

Data are to be submitted on a quarterly basis, no later than 2 calendar months after the end of a calendar quarter, according to the following schedule:

Table 1: Data submittal schedule

| Patient's date of discharge: | Data record due by: | Corrected data due by: |
|------------------------------|---------------------|------------------------|
| January 1 - March 31 | May 31 | June 30 |
| April 1 - June 30 | August 31 | September 30 |
| July 1 - September 30 | November 30 | December 31 |
| October 1 - December 31 | February 28 | March 31 |

The entity will submit a discharge data record for each patient discharged. The record layout for data submittal (see Appendix A-2) follows the Uniform Billing Form (UB-04) data specifications and indicates which elements are required. The layout provides for one “type A” record which contains the facility and patient demographic information and location of service, one or more “type B” records showing the revenue codes and associated information, and one or more “type C” records as needed to show all of the diagnoses and procedures associated with the patient’s stay.

For a patient with multiple discharges, the facility submits a discharge data record for each discharge. For a patient with multiple billing claims during an ongoing stay, each facility is expected to consolidate the multiple billings into a single discharge data record for submission after the patient's discharge.

Ambulatory surgical facilities or other facilities which do not use the UB-04 form may submit data in an alternate format as arranged by the data clearinghouse.

Data files are submitted electronically to the data clearinghouse, which processes and validates the records. Once the clearinghouse checks a facility’s processed file, an “Edit Detail” file, listing any logical inconsistencies, invalid codes, or other irregularities will be placed in the reports section of the website for the facility to download. The facility must then make the needed corrections in their system, generate a new file, and submit the new file to the clearinghouse. Facilities are responsible for submitting the corrected data file promptly; corrected files should be re-submitted within 1 calendar month of the reporting deadline for the quarter.

3. Non-participation

A facility required to submit data under 7 AAC 27.660 may face penalties for not submitting data. Facilities not in compliance with the reporting requirement will be notified via certified letter and given 30 days to correct the issue. After this time, a non-participating facility will be reported to the Health Facilities Licensing and Certification office and/or Medicaid Program Integrity, which may impose penalties outlined in 7 AAC 105.410. Possible sanctions range from mandatory attendance at provider education sessions to withholding of Medicaid payments or termination from the Medicaid program.

4. Extensions, waivers, and exemptions

If a facility needs to request an extension of the reporting deadline, a request for extension should be submitted in writing prior to the end of the quarter (Table 1). A form is included in Appendix A-2. The facility will be notified in writing of the extension within 7 days of receipt of the form. A typical extension will be for no more than 30 days.

Part III. Guidelines for data use and stewardship

1. Data use and data stewardship

The guiding principles behind all data use shall be: supporting public health practice and research, operating with transparency and fairness, and maintaining the privacy of individuals.

a. Acceptable data uses

Data may be used for purposes of public health practice, research, and healthcare operations. Examples of acceptable uses of the Alaska Inpatient Database and the Alaska Outpatient Database include:

- Population-level and subgroup population public health analysis;
- Reports on disease burden, such as tobacco-related diseases, cardiovascular disease, diabetes, cancer, traumatic brain injury, or other injury;
- Quality assessment, such as ambulatory care sensitive conditions, preventable hospitalizations, or hospital-acquired infections;
- Market share analysis;
- Utilization trend analysis;
- Verification of and comparison with other reported data, such as Certificate of Need reports, Medicaid, Emergency Medical Services, Alaska Trauma Registry, or Vital Statistics;
- Aggregation with national data sets such as Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project (HCUP);
- Academic research;
- Other purposes deemed acceptable by the Department.

b. Who can use the data

Alaska Department of Health and Social Services

Alaska Department of Health and Social Services' (DHSS) designated office for management of the Health Facilities Data Reporting (HFDR) Program is the Division of Public Health, Health Analytics and Vital Records Section (HAVRS). This Section will be responsible for data stewardship, assuring HIPAA compliance, and for making data available through web postings, periodic newsletters, and data use agreements with individuals or organizations consistent with the public health and planning purposes of the data collection system.

Other Divisions and Sections of DHSS may use data for specific approved public health and planning purposes, provided a signed Data Use Agreement form (Appendix B-1) is on file. Agreed upon fees apply and the request must include justification for the records and variables needed based on the stated purpose.

Healthcare Industry

A limited data set will be made available to Alaska healthcare organizations and Alaska health care industry associations for the purposes of healthcare operations. This data set will contain elements as defined in Appendix B-5. A fee will be assessed for the healthcare operations data set to cover costs associated with administering the data. Refer to the request form in Appendix B-2 for current fee amounts.

Facilities which are mandated to submit data under 7 AAC 27.660 will not be eligible to request this data set if they are not in compliance.

Healthcare Cost and Utilization Program

Alaska is one of 47 states participating in Healthcare Cost and Utilization Program (HCUP), a family of healthcare databases developed through a Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality (AHRQ) of the U.S. Department of Health and Human Services. Alaska's DHSS will submit an annual data file to HCUP.

A limited data is available for sale to researchers through the HCUP Central Distributor (<https://www.distributor.hcup-us.ahrq.gov/>).

Researchers

Data sets, including semi-aggregated data sets, limited data sets, and summary tables, may be made available to researchers through application. To request such data sets or reports, an applicant must complete a data use proposal and signed Data Use Agreement form (found in Appendix B-1), subject to approval. Justification must be provided for each variable requested.

Current fees for data sets will be indicated on request forms.

Approval of an Institutional Review Board (IRB) may be required, to assure appropriate protection of human subjects and privacy of protected health information.

Student researchers or interns must have co-signature of faculty signifying approval and accountability for oversight of the students' research project.

The public

Statewide summary data will be prepared annually on topics of general interest, such as top reasons for hospitalizations, average charges, and average length of stay. These summaries will be made available through the program website.

c. Data ownership

Ownership of the Alaska Inpatient Database and Alaska Outpatient Database resides with DHSS.

d. Data security

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires protection of the security and privacy of certain health information including personal health information. HIPAA rules, including the Privacy Rule, instruct health care providers, data clearinghouses and public health entities regarding handling of personal health information. All data stewards and users must ensure that identifiable information is handled with the precautions established under HIPAA.

Data use will follow all Federal and State laws and regulations. Additionally, all DHSS Policies and Procedures apply.

DHSS' Information Technology Services security plans protect access to the data. Any data shared with approved researchers or data users, whether internal to DHSS or external, are appropriately protected and transmitted via secure protocols. Only the minimum necessary data needed to accomplish the intended purpose of a data request will be provided.

DHSS will securely maintain each annual data set for at least ten years and will ensure destruction of data when it is time to retire the data.

e. Data uses not supported

Any attempt to identify individual patients or link to identifiable information is prohibited. Use of identities inadvertently discovered is prohibited. Certain types of linkage or validation may be approved on a case-by-case basis.

f. Publication

Publication of analysis is encouraged if it will contribute to public understanding of health and health care in the state.

As part of the data use agreement, researchers agree that the HFDR program will have the opportunity to review manuscripts *prior to publication* for interpretation and reliability.

The HFDR should be acknowledged as the data source in any publication or presentation using HFDR data. Recommended citation: *Alaska [Inpatient/Outpatient] Database. (year). Alaska Health Facilities Data Reporting Program. Alaska Department of Health and Social Services, Division of Public Health (date obtained).*

g. Public information

Data reported under this program are not considered public information subject to the public records requirements of AS 40.25.110. For more information refer to 7 AAC 27.890.

2. Guidelines to ensure confidentiality and reliability of data

a. Confidentiality: suppression guidelines for privacy

All data use, presentation, and publication must be handled to protect individuals from being identified through the evidence in the data. Data use agreements provide assurances of appropriate use and protection of data sets.

Because utilization data results from the activity of the population rather than a sample, the actual counts of specific events may be important. Such data must be presented in a way that individuals will not be identified. Methods for assuring protection of individuals' identities include aggregating the data across multiple time periods, regions, ages, and races. Summary data should never be released if release could reasonably be expected to lead to identification of an individual. When in doubt, contact the program manager for further guidance.

Annual counts below 6 may not be published without permission from DHSS. Reporting a count of "zero" for a given condition is acceptable. Regional counts for comparative analysis are likely to be appropriate when the population base is large enough that the population at risk in any category (denominator) is greater than 250. However, the cell count must be suppressed if the difference between the numerator (cases) and denominator (population at risk) is less than 10.

b. Reliability

In addition to patient privacy, considerations must be made for the statistical reliability of small numbers.

Rates and trends based upon small numbers should be interpreted cautiously. Such rates exhibit a large amount of random variation from place to place or time to time period. For example, when numerators are small, a single event can affect the rate or proportion dramatically, and rates will be too volatile to be reliable measures for comparison across time or place.

Rates and proportions based upon a numerator less than 6 may not be published; those based on numerators less than 20 should include a footnote noting possible statistical unreliability. If the numerator is smaller than 20, a three-year average rate may be more appropriate. When possible, a 95% confidence interval should be calculated and included.

c. Calculation of rates

Hospital discharge rates for major diagnostic groups or preventable hospitalizations are generally presented in terms of discharges per 100,000 people in the population group at risk of having been hospitalized.

If comparisons are going to be made between Alaska rates and other states or the nation, an age-adjusted rate should be calculated. In other cases, age-specific rates are more relevant and should be considered when looking at certain topics.

3. Definitions

Database means the combined discharge data from multiple facilities. The data collected by the HFDR comprise the Alaska Inpatient Database and the Alaska Outpatient Database.

Data clearinghouse refers to a third-party designated by DHSS to receive facility data, perform validation checks, encrypt patient SSN and prepare data set for use. As of October 2014, this is Hospital Industry Data Institute (HIDI).

Discharge data means the consolidation of complete billing, medical, and personal information describing a patient, the services received, and billed charges for a single inpatient, residential treatment, or outpatient hospital stay; ambulatory surgery center visit; or imaging center procedure into a discharge data record.

Healthcare Operations refers to the functions covered under 45 CFR 164.501, including quality assessment and improvement activities and business planning and development.

Limited data set is a limited set of identifiable patient information as defined in the Privacy Regulations issued under the Health Insurance Portability and Accountability Act (HIPAA). A limited data set may be disclosed to an outside party without a patient's authorization if certain conditions are met. First, the purpose of the disclosure may only be for research, public health or health care operations. Second, the person receiving the information must sign a data use agreement. All the following direct identifiers of the individual or of relatives, employers, or household members of the individual must be removed in order for health information to be a limited data set:

- names;
- street addresses (other than town, city, state and zip code);
- telephone numbers;
- fax numbers;
- e-mail addresses;
- Social Security numbers;
- medical records numbers;
- health plan beneficiary numbers;
- account numbers;
- certificate license numbers;
- vehicle identifiers and serial numbers, including license plates;
- device identifiers and serial numbers;
- URLs;
- IP address numbers;
- biometric identifiers (including finger and voice prints); and
- full face photos (or comparable images).

Note: these identifiers are not included in the database.

The health information that may remain in the limited data set includes:

- dates such as admission, discharge, service, date of birth, date of death;
- city, state, five digit or more zip code; and
- ages in years, months or days or hours.

Note: these identifiers are included in the database

It is important to note that information in a limited data set is still protected health information or “PHI” under HIPAA. It is not de-identified information and is still subject to the requirements of the Privacy Regulations.

Patient number is an irreversible, unique, encrypted number that replaces patient social security number. The data clearinghouse assigns the number to serve as a control number for data analysis.

Protected Health Information (PHI) is data that include identifiers of a patient or the patient’s relatives, employers, or household members. The following identifiers considered PHI are part of the HFDR data set:

- Patient city and ZIP code
- Admit date and hour
- Discharge date and hour
- Date of birth
- Age when over 89

Uniform billing form means the uniform billing form recommended for use by the National Uniform Billing Committee. As of June 2014, the most current is the UB-04.

4. Useful references

Official UB-04 Data Specifications Manual. National Uniform Billing Committee.
<http://www.nubc.org/subscriber/index.dhtml>

Health Insurance Portability and Accountability Act (HIPAA). U.S. Department of Health & Human Services.
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

Distinguishing Public Health Research and Public Health Nonresearch. Centers for Disease Control and Prevention (2010). <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

Guidelines for Using Confidence Intervals for Public Health Assessment. Washington State Department of Health (2012).
<http://www.doh.wa.gov/Portals/1/Documents/1500/ConfIntGuide.pdf>

Uses and Disclosures for Treatment, Payment, and Health Care Operations [45 CFR 164.506]. Health and Human Services Office for Civil Rights (2003).
<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html>

Appendices

Appendix A: For reporting facilities

1. Contact person designation form
2. Reporting deadline extension request form
3. Record layout for UB-04 data collection
4. Business Associate Agreement

Appendix B: Data Use Requests

1. Health care operations data request form and Data Use Agreement (2015 and later data)
2. Public health/research data request form and Data Use Agreement (2015 and later data)
3. Data analysis request form
4. Data Request form and Data use agreement (2001-2012 data)
5. Data dictionary

Appendix A-1

**ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM
CONTACT PERSON DESIGNATION FORM**

| |
|---|
| All reporting facilities should designate a primary contact person to receive correspondence from the Alaska Health Facilities Reporting Program. |
| Facility name: |
| Mailing address: |
| Primary contact person: |
| Title |
| Email address: |
| Phone: |
| FAX: |
| Effective date: |
| Secondary contact person: |
| Title |
| Email address: |
| Phone: |
| FAX: |
| Effective date: |

Please fax completed form to (907) 465-4689, email a scan to HealthAnalytics@alaska.gov,
or mail to Health Analytics and Vital Records,
Division of Public Health, 5441 Commercial Blvd., Juneau, AK 99801

Appendix A-2

**ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM
 REPORTING DEADLINE EXTENSION REQUEST FORM**

| | | | |
|---|--------------------------|----------------------|--------------------------|
| When a facility required to report is unable to meet the reporting deadline, a request may be requested for a maximum of 30 days. | | | |
| Facility name: | | | |
| Mailing address: | | | |
| Reporting quarter: | | | |
| Patient's date of discharge: | Data records due: | New due date: | <input type="checkbox"/> |
| January 1 - March 31 | May 31 | June 30 | <input type="checkbox"/> |
| April 1 - June 30 | August 31 | September 30 | <input type="checkbox"/> |
| July 1 - September 30 | November 30 | December 31 | <input type="checkbox"/> |
| October 1 - December 31 | February 28 | March 31 | <input type="checkbox"/> |
| Reason for request: | | | |
| Action being taken to ensure future compliance: | | | |
| Person requesting: | Title: | | |
| Signature: | Date: | | |
| Phone: | Email address: | | |
| <input type="checkbox"/> Accepted <input type="checkbox"/> Not accepted. Reason: | | | |
| Program Manager: | Date: | | |

Please fax completed form to (907) 465-4689, email a scan to HealthAnalytics@alaska.gov,
 or mail to Health Analytics and Vital Records,
 Division of Public Health, 5441 Commercial Blvd., Juneau, AK 99801

Appendix A-3
RECORD LAYOUT FOR UB-04 DATA COLLECTION
Hospital Industry Data Institute

A-TYPERECORDS

| Req'd | UB-04 FL # | Repeats | Size | Start | Stop | Data Element |
|--------|---------------|---------|------|-------|------|---|
| * | | 1 | 1 | 1 | 1 | Record Type "A" |
| * | 56 | 1 | 15 | 2 | 16 | NPI / Medicare Provider Number (see Special Instructions) |
| * | 03a | 1 | 24 | 17 | 40 | Patient Control Number (Patient Account Number) |
| * | | 1 | 2 | 41 | 42 | Record Sequence Number (value = 01) |
| * | 03b | 1 | 24 | 43 | 66 | Medical Record Number |
| * | 04 | 1 | 4 | 67 | 70 | Type of Bill |
| | 05 | 1 | 4 | 71 | 74 | Federal Tax Sub-ID Number |
| | 05 | 1 | 10 | 75 | 84 | Federal Tax Number |
| * | 06 | 1 | 8 | 85 | 92 | Statement Covers Period - From (MMDDYYYY) |
| * | 06 | 1 | 8 | 93 | 100 | Statement Covers Period - Through (MMDDYYYY) |
| | 08 | 1 | 19 | 101 | 119 | Patient Name - ID |
| *3 | 08 | 1 | 18 | 120 | 137 | Patient Last Name (see Special Instructions) |
| *3 | 08 | 1 | 9 | 138 | 146 | Patient First Name (see Special Instructions) |
| *3 | 08 | 1 | 3 | 147 | 149 | Patient Name Suffix (see Special Instructions) |
| | 09 | 1 | 40 | 150 | 189 | Patient Address - Street |
| * | 09 | 1 | 30 | 190 | 219 | Patient Address - City |
| * | 09 | 1 | 2 | 220 | 221 | Patient Address - State |
| * | 09 | 1 | 9 | 222 | 230 | Patient Address - ZIP |
| * | 09 | 1 | 2 | 231 | 232 | Patient Address - Country Code |
| * | | 1 | 3 | 233 | 235 | Patient Address - Borough Code (see Special Instructions) |
| * | | 1 | 9 | 236 | 244 | Patient Social Security Number (see Special Instructions) |
| * | 10 | 1 | 8 | 245 | 252 | Patient Birthdate (MMDDYYYY) |
| * | 11 | 1 | 1 | 253 | 253 | Patient Sex |
| * | 12 | 1 | 8 | 254 | 261 | Admission Date (MMDDYYYY) |
| *1, *2 | 13 | 1 | 2 | 262 | 263 | Admission Hour |
| *1, *2 | 14 | 1 | 1 | 264 | 264 | Type of Admission/Visit |
| * | 15 | 1 | 1 | 265 | 265 | Point of Origin |
| *1, *2 | 16 | 1 | 2 | 266 | 267 | Discharge Hour |
| * | 17 | 1 | 2 | 268 | 269 | Patient Discharge Status |
| | 29 | 1 | 2 | 270 | 271 | Accident State |
| *1 | 71 | 1 | 4 | 272 | 275 | PPS Code |
| | 76 | 1 | 11 | 276 | 286 | Attending Physician - NPI |
| | 76 | 1 | 11 | 287 | 297 | Attending Physician - QUAL/ID |
| | 77 | 1 | 11 | 298 | 308 | Operating Physician - NPI |
| | 77 | 1 | 11 | 309 | 319 | Operating Physician - QUAL/ID |
| | 78 | 1 | 13 | 320 | 332 | Other Physician ID - QUAL/NPI |
| | 78 | 1 | 11 | 333 | 343 | Other Physician ID - QUAL/ID |
| | 79 | 1 | 13 | 344 | 356 | Other Physician ID - QUAL/NPI |
| | 79 | 1 | 11 | 357 | 367 | Other Physician ID - QUAL/ID |
| * | | 1 | 3 | 368 | 370 | Observation Hours (see Special Instructions) |
| * | | 1 | 1 | 371 | 371 | Patient Ethnicity (see Special Instructions) |
| * | | 1 | 1 | 372 | 372 | Patient Race (see Special Instructions) |
| * | | 1 | 1 | 373 | 373 | Type of Encounter (see Special Instructions) |
| * | | 1 | 1 | 374 | 374 | Place of Service (see Special Instructions) |
| * | | 1 | 4 | 375 | 378 | Primary Payer Identification (see Special Instructions) |
| * | | 1 | 4 | 379 | 382 | Secondary Payer Identification |
| * | | 1 | 4 | 383 | 386 | Tertiary Payer Identification |
| | | 1 | 14 | 387 | 400 | Reserved for future use |

* Data element is required for all patients.

*1 Data element is required for inpatients only

*2 Data element is required for emergency department, outpatient observation, and outpatient surgery encounters

*3 Required as of January 2020

Appendix A-3

RECORD LAYOUT FOR UB-04 DATA COLLECTION

Hospital Industry Data Institute

**** B-TYPE RECORDS**

| UB-04 | | | | | | |
|-------|-----|---------|------|-------|------|---|
| Req'd | FL | Repeats | Size | Start | Stop | Data Element |
| * | | 1 | 1 | 1 | 1 | Record Type "B" |
| * | 56 | 1 | 15 | 2 | 16 | NPI / Medicare Provider Number (see Special Instructions) |
| * | 03a | 1 | 24 | 17 | 40 | Patient Control Number |
| * | | 1 | 2 | 41 | 42 | Record Sequence Number (Value = 01 - 99) |
| * | 42 | 7 | 4 | 43 | 70 | Revenue Code |
| * | 44 | 7 | 14 | 71 | 168 | HCPCS/Rates/HIPPS Rate Codes |
| * | 45 | 7 | 8 | 169 | 224 | Service Date (MMDDYYYY) |
| * | 46 | 7 | 7 | 225 | 273 | Units of Service |
| * | 47 | 7 | 9 | 274 | 336 | Total Charges (by revenue code) |
| | 48 | 7 | 9 | 337 | 399 | Non-Covered Charges |
| | | 1 | 1 | 400 | 400 | Reserved for future use |

** Repeat the B-Type record as many times as necessary (See special instructions)

**** C-TYPE RECORDS**

| UB-04 | | | | | | |
|-------|-------|---------|------|-------|------|---|
| Req'd | FL | Repeats | Size | Start | Stop | Data Element |
| * | | 1 | 1 | 1 | 1 | Record Type "C" |
| * | 56 | 1 | 15 | 2 | 16 | NPI / Medicare Provider Number (see Special Instructions) |
| * | 03a | 1 | 24 | 17 | 40 | Patient Control Number |
| * | | 1 | 2 | 41 | 42 | Record Sequence Number (Value = 01 - 99) |
| * | 66 | 1 | 1 | 43 | 43 | DX Version Qualifier (9 = ICD-9, 0 = ICD-10) |
| * | 69 | 1 | 7 | 44 | 50 | Admitting Diagnosis Code |
| | 70 | 3 | 7 | 51 | 71 | Patient's Reason for Visit Code |
| * | 72 | 3 | 8 | 72 | 95 | External Cause of Injury Code (see Special Instructions) |
| * | 67 | 1 | 8 | 96 | 103 | Principal Diagnosis Code (see Special Instructions) |
| * | 74 | 1 | 15 | 104 | 118 | Principal Procedure Code / Date (see Special Instructions) |
| * | 67a-q | 17 | 8 | 119 | 254 | Other Diagnosis (see Special Instructions) |
| * | 74a-e | 9 | 15 | 255 | 389 | Other Procedure Codes / Dates (see Special Instructions) |
| | | 1 | 11 | 390 | 400 | Reserved for future use |

** Repeat the C-Type record as many times as necessary (See special instructions)

D-TYPE RECORDS (optional)

| UB-04 | | | | | | |
|-------|---------|---------|------|-------|------|---|
| Req'd | FL | Repeats | Size | Start | Stop | Data Element |
| | | 1 | 1 | 1 | 1 | Record Type "D" |
| | 56 | 1 | 15 | 2 | 16 | NPI / Medicare Provider Number (see Special Instructions) |
| | 03a | 1 | 24 | 17 | 40 | Patient Control Number |
| | | 1 | 2 | 41 | 42 | Record Sequence Number (value = 01) |
| | 18 - 28 | 11 | 2 | 43 | 64 | Condition Codes |
| | 31 - 34 | 8 | 2 | 65 | 80 | Occurrence Code |
| | 31 - 34 | 8 | 8 | 81 | 144 | Occurrence Date (MMDDYYYY) |
| | 35 - 36 | 4 | 2 | 145 | 152 | Occurrence Span Code |
| | 35 - 36 | 4 | 8 | 153 | 184 | Occurrence Span From Date (MMDDYYYY) |
| | 35 - 36 | 4 | 8 | 185 | 216 | Occurrence Span Through Date (MMDDYYYY) |
| | 39 - 41 | 10 | 2 | 217 | 236 | Value Code - Code |
| | 39 - 41 | 10 | 9 | 237 | 326 | Value Code - Amount |
| | 50 | 3 | 23 | 327 | 395 | Payer Name - Pri/Sec/Ter |
| | | 1 | 5 | 396 | 400 | Reserved for future use |

* Data element is required for all patients.

*1 Data element is required for inpatients only.

Appendix A-3

RECORD LAYOUT FOR UB-04 DATA COLLECTION

Hospital Industry Data Institute

E-TYPE RECORDS (optional) – N/A

| UB-04 | | | | | | |
|-------|------|---------|------|-------|------|---|
| Req'd | FL | Repeats | Size | Start | Stop | Data Element |
| | **** | 1 | 1 | 1 | 1 | Record Type "E" |
| | 56 | 1 | 15 | 2 | 16 | NPI / Medicare Provider Number (see Special Instructions) |
| | 03a | 1 | 24 | 17 | 40 | Patient Control Number |
| | | 1 | 2 | 41 | 42 | Record Sequence Number (value = 01) |
| | 51 | 3 | 15 | 43 | 87 | Health Plan ID - Pri/Sec/Ter |
| | 52 | 3 | 1 | 88 | 90 | Release of Information - Pri/Sec/Ter |
| | 53 | 3 | 1 | 91 | 93 | Assignment of Benefits - Pri/Sec/Ter |
| | 54 | 3 | 10 | 94 | 123 | Prior Payments - Pri/Sec/Ter |
| | 55 | 3 | 10 | 124 | 153 | Estimated Amount Due - Pri/Sec/Ter |
| | 57 | 3 | 15 | 154 | 198 | Other Provider ID - Pri/Sec/Ter |
| | 58 | 3 | 25 | 199 | 273 | Insured's Name - Pri/Sec/Ter |
| | 59 | 3 | 2 | 274 | 279 | Patient's Relationship - Pri/Sec/Ter |
| | 60 | 3 | 20 | 280 | 339 | Insured's Unique ID - Pri/Sec/Ter |
| | | 1 | 61 | 340 | 400 | Reserved for future use |

F-TYPE RECORDS (optional) – N/A

| UB-04 | | | | | | |
|-------|------|---------|------|-------|------|---|
| Req'd | FL | Repeats | Size | Start | Stop | Data Element |
| | **** | 1 | 1 | 1 | 1 | Record Type "F" |
| | 56 | 1 | 15 | 2 | 16 | NPI / Medicare Provider Number (see Special Instructions) |
| | 03a | 1 | 24 | 17 | 40 | Patient Control Number |
| | | 1 | 2 | 41 | 42 | Record Sequence Number (value = 01) |
| | 61 | 3 | 14 | 43 | 84 | Insurance Group Name - Pri/Sec/Ter |
| | 62 | 3 | 17 | 85 | 135 | Insurance Group Number - Pri/Sec/Ter |
| | 63 | 3 | 30 | 136 | 225 | Treatment Authorization Code - Pri/Sec/Ter |
| | 64 | 3 | 26 | 226 | 303 | Document Control Number - Pri/Sec/Ter |
| | 65 | 3 | 25 | 304 | 378 | Employer Name - Pri/Sec/Ter |
| | | 1 | 22 | 379 | 400 | Reserved for future use |

- * Data element is required for all patients.
- *1 Data element is required for inpatients only

Electronic File Transfer Specifications

Submitting Data Using the HID I Secure Internet Site

Files may be uploaded to Hospital Industry Data Institute's (HIDI) secure internet site. There is a 50MB file size upload limit. Larger files may be compressed using WinZip or PGP encryption software. The HIDI website is: <https://www.hidionline.com/hidinetv3/> For access to the site, please contact the phone number below.

Mailing Address:
Hospital Industry Data Institute
PO Box 60
Jefferson City, MO 65102-0060

Phone: (573) 893-3700
Fax: (573) 635-9638

Appendix A-3
RECORD LAYOUT FOR UB-04 DATA COLLECTION
Hospital Industry Data Institute

| RECORD TYPE | LOCATION | ELEMENT/COMMENT | | | | | | | | | | | | |
|-----------------------------|----------------------------------|---|----------------|------------------|----------------|---------------------------|------------------|------------------------|-----------------------------|----------------------------------|----------------|-----------------|-----------------------------|--|
| A | 375 - 378 | <p>PRIMARY PAYER IDENTIFICATION - The following general payment categories are the preferred method for reporting the Primary, Secondary and Tertiary source of payment.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">001 - Medicare</td> <td style="width: 50%;">007 - CHAMPUS/VA</td> </tr> <tr> <td>002 - Medicaid</td> <td>008 - Other Miscellaneous</td> </tr> <tr> <td>003 - Commercial</td> <td>009 - Other Government</td> </tr> <tr> <td>004 - Workers' Compensation</td> <td>010 - Unreimbursed Native Health</td> </tr> <tr> <td>005 - Self Pay</td> <td>017 - Elmendorf</td> </tr> <tr> <td>006 - Indian Health Service</td> <td></td> </tr> </table> | 001 - Medicare | 007 - CHAMPUS/VA | 002 - Medicaid | 008 - Other Miscellaneous | 003 - Commercial | 009 - Other Government | 004 - Workers' Compensation | 010 - Unreimbursed Native Health | 005 - Self Pay | 017 - Elmendorf | 006 - Indian Health Service | |
| 001 - Medicare | 007 - CHAMPUS/VA | | | | | | | | | | | | | |
| 002 - Medicaid | 008 - Other Miscellaneous | | | | | | | | | | | | | |
| 003 - Commercial | 009 - Other Government | | | | | | | | | | | | | |
| 004 - Workers' Compensation | 010 - Unreimbursed Native Health | | | | | | | | | | | | | |
| 005 - Self Pay | 017 - Elmendorf | | | | | | | | | | | | | |
| 006 - Indian Health Service | | | | | | | | | | | | | | |
| B | Records | <p>The record layout allows multiple B-Type records with unlimited revenue codes on each record. Revenue code "0001" should be the last revenue code reported on the "B" record and should contain the total charges of all other revenue codes. To submit multiple B-Type records for a patient, positions 1 - 42 should remain static except for the record sequence number. Increment the record sequence number by one and replace the contents of all fields in positions 43 - 399 with the remaining codes until all codes are reported.</p> | | | | | | | | | | | | |
| C | Records | <p>The record layout allows multiple C-Type records with unlimited other diagnosis codes and unlimited other procedure codes and dates per record. To submit multiple C-Type records for a patient, positions 1 - 118 should remain static except for the record sequence number. Increment the record sequence number by one and replace the contents of "Other Diagnosis" and "Other Procedure Codes/Dates" with the remaining codes until all codes are reported.</p> <p>C-Type records may be used to dual report both ICD-9 and ICD-10 codes for the same patient. Populate the record with all of the ICD-9 information as described above then repeat the logic using the equivalent ICD-10 coding for the patient. A sample of dual reporting for a patient is attached.</p> | | | | | | | | | | | | |
| C | 72 - 95 | <p>EXTERNAL CAUSE OF INJURY CODE - The ICD-9 or ICD-10 code for the external cause of injury, poisoning or adverse effect. The eighth digit is for the Present on Admission Flag.</p> | | | | | | | | | | | | |
| C | 96 - 103 | <p>PRINCIPAL DIAGNOSIS CODE - The eighth digit is for the Present on Admission Flag.</p> | | | | | | | | | | | | |
| C | 104 - 118 | <p>PRINCIPAL PROCEDURE CODE / DATE - The first seven digits are reserved for the procedure code and the remaining eight digits contain the procedure date in MMDDYYYY format.</p> | | | | | | | | | | | | |
| C | 119 - 254 | <p>OTHER DIAGNOSIS CODES – all ICD-10 diagnosis codes can reported in this area. The eighth digit of the diagnosis code is for the Present on Admission Flag. Additional E-codes can be reported in this area for Place of Injury (see below). This is a repeatable field, review instructions for "C Records" above.</p> <p>Place of injury E-Code - ICD-10 code for the place of injury.</p> | | | | | | | | | | | | |
| C | 255 - 389 | <p>OTHER PROCEDURE CODES / DATES - The first seven digits are reserved for the procedure code and the remaining eight digits contain the procedure date in MMDDYYYY format. All ICD-10 procedure codes / dates can be reported in this area. This is a repeatable field, review instructions for "C Records" above.</p> | | | | | | | | | | | | |

NOTE: Record Types A, B and C should be used for all patients

Appendix A-4
STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES
HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT OF 1996 ("HIPAA")
BUSINESS ASSOCIATE AGREEMENT

This HIPAA Business Associate Agreement is between the State of Alaska, Department of Health and Social Services (“Business Associate” or “BA”) and [HOSPITAL OR HEALTH FACILITY] (“Covered Entity” or “CE”).

RECITALS

Whereas,

- A. CE wishes to disclose certain information to BA, some of which may constitute Protected Health Information ("PHI");
- B. It is the goal of CE and BA to protect the privacy and provide for the security of PHI owned by CE that is disclosed to BA or created, received, transmitted, or maintained by BA in compliance with HIPAA (42 U.S.C. 1320d – 3120d-8) and its implementing regulations at 45 C.F.R. 160 and 45 C.F.R. 164 (the “Privacy and Security Rule”), the Health Information Technology for Economic and Clinical Health Act of 2009 (P.L. 111-5) (the “HITECH Act”), and with other applicable laws;
- C. The purpose and goal of the HIPAA Business Associate Agreement ("BAA") is to satisfy certain standards and requirements of HIPAA, HITECH Act, and the Privacy and Security Rule, including but not limited to 45 C.F.R. 164.502(e) and 45 C.F.R. 164.504(e), as may be amended from time to time;

Therefore, in consideration of mutual promises below and the exchange of information pursuant to the BAA, CE and BA agree as follows:

1. Definitions.

- a. General: As used in this BAA, the terms "Protected Health Information," "Health Care Operations," and other capitalized terms have the same meaning given to those terms by HIPAA, the HITECH Act and the Privacy and Security Rule. In the event of any conflict between the mandatory provisions of HIPAA, the HITECH Act or the Privacy and Security Rule, and the provisions of this BAA, HIPAA, the HITECH Act or the Privacy and Security Rule shall control. Where the provisions of this BAA differ from those mandated by HIPAA, the HITECH Act or the Privacy and Security Rule but are nonetheless permitted by HIPAA, the HITECH Act or the Privacy and Security Rule, the provisions of the BAA shall control.

b. Specific:

- 1) Business Associate: “Business Associate” or “BA” has the same meaning as the term “business associate” at 45 C.F.R. 160.103.
 - 2) Covered Entity: “Covered Entity” or “CE” has the same meaning as the term “covered entity” at 45 C.F.R. 160.103.
 - 3) Designated Record Set: “Designated Record Set” means (i) medical records, billing records, enrollment, payment, claims adjudication, and case or medical management records systems maintained by CE in AKAIMS; or (ii) records used, in whole or in part, by CE to make decisions about individuals. For purposes of this definition, the term “record” means any item, collection or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for CE.
 - 4) Privacy and Security Rule: “Privacy and Security Rule” means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Part 160 and Part 164.
2. Permitted Uses and Disclosures by Business Associate.
- a. BA may only use or disclose PHI for the following purposes: Tracking utilization, cost and quality of care; analyzing disease burden in state and local populations; analyzing incidence of domestic violence, child abuse and neglect, and admissions related to mental health and substance abuse conditions; research; public health; health care operations.
 - b. BA may use or disclose PHI as required by law, to carry out the proper management and administration of BA, and to carry out the legal responsibilities of BA.
 - c. BA agrees to make uses and disclosures and requests for PHI consistent with CE’s minimum necessary policies and procedures.
 - d. BA may not use or disclose PHI in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by CE, except for the specific uses and disclosures in subparagraphs b and e.
 - e. BA may provide data aggregation services related to the health care operations of CE.
3. Obligations of Business Associate.
- a. Permitted uses and disclosures: BA may only use and disclose PHI owned by the CE that it creates, receives, maintains, or transmits if the use or disclosure is in compliance with each applicable requirement of 45 C.F.R. 164.504(e) of the Privacy Rule or this BAA. The additional requirements of Subtitle D of the HITECH Act contained in Public Law 111-5 that relate to privacy and that are made applicable with respect to Covered Entities shall also be applicable to BA and are incorporated into this BAA.

To the extent that BA discloses CE's PHI to a subcontractor, BA must obtain, prior to making any such disclosure: (1) reasonable assurances from the subcontractor that it will agree to substantially the same restrictions, conditions, and requirements that apply to the BA with respect to such information; and (2) an agreement from the subcontractor to notify BA of any Breach of confidentiality, or security incident, within two business days of when it becomes aware of such Breach or incident.

- b. Safeguards: 45 C.F.R. 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards), and 164.316 (policies, procedures and documentation requirements) shall apply to BA in the same manner that such sections apply to CE, and shall be implemented in accordance with HIPAA, the HITECH Act, and the Privacy and Security Rule. The additional requirements of Title XIII of the HITECH Act contained in Public Law 111-5 that relate to security and that are made applicable to Covered Entities shall also apply to BA and are incorporated into this BAA.
- c. Reporting Unauthorized Disclosures and Breaches: During the term of this BAA, BA shall notify CE within 15 days of discovering a Breach of security; intrusion; or unauthorized acquisition, access, use or disclosure of CE's PHI in violation of any applicable federal or state law. BA shall identify for the CE the individuals whose unsecured PHI has been, or is reasonably believed to have been, Breached so that CE can comply with any notification requirements. BA shall also indicate whether the PHI subject to the Breach; intrusion; or unauthorized acquisition, access, use or disclosure was encrypted or destroyed at the time. BA shall make every reasonable effort to correct any deficiencies it caused that result in Breaches of security; intrusion; or unauthorized acquisition, access, use, and disclosure.

If the unauthorized acquisition, access, use or disclosure of CE's PHI involves only Secured PHI, BA shall notify CE within 30 days of discovering the Breach but is not required to notify CE of the names of the individuals affected.

If BA discovers a breach of personal information on a state resident, as defined in AS 45.48.090, BA shall immediately after discovering the breach notify CE of the breach and cooperate with CE as necessary to allow CE to comply with the notice requirements of AS 45.48.010. In this paragraph, "cooperate" means sharing with CE information relevant to the breach, except for confidential business information or trade secrets. If CE determines that there is not a reasonable likelihood that harm to consumers whose personal information has been acquired has resulted or will result from the breach, that determination shall be documented in writing and promptly provided to BA.

- d. BA is not an agent of CE.
- e. BA's Agents: If BA uses a subcontractor or agent to provide services under this BAA, and the subcontractor or agent creates, receives, maintains, or transmits CE's PHI, the subcontractor or agent shall sign an agreement with BA containing substantially the same provisions as this BAA.

- f. Availability of Information to CE: Upon written statement by CE that it is unable to provide access on its own, and within 30 days after the date of a written request by CE, BA shall provide any information necessary to fulfill CE's obligations to provide access to PHI under HIPAA, the HITECH Act, or the Privacy and Security Rule.
 - g. Accountability of Disclosures: If BA is required by HIPAA, the HITECH Act, or the Privacy or Security Rule to document a disclosure of PHI, BA shall make that documentation. If CE is required to document a disclosure of PHI made by BA, BA shall assist CE in documenting disclosures of PHI made by BA so that CE may respond to a request for an accounting in accordance with HIPAA, the HITECH Act, and the Privacy and Security Rule. Accounting records shall include the date of the disclosure, the name and if known, the address of the recipient of the PHI, the name of the individual who is subject of the PHI, a brief description of the PHI disclosed and the purpose of the disclosure. Within 30 days of a written request by CE, BA shall make the accounting record available to CE.
 - h. Amendment of PHI: Upon written statement by CE that it is unable to provide access on its own, and within 30 days of a written request by CE, BA shall amend PHI maintained, transmitted, created or received by BA on behalf of CE as directed by CE when required by HIPAA, the HITECH Act or the Privacy and Security Rule, or take other measures as necessary to satisfy CE's obligations under 45 C.F.R. 164.526.
 - i. Internal Practices: In the event of a breach caused by BA, BA shall make its internal practices, books and records relating to the use and disclosure of CE's PHI available to the U.S. Department of Health and Human Services to determine CE's and BA's compliance with HIPAA, the HITECH Act and the Privacy and Security Rule.
 - j. To the extent BA is to carry out one or more of CE's obligations under Subpart E of 45 C.F.R. Part 164, BA must comply with the requirements of that Subpart that apply to CE in the performance of such obligations.
 - k. Restrictions and Confidential Communications: Within 10 business days of notice by CE of a restriction upon use or disclosure or request for confidential communications pursuant to 45 C.F.R.164.522, BA shall restrict the use or disclosure of an individual's PHI. BA may not respond directly to an individual's request to restrict the use or disclosure of PHI or to send all communication of PHI to an alternate address. BA shall refer such requests to the CE so that the CE can coordinate and prepare a timely response to the requesting individual and provide direction to the BA.
4. Obligations of CE.
- a. CE shall comply with HIPAA, the HITECH Act and the Privacy and Security Rule in maintaining and ensuring the confidentiality, privacy and security of PHI transmitted to BA under the BAA until the PHI is received by BA.
 - b. CE shall not request BA to use or disclose PHI in any manner that would not be permissible under HIPAA, the HITECH Act or the Privacy and Security Rule if done by CE.

- c. CE shall provide BA with the notice of privacy practices that CE produces in accordance with 45 C.F.R. 164.520, as well as any changes to such notice.
- d. CE shall provide BA with any changes in, or revocation of, permission by an individual to use or disclose PHI, if such changes affect BA's permitted or required uses and disclosures.
- e. CE shall notify BA of any restriction to the use or disclosure of PHI that CE has agreed to in accordance with 45 C.F.R. 164.522.

5. Termination.

- a. Breach: A breach of a material term of the BAA by either party that is not cured within a reasonable period of time will provide grounds for the immediate termination of the contract.
 - b. Reasonable Steps to Cure: In accordance with 45 C.F.R. 164.504(e)(1)(ii), CE and BA agree that, if it knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of the other party's obligation under the BAA, the nonbreaching party will take reasonable steps to get the breaching party to cure the breach or end the violation and, if the steps taken are unsuccessful, terminate the BAA if feasible, and if not feasible, report the problem to the Secretary of the U.S. Department of Health and Human Services and the Commissioner of the Alaska Department of Health and Social Services.
 - c. Effect of Termination: Upon termination of the contract for any reason, BA will, at the direction of the CE, either return or destroy all PHI received from CE or created, maintained, or transmitted on CE's behalf by BA in any form. If destruction or return of PHI is not feasible, BA shall continue to hold the PHI until the PHI provided by CE to BA is either destroyed or returned to CE or six years has passed, whichever is sooner. Upon termination, CE assumes all responsibility for complying with the administration requirements of HIPAA, the HITECH Act, and the Privacy and Security Rule, including, but not limited to, amendment, accounting of disclosures, and notices of privacy practices. BA does not retain any of these responsibilities as to CE's PHI.
6. Amendment. The parties acknowledge that state and federal laws relating to electronic data security and privacy are evolving, and that the parties may be required to further amend this BAA to ensure compliance with applicable changes in law. Upon receipt of a notification from CE that an applicable change in law affecting this BAA has occurred, the parties agree to amend this BAA to ensure compliance with changes in law.
7. Ownership of PHI. For purposes of this BAA, CE owns the designated record set that contains the PHI it transmits to BA or that BA receives, creates, maintains or transmits on behalf of CE.
8. Litigation Assistance. Except when it would constitute a direct conflict of interest for BA, BA will make itself available to assist CE in any administrative or judicial proceeding by

testifying as witness as to an alleged violation of HIPAA, the HITECH Act, the Privacy or Security Rule, or other law relating to security or privacy.

9. Regulatory References. Any reference in this BAA to federal or state law means the section that is in effect or as amended.
10. Interpretation. This BAA shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy and Security Rule and applicable state and federal laws. The parties agree that any ambiguity in BAA will be resolved in favor of a meaning that permits both parties to comply with and be consistent with HIPAA, the HITECH Act, and the Privacy and Security Rule. The parties further agree that where this BAA conflicts with a contemporaneously executed confidentiality agreement between the parties, this BAA controls.
11. No Private Right of Action Created. This BAA does not create any right of action or benefits for individuals whose PHI is disclosed in violation of HIPAA, the HITECH Act, the Privacy and Security Rule or other law relating to security or privacy.

In witness thereof, the parties hereto have duly executed this BAA as of the effective date.

| | | | |
|------------|------|--|------|
| [Name] | Date | Clint Farr | Date |
| [Title] | | Division Operations Manager | |
| [Facility] | | State of Alaska | |
| | | Department of Health and Social Services | |
| | | Division of Public Health | |

Appendix B-1

**ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM
 PUBLIC HEALTH / RESEARCH DATA REQUEST**

For use with 2015 and later data

| | |
|---|--|
| Project title | |
| Short description and purpose of the project | |
| Encounter type | <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient – All Outpatient including Emergency Department <input type="checkbox"/> Outpatient – Emergency Department Only |
| Time period and Pricing <i>(prepayment for future quarters and distribution fees is accepted)</i> | <p><u>Quarterly Distributions</u> (\$500 per quarter and \$50 per distribution): For Year _____</p> <p><input type="checkbox"/> Quarter 1 (Jan-Mar) first available in July <input type="checkbox"/> Quarter 2 (Apr-Jun) first available in October <input type="checkbox"/> Quarter 3 (Jul-Sep) first available in January <input type="checkbox"/> Quarter 4 (Oct-Dec) first available in April</p> <p>The number of Quarters Requested x \$500 = \$ _____ The number of Distributions Requested x \$50 = \$ _____</p> <p><u>Full Calendar Year Distribution(s)</u> (\$2,000 per year, no distribution fee) For Year(s) _____, _____, _____</p> <p><input type="checkbox"/> Full Year first available in May following the data year The number of Years Requested x \$2,000 = \$ _____</p> |
| Data elements | <p>Please refer to Appendix B-5 for a list of data elements and their description. You MUST attach a brief justification for each variable requested along with this form.</p> |
| Records requested <i>(Use ICD-9 through September 2015, and ICD-10 starting October 2015)</i> | <p>Please limit the billing records requested to the minimum necessary for the purpose of the project. Two examples are: limiting records based on location by providing a list of zip codes, boroughs, or regions, or limiting records based on diagnosis by providing a list of ICD-10-CM codes, DRG codes, or CCS codes. If the lists are long, please provide an electronic copy.</p> |

| | |
|---|--|
| Brief description of methods | |
| Brief description of privacy/confidentiality protections in place | |
| Intended audience and/or plans for publication | |
| Primary applicant (person receiving data transfer) | |
| I have read and agree to the conditions of use for data in the attached Alaska Health Facilities Data Reporting Program Data Use Agreement . | |
| Name | |
| Title | |
| Organization | |
| Mailing address | |
| Email address | |
| Signature | |
| Date | |
| Required for each additional person who will be accessing the data: | |
| I have read and agree to the conditions of use for data in the attached Alaska Health Facilities Data Reporting Program Data Use Agreement . | |
| Name | |
| Title | |
| Organization | |
| Signature | |
| Date | |
| I have read and agree to the conditions of use for data in the attached Alaska Health Facilities Data Reporting Program Data Use Agreement . | |
| Name | |
| Title | |
| Organization | |
| Signature | |
| Date | |

| <i>For program use only</i> | |
|------------------------------------|--|
| Accepted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Program manager | |
| Date | |
| Fee amount | |
| Date and method of payment | |
| Name of data file transmitted | |
| Date and method of transmission | |

Please email a scan of the completed form to HealthAnalytics@alaska.gov or fax to (907) 465-4689.

An invoice will be emailed to you, and payment by check can then be made to the address below.

Health Analytics and Vital Records
Alaska Division of Public Health
5441 Commercial Blvd
PO Box 110675
Juneau, AK 99811

ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM DATA USE AGREEMENT

For use with 2015 and later data

This Data Use Agreement (“DUA”) is between the State of Alaska, Department of Health and Social Services (“DHSS”) and _____ (“Recipient”). The DUA sets out the conditions of participation if the Recipient wishes to receive health care facility discharge data collected by DHSS under 7 AAC 27.660.

DHSS discloses a limited data set of discharge data to recipient for the purposes of research, public health, and health care operations. Recipient may use the discharge data only for those purposes or as required by law.

Recipient shall use appropriate safeguards under the Health Insurance Portability and Accountability Act (HIPAA) to prevent use or disclosure of the discharge data other than as provided for by this DUA.

Only those employees of recipient who have agreed to the terms of this DUA may receive and use the discharge data. In addition, Recipient shall ensure that any agents to whom it provides the discharge data agree to the same restrictions and conditions that apply to the Recipient with respect to such information.

Recipient shall report to DHSS any use or disclosure of the discharge data not provided for by this DUA, as it becomes aware.

Recipient may not identify or contact any individuals whose data is included in the limited data set. No use will be made of the identity of a person discovered inadvertently.

Data will not be linked to any other data set without prior written authorization.

The recipient will commit to protecting the identity of patients. Release of non-aggregate or semi-aggregated data to any other individual or agency is prohibited; only summary data appropriate for public reporting per program guidelines, such as suppression of counts less than 6, shall be shared or published.

The recipient will allow the Health Facility Data Reporting (HFDR) program a pre-publication review of conclusions based upon data. If disagreement exists, the recipient will allow the HFDR manager the opportunity to include comment within the published document.

Acknowledgement is to be given to the HFDR as the source of data in any publications, articles, or studies that are prepared or published. Recommended citation: Alaska [Inpatient/Outpatient] Database (year). Health Facilities Data Reporting Program, Alaska Division of Public Health (date obtained).

Upon completion of the operations, research, or public health purpose specified in the application, the data will be destroyed.

This agreement must be renewed at least annually if the data are retained for an ongoing project.

Appendix B-2

**ALASKA HEALTH FACILITIES DATA REPORTING (HFDR) PROGRAM
HEALTHCARE OPERATIONS (HCO) DATA REQUEST**

Alaska healthcare organizations who are mandated to submit discharge data for HFDR may purchase the statewide HCO datasets if they are in compliance with HFDR guidelines.

For use with 2015 and later data

| | |
|---|--|
| Encounter Types | HCO Datasets include both inpatient and outpatient billing records |
| Time Period and Pricing | <p><u>Quarterly Distributions</u> (\$500 per quarter and \$50 per distribution): For Year _____</p> <p><input type="checkbox"/> Quarter 1 (Jan-Mar) first available in July <input type="checkbox"/> Quarter 2 (Apr-Jun) first available in October <input type="checkbox"/> Quarter 3 (Jul-Sep) first available in January <input type="checkbox"/> Quarter 4 (Oct-Dec) first available in April</p> <p>The number of Quarters Requested x \$500 = \$ _____ The number of Distributions Requested x \$50 = \$ _____</p> <p><u>Full Calendar Year Distribution(s)</u> (\$2,000 per year, no distribution fee) For Year(s) _____, _____, _____</p> <p><input type="checkbox"/> Full Year first available in May following the data year The number of Years Requested x \$2,000 = \$ _____</p> |
| Data elements | Variables included in the Healthcare Operations datasets are identified in Appendix B-5. |
| Short description and purpose of use | Healthcare Operations |
| Brief description of privacy/confidentiality protections in place | |
| Primary applicant (person receiving data transfer) | |
| I have read and agree to the conditions of use for data in the attached Alaska Health Facilities Data Reporting Program Data Use Agreement . | |
| Name | |
| Title | |
| Organization | |
| Mailing address | |
| Email address | |
| Signature | |
| Date | |

| | |
|--|------|
| Required for each additional person who will be accessing the data: | |
| I have read and agree to the conditions of use for data in the attached Alaska Health Facilities Data Reporting Program Data Use Agreement. | |
| Name | |
| Title | |
| Organization | |
| Signature | |
| Date | |
| I have read and agree to the conditions of use for data in the attached Alaska Health Facilities Data Reporting Program Data Use Agreement. | |
| Name | |
| Title | |
| Organization | |
| Signature | |
| Date | |
| I have read and agree to the conditions of use for data in the attached Alaska Health Facilities Data Reporting Program Data Use Agreement. | |
| Name | |
| Title | |
| Organization | |
| Signature | |
| Date | |
| <i>For program use only</i> | |
| Fee amount | |
| Date and method of payment | |
| Name of data file transmitted | |
| Date and method of transmission | |
| Is requester a facility required to submit data under 7 AAC 27.660? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, is requester in compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Program manager signature | Date |

Please email a scan of the completed form to HealthAnalytics@alaska.gov or fax to (907) 465-4689.

An invoice will be emailed to you, and payment by check can then be made to the address below.

Health Analytics and Vital Records
Alaska Division of Public Health
5441 Commercial Blvd
PO Box 110675
Juneau, AK 99811

ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM DATA USE AGREEMENT

For use with 2015 and later data

This Data Use Agreement (“DUA”) is between the State of Alaska, Department of Health and Social Services (“DHSS”) and _____ (“Recipient”). The DUA sets out the conditions of participation if the Recipient wishes to receive health care facility discharge data collected by DHSS under 7 AAC 27.660.

DHSS discloses a limited data set of discharge data to recipient for the purposes of research, public health, and health care operations. Recipient may use the discharge data only for those purposes or as required by law.

Recipient shall use appropriate safeguards under the Health Insurance Portability and Accountability Act (HIPAA) to prevent use or disclosure of the discharge data other than as provided for by this DUA.

Only those employees of recipient who have agreed to the terms of this DUA may receive and use the discharge data. In addition, Recipient shall ensure that any agents to whom it provides the discharge data agree to the same restrictions and conditions that apply to the Recipient with respect to such information.

Recipient shall report to DHSS any use or disclosure of the discharge data not provided for by this DUA, as it becomes aware.

Recipient may not identify or contact any individuals whose data is included in the limited data set. No use will be made of the identity of a person discovered inadvertently.

Data will not be linked to any other data set without prior written authorization.

The recipient will commit to protecting the identity of patients. Release of non-aggregate or semi-aggregated data to any other individual or agency is prohibited; only summary data appropriate for public reporting per program guidelines, such as suppression of counts less than 6, shall be shared or published.

The recipient will allow the Health Facility Data Reporting (HFDR) program a pre-publication review of conclusions based upon data. If disagreement exists, the recipient will allow the HFDR manager the opportunity to include comment within the published document.

Acknowledgement is to be given to the HFDR as the source of data in any publications, articles, or studies that are prepared or published. Recommended citation: Alaska [Inpatient/Outpatient] Database (year). Health Facilities Data Reporting Program, Alaska Division of Public Health (date obtained).

Upon completion of the operations, research, or public health purpose specified in the application, the data will be destroyed.

This agreement must be renewed at least annually if the data are retained for an ongoing project.

Appendix B-3

ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM SPECIAL DATA ANALYSIS REQUEST

A fee of \$75 per hour worked will be charged for each special request.

If you would like an estimate of the hours required prior to any work, please submit an unsigned version of this form to HealthAnalytics@alaska.gov; otherwise, please submit the signed version.

| | |
|---|--|
| Short description and purpose of project | |
| Plans for publication | |
| Time span <i>(2016 and after)</i> | Begin Date: _____ End Date: _____ |
| Interval | Specify how the results are to be presented: combined for the full time span, by year, by quarter, or by month (Please note: suppression rules may apply for reporting by shorter intervals): _____ |
| Encounter type | <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient - All Outpatient including Emergency Department <input type="checkbox"/> Outpatient - Emergency Department Only |
| Patient residence | <input type="checkbox"/> All <input type="checkbox"/> Alaska residents only <input type="checkbox"/> Other geographic area: _____ |
| Diagnosis or procedure codes of interest <i>(if applicable)</i> | <input type="checkbox"/> Principal only <input type="checkbox"/> Secondary or any position List ICD-10-CM diagnosis codes here or in an attachment. The discharge counts provide will be limited to the records that contain these codes. Name any custom sub-lists provided if they are to be grouped in the tables below. (see Appendix B-5 for alternate codes and code groupers options) |
| Tables <i>(refer to Appendix B-5 for data element descriptions)</i> | The interval selected above determines the time periods that will be displayed. Also, Inpatient and Outpatient will automatically be displayed separately, add a comment if you would like them combined instead. If no additional variables are identified below, the default table will count the records that have been limited using the criteria identified above (time span, encounter type, patient residence, and the codes of interest) and then display them by the interval and by inpatient and outpatient. Commonly requested additional variables include: the patient's sex, race, age group, region, and diagnosis group (using an existing grouper or custom groups). |

| | |
|--|--|
| | <p>Discharge counts will be provided, please make a note if the sum of billed charges is also needed.</p> <p>Separate Single-Variable Tables</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>Combined Multiple-Variable Tables: <i>(combined variables can be subject to reporting suppression rules)</i></p> <p>1) _____</p> <p style="padding-left: 100px;">2) _____</p> <p style="padding-left: 200px;">3) _____</p> <p>Combined Multiple-Variable Tables: <i>(combined variables can be subject to reporting suppression rules)</i></p> <p>1) _____</p> <p style="padding-left: 100px;">2) _____</p> <p style="padding-left: 200px;">3) _____</p> |
|--|--|

Requestor information

I have read and agree to the conditions of use for data in the attached **Alaska Health Facilities Data Reporting Program Data Use Agreement**.

| | |
|-----------------|--|
| Name | |
| Title | |
| Organization | |
| Mailing address | |
| Email Address | |
| Signature | |
| Date | |

For program use only

| | |
|---------------------------------|--|
| Hours | |
| Date and method of payment | |
| Name of data file transmitted | |
| Date and method of transmission | |

Please email a scan of the completed form to HealthAnalytics@alaska.gov or fax to (907) 465-4689.

An invoice will be emailed to you, and payment by check can then be made to the address below.

Health Analytics and Vital Records
 Alaska Division of Public Health
 PO Box 110675
 Juneau, AK 99811

Appendix B-4
ALASKA HOSPITAL DISCHARGE DATA REQUEST
Not HFDR: Only for use with 2001 – 2012 data, not all hospitals participated

| | |
|---|-----------------------|
| Project title | |
| Short description and purpose of project | |
| Description of data request (years, inpatient/outpatient, variables of interest) | |
| I have read and agree to the conditions of use for data in the attached Alaska Hospital Discharge Data Use Agreement . | |
| Primary Applicant: (Person receiving data transfer) | |
| Name | Title Organization |
| Signature | Date |
| Email address | |
| Required for each additional person who will be accessing the data: | |
| Name | Title Organization |
| Signature | Date |
| Name | Title Organization |
| Signature | Date |
| <input type="checkbox"/> Accepted | |
| Program Manager | Date |

Please email a scan of completed form to HealthAnalytics@alaska.gov or fax to (907) 465-4689.

After emailing or faxing, please mail the signed original and payment to the address below.

Health Analytics and Vital Records
 Alaska Division of Public Health
 5441 Commercial Blvd
 PO Box 110675
 Juneau, AK 99811

Appendix B-5
DATA DICTIONARY
Discharge Data Files

| Variable | Short Description | Health Care Operations | Public Health Research | UB-04 Form Location | Values |
|----------------|---|------------------------|------------------------|---------------------|--|
| dkey | Record ID - unique billing record identifier | x | x | | 12-digit assigned alphanumeric code (begins with two digit year then two digit month then one letter encounter type then seven digit counter) |
| facilityid | Facility ID – Medicare ID for most hospitals | x | x | | 6-digit number (leading 0) |
| facilitynpi | Facility NPI (National Provider Identifier) | x | x | 56 | |
| facilityregion | Facility region | x | x | | Anchorage Gulf Coast Interior Matanuska-Susitna Northern Southeast Southwest |
| facilitytype | Facility type | x | x | | ASC (Ambulatory Surgical Centers) Community (hospital) IDTF (not required to report) SNF (not required to report) Specialty (hospital) |
| placesvc | Place of service (the same code has a different meaning depending on which encounter type code is used below, inpatient or outpatient) | x | x | | INPATIENT: 1 - Acute Medical/Surgical Unit 2 - Psychiatric Unit 3 - Medical Rehabilitation Unit 4 - SNF/ICF/LTC/Swing bed/Hospice 5 - Alcohol Rehabilitation Unit 6 - Drug Rehabilitation Unit 7 - Other Inpatient 9 - Invalid/Missing OUTPATIENT: 1 - Emergency Room 2 - Outpatient Surgery 3 - Outpatient Observation 4 - Other Outpatient 9 - Invalid/Missing |
| ssnmask | A unique patient identifier that is a cryptographic mask of the patient's SSN, if it was provided on the billing record | x | x | | Each SSN provided is masked consistently year to year and facility to facility (replaces <i>encpatssn</i> which was discontinued after data year 2020) |
| enctype | Encounter type | x | x | | 1 - Inpatient 2 - Outpatient |
| patientcity | Patient city of residence | x | x | 09 | |
| borough | Patient borough of residence | x | x | | 3-digit FIPS |
| patientregion | Patient region of residence | x | x | | Anchorage Gulf Coast Interior Matanuska-Susitna Northern Southeast Southwest |
| state | Patient state of residence | x | x | 09 | Two-letter postal abbreviation |
| zip | Patient mailing ZIP code of residence | x | x | 09 | 5-digit ZIP |
| birthdate | Date of birth | No | x | 10 | MM-DD-YYYY |
| sex | Sex | x | x | 11 | F - Female M - Male U - Unknown |
| ethnicity | Ethnicity | x | x | | 1 - Hispanic or Latino 2 - Neither Hispanic nor Latino 9 - Unknown |
| race | Race | x | x | | 1 - White 2 - Black or African American 3 - American Indian/Alaska Native Peoples 4 - Asian 5 - Native Hawaiian/Pacific Islander 6 - Other |

| | | | | | |
|--------------|--|---|---|----|--|
| | | | | | 9 - Unknown |
| age | Age (in years) | x | x | | |
| agegroup | Age (grouped) | x | x | | <1 1-17 18-64 65+ |
| agegroupfive | Age (grouped by five years) | x | x | | 0-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90+ |
| admithour | Admission hour | x | x | 13 | HH (00 - 23) |
| admitdate | Admission date | x | x | 12 | MM-DD-YYYY |
| admityear | Admission year | x | x | | YYYY |
| admittype | Admission type (priority/ type of visit) | x | x | 14 | 1 - Emergency 2 - Urgent 3 - Elective 4 - Newborn 9 - Information not available |
| admitsource | Point of origin for admission or visit (source of admission) | x | x | 15 | 1 - Non-Health Care Facility Point of Origin 2 - Clinic or Physician's Office 4 - Transfer from a Hospital (different facility) 5 - Transfer from SNF, ALF, ICF, or other Nursing Facility; or 5 - If Admission Type (admittype) code is 4 for Newborn, then admitsource code of 5 means Born Inside this Hospital 6 - Transfer from another Health Care Facility (not defined elsewhere in this code list); or 6 - If Admission Type (admittype) code is 4 for Newborn, then admitsource code of 6 means Born Outside this Hospital 8 - Court/Law Enforcement 9 - Information not Available D - Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim E - Transfer from Ambulatory Surgery Center F - Transfer from Hospice Facility |
| dischhour | Discharge hour | x | x | 16 | HH (00 - 23) |
| dischdate | Discharge date | x | x | 06 | MM-DD-YYYY |
| dischyear | Discharge year | x | x | | YYYY |
| dischstatus | Discharge status | x | x | 17 | 01 - Home or Self Care 02 - Short-Term General Hospital for Inpatient Care 03 - Skilled Nursing Facility (SNF) with a Medicare Certification 04 - A Facility that Provides Custodial or Supportive Care 05 - A Designated Cancer Center or Children's Hospital 06 - Home Under Care of an Organized Home Health Service Organization 07 - Left Against Medical Advice or Discontinued Care 09 - Admitted as an Inpatient to This Facility 20 - Expired (patient died) 21 - Court/Law Enforcement |

| | | | | | |
|---------------|--|----|----|----|--|
| | | | | | 30 - Still Patient (in same facility) 40 - Expired at Home (only for Medicare and TRICARE claims for hospice care) 41 - Expired in a Medical Facility (only for Medicare and TRICARE claims for hospice care) 42 - Expired - Place Unknown (only for Medicare and TRICARE claims for hospice care) 43 - A Federal Health Care Facility 50 - Hospice - Home 51 - Hospice - Medical Facility (certified) Providing Hospice Level of Care 61 - Hospital-Based Medicare Approved Swing Bed 62 - An Inpatient Rehabilitation Facility (IRF) 63 - A Medicare-Certified Long Term Care Hospital 64 - A Nursing Facility Certified under Medicaid but not Certified under Medicare 65 - A Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital 66 - A Critical Access Hospital (CAH) 70 - Another Type of Health Care Institution not Defined Elsewhere in this Code List 81 to 95 - various discharges/transfers that have a planned acute care hospital inpatient readmission 99 - Invalid Patient Disposition Reported to HFDR |
| lengthstay | Length of stay (in days) | x | x | | Days from admitdate to dischdate (except any 0 day calculations are changed to 1 day) |
| totcharges | Total charges | x | x | 47 | Decimal point and two decimal places |
| pripaycd | Expected primary payer | x | x | | 001 - Medicare |
| secpaycd | Secondary payer code | x | x | | 002 - Medicaid |
| terpaycd | Tertiary payer code | x | x | | 003 - Commercial Insurance 004 - Workers' Compensation 005 - Self-Pay 006 - Indian Health Service 007 - CHAMPUS/VA 008 - Other Miscellaneous 009 - Other Government 010 - Unreimbursed Native Health |
| billtype | Type of bill | No | x | 04 | |
| stmtfromdate | Statement from date | x | x | 06 | MM-DD-YYYY |
| lengthbilling | Length that the billing record covers (in days) | x | x | | Days from stmtfromdate to dischdate (except any 0 day calculations are changed to 1 day, and any records that are missing the stmtfromdate are populated with the lengthstay value) |
| dxcsr | Clinical Classifications Software Refined (CCSR) for ICD-10-CM is a diagnosis code grouper | x | x | | Updated HCUP diagnosis grouper, replaces CCS. |
| dxccsgrp | Clinical Classifications Software (CCS) for ICD-10-CM is a diagnosis code grouper | x | x | | Any new ICD-10-CM codes after October 2019 will not be added to this grouper. Use variable dxcsr instead. |
| mdc | Major Diagnostic Category | x | x | | |
| drg | Diagnosis-Related Group | x | x | | Inpatient only |
| pxccsgrp | Clinical Classifications Software (CCS) for ICD-10-PCS is a procedure code grouper | x | x | | Primarily inpatient |
| admitdx | Admit diagnosis | No | No | | |
| prindx | Principal diagnosis | x | x | | <ul style="list-style-type: none"> • ICD-9 used through September 30, 2015 • ICD-10 used October 1, 2015 and after • Implied decimal • External cause of injury codes are included in secondary diagnosis fields beginning in 2016 • Prior to 2016, external cause of injury codes beyond 1 and 2 are included in secondary diagnosis fields |
| secdx1 | Secondary diagnosis 1 | x | x | | |
| secdx2 | Secondary diagnosis 2 | x | x | | |
| secdx3 | Secondary diagnosis 3 | x | x | | |
| secdx4 | Secondary diagnosis 4 | x | x | | |
| secdx5 | Secondary diagnosis 5 | x | x | | |
| secdx6 | Secondary diagnosis 6 | x | x | | |
| secdx7 | Secondary diagnosis 7 | x | x | | |
| secdx8 | Secondary diagnosis 8 | x | x | | |
| secdx9 | Secondary diagnosis 9 | x | x | | |
| secdx10 | Secondary diagnosis 10 | x | x | | |
| secdx11 | Secondary diagnosis 11 | x | x | | |
| secdx12 | Secondary diagnosis 12 | x | x | | |
| secdx13 | Secondary diagnosis 13 | x | x | | |

| | | | | |
|------------|---|---|---|-----|
| secdx14 | Secondary diagnosis 14 | x | x | |
| secdx15 | Secondary diagnosis 15 | x | x | |
| secdx16 | Secondary diagnosis 16 | x | x | |
| secdx17 | Secondary diagnosis 17 | x | x | |
| secdx18 | Secondary diagnosis 18 | x | x | |
| secdx19 | Secondary diagnosis 19 | x | x | |
| secdx20 | Secondary diagnosis 20 | x | x | |
| secdx21 | Secondary diagnosis 21 | x | x | |
| secdx22 | Secondary diagnosis 22 | x | x | |
| secdx23 | Secondary diagnosis 23 | x | x | |
| secdx24 | Secondary diagnosis 24 | x | x | |
| secdx25 | Secondary diagnosis 25 | x | x | |
| secdx26 | Secondary diagnosis 26 | x | x | |
| secdx27 | Secondary diagnosis 27 | x | x | |
| secdx28 | Secondary diagnosis 28 | x | x | |
| secdx29 | Secondary diagnosis 29 | x | x | |
| prinrxpoa | Principal diagnosis - present on admission | x | x | 67 |
| secdx1poa | Secondary diagnosis 1 - present on admission | x | x | 67a |
| secdx2poa | Secondary diagnosis 2 - present on admission | x | x | 67b |
| secdx3poa | Secondary diagnosis 3 - present on admission | x | x | 67c |
| secdx4poa | Secondary diagnosis 4 - present on admission | x | x | 67d |
| secdx5poa | Secondary diagnosis 5 - present on admission | x | x | 67e |
| secdx6poa | Secondary diagnosis 6 - present on admission | x | x | 67f |
| secdx7poa | Secondary diagnosis 7 - present on admission | x | x | 67g |
| secdx8poa | Secondary diagnosis 8 - present on admission | x | x | 67h |
| secdx9poa | Secondary diagnosis 9 - present on admission | x | x | 67i |
| secdx10poa | Secondary diagnosis 10 - present on admission | x | x | 67j |
| secdx11poa | Secondary diagnosis 11 - present on admission | x | x | 67k |
| secdx12poa | Secondary diagnosis 12 - present on admission | x | x | 67l |
| secdx13poa | Secondary diagnosis 13 - present on admission | x | x | 67m |
| secdx14poa | Secondary diagnosis 14 - present on admission | x | x | 67n |
| secdx15poa | Secondary diagnosis 15 - present on admission | x | x | 67o |
| secdx16poa | Secondary diagnosis 16 - present on admission | x | x | 67p |
| secdx17poa | Secondary diagnosis 17 - present on admission | x | x | 67q |
| secdx18poa | Secondary diagnosis 18 - present on admission | x | x | 67 |
| secdx19poa | Secondary diagnosis 19 - present on admission | x | x | 67 |
| secdx20poa | Secondary diagnosis 20 - present on admission | x | x | 67 |
| secdx21poa | Secondary diagnosis 21 - present on admission | x | x | 67 |
| secdx22poa | Secondary diagnosis 22 - present on admission | x | x | 67 |
| secdx23poa | Secondary diagnosis 23 - present on admission | x | x | 67 |
| secdx24poa | Secondary diagnosis 24 - present on admission | x | x | 67 |
| secdx25poa | Secondary diagnosis 25 - present on admission | x | x | 67 |
| secdx26poa | Secondary diagnosis 26 - present on admission | x | x | 67 |
| secdx27poa | Secondary diagnosis 27 - present on admission | x | x | 67 |
| secdx28poa | Secondary diagnosis 28 - present on admission | x | x | 67 |
| secdx29poa | Secondary diagnosis 29 - present on admission | x | x | 67 |
| prinproc | Principal procedure code | x | x | 74 |
| secpx1 | Secondary procedure 1 | x | x | |
| secpx2 | Secondary procedure 2 | x | x | |
| secpx3 | Secondary procedure 3 | x | x | |
| secpx4 | Secondary procedure 4 | x | x | |
| secpx5 | Secondary procedure 5 | x | x | |
| secpx6 | Secondary procedure 6 | x | x | |
| secpx7 | Secondary procedure 7 | x | x | |
| secpx8 | Secondary procedure 8 | x | x | |
| secpx9 | Secondary procedure 9 | x | x | |
| secpx10 | Secondary procedure 10 | x | x | |
| secpx11 | Secondary procedure 11 | x | x | |
| secpx12 | Secondary procedure 12 | x | x | |
| secpx13 | Secondary procedure 13 | x | x | |
| secpx14 | Secondary procedure 14 | x | x | |
| secpx15 | Secondary procedure 15 | x | x | |
| secpx16 | Secondary procedure 16 | x | x | |
| secpx17 | Secondary procedure 17 | x | x | |
| secpx18 | Secondary procedure 18 | x | x | |
| secpx19 | Secondary procedure 19 | x | x | |
| secpx20 | Secondary procedure 20 | x | x | |
| secpx21 | Secondary procedure 21 | x | x | |
| secpx22 | Secondary procedure 22 | x | x | |

Y - Yes
N - No
U - No information in record
W - Clinically undetermined
1 - Exempt from POA reporting

- ICD-9 used through September 30, 2015
- ICD-10 used October 1, 2015 and after
- Implied decimal

| | | | | | |
|--------------|---|---|---|-----|---|
| secpx23 | Secondary procedure 23 | x | x | | |
| secpx24 | Secondary procedure 24 | x | x | | |
| secpx25 | Secondary procedure 25 | x | x | | |
| secpx26 | Secondary procedure 26 | x | x | | |
| secpx27 | Secondary procedure 27 | x | x | | |
| secpx28 | Secondary procedure 28 | x | x | | |
| secpx29 | Secondary procedure 29 | x | x | | |
| prinprocdate | Principal procedure date | x | x | 74 | MM-DD-YYYY |
| secpx1date | Secondary procedure 1 date | x | x | 74a | MM-DD-YYYY |
| secpx2date | Secondary procedure 2 date | x | x | 74b | MM-DD-YYYY |
| secpx3date | Secondary procedure 3 date | x | x | 74c | MM-DD-YYYY |
| secpx4date | Secondary procedure 4 date | x | x | 74d | MM-DD-YYYY |
| secpx5date | Secondary procedure 5 date | x | x | 74e | MM-DD-YYYY |
| secpx6date | Secondary procedure 6 date | x | x | 74 | MM-DD-YYYY |
| secpx7date | Secondary procedure 7 date | x | x | 74 | MM-DD-YYYY |
| secpx8date | Secondary procedure 8 date | x | x | 74 | MM-DD-YYYY |
| secpx9date | Secondary procedure 9 date | x | x | 74 | MM-DD-YYYY |
| secpx10date | Secondary procedure 10 date | x | x | 74 | MM-DD-YYYY |
| secpx11date | Secondary procedure 11 date | x | x | 74 | MM-DD-YYYY |
| secpx12date | Secondary procedure 12 date | x | x | 74 | MM-DD-YYYY |
| secpx13date | Secondary procedure 13 date | x | x | 74 | MM-DD-YYYY |
| secpx14date | Secondary procedure 14 date | x | x | 74 | MM-DD-YYYY |
| secpx15date | Secondary procedure 15 date | x | x | 74 | MM-DD-YYYY |
| secpx16date | Secondary procedure 16 date | x | x | 74 | MM-DD-YYYY |
| secpx17date | Secondary procedure 17 date | x | x | 74 | MM-DD-YYYY |
| secpx18date | Secondary procedure 18 date | x | x | 74 | MM-DD-YYYY |
| secpx19date | Secondary procedure 19 date | x | x | 74 | MM-DD-YYYY |
| secpx20date | Secondary procedure 20 date | x | x | 74 | MM-DD-YYYY |
| secpx21date | Secondary procedure 21 date | x | x | 74 | MM-DD-YYYY |
| secpx22date | Secondary procedure 22 date | x | x | 74 | MM-DD-YYYY |
| secpx23date | Secondary procedure 23 date | x | x | 74 | MM-DD-YYYY |
| secpx24date | Secondary procedure 24 date | x | x | 74 | MM-DD-YYYY |
| secpx25date | Secondary procedure 25 date | x | x | 74 | MM-DD-YYYY |
| secpx26date | Secondary procedure 26 date | x | x | 74 | MM-DD-YYYY |
| secpx27date | Secondary procedure 27 date | x | x | 74 | MM-DD-YYYY |
| secpx28date | Secondary procedure 28 date | x | x | 74 | MM-DD-YYYY |
| secpx29date | Secondary procedure 29 date | x | x | 74 | MM-DD-YYYY |
| hfdrepisode | ID variable that HFDR creates that groups multiple bills for the same episode of service (Admission for inpatient and Visit for outpatient) together by giving them the same ID number. <i>Note: This outpatient count includes Emergency Department visits.</i> | x | x | | In the AYYYYXXXXXX format, A is for Admissions, YYYY is the year, and the Xs are a number assigned for that episode within this specific inpatient dataset only. In the VYYYYXXXXXX format, V is for Visits, YYYY is the year, and the Xs are a number assigned for that episode within this specific outpatient dataset only. |
| hasinpatient | Outpatient indicator that HFDR creates for when a patient has an outpatient discharge on the same day as an inpatient admission. | x | x | | Flagged with a 1 when true (outpatient and emergency department datasets only) A flagged outpatient billing record is one that is more typically included within the inpatient billing record, but is not in this circumstance. |
| ssndobmask | A unique patient identifier that is a cryptographic mask of the combination of a patient's SSN and date of birth (DOB) | x | x | | Each SSN/DOB provided is masked consistently year to year and facility to facility |

Discharge Data Files Continued: Fields below this line within this table are only in the 2015 file

| Variable | Short Description | Health Care Operations | Public Health Research | UB-04 Form Location | Values |
|-------------|------------------------------------|------------------------|------------------------|---------------------|---|
| admitdx_dec | Admission diagnosis with decimal | | x | 69 | <ul style="list-style-type: none"> ICD-9 used through September 30, 2015 ICD-10 used October 1, 2015 and after Decimal provided Prior to 2016, external cause of injury codes beyond 1 and 2 are included in secondary diagnosis fields |
| prindx_dec | Principal diagnosis with decimal | x | x | 67 | |
| secdx1_dec | Secondary diagnosis 1 with decimal | x | x | 67a | |
| secdx2_dec | Secondary diagnosis 2 with decimal | x | x | 67b | |
| secdx3_dec | Secondary diagnosis 3 with decimal | x | x | 67c | |
| secdx4_dec | Secondary diagnosis 4 with decimal | x | x | 67d | |
| secdx5_dec | Secondary diagnosis 5 with decimal | x | x | 67e | |
| secdx6_dec | Secondary diagnosis 6 with decimal | x | x | 67f | |

| | | | | | |
|-------------|--|---|---|-----|---|
| secdx7_dec | Secondary diagnosis 7 with decimal | x | x | 67g | |
| secdx8_dec | Secondary diagnosis 8 with decimal | x | x | 67h | |
| secdx9_dec | Secondary diagnosis 9 with decimal | x | x | 67i | |
| secdx10_dec | Secondary diagnosis 10 with decimal | | x | 67j | |
| secdx11_dec | Secondary diagnosis 11 with decimal | | x | 67k | |
| secdx12_dec | Secondary diagnosis 12 with decimal | | x | 67l | |
| secdx13_dec | Secondary diagnosis 13 with decimal | | x | 67m | |
| secdx14_dec | Secondary diagnosis 14 with decimal | | x | 67n | |
| secdx15_dec | Secondary diagnosis 15 with decimal | | x | 67o | |
| secdx16_dec | Secondary diagnosis 16 with decimal | | x | 67p | |
| secdx17_dec | Secondary diagnosis 17 with decimal | | x | 67q | |
| secdx18_dec | Secondary diagnosis 18 with decimal | | x | 67 | |
| secdx19_dec | Secondary diagnosis 19 with decimal | | x | 67 | |
| secdx20_dec | Secondary diagnosis 20 with decimal | | x | 67 | |
| secdx21_dec | Secondary diagnosis 21 with decimal | | x | 67 | |
| secdx22_dec | Secondary diagnosis 22 with decimal | | x | 67 | |
| secdx23_dec | Secondary diagnosis 23 with decimal | | x | 67 | |
| secdx24_dec | Secondary diagnosis 24 with decimal | | x | 67 | |
| secdx25_dec | Secondary diagnosis 25 with decimal | | x | 67 | |
| secdx26_dec | Secondary diagnosis 26 with decimal | | x | 67 | |
| secdx27_dec | Secondary diagnosis 27 with decimal | | x | 67 | |
| secdx28_dec | Secondary diagnosis 28 with decimal | | x | 67 | |
| secdx29_dec | Secondary diagnosis 29 with decimal | | x | 67 | |
| ecode1 | External cause of injury code (E-code) 1 | x | x | | • Prior to 2016, external cause of injury codes beyond 1 and 2 are included in secondary diagnosis fields |
| ecode2 | E-code 2 | x | x | | |
| ecode1poa | E-Code 1 - present on admission | | x | 72 | |
| ecode2poa | E-Code 2 - present on admission | | x | 72 | |
| ecode1_dec | E-Code 1 with decimal | x | x | 72 | |
| ecode2_dec | E-Code 2 with decimal | x | x | 72 | |
| procdemeth | Procedure coding method (2015 only) | x | x | | 0 - ICD-10 |
| dxverqual | Diagnosis coding method (2015 only) | x | x | 66 | 9 - ICD-9 |

Revenue Code Files

| Variable | Short Description | Health care Operations | Public Health Research | UB-04 Form Location | Values |
|------------|---|------------------------|------------------------|---------------------|---|
| dkey | Record ID - unique billing record identifier (used to link the revenue code file and the discharge data file) | x | x | | 12-digit assigned alphanumeric code (begins with two digit year then two digit month then one letter encounter type then seven digit counter) |
| facilityid | Facility ID | x | x | | 6-digit with leading zero |
| seqno | Sequence number | x | x | | |
| revcode | Revenue code | x | x | 42 | |
| revunit | Revenue unit | x | x | 46 | |
| revchg | Revenue charges | No | x | 47 | Implied two digit decimal point |
| hcpcs | Health Care Procedure Coding System | x | x | 44 | |
| servdate | Date of service | x | x | 45 | MM-DD-YYYY |