

## Data Request Application

**Effective January 2016 HHIC will now require an up-front fee of \$575 per application (to be submitted with the application).**

### PART I: Individual/Organization Requesting Use of HHIC Data

**General Information:**

Applicant Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business Street Address 2: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Type of Organization:**

- |  |   |
|--|---|
| <input type="checkbox"/> Healthcare provider<br><input type="checkbox"/> Government agency<br><input type="checkbox"/> Managed care, insurer<br><input type="checkbox"/> University/college/teaching institution | <input type="checkbox"/> Research organization, consultant<br><input type="checkbox"/> Trade association, consortium<br><input type="checkbox"/> Other (describe in space provided below) |
|--|---|

### PART II: Intended Use of Data and Project Activities

*HIPAA's Privacy Rule (45 CFR Parts 160 and 164) allows release of a limited data set only for public health, research, and health care operations. Specify below the authority under which your request for a limited data set is allowed by law*

**Definitions**

<b>Public Health:</b>	<i>Public health authority</i> means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate. These activities are limited to the activities listed in the definition of "public health" at 45 CFR 164.501.
<b>Research:</b>	<i>Research</i> means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. These activities are limited to the activities listed in the definition of "research" at 45 CFR 164.501.
<b>Health Care Operations:</b>	<i>Health care operations</i> are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. These activities are limited to the activities listed in the definition of "health care operations" at 45 CFR 164.501.

**Please select under which authority you qualify and fill in the appropriate box below:**

<b>Public Health:</b>	Cite specific public health authorization (specific statute,	
<b>Research:</b>	Funding source:	
	Grant number:	
	IRB contact name/number:	
	IRB approval date:	
<b>Health Care Operations:</b>	Covered entity name:	

**If Health Care Operations, check the appropriate boxes below which best describe your need for a limited data set.**

- Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination;
- Reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims;
- Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs;
- Business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity;
- Business management and general administrative activities, including those related to implementing and complying with the Privacy Rule and other Administrative Simplification Rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

Short Title: \_\_\_\_\_

Brief description of project (specific aims):

Brief description of subject area(s) that you plan to investigate (*e.g. health outcome, quality, cost, utilization, access, markets, etc.*)

**Purpose of the proposed project:**

Part of extramural funded project.  
 To generate preliminary data for a grant proposal  
 For publication or meeting abstract  
 Other, specify \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

**PART III: Data Request**

**Definition of Data Request:** (Please define data request using DRGs APR-DRGs, ICD-9 procedure or diagnosis codes, etc. Please include all data extract criteria).

Type/Time Period of Data Requested:	<input type="checkbox"/> Hospital Inpatient	Years:	
	<input type="checkbox"/> Hospital Emergency Department	Years:	

<b>A. Limited Data Set</b>	<i>Briefly explain why each selected data element is required.</i>
<input type="checkbox"/> <b>Date of admission (m/d/y):</b> Month, day and year of admission to hospital.	
<input type="checkbox"/> <b>Admission month:</b> Month of admission to hospital.	
<input type="checkbox"/> <b>Date of admission (mm/01/yy):</b> Month and year of admission to hospital as an acute care patient. (Day portion of the date has been changed to the 1st of the month to ensure the confidentiality of the patient.)	
<input type="checkbox"/> <b>Date of discharge (m/d/y):</b> Month, day and year the patient left the facility.	
<input type="checkbox"/> <b>Discharge month:</b> Month the patient left the facility.	
<input type="checkbox"/> <b>Date of discharge (mm/01/yy):</b> Month and year the patient left the facility as an acute care patient. (Day portion of the date has been changed to the 1st of the month to ensure the confidentiality of the patient.)	
<input type="checkbox"/> <b>Date of birth (m/d/yyyy):</b> Month, day and year (including century) of birth of the patient.	
<input type="checkbox"/> <b>Birth month:</b> Month of birth of the patient.	
<input type="checkbox"/> <b>Date of birth (mm/01/yy):</b> Month, day and year (including century) of birth of the patient. (Day portion of the date has been changed to the 1st of the month to ensure the confidentiality of the patient.)	
<input type="checkbox"/> <b>Zip Code:</b> U.S. postal zip code for the address of the patient's residence at the time of the discharge.	
<input type="checkbox"/> <b>Date of principal procedure (mm/01/yy):</b> Month, day and year when the principal procedure was performed. (Day portion of the date has been changed to the 1st of the month to ensure the confidentiality of the patient.)	
<input type="checkbox"/> <b>Date of secondary procedure (mm/01/yy):</b> Month, day and year when the secondary procedure was performed. (Day portion of the date has been changed to the 1st of the month to ensure the confidentiality of the patient.)	
<b>B. Other Data Elements</b>	<i>Briefly explain why each selected data element is required.</i>
<b>Hospital</b>	
<input type="checkbox"/> <b>Medicare Provider ID (Hospital ID):</b> Hospital's Medicare provider number as assigned by CMS.	
<input type="checkbox"/> <b>Hospital Alias (Alpha Code):</b> Unique alpha-numeric code assigned to each hospital	

**PART III: Data Request (con't)**

Data Elements Requested	
<input type="checkbox"/>	<b>Hospital Indicator (Urban/Rural):</b> Location of Hospital: city vs country
<input type="checkbox"/>	<b>County of Hospital:</b> Hawaii county where hospital located
<b>Admissions/Disposition</b>	
<input type="checkbox"/>	<b>Admission source:</b> A code indicating the source of this admission.
<input type="checkbox"/>	<b>Admission type:</b> A code indicating the priority of this admission.
<input type="checkbox"/>	<b>Disposition of patient:</b> Patient disposition or discharge status.
<input type="checkbox"/>	<b>Died (Died during hospitalization):</b> Indicates in-hospital mortality
<b>Time/Date</b>	
<input type="checkbox"/>	<b>Year of discharge:</b> Year the patient left the facility.
<input type="checkbox"/>	<b>Quarter of discharge:</b> Quarter the patient left the facility.
<input type="checkbox"/>	<b>Year of admission:</b> Year of admission to hospital.
<input type="checkbox"/>	<b>Length of stay:</b> The number of nights the patient remained in the hospital for this stay.
<b>Identifiers</b>	
<input type="checkbox"/>	<b>System Number (Unique record identifier):</b> Synthetic unique record identifier.
<input type="checkbox"/>	<b>Synthetic Person ID:</b> Specific to patient and hospital: assigned by HHIC.
<input type="checkbox"/>	<b>Synthetic Master Patient Id-assigned by HHIC -- (Tracks patient across hospitals &amp; levels of service):</b> Specific to patient; assigned by HHIC (additional fees apply)- effective with 12/2006 discharges
<b>Geographic Region</b>	
<input type="checkbox"/>	<b>Hospital Service Area (HSA):</b> Geographic patient regions based around a hospital defined service area;
<input type="checkbox"/>	<b>SES:</b> Geographic patient regions based on a patient's socio-economic status.
<b>Patient</b>	
<input type="checkbox"/>	<b>Age limited to year:</b> Age 90+ aggregated
<input type="checkbox"/>	<b>Age in months:</b> Age in months at admission. Only coded when patient is less than one year old.
<input type="checkbox"/>	<b>Age in days:</b> Age in days at admission. Only coded when patient is less than one year old

<input type="checkbox"/>	<b>Birth weight:</b> Birth weight in grams for admissions less than 30 days in age.	
<input type="checkbox"/>	<b>Gender:</b> Sex of the patient.	
<input type="checkbox"/>	<b>Race/Ethnicity:</b> The race or ethnicity with which the patient most closely identifies (i.e. race/ethnicity is self reported.)	
<b>Diagnosis/Procedure</b>		
<input type="checkbox"/>	<b>APR-DRG Code:</b> All Patients Refined Diagnosis Related Groups-system that classifies patients according to their reason of admission, severity of illness, and risk of mortality.	
<input type="checkbox"/>	<b>APR-DRG Specialty Category:</b> Grouping of diagnosis related APR-DRGs, e.g. cardiology related APR-DRGs are grouped into the Specialty category "Cardiology".	
<input type="checkbox"/>	<b>MS-DRG:</b> Medicare Severity Diagnosis Related Groups- used by CMS to provide greater reimbursement to hospitals serving more severely ill patients.	
<input type="checkbox"/>	<b>MDC:</b> Major Diagnostic Category.	
<input type="checkbox"/>	<b>Diagnosis code-principal:</b> The ICD-9-CM code describing the condition established after study to be chiefly responsible for causing the admission of the patient to the hospital for care.	
<input type="checkbox"/>	<b>Diagnosis code-secondary/other:</b> ICD-9-CM diagnosis code(s) corresponding to additional conditions that co-exist at the time of admission or develop subsequently which affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode which have no bearing on this hospital stay are to be excluded.	
<input type="checkbox"/>	<b>Diagnosis priority:</b> An indicator that establishes the primary and subsequent secondary diagnosis.	
<input type="checkbox"/>	<b>Present of Admission (POA) Indicators:</b> Conditions present at the time the order for inpatient admission occurs.	
<input type="checkbox"/>	<b>Procedure code - principal:</b> ICD9-CM code for the principal procedure.	
<input type="checkbox"/>	<b>Procedure code - secondary/other:</b> The ICD-9-CM codes identifying all significant procedures other than the principal procedure.	
<input type="checkbox"/>	<b>Procedure priority:</b> An indicator that establishes the primary and the subsequent secondary procedure.	

**PART III: Data Request (con't)**

**Data Elements Requested**

***Financial***

<input type="checkbox"/>	<b>Total Charges:</b> Total billed charge of hospital stay	
<input type="checkbox"/>	<b>Estimated Cost (Inpatient only):</b> Cost is estimated using department-level cost to charge ratios (CCRs) from the CMS accounting system. HHIC works with AHRQ HCUP to compute CCRs each year.	
<input type="checkbox"/>	<b>Payer (Expected primary payer):</b> Expected principal source of payment for this hospital admission.	
<input type="checkbox"/>	<b>Payer Type:</b> Medicare, Medicaid, Private insurance, Uninsured, Other.	

***Miscellaneous/Extra***

<input type="checkbox"/>	Other	
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**C. Data Format**

*Select the format you wish to receive the data*

<input type="checkbox"/>	Excel	
<input type="checkbox"/>	Text (ASCII)	
<input type="checkbox"/>	Others (specify)	

**PART IV: Data Handling and Security Plan**

Please answer the following data handling and security questions

**1. Who has access to the data?**

**2. Who will be the custodian of the data?**

**3. How are you going to limit access to the data?**

**4. How are you going to physically protect the data? What are your physical controls (e.g., diskettes locked in filing cabinet, computer located in room only available to authorized individuals, etc.)?**

**5. How will the data be encrypted at rest? (i.e. hard drive encrypted, file encryption w/128bit AES encryption, etc?)**

**6. At the end of the project, how are you going to return or destroy the data?**

**For HHIC Use Only**

Date Reviewed by Privacy Board: \_\_\_\_\_

Date Data Application Received: \_\_\_\_\_

Privacy Board Action:  Approved

Approved w/Modifications

Denied

Date Data Use Agreement & License for Research Purposes Executed: \_\_\_\_\_

Released Data to \_\_\_\_\_

Date Data Released to Requester \_\_\_\_\_