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information
and analysis

CHIA Non-Governmental Application for Massachusetts Case Mix Data
[Exhibit A: Data Application]

I. INSTRUCTIONS

This form is required for all Applicants, except Government Agencies as defined in [957 CMR 5.02](#). All Applicants must also complete the [Data Management Plan,](#) attached to this Application. The Application and the Data Management Plan must be signed by an authorized signatory of the Organization. This Application and the Data Management Plan will be used by CHIA to determine whether the request meets the criteria for data release, pursuant to 957 CMR 5.00. Please complete the Application documents fully and accurately. Prior to receiving CHIA Data, the Organization must execute CHIA's [Data Use Agreement](#). Applicants may wish to review that document prior to submitting this Application.

Before completing this Application, please review the data request information on CHIA's website:
- [Data Availability](#)
- [Fee Schedule](#)
- [Data Request Process](#)

After reviewing the information on the website and this Application, please contact CHIA at [casemix.data@state.ma.us](#) if you have additional questions about how to complete this form.

All attachments must be uploaded to IRBNet with your Application. All Application documents can be found on the [CHIA website](#) in Word and in PDF format or on [IRBNet](#) in Word format. If you submit a PDF document, please also include a Word version in order to facilitate edits that may be needed.

Applications will not be reviewed until the Application and all supporting documents are complete and the required application fee is submitted. A [Fee Remittance Form](#) with instructions for submitting the application fee is available on the CHIA website and IRBNet. If you are requesting a fee waiver, a copy of the Fee Remittance Form and any supporting documentation must be uploaded to IRBNet.

II. ORGANIZATION AND INVESTIGATOR INFORMATION

Project Title:	New Hampshire DPHS Data Exchange
IRBNet Number:	
Organization Requesting Data:	New Hampshire Department of Health and Human Services, Division of Public Health Services (DPHS)
Organization Website:	http://www.dhhs.nh.gov/dphs/
Authorized Signatory for Organization:	**Brook Dupee**
Title:	Bureau Chief
E-Mail Address:	Brook.Dupee@dhhs.nh.gov
Address, City/Town, State, Zip Code:	29 Hazen Drive, Concord, NH 03301
Primary Investigator:	**Brook Dupee**
Title:	Bureau Chief
E-Mail Address:	Brook.Dupee@dhhs.nh.gov
Telephone Number:	(603) 271-4483
Names of Co-Investigators:	

E-Mail Addresses of Co-Investigators:	

III. FEE INFORMATION

1. Consult the Fee Schedule for Case Mix and Charge Data and select one of the following options:

☐ Researcher
☒ Other
☐ Reseller

2. Are you requesting a fee waiver?

☒ Yes
☐ No

3. Complete and submit the Fee Remittance Form. If requesting a fee waiver, submit a letter stating the basis for your request (if required). Please refer to the Fee Schedule (effective Feb 1, 2017) for fee waiver criteria.

IV. PROJECT INFORMATION

1. What will be the use of the CHIA Data requested? [Check all that apply]

☒ Epidemiological   ☒ Health planning/resource allocation   ☐ Cost trends
☐ Longitudinal Research   ☒ Quality of care assessment   ☐ Rate setting
☒ Reference tool   ☐ Research studies   ☐ Severity index tool
☒ Surveillance   ☐ Student research   ☐ Utilization review of resources
☐ Inclusion in a product ☐ Other (describe in box below)

2. Provide a summary of the specific purpose and objectives of your Project. This may include research questions and/or business use Projects.

As outlined in the Memorandum of Agreement with New Hampshire DPHS, CHIA provides DPHS with Case Mix files for New Hampshire residents treated in Massachusetts acute care hospitals. The purpose of this request is to provide DPHS with restricted level CY 2013 to the most recent year HDD, ED, OOA data.

Note: The extract will include only the data of New Hampshire residents. The data should be placed on a CD for shipment.

Various New Hampshire statutes mandate health care providers and institutions to report certain health related data to NH DPHS. This includes data related to communicable diseases as defined in RSA 141-C, cancer as defined RSA 141-B, and hospital discharge in accordance with RSA 126:25 and RSA 126-A:11. The purpose for the collection of such data is to assess the health of the citizens of New Hampshire, to identify specific health threats in New Hampshire, to support research into the cause of disease or injury and to generally improve the public health of the State. New Hampshire state laws also provide for the protection of the confidentiality of information and data relative to specific individuals, while assuring appropriate accessibility of this data for legitimate public health activities. In order to accomplish its statutory mission, DPHS must analyze selected data from CHIA.

3. Has an Institutional Review Board (IRB) reviewed your Project?
☐ Yes [*If yes, a copy of the approval letter and protocol must be included with the Application package on IRBNet.*]
☒ No, this Project is not human subject research and does not require IRB review.

4. **Research Methodology**: Applicants must provide either the IRB protocol or a written description of the Project methodology (typically 1-2 pages), which should state the Project objectives and/or identify relevant research questions. This document must be included with the Application package on IRBNet and must provide sufficient detail to allow CHIA to understand how the Data will be used to meet objectives or address research questions.

See Attachment #1 for details.

V. PUBLIC INTEREST

1. Briefly explain why completing your Project is in the public interest. *Uses that serve the public interest under CHIA regulations include, but are not limited to: health cost and utilization analysis to formulate public policy; studies that promote improvement in population health, health care quality or access; and health planning tied to evaluation or improvement of Massachusetts state government initiatives.*

On-going surveillance of hospital encounters plays an important role in understanding and reacting to disease and injury. DPHS has several programs that address: acute disease, chronic disease, and injury. DPHS is the lead agency responsible for detecting and responding to health emergencies such as infectious disease out breaks and exposure to health hazards.   Discharge and ED visits data on NH residents from hospitals in Massachusetts are important especially for the border towns. Without out of state hospital data, analysis will not be reliable.

VI. DATASETS REQUESTED

1. Specify below the dataset(s) and year(s) of data requested for this Project, and your justification for requesting *each* dataset.

☒ **Hospital Inpatient Discharge Data**
☐2004 ☐2005 ☐2006 ☐2007 ☐2008 ☐2009 ☐2010 ☐2011 ☐2012 ☒2013 ☒2014 ☒2015
Describe how your research objectives require Inpatient Discharge data:
About 13% of inpatient discharges on NH residents are from MA hospitals annually. Especially in Rockingham County, more than 30% is discharged by MA hospitals. Without MA data, it will be difficult to map the full picture of hospital inpatients on NH residents.
☒ **Outpatient Observation Data**
☐2004 ☐2005 ☐2006 ☐2007 ☐2008 ☐2009 ☐2010 ☐2011 ☐2012 ☒2013 ☒2014 ☒2015
Describe how your research objectives require Outpatient Observation data:
About 10.4% of observation discharges on NH residents are from MA hospitals annually. Especially in southern counties, more than 15% is discharged by MA hospitals. Without MA data, it will be difficult to map the full picture of hospital outpatient discharges on NH residents.
☒ **Emergency Department Data**
☐2004 ☐2005 ☐2006 ☐2007 ☐2008 ☐2009 ☐2010 ☐2011 ☐2012 ☒2013 ☒2014 ☒2015

> **Describe how your research objectives require Emergency Department data:**
> About 5% of ED visits on NH residents are from MA hospitals annually. In southern counties, more than 8% is discharged by MA hospitals. Without MA data, it will be difficult to map the full picture of hospital ED visits on NH residents.

2. Case Mix and Charge Data are updated each fiscal year. As certain Project objectives may require future years of data not yet available, CHIA will consider requests for additional fiscal years of the *same data (i.e., same elements and files)* without the need to submit a new application. Please note that approved requests will be subject to the Data Use Agreement and fees for additional data. Please indicate below whether this is a one-time request, or if the described Project will require future years of Data and if so, which years.

☐ One-Time   **OR**   ☒ 2016 ☒ 2017 ☒ 2018 ☒ 2019 ☒ 2020

VII. DATA ELEMENTS REQUESTED

State and federal privacy laws limit the release and use of Data to the minimum amount of data needed to accomplish a specific Project objective.

Case Mix and Charge Data are grouped into six "Levels" or Limited Data Sets (LDS) for release, depending on the fiscal year. Data for FY 2004 – 2014 are organized into Levels. Level 6 Data will be released to Government Applicants only. *CHIA staff will use the information provided in this section to determine the appropriate Level of Data justified for release.*

Data for FY 2015 and later are organized into LDS's. All applicants receive the "Core" LDS, but may also request additional elements listed below for inclusion in their analyses. Requests for additional elements will be reviewed by CHIA to determine whether each represents the minimum data necessary to complete the specific Project objective.

For a full list of elements in the release (i.e., the "Core" elements and additional elements), please refer to release layouts, data dictionaries and similar documentation included on CHIA's website.

1. Specify below which elements you are requesting in addition to the "Core" LDS. CHIA will use this information to determine what Level of data is needed for pre-FY 2015 data requests.

Geographic Data
The geographic sub-divisions listed below are available for CT, MA, ME, NH, RI, VT, and NY residents only for FY 2015 and after. Fiscal years 2004 – 2014 will contain the geographic sub-divisions listed below for all states. Choose *one* of the following geographic options.

☐ 3-Digit Zip Code (Standard)	☐ 3-Digit Zip Code & City/Town ***	☐ 5-Digit Zip Code ***	☒ 5-Digit Zip Code & City/Town ***
***If requested, provide justification for requesting 5-Digit Zip Code or City/Town. Refer to specifics in your methodology: Understanding geographic variation and health outcomes is important in identifying populations at risk and hazardous health exposures. Address of NH residents treated by MA hospitals is especially important for effectively understanding and addressing health issues in towns along the NH/MA border.			

Demographic Data
Choose *one* of the following demographic options:

☐ Not Requested (Standard)	☒ Race & Ethnicity***
** If requested, provide justification for requesting Race and Ethnicity. Refer to specifics in your methodology:	

Identifying populations with higher risk is important for health interventions. Race and Ethnicity are known factors that need to be taken into account when analyzing incidence and severity of several types of cancer. Race, ethnicity and language are important factors in analyzing occupational health and hazard exposure. Health behavior is important in chronic disease and again understanding race, ethnicity and language variation can improve health promotion programs. Understanding and addressing health disparity is another aspect of public health that requires accurate and complete race, ethnicity, and language data. Our analysis reports as needed estimates by age, sex, race, location, and time with statistical confidence limits.

Dates

Choose _one_ option from the following options for dates of admissions, discharges, and significant procedures:

☐ Year (YYYY)(Standard)	☐ Month (YYYYMM) ***	☒ Day (YYYYMMDD)***
***If requested, provide justification for requesting Month or Day. Refer to specifics in your methodology:		

Fine resolution in time of treatment is important for: Analysis of health outcomes arising from environmental exposure (both event driven and seasonal). Deduplication of hospital transfers.

Practioner Identifiers (UPN)

Please choose _one_ of the following options for Practioner Identifier(s):

☒ Not Requested (Standard)	☐ Hashed ID ***	☐ Board of Registration in Medicine Number(BORIM) ***
***If requested, provide justification for requesting Hashed ID or BORIM Number. Refer to specifics in your methodology:		

Unique Health Information Number (UHIN)

Please choose _one_ of the following:

☐ Not Requested (Standard)	☒ UHIN Requested ***
*** If requested, provide justification for requesting UHIN. Refer to specifics in your methodology:	

Patient uniqueness identifier is important in the analysis of many health conditions for example: heart attack, cancer, birth defects. For many health conditions it is important to understand the number of hospital encounters or amount of treatment needed to address the condition. This is also important in analyzing readmission rates.

Hashed Mother's Social Security Number

Please choose _one_ of the following:

☐ Not Requested (Standard)	☒ Hashed Mother's SSN Requested ***
*** If requested, provide justification for requesting Hashed Mother's SSN. Refer to specifics in your methodology:	

Many high risk births and birth defects are treated at MA hospitals.

VIII. DATA LINKAGE

Data linkage involves combining CHIA Data with other data to create a more extensive database for analysis. Data linkage is typically used to link multiple events or characteristics within one database that refer to a single person within CHIA Data.

1. Do you intend to link or merge CHIA Data to other data?
   ☒ Yes
   ☐ No linkage or merger with any other data will occur

2. If yes, please indicate below the types of data to which CHIA Data will be linked. [Check all that apply]
   ☐ Individual Patient Level Data (e.g. disease registries, death data)
   ☐ Individual Provider Level Data (e.g., American Medical Association Physician Masterfile)
   ☐ Individual Facility Level Data (e.g., American Hospital Association data)
   ☐ Aggregate Data (e.g., Census data)
   ☒ Other (please describe):

3. If yes, describe the data base(s) to which the CHIA Data will be linked, indicate which CHIA Data elements will be linked and the purpose for each linkage.

> The records of NH residents treated in MA will be merged with hospital discharge records of NH residents treated in hospitals in NH, VT and ME. Please see Attachment # 1 for details.

4. If yes, for each proposed linkage above, please describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, please describe how it will link each dataset.

> The records of NH residents treated in MA will be merged with hospital discharge records of NH residents treated in hospitals in NH, VT and ME. Please see Attachment # 1 for details.

5. If yes, please identify the specific steps you will take to prevent the identification of individual patients in the linked dataset.

> The records of NH residents treated in MA will be merged with hospital discharge records of NH residents treated in hospitals in NH, VT and ME. Please see Attachment # 1 for details.

IX. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from CHIA Data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting. Any and all publication of CHIA Data must comply with CHIA's cell size suppression policy, as set forth in the Data Use Agreement. Please explain how you will ensure that any publications will not disclose a cell less than 11, and percentages or other mathematical formulas that result in the display of a cell less than 11.

NH DPHS reports statistics on hospitalization of NH residents based on all available hospital information. NH residents treated in MA hospitals will be a small but important part of the base data. NH DPHS will not break out statistics on NH residents treated in MA hospitals in any report. NH DPHS protects the privacy of NH residents in all of its reports.

2. Do you anticipate that the results of your analysis will be published and/or made publically available? If yes, describe how an interested party will obtain your analysis and, if applicable, the amount of the fee, that the third party must pay.

NH DPHS reports are available to the public free of charge. NH DPHS conducts some unpublished analysis for planning and evaluation of public health programs.

3. Will you use CHIA Data for consulting purposes?
- ☐ Yes
- ☒ No

4. Will you be selling standard report products using CHIA Data?
- ☐ Yes
- ☒ No

5. Will you be selling a software product using CHIA Data?
- ☐ Yes
- ☒ No

6. Will you be reselling CHIA Data in any format?
- ☐ Yes
- ☒ No

If yes, in what format will you be reselling CHIA Data (e.g., as a standalone product, incorporated with a software product, by a subscription, etc.)?

7. If you have answered "yes" to questions 4, 5 or 6, please describe the types of products, services or studies.

8. If you have answered "yes" to questions 4, 5, or 6, what is the fee you will charge for such products, services or studies?

X. INVESTIGATOR QUALIFICATIONS

1. Describe your previous experience using hospital data. This question should be answered by the primary investigator and any co-investigators who will be using the Data.

Mr. Brook Dupee, Bureau Chief, has more than 27 years of experiences in public health services. As the Bureau Chief, Mr. Dupee is responsible for overseeing the collection and analysis of health statistics, approving the release of protected health information to qualified researchers, managing budgets, and overseeing a staff of 11.   Under his supervision, the Health Statistics & Data Management (HSDM) is responsible for the following core activities and programs: Public health hospital data analysis, NH Cancer Registry, Behavioral Risk Factor Survey (BRFSS), Public health birth data analysis, Public health death data analysis, Youth Risk Behavior Survey (YRBS), and other epidemiological support. HSDM also stewards the NH Hospital discharge data, NH Cancer Registry, YRBS data and BRFSS data.

2. **Resumes/CVs**: When submitting your Application package on IRBNet, include résumés or curricula vitae of the principal investigator and co-investigators.   (These attachments will not be posted on the internet.)

XI. USE OF AGENTS AND/OR CONTRACTORS

Please note: By signing this Application, the Organization assumes all responsibility for the use, security and maintenance of the CHIA Data by its agents, including but not limited to contractors.

Provide the following information for all agents and contractors who will work with the CHIA Data. [*Add agents or contractors as needed.*]

AGENT/CONTRACTOR #1 INFORMATION	
Company Name:	
Company Website:	
Contact Person:	
Title:	
E-mail Address:	
Address, City/Town, State, Zip Code	
Telephone Number:	
Term of Contract:	

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

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2. Describe the Organization's oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

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3. Will the agent or contractor have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database?

☐ Yes
☐ No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

AGENT/CONTRACTOR #2 INFORMATION	
Company Name:	
Company Website:	
Contact Person:	
Title:	
E-mail Address:	
Address, City/Town, Zip Code	
Telephone Number:	
Term of Contract:	

1. Describe the tasks and products assigned to the agent or contractor for this Project and their qualifications for completing the tasks.

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2. Describe the Organization's oversight and monitoring of the activities and actions of the agent or contractor for this Project, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

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3. Will the agent or contractor have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database?

☐ Yes
☒ No

4. If yes, a separate Data Management Plan **must** be completed by the agent or contractor.

XII. ATTESTATION

By submitting this Application, the Organization attests that it is aware of its data use, privacy and security obligations imposed by state and federal law *and* confirms that it is compliant with such use, privacy and security standards. The Organization further agrees and understands that it is solely responsible for any breaches or unauthorized access, disclosure or use of CHIA Data including, but not limited to, any breach or unauthorized access, disclosure or use by its agents.

Applicants approved to receive CHIA Data will be provided with Data following the payment of applicable fees and upon the execution of a Data Use Agreement requiring the Organization to adhere to processes and procedures designed to prevent unauthorized access, disclosure or use of data.

By my signature below, I attest: (1) to the accuracy of the information provided herein; (2) that the requested Data is the minimum necessary to accomplish the purposes described herein; (3) that the Organization will meet the data privacy and security requirements described in this Application and supporting documents, and will ensure that any third party with access to the Data meets the data use, privacy and security requirements; and (4) to my authority to bind the Organization.

Signature: (Authorized Signatory for Organization)	
Printed Name :	Brook S. Drpee

Attachments

A completed Application must have the following documents attached to the Application:

☐ 1. IRB approval letter and protocol (if applicable)
☒ 2. Research Methodology (if protocol is not attached)
☒ 3. CVs of Investigators
☒ 4. Data Management Plan (including one for each agent or contractor that will have access to or store the CHIA Data at a location other than the Organization's location, off-site server and/or database)

Applications will not be reviewed until they are complete, including all attachments.

TRACKING TABLE (to be completed by CHIA staff only)	
Complete Application Received	
Application Fee Received	
Data Privacy Committee Review	
Data Release Committee Review	

Linkages Approved (as described)	
Approved for additional years of data	
Executive Director Approval	
Data Fee Received	
Date of First Audit	
IT Extract #	

Attachment #1 – Research Methodology

The CHIA data for New Hampshire residents will be processed and released under the Administrative Rule He-C 1500.

Who will have access to the original/raw CHIA data?
Only a few DPHS staff members (Chiahui Chawla and Thomas Lambert) will have access to and process on the CHIA data, and have signed the Confidentiality Agreement (Exhibit C). DPHS internal data analysts will not work on the CHIA data directly, instead, they will work on the aggregated data.

Where does DPHS store the original/raw CHIA data?
The CHIA data will be compressed with encryption (AES-256) and archived in the CA Harvest Software Change Manager. The original disc will be destroyed after the file encryption is complete.

What will DPHS do with the CHIA data?
The NH hospital discharge data is processed and released under the Administrative Rule He-C 1500.
The following steps will be performed to meet the NH Uniform Health Facilities Discharge Data System (UHFDDS)* formats:

1. Element rename: all elements will be renamed to fit the UHFDDS format.
2. Element cross-walk: elements that do not fit the UHFDDS dimension will be mapped, including but not limiting to:
   Admission type, Admission source, Discharge status, Payer Type/Classification, Patient Race, Patient Ethnicity, Hospital Code, and Patient Residence City/Town.
3. Geocoding process: all records on New Hampshire residents will be assigned a geo code based on patient's street and number (if applicable), zip code and city/town.
4. Hospital code recoded: the hospital and hospital name elements will be recorded as "Out-of-State" to ensure data analysis will not differentiate whether the records are from Massachusetts, Vermont or Maine.
5. The elements not used in the UFHDDS will be removed. Attachment #1-A displays elements in three-tier restriction data levels**.

What does the data look like after processing?
The final dataset will be merged into an out-of-state dataset with data from Vermont and Maine on NH residents. The out-of-state data file will be stored in the Enterprise Data Warehouse (EDW) managed by the NH Department of Information Technology (DoIT), and the DPHS shared drive with encryption. Only DPHS internal analysts who are granted access with the encryption key will be able to view the out-of-state dataset. The out-of-state dataset will not be available to the public.

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*The Uniform Health Facilities Discharge Data System (UHFDDS) has been in operation since 1986 and currently contains de-identified medical and billing hospital discharge claims from thirty-two (32) New Hampshire reporting facilities, which is one of the most useful and complete datasets available to public health officials and health care planners, who use the data for the purposes of assessing hospital utilization and the incidence and burden of disease and injury among New Hampshire residents. Discharge data is released back to the hospitals and to other entities upon request for independent study and analysis.

**Data release is based on restriction levels in our governing He-C 1500 rule, specifically:
He-C 1504.02 Public Use Data Sets (see Attachment #1-A for data elements)
He-C 1504.04 Release of Limited Use Facility Discharge Data Sets (see Attachment #1-A for data elements)
He-C 1504.05 Release of Confidential Health Care Research Data Sets
More information on the reporting requirements can be found online at:
http://www.gencourt.state.nh.us/rules/state_agencies/he-c1500.html

Attachment #1-A
Uniform Health Facilities Discharge Data System (UHFDDS)

Hospital Discharge Public Use Release data elements

Per He-C 1500Effective date: 3/21/2009

Below are the Public Use data elements the rule He-C 1500 specifies HSDM must release for years 2010 and later

- (a) Type of bill;
- (b) Patient county, state, and country, as coded by the department from patient address;
- (c) Patient sex;
- (d) Patient age if under 90, and if 90 or over patient age aggregated into a single category of age 90 or older;
- (e) Patient race;
- (f) Patient ethnicity;
- (g) Admission year;
- (h) Admission hour;
- (i) Admission type;
- (j) Priority of visit;
- (k) Admission source;
- (l) Length of stay;
- (m) Discharge year;
- (n) Discharge hour;
- (o) Discharge patient status;
- (p) Condition codes;
- (q) Occurrence codes;
- (r) Value codes and amounts;
- (s) Revenue codes;
- (t) Accommodation rates/HCPCS and HIPPS rates;
- (u) Service units;
- (v) Total charges;
- (w) Payer type, as coded by the department into Commercial, Medicare, Medicaid, Other Federal Government, Workers Compensation, Uninsured, Self-Pay, and Other;
- (x) Patient's relationship to insured;
- (y) Diagnosis and procedure code qualifier;
- (z) Principal diagnosis code, and present on admission indicator;
- (aa) Other diagnosis codes;
- (ab) Admitting diagnosis;
- (ac) Patient's reason for visit;
- (ad) Diagnosis related group (DRG), as coded by the department where data is sufficient;
- (ae) E-codes;
- (af) Principal procedure code;
- (ag) Other procedure codes;
- (ah) Health care facility name;
- (ai) Health care facility type, as coded by the department according to facility license; and
- (aj) Record type flag for inpatient and outpatient, as coded by the department from type of bill.

Attachment #1-A (cont'd)
Uniform Health Facilities Discharge Data System (UHFDDS)

Limited Use Discharge Dataset Fields

Field Number	Field Name	Field Description
1	DISCHARGE_KEY	Unique discharge ID for each record
2	HDD_HOSPITAL_CDE	NH hospital code
3	HOSPITAL_NME	NH hospital name
4	HOSPITAL_TYPE_CDE	NH hospital service type
5	PT_AGE	Patient's age
6	PT_GENDER_CDE	Patient's sex
7	PT_RACE_1_CDE	Patient's primary race
8	PT_RACE_2_CDE	Patient's secondary race
9	PT_RACE_3_CDE	Patient's tertiary race
10	PT_ETHNICITY_CDE	Patient's ethnicity
11	PT_PRIMARY_LANG_SPOKEN_TXT	Patient's primary language, reported by hospitals
12	PT_LANGUAGE_GROUP	Patient's primary language, grouped by DPHS
13	PT_CITY_NME	Patient's town or city of residence.
14	PT_STATE	Patient's state of residence.
15	PT_ZIP_CDE	Patient's zip code of residence.
16	PT_RESIDENCE_CDE	Patient's county FISP code for NH resident or State FISP code for non-NH resident
17	VR_GEOCODE	NH patient's geo-code based on town/city of residence.
18	FACILITY_TYPE_CDE	The first two digits of the type of bill to identify the type and classification of facility that provided care to the patient
19	CLAIM_FREQ	The third digit of the type of bill to indicate the sequence of a claim in the patient's current episode of care.
20	DISCHARGE_TYPE	Type of discharge, either inpatient, outpatient or specialty
21	ED_FLAG	A flag if Revenue code 045x appears in any of the revenue codes on discharge.
22	OBS_FLAG	A flag if Revenue code 0762 appears in any of the revenue codes on discharge.
23	ADMISSION_YEAR	Year of admission
24	DISCHARGE_YEAR	Year of discharge
25	ADMIT_DT	Admission date/Visit date
26	DISCHARGE_DT	Discharge date
27	LENGTH_OF_STAY	The number of days between admission and discharge from an inpatient care facility.
28	ADMISSION_HOUR_NBR	The time a patient was admitted.
29	ADMISSION_TYPE_CDE	The type and priority of an inpatient admission
30	ADMISSION_SOURCE_CDE	The source of the referral for the admission or visit
31	DISCHARGE_TIME_NBR	The time a patient was discharged.
32	PT_RELATIONSHIP_CDE	The code to identify the patient relationship to the insurance plan subscriber.
33	PAYER_NME	Primary insurance name or self-pay
34	PRIMARY_PAYER_CDE	Primary insurance ID (coded by hospitals)
35	PRIMARY_PAY_SOURCE_CDE	Primary payer classification code
36	PRIMARY_PAY_GROUP_TXT	Primary payer classification description
37	TTL_DISCHARGE_CHG_AMT	The total charges for all services on discharge.
38	PT_DISCHARGE_STATUS_CDE	The code to identify the status of the patient as of the discharge date
39	PT_REASON_FOR_VISIT_n_CDE	The diagnosis code to identify the patient's reason for visit (up to 3).
40	ADMITTING_DX_CDE	The diagnosis code used to identify the patient's initial diagnosis at admission.

Field Number	Field Name	Field Description
41	ICD_VERSION	Diagnosis ICD code identifier
42	PRINCIPAL_DX_CDE	The diagnosis code identifying the diagnosis, condition, problem or other reason for the admission/encounter/visit shown in the medical record to be chiefly responsible for the services provided.
43	OTHER_DX_n_CDE	The diagnosis code identifying the patient's other diagnosis (up to 21)
44	AGENCY_DRG_CDE	The Diagnosis-related group code to classify any inpatient stay into groups for the purposes of payment.
45	AGENCY_MDC_CDE	The Major Diagnostic Categories code to identify a particular medical specialty in an inpatient discharge.
46	EXTERN_INJURY_CAUSE_n_CDE	External cause of injury code (up to 4)
47	REVENUE_n_CDE	Revenue code is used on hospital bills to tell the insurance companies either where the patient was when they received treatment, or what type of item a patient might have received as a patient. The code is to identify specific accommodations and/or ancillary service in ascending numeric order, by date of service if applicable.
48	PRINCIPAL_PROCEDURE_CDE	The code indicates the principal procedure performed during the period covered by the institutional claim.
49	OTHER_PROCEDURE_n_CDE	The code that indicates the other procedure performed during the period covered by the institutional claim (up to 12)
50	PRINCIPAL_PROCEDURE_DT	The code that indicates the principal procedure performed during the period covered by the claim.
51	OTHER_PROCEDURE_n_DT	The code that indicates the other procedure performed during the period covered by the claim.
52	PRINCIPAL_DX_POA_CDE	Modifier of the Principal diagnosis. Present on Admission (POA) is defined as the conditions present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter (including emergency department, observation, or outpatient surgery) are considered POA.
53	OTHER_DX_POA_n_CDE	Modifier of the secondary diagnosis. Present on Admission (POA) is defined as the conditions present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter (including emergency department, observation, or outpatient surgery) are considered POA. (up to 21)
54	CONDITION_n_CDE	The code to identify conditions or events relating to the bill/claim that affected processing (up to 8).
55	OCCURRENCE_n_CDE	The code noting a significant event relating to the claim that affected payer processing (up to 13).
56	HCPCS/Accommodation Rates HCPCS_n_CDE	The accommodation rate for room and board on inpatient claims, or the appropriate CPT/HCPCS code for the outpatient ancillary service being reported (up to 18).
57	HCPCS_MOD_1_LN_n_CDE	Level 1 CPT/HCPCS Modifiers provide a mechanism to communicate special or specific circumstances related to the performance of a procedure or service (up to 18).
58	HCPCS_MOD_2_LN_n_CDE	Level 2 CPT/HCPCS Modifiers provide a mechanism to communicate special or specific circumstances related to the performance of a procedure or service (up to 18).
59	HCPCS_MOD_3_LN_n_CDE	Level 3 CPT/HCPCS Modifiers provide a mechanism to communicate special or specific circumstances related to the performance of a procedure or service (up to 18).

Field Number	Field Name	Field Description
60	HCPCS_MOD_4_LN_n_CDE	Level 4 CPT/HCPCS Modifiers provide a mechanism to communicate special or specific circumstances related to the performance of a procedure or service (up to 18).
61	SERVICE_LN_n_ITEM_CHG_AMT	The total charge associated with each revenue center code (up to 18).
62	SERVICE_LN_n_UNITS_AMT	The total number of accommodation days, ancillary units of service or visits as appropriate (up to 18).
63	SERVICE_LN_n_RATE_AMT	The charge per unit associated with the revenue center code (up to 18).
64	SERVICE_LN_n_DT	The date associated with the revenue center code (up to 18).
65	VALUE_n_CDE	The code to identify data of a monetary nature that are necessary for the processing of this claim (up to 12).
66	VALUE_n_AMT	The amount to identify data of a monetary nature that are necessary for the processing of this claim (up to 12).
67	BILL_PROVIDER_NPI_ID	The National Provider Identifier (NPI) of the provider submitting the bill/claim.
68	ATTEND_PHYS_NPI_ID	The National Provider Identifier (NPI) number assigned to uniquely identify the attending provider who has primary responsibility for the patient's medical care and treatment reported in the claim
69	OPER_PHYS_NPI_ID	The National Provider Identifier (NPI) of the operating provider who has primary responsibility for performing the surgical procedures.
70	OTHER_PROVIDER_NPI_ID	The National Provider Identifier (NPI) of the Other Operating Provider who performs a secondary surgical procedure or assisting the Operating Provider.

Confidential Use Discharge Dataset Fields

Confidential dataset includes all elements in the Limited dataset plus the following elements:

Field Name	Field Description
PT_BIRTH_DT	Patient date of birth
PT_MEDICAL_RECORD_NBR_CDE	Patient medical record number
PT_CONTROL_NBR_CDE	Patient claim control number/billing number
PT_FIRST_NME_ENCRYPTED	Patient encrypted first name*
PT_LAST_NME_ENCRYPTED	Patient encrypted last name*
PT_MIDDLE_NME_ENCRYPTED	Patient encrypted middle name*
PT_SUFFIX_NME_ENCRYPTED	Patient encrypted name suffix*
PT_COUNTRY_CDE	Patient country code
PT_ADDRESS_1_TXT	Patient address
PT_ADDRESS_2_TXT	Patient address (option)
HOSPITAL_DRG_CDE	Hospital submitted DRG code (inpatient only)
STATEMENT_FROM_DT	Statement beginning date
STATEMENT_TO_DT	Statement ending date
BILL_PROVIDER_NME	Billing provider name
BILL_PROVIDER_ADDR_1_TXT	Billing provider address
ATTEND_PHYSICIAN_FIRST_NME	Attending provider first name
ATTEND_PHYSICIAN_LAST_NME	Attending provider last name
OPERATING_PHYS_FIRST_NME	Operating provider first name
OPERATING_PHYS_LAST_NME	Operating provider last name
OTHER_PROVIDER_FIRST_NME	Other operating provider first name
OTHER_PROVIDER_LAST_NME	Other operating provider last name

*Patient's name fields are required to encrypt using Secure Hash Algorithm SHA-512 with a result of 128-character code.