HOSPITAL DISCHARGE PUBLIC USE DATA FOLDER

TRAINING MODULE
FOR THE
ADH EPIDEMIOLOGY DEPARTMENT

Prepared by

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INTRODUCTION

Welcome to the Arkansas Department of Health Hospital Discharge Data System (HDDS) training module. This training is designed to orient you to the format, rules, and contents of the Hospital Discharge data files being made available to the Epidemiology Department. Please take some time to read through this information carefully in order to better facilitate your use of the data files.

Why make the data available?

A. Provide the Epidemiology Department the resources to perform their own data mining from the Hospital Discharge database.

B. Forgo the need to have Hospital Discharge staff perform data requests that can be performed by Epidemiology staff.

C. Allow for the dissemination of information from the system to be done in a more timely manner.

D. Give HDDS Analysts more time for preparing the data and handling outside Agency requests.

Why the training?

A. Provide an overview of HDDS.

B. Familiarize users with the HDDS Query System.

C. Review of state laws, rules and regulations governing HDDS as well as the rules of obtaining access.

OVERVIEW

These data offer comprehensive look at the most serious health issues of Arkansans all over the state – issues that force people out of their normal daily routines and into a hospital. The range of data enables professionals to examine these conditions in depth with regard to age, geography, co-morbidity, pay source and many other variables. For those of us in public health, the information generated by gathering the records of these individual events is a tremendous resource for study and planning.

The Hospital Discharge Data System (HDDS) was established by Act 670 of 1995 to provide information about people discharged from Arkansas hospitals. Hospitalizations are, for most people, the most important (and expensive) medical/health events in their lives. Data for over 400,000 Arkansas hospital discharges come from existing hospital administrative records and include; demographics, diagnoses, procedures performed, and detailed charges (not payments or costs). In almost every instance, data elements were being collected for the hospital bill or other administrative records prior to the introduction of HDDS.

Currently HDDS does not collect data from:

- Hospital EDs
- Hospital Outpatient Clinics
- Physicians' Offices
- Free-Standing Outpatient Surgery Centers
- Hospices

You should be aware that we do not collect data from out-of-state hospitals that likely treat a number of Arkansas residents living near the state borders; this is called "Border Bleed". Arkansas Residents living in Crittenden County will "bleed" into Memphis to receive treatment just as many residents of Miller County will go to Texas to receive care. When looking at data in these areas, be mindful that the numbers coming from our system will, in general, be less than the actual number because of this phenomenon.

PUBLIC USE DATA FOLDER

ACCESS GUIDELINES

A. Must be an Epidemiologist employed by the Arkansas Department of Health (ADH).

B. Must complete this training and subsequent quiz;

C. Must Sign Certificate and Usage Agreement;

D. Must follow all local, state and federal regulations relating to maintenance of patient privacy;

E. Must follow all state laws, rules and regulations related to Hospital Discharge Data System (HDDS);

F. Will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the ADH;

G. Will not release nor permit others to release any information that identifies person, the physician, the hospital directly or indirectly;

H. Will not report counts which are less than five for any geographic area;

I. Will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data;

J. Agrees to be cognizant of the limitations of the data;

K. Will use the following citation in any publication of information from this file:

> Retrieved on [Month Day, Year] from the Arkansas Department of Health, Hospital Discharge Public Use Data File, [Quarter and Year of Data].

L. Will make no statement, not permit others to make statements indicating or suggesting that interpretations drawn from this data are those of the Arkansas Department of Health, Hospital Discharge Data System.

STATE LAWS, RULES, AND REGULATIONS

Please be advised of the current law regarding hospital discharge along with the rules and regulations of submittal and use. Please review these laws, rules and regulations as you will be responsible for abiding by them in the use of our data set. **Refer to Attachments 1 and 2**.

HDDS H-CUP QUERY SYSTEM

Prior to the use of the Public Use Data folder, you should familiarize yourself with our query system as it will give you an idea of the type of information that you will be able to gather from our file. If you are only collecting state-level data then you should use this query system as it will provide you with the needed information much easier and quicker. The use of the data in the public use folder should be restricted to county, city, and regional level data. The following is a brief overview of the steps involved in retrieving data using the query system:

- Healthyarkansas.com
- Data & Research
- Arkansas's Hospital Discharge Data
- State Statistics on All Stays
- Lay Person, Data Novice or Researcher
- Type of Information needed
- State selection
- Detailed Information needed
- Specific Diagnosis
- Outcomes and Measures
- Data Stratification
- Format of Data
- Results

Refer to Attachment 3 for more detailed visual guides.

CONTENTS OF THE PUBLIC USE FOLDER

Included in this folder will be de-identified data sets from 2000-2011, with each subsequent year being added after it has been completed in its entirety. Each file is named using the following syntax: Epi[Year].sas7bdat (Ex. Epi2006.sas7bdat). The data files included in this folder have been limited to include only 33 fields. However, these fields are the fields most commonly requested and used by the Epidemiology department. If you need data involving fields not included in these files, then you must contact Hospital Discharge staff for assistance.

VARIABLES

ADMITDIAG- Admitting Diagnosis (Character)

Definition: The ICD-9-CM diagnosis code provided at the time of admission as stated by the physician.

DIAG1- Principal Diagnosis Code (Character)

Definition: The principal diagnosis is the condition established after study to be chiefly responsible for occasioning the admission of the patient for care. An ICD-9CM code describes the principal disease. Diagnoses provide the most precise view of a specific health condition relating to the functional systems of the body.

DIAG2-9- Other Diagnosis Codes (Character)

Definition: ICD-9-CM codes describing other diagnoses corresponding to additional conditions that co-exist at the time of admission or develop subsequently, and which have an effect on the treatment received or the length of stay.

DRG- Diagnosis Related Group (Character)

Definition: The PPS code assigned to the claim to identify the DRG based on the grouper software called for under contract with the primary payer. This represents an inpatient classification scheme to categorize patients that are medically related with respect to diagnosis and treatment and who are statistically similar in their lengths of stay. This provides an intermediate view of health conditions most relating to functional systems of the body.

A list of all DRG codes can be found in the file Epiformats.sas located in the folder.

ECODE- External Cause of Injury (Character)

Definition: The ICD-9-CM code for the external cause of injury, poisoning or adverse effect.

There will be some duplication in e-codes between rehabilitations and general medicine hospitals because of coding requirements when transferred.

ETHNICITY- Patient Ethnicity (Character)

Definition: This item gives the ethnicity of the patient. The information is based on self-identification, and is to be obtained from the patient, a relative, or a friend. The hospital is not to categorize the patient based on observation or personnel judgment.

1 = Hispanic origin; A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
2 = Not of Hispanic Origin; A person who is not classified in 1.
6 = Unknown; A person who chooses not to respond to the inquiry.
Blank Space; The hospital made no effort to obtain the information.

FIPS- Patient FIPS Code (Character)

Definition: Federal Information Processing Standards (FIPS) codes issued by the National Institute of Standards and Technology (NIST) that identify each area.

A list of all FIPS codes can be found in the file Epiformats.sas located in the folder.

FIRSTPAY- Source of Payment (Character)

Definition: A code indicating the first source of payment associated with this payer record. Categorized as Private, Medicaid, Medicare, Worker's Compensation or Other.

FROM- Statement Period Covers From (Character)

Definition: The date of the first medical service relating to this patient's stay in the hospital given in the format CCYYMMDD.

GENDER- Patient Sex (Character)

Definition: The gender of the patient as recorded at date of admission.

M = Male
F = Female
U = Unknown

HAPGAR- Hospital Supplied APGAR (Character)

Definition: APGAR Score for a newborn.

HBWEIGHT- Hospital Supplied Birth Weight (Character)

Definition: Birth weight in grams for a newborn.

HOSPITAL- Hospital Type (Character)

Definition: Hospitals are categorized by the services they provide. Hospitals will either be long-term acute care, critical access, psychiatric, or rehabilitation.

A list of which hospital are in each category is located in the folder with the datasets.

MDC- Major Diagnostic Category (Character)

Definition: The Major Diagnostic Categories are formed by dividing all possible principal diagnoses into 25 mutually exclusive diagnosis areas. This is the broadest view of health conditions relating the most to functional systems of the body. DRGs are grouped together to form MDC codes.

A list of all MDC codes can be found in the file Epiformats.sas located in the folder.

PROC1- Principal Procedure Code (Character)

Definition: The code that identifies the principal procedure performed during the hospital stay covered by this discharge data record. The principal procedure is one that is performed for definitive treatment rather than for diagnostic or exploratory purposes, or is necessary as a result of complications. The principal procedure is that procedure most related to the principal diagnosis.

PROC2-6- Other Procedure Code (Character)

Definition: The code that identifies the other procedures performed during the patient's hospital stay covered by this discharge record. This may include diagnostic or exploratory procedures.

PSTATUS (Character) **AND _STATUS** (Numerical)- Patient Discharge Status

Definition: A code indicating patient status at the time of the discharge. It is the arrangement or event ending a patient's stay in the hospital.

01 = Discharged to Home/Self-care (Routine Discharge)

02 = Transferred to a Short-Term Hospital

03 = Discharged/Transferred to Skilled Nursing Facility (SNF) with Medicare certification

04 = Discharged/Transferred to Intermediate Care Facility (ICF)

05 = Discharged/Transferred to Designated Cancer Center or Children's Hospital

06 = Discharged/Transferred Home Under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care

07 = Left against medical advice

09 = Admitted as Inpatient to this hospital used only for Medicare outpatient claims

20 = Expired

30 = Still a Patient – Not a valid code

40 = Expired at home (hospice claims only)

41 = Expired in Medical Facility- hospital, SNF, ICF, or free-standing hospice

42 = Expired in an Unknown place

50 = Hospice located in the patient's home

51 = Hospice located in a Medical Facility

61 = Discharged/Transferred to Medicare Approved swing bed

62 = Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) or in hospital unit

63 = Discharged/Transferred to a long-term acute care hospital (LTAC)

64 = Discharged/Transferred to a SNF with Medicaid Certification

65 = Discharged/Transferred to a Psychiatric Hospital or in hospital unit

66 = Discharged/Transferred to a Critical Access Hospital (CAH)

67-69 = Reserved for Assignment by the NUBC

70 = Discharged/Transferred to another Type of Health Care Institution not defined elsewhere in this Code list.

71-99 = Reserved for Assignment by the NUBC

RACE- Patient's Race (Character)

Definition: This item gives the race of the patient.

1 = American Indian or Alaskan Native; A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

2 = Asian or Pacific Islander; A person having origins in any of the original oriental peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

3 = Black; A person having origins in any of the black racial groups of Africa.

4 = White; A person having origins in any of the original Caucasian peoples of Europe, North Africa, or the Middle East.

5 = Other; Any possible options not covered in the above categories.

6 = Unknown; A person who chooses not to answer the question.

Blank Space = The hospital made no effort to obtain the information.

SRCEADMT- Point of Origin for Admission or Visit (Character)

Definition: A code indicating the source of the admission.

Code Structure for Patients with Type of Admission = 1 (emergency), 2 (urgent), or 3 (elective) Excluding Newborns (4):

1 = Non-Health Care Facility Point of Origin; the patient was admitted to this facility.

2 = Clinical Referral; the patient was admitted to this facility as a transfer from a freestanding or non-freestanding clinic.

3 = Reserved for assignment by NUBC

4 = Transfer from a Hospital; the patient was admitted to this facility as a transfer from an acute care facility where he/she was an inpatient

5 = Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF); the patient was admitted to this facility as a transfer from an SNF or ICF where he/she was a resident.

6 = Transfer from another Health Care Facility; The patient was admitted to this facility as a transfer from another type of health care not defined elsewhere in this code list.

7 = Reserved for assignment by NUBC

8 = Court/Law Enforcement; the patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.

9 = Information not available; the means by which the patient was admitted to this hospital is not known.

D = Inpatient transfers within the same facility; the patient was transferred from a separate unit of a hospital to another unit of the same hospital which results in separate claim to the payers

E = Transfer from Ambulatory Surgery Center; the patient was admitted to this facility as a transfer from an ambulatory surgery center.

F = Transfer from Hospice; the patient was admitted to this facility as a transfer from hospice.

Code Structure for Newborns with Type of Admission = 4:

1-4 = Reserved for assignment by the NUBC.

5 = A baby born inside this Hospital.

6 = A baby born outside of this Hospital.

7-9 Reserved for assignment by the NUBC.

TO- Statement period covers To (Character)

Definition: The discharge date of the patient in the hospital or the ending date of a hospital stay longer than 24 hours given in the format CCYYMMDD.

TYPEADMT- Priority of Admission or Visit (Character)

Definition: A code indicating priority of the admission/visit.

1 = Emergency; the patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room.

2 = Urgent; the patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation.

3 = Elective; the patient's condition permits adequate time to schedule the availability of a suitable accommodation. An elective admission can be delayed without substantial risk to the health of the individual.

4 = Newborn; generally, the child is born within the facility.

5 = Trauma; Visit to a trauma center/hospital as licensed or designated by state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving trauma activation.

9 = Information not available; Information was not collected or was not available.

YEAR- Data Year (Numerical)

Definition: The year in which the data was collected.

_**AGE**- Patient Age (Numerical)

Definition: The age of the person, in years, at time of admission calculated using the patient's date of birth and the date of admission.

_**AGEDAYS-** Patient Age (Numerical)

Definition: The age of the person, in days, at time of admission calculated using the patient's date of birth and the date of admission.

_**CHARGES-** Total Charges (Numerical)

Definition: Total of charges for this inpatient hospital stay.

_**LOS**- Length of Stay (Numerical)

Definition: The patient's length of inpatient hospital stay calculated using the admission and discharge dates.

FORMATS

For your convenience, we have included in the public shared folder a SAS file containing commonly used formats. As mentioned previously, formats for FIPS, DRG, and MDC as well as diagnoses, procedures, and e-codes will be included. It is important to note, however, that it will be your responsibility to keep the formats updated. You can find these formats in the SAS file named Epiformats.sas. You will not be able to run as a program directly from the folder, but you may copy the formats to use in your own SAS programs.

HELPFUL HINTS

As we are aware that some of you might not possess the many years experience and knowledge of SAS programming that most members of our staff, we have also included a helpful hints document within the folder. In it you will find common coding sequences to generate data output. We also strongly recommend attending the weekly SAS class held every Tuesday in the Health Statistics Conference room if you are not quite as advanced or have programming questions. Another tool that we strongly recommend is "**The Little SAS Book**" by Lora Delwiche and Susan Slaughter as has many examples and is in general easy to follow. Please call on your departmental colleagues for support, first, for programming problems. As a last resort, we will be happy to assist in helping you figure out your programming needs and mistakes. For information needed that cannot be generated using the query system or the information included in the folder, please contact Lynda Lehing, Hospital Discharge Section Chief at Lynda.Lehing@arkansas.gov.

TRAINING POST ASSESSMENT ON A-TRAIN

After reviewing the self-study module, learners need to return to **A-TRAIN** and log in. In **"My Learning Record,"** click on **"My Learning"**. Click on the M next to the name of the course you just completed (Hospital Discharge Public Use Folder Training). Scroll down and click on the completed button. You will then be asked if you want to mark the course complete. Click **"Yes"**. You will then be instructed that an assessment needs to be completed before you can continue. Click on the assessment link and complete the assessment.

Note 1 The post-assessment will be displayed in a separate window. If your computer has pop up blocker enabled, this will prevent the post-assessment from being displayed. A pop up blocker can be avoided if you press the **CTRL key at the same time you click on the links** to open the post-assessment. This will normally allow the window to load.

Note 2 When you pass the post assessment, your **Certificate of Completion** will be available in your ATRAIN learning record under **"Certificates"**. Click on the course title to print copy of this certificate and present it to Doris Green, Health Program Analyst, located in room 381. At that time you will be required to sign a usage agreement in order to receive electronic permission to access the folder.

Note 3 In order to view the folders' contents, you will need to map (**\\nas-it3\SAS-HealStat**) to an empty drive on your computer. If you have trouble please contact the ADH Help Desk for assistance.

If you fail the post assessment, you will need to re-register to take the assessment again.

Attachment 1: STATE LAWS, RULES, AND REGULATIONS

RULES AND REGULATIONS PERTAINING TO HOSPITAL DISCHARGE DATA SYSTEM

SECTION I. AUTHORITY.

The following Rules and Regulations pertaining to the Hospital Discharge Data System are duly adopted and promulgated by the Arkansas Board of Health pursuant to the authority expressly conferred by the State of Arkansas including, without limitation, Act 670 of 1995 (the Act), as amended, the same being Ark. Code Ann. § 20-7-301 et seq. The Act established the State Health Data Clearing House within the Arkansas Department of Health. The Clearing House is mandated by the Act to acquire and disseminate health care information in order to understand patterns and trends in the availability, use and costs of health care services in the state. Subsection (h) of the Act directs the Arkansas State Board of Health to prescribe and enforce such rules and regulations as may be necessary to carry out the purpose of this Act.

SECTION II. PURPOSE.

It is the purpose of these regulations to provide direction about the required collection, submission, management and dissemination of health data.

SECTION III. DEFINITIONS.

For the purposes of these Regulations, the following words and phrases when used herein shall be construed as follows:

A. "**Act**" means the State Health Data Clearing House Act 670 of 1995, Ark. Code Ann. § 20-7-301 et seq;

B. "**Aggregate data set**" means a compilation of raw data that has been subject to a critical edit check and consists of at least a small cell count. Aggregate data sets shall not include the following data elements: hospital control number; patient control number; attending physician number, or any element which might be used to identify an individual patient;

C. "**Board" or "State Board**" means the Arkansas State Board of Health;

D. "**Confidential information**" means that information which the State Board has defined to be confidential in these regulations and procedures;

E. "**Department**" means the Arkansas Department of Health;

F. "**Director**" means the director of the Arkansas Department of Health;

G. "**Hospital**" means any institution, place, building or agency, public or private, whether organized for profit or not-for-profit, which is subject to licensure by the Arkansas Department of Health (Ark. Code Ann. § 20-9-201 et seq);

H. "**Submit,**" "**submission**" or "**submittal**" means, with respect to data, reports, surveys, statements and documents required to be filed with the Department: 1) delivery to the Arkansas Department of Health, by the close of business on the prescribed filing date, or 2) deposit with the United States Postal Service, postage prepaid, addressed to the Arkansas Department of Health, in sufficient time so that the mailed materials will arrive by the close of business on the prescribed filing date;

I. "**Guide(s)**" means the Hospital Discharge Data Submittal Guide(s) published by the Arkansas Department of Health. The Guide(s) contains technical information relating to data format, media and submittal time frames.

SECTION IV. GENDER AND NUMBER.

All terms used in any one gender or number shall be construed to include any other gender or number.

SECTION V. HOSPITAL DISCHARGE DATA SUBMITTAL.

Each Arkansas hospital shall submit patient data to the Department in a manner that complies with the provisions of the Guide(s), which includes all inpatient hospital discharges occurring on or after January 1, 1996 and all emergency department discharges on or after January 1, 2012.

SECTION VI. ADDITIONAL DATA REQUIRED TO BE SUBMITTED.

In addition to data prescribed for submission in the Guide(s), the following data must be submitted according to the schedule provided: Each hospital shall provide a complete and accurate copy of the American Hospital Association's Annual Survey to the Arkansas Department of Health or the Arkansas Hospital Association. The required submission date will be published annually with the distribution of the survey.

SECTION VII. EXTENSION OF TIME.

The State Board or the Director shall, upon a showing of good cause and if time permits, extend the time allowed for the performance of any function or duty required by the provisions of the Act or of these regulations and rules. In making any determination with regard to good cause, the Board and the Director shall give due consideration to all relevant facts and circumstances, including such considerations as the complexity of the issues or the existence of extraordinary circumstances or unforeseen events which have led to the request for an extension of time. The State Board or the Director shall act upon a request for an extension of time within thirty (30) days of receiving the written request by the hospital. Failure to act within thirty (30) days shall be deemed as a grant of the extension.

SECTION VIII. AUTHORIZED USE OF DATA.

Information reported to the Department shall not be disclosed except as authorized by the Arkansas law. See Ark. Code Ann. § 20-7-305 as amended.

SECTION IX. ACCESS TO AGGREGATE REPORTS.

All reports generated by the Department from the aggregate data set for a member of the general public are open for public inspection. The Department shall provide copies of these reports, upon request, at a cost of $.25 per page. The Department shall determine fees to be charged to cover the direct and indirect costs for providing other information requests or special compilations from aggregate data sets. The fee shall include staff time, computer time, copying costs, postage and supplies.

SECTION X. PENALTIES FOR NON-COMPLIANCE.

Ark. Code Ann. § 20-7-301 et seq. sets forth civil and criminal penalties for non-compliance with provisions of the Act and of rules and regulations adopted by the Arkansas State Board of Health to implement the Act, as follows:

A. Any person, firm, corporation, organization or institution that violates any of the provisions of Ark. Code Ann. § 20-7-301 et seq., or any rules or regulations promulgated thereunder, regarding confidentiality of information, shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined not less than one hundred dollars ($100) nor more than ($500), or by imprisonment not exceeding one month, or both. Each day of violation shall constitute a separate offense.

B. Any person, firm, corporation, organization or institution knowingly violating any of the provisions of Ark. Code Ann. § 20-7-301 et seq., or any rules or regulations promulgated thereunder, shall be guilty of a misdemeanor and, upon a plea of guilty, a plea of nolo contendere or conviction, shall be fined not more than five hundred dollars ($500).

C. Every person, firm, corporation, organization or institution that violates any of the rules or regulations adopted by the Arkansas State Board of Health or that violates any provision of Act 670 may be assessed a civil penalty by the Board. The penalty shall not exceed two hundred fifty dollars ($250) for each violation. No civil penalty may be assessed until the person charged with the violation has been given the opportunity for a hearing on the violation pursuant to the Arkansas Administrative Procedure Act, Ark. Code Ann. § 25-15-101, et seq.

SECTION XI. HEARING AND APPEAL.

Hearings and appeals will be conducted according to the Adjudication and Rule Making Sections of the Department's Administrative Procedures previously promulgated by the Department and any revisions thereto.

SECTION XII. MAINTENANCE OF REGULATIONS AND PROCEDURES.

All pages of these regulations and rules, and of the Hospital Discharge Data Submittal Guide(s), issued by the Department are dated at the bottom. As changes occur, replacement pages will be issued or replacement guide(s) will be issued. All replacement pages will be dated so that users may be certain they are referring to the most recent information.

SECTION XIII. INCORPORATION BY REFERENCE.

The following documents are hereby incorporated by reference:

A. The most recent edition of the International Classification of Diseases, Clinical Modifications. Copies are available from the National Center for Health Statistics, 3311 Toledo Road, Hyattsville, Maryland 20782 or website, www.cdc.gov/nchs/icd.htm.

B. Uniform Hospital Billing Form 2004 (UB04/CMS-1450). Copies are available from the Office of Public Affairs, Center for Medicare and Medicaid Services, Humphrey Building, Room 428-H, 200 Independence Avenue S.W., Washington, D.C. 20201 or website,

www.cms.hhs.gov/cmsforms/. All incorporated material is available for public review at the central administrative office of the Department.

SECTION XIV. SEVERABILITY.

If any provision of these Rules and Regulations or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Rules and Regulations which can give effect without the invalid provisions or applications, and to this end the provisions hereto are declared severable.

SECTION XV. REPEAL.

All regulations and parts of regulations in conflict herewith are hereby repealed.

CERTIFICATION

This will certify that the foregoing Rules and Regulations for the Hospital Discharge Data System were adopted by the Arkansas Board of Health at a regular session of the Board held in Little Rock Arkansas, on the 26th day of January , 2012.

_____ Secretary, Arkansas Board of Health

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Attachment 2: ARKANSAS CODE – "STATE HEALTH DATA CLEARING HOUSE ACT"

A.C.A. § 20-7-301
Title 20 Public Health And Welfare
Subtitle 2. Health And Safety
Chapter 7 State Board of Health -- Department of Health
Subchapter 3 -- State Health Data Clearinghouse Act
A.C.A. § 20-7-301 (2010)

20-7-301. Title.

This subchapter shall be entitled the "State Health Data Clearinghouse Act".

HISTORY: Acts 1995, No. 670, § 1.

20-7-302. Purpose.

The General Assembly finds that as a result of rising health care costs, the shortage of health professionals and health care services in many areas of the state, and the concerns expressed by care providers, consumers, third-party payors, and others involved with planning for the provision of health care, there is an urgent need to understand patterns and trends in the availability, use, and costs of these services. Therefore, to establish an information base for patients, health professionals, and hospitals, to improve the appropriate and efficient usage of health care services, and to provide for appropriate protection for confidentiality and privacy, the Division of Health of the Department of Health and Human Services shall act as a state health data clearinghouse for the acquisition and dissemination of data from state agencies and other appropriate sources to carry out this subchapter.

HISTORY: Acts 1995, No. 670, § 2.

20-7-303. Collection and dissemination of health data.

(a) With the approval of the State Board of Health, the Director of the Division of Health of the Department of Health and Human Services shall compile and disseminate health data collected by the Division of Health of the Department of Health and Human Services.

(b) (1) In consultation with advisory groups appointed by the director with representation from hospitals, outpatient surgery centers, health profession licensing boards, and other state agencies, the division should:

(A) Identify the most practical methods to collect, transmit, and share required health data as described in § 20-7-304;

(B) Utilize, wherever practical, existing administrative databases and modalities of data collection to provide the required data;

(C) Develop standards of accuracy, timeliness, economy, and efficiency for the provision of the data; and

(D) Ensure confidentiality of data by enforcing appropriate rules and regulations.

(2) To maximize limited resources and to prevent duplication of effort, the division may consider, when appropriate, contracting with private entities for the collection of data as set forth in this section subject to this subchapter.

(c) (1) All state agencies, including health profession licensing, certification, or registration boards and commissions, which collect, maintain, or distribute health data, including data relating to the Medicaid program, shall make available to the division such data as are necessary for the division to carry out its responsibilities under this subchapter or such rules and regulations as may be adopted as provided in § 20-7-305.

(2) If health data are already reported to another organization or governmental agency in the same manner, form, and content or in a manner, form, and content acceptable to the division, the director may obtain a copy of the data from the organization or agency, and no duplicative report need be submitted by the organization.

(3) All hospitals and outpatient surgery centers licensed by the state shall submit information in a form and manner as prescribed by rules and regulations by the board pursuant to § 20-7-305. However, if the same information is being collected by another state agency, the division shall obtain the data from the other state agency.

HISTORY: Acts 1995, No. 670, § 2.

20-7-304. Release of health data.

The Director of the Division of Health of the Department of Health and Human Services may release data collected under this subchapter, except that data released shall not include any information which identifies or could be used to identify any individual patient, provider, institution, or health plan except as provided in § 20-7-305.

HISTORY: Acts 1995, No. 670, § 2.

20-7-305. State Board of Health to prescribe rules and regulations -- Data collected not subject to discovery.

(a) The State Board of Health shall prescribe and enforce such rules and regulations as may be necessary to carry out this subchapter, including the manner in which data are collected, maintained, compiled, and disseminated, and including such rules as may be necessary to promote and protect the confidentiality of data reported under this subchapter.

(b) Data provided, collected, or disseminated under this subchapter which identifies, or could be used to identify, any individual patient, provider, institution, or health plan shall not be subject to discovery pursuant to the Arkansas Rules of Civil Procedure or the Freedom of Information Act of 1967, § 25-19-101 et seq.

(c) (1) (A) The Department of Human Services may provide data only for purposes of research and aggregate statistical reporting to the Arkansas Center for Health Improvement, the Agency for Healthcare Research and Quality for its Healthcare Cost and Utilization Project, or other researchers for research projects approved by the Department of Health to rules promulgated by the State Board of Health that provide for appropriate security and confidentiality protections for the data.

(B) The Department of Human Services also shall provide data to the Arkansas Hospital Association for its price transparency and consumer-driven health care project that will make price and quality information about Arkansas hospitals available to the general public.

(2) The data shall be treated in a manner consistent with all state and federal privacy requirements, including, without limitation, the federal Health Insurance Portability and Accountability Act of 1996 privacy rule, specifically 45 C.F.R. § 164.512(i).

(3) Any identifiable data provided, collected, or disseminated under this subsection shall not be subject to discovery pursuant to the Arkansas Rules of Civil Procedure or the Freedom of Information Act of 1967, § 25-19-101 et seq.

(d) It shall be unlawful for the center to release any patient-identifying information to any nongovernmental third party.

HISTORY: Acts 1995, No. 670, § 2; 2005, No. 1434, § 1; 2007, No. 616, § 1.

20-7-306. Reports -- Assistance.

(a) The Director of the Department of Health shall prepare and submit a biennial report to the Governor and the House Interim Committee on Public Health, Welfare, and Labor and the Senate Interim Committee on Public Health, Welfare, and Labor or appropriate subcommittees thereof.

(b) The Department of Health shall provide assistance to the House Interim Committee on Public Health, Welfare, and Labor and the Senate Interim Committee on Public Health, Welfare, and Labor or appropriate subcommittees thereof in the development of information necessary in the examination of health care issues.

(c) (1) (A) With regard to §§ 6-18-702(d), 6-60-504(b), and 20-78-206(a)(2)(B), the department shall report every six (6) months to the committees regarding:

(i) The geographic patterns of exemptions, vaccination rates, and exemptions in those areas as well as the rest of the state; and

(ii) Disease incidence of vaccine-preventable diseases collected by the division.

(B) The collection of exemption information shall begin January 4, 2004.

(C) Reports shall begin at the first interim meeting of the committees.

(2) [Repealed.]

(3) [Repealed.]

HISTORY: Acts 1995, No. 670, § 2; 1997, No. 179, § 22; 2003, No. 999, § 4; 2007, No. 827, § 148.

20-7-307. Penalties.

(a) (1) Any person, firm, corporation, organization, or institution that violates any of the provisions of this subchapter or any rules and regulations promulgated under this subchapter regarding confidentiality of information shall be guilty of a Class C misdemeanor.

(2) Each day of violation shall constitute a separate offense.

(b) Any person, firm, corporation, organization, or institution knowingly violating any of the provisions of this subchapter or any rules and regulations promulgated under this subchapter shall be guilty of a violation and upon conviction shall be punished by a fine of not more than five hundred dollars ($500).

(c) (1) Every person, firm, corporation, organization, or institution that violates any of the rules and regulations adopted by the State Board of Health or that violates any provision of this subchapter may be assessed a civil penalty by the board.

(2) The civil penalty shall not exceed two hundred fifty dollars ($250) for each violation.

(3) However, no civil penalty may be assessed until the person charged with the violation has been given the opportunity for a hearing on the violation pursuant to the Arkansas Administrative Procedure Act, § 25-15-201 et seq.

HISTORY: Acts 1995, No. 670, § 3; 2005, No. 1994, § 243.

20-7-308. Repealer.

All laws and parts of laws in conflict with this subchapter are repealed, except that nothing in this subchapter shall be interpreted to repeal any provision which authorizes the Health Services Permit Agency to gather such data as may be necessary to conduct permit-of-approval activities.

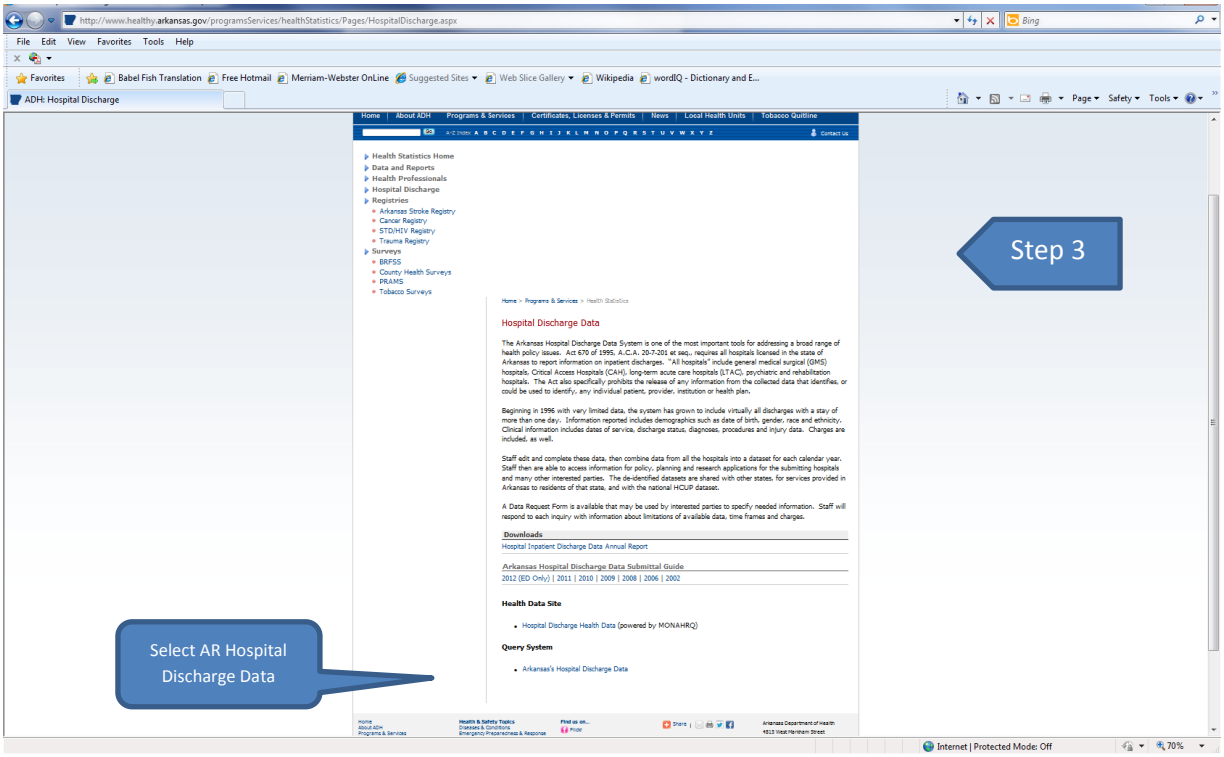
HISTORY: Acts 1995, No. 670, § 6.

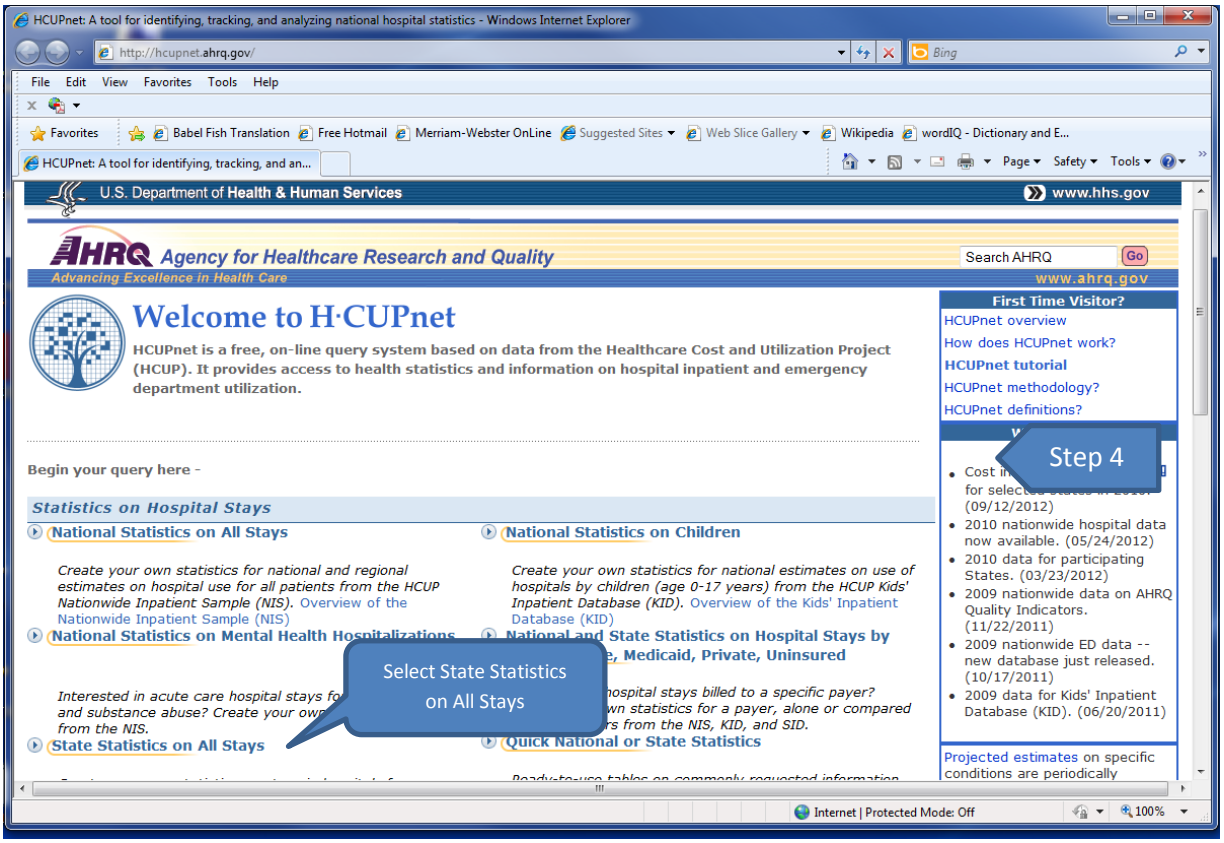
20-7-309. List of substances used to alter samples in drug or alcohol screening tests.

The Division of Health of the Department of Health and Human Services shall maintain and update as part of its database under this subchapter a list of substances that may be used to adulterate urine or other bodily fluids that may be used in or used to interfere with a drug or alcohol screening test.

HISTORY: Acts 2003, No. 750, § 1.

Attachment 3: VISUAL GUIDES


Step 3
Select AR Hospital Discharge Data
Hospital Discharge Data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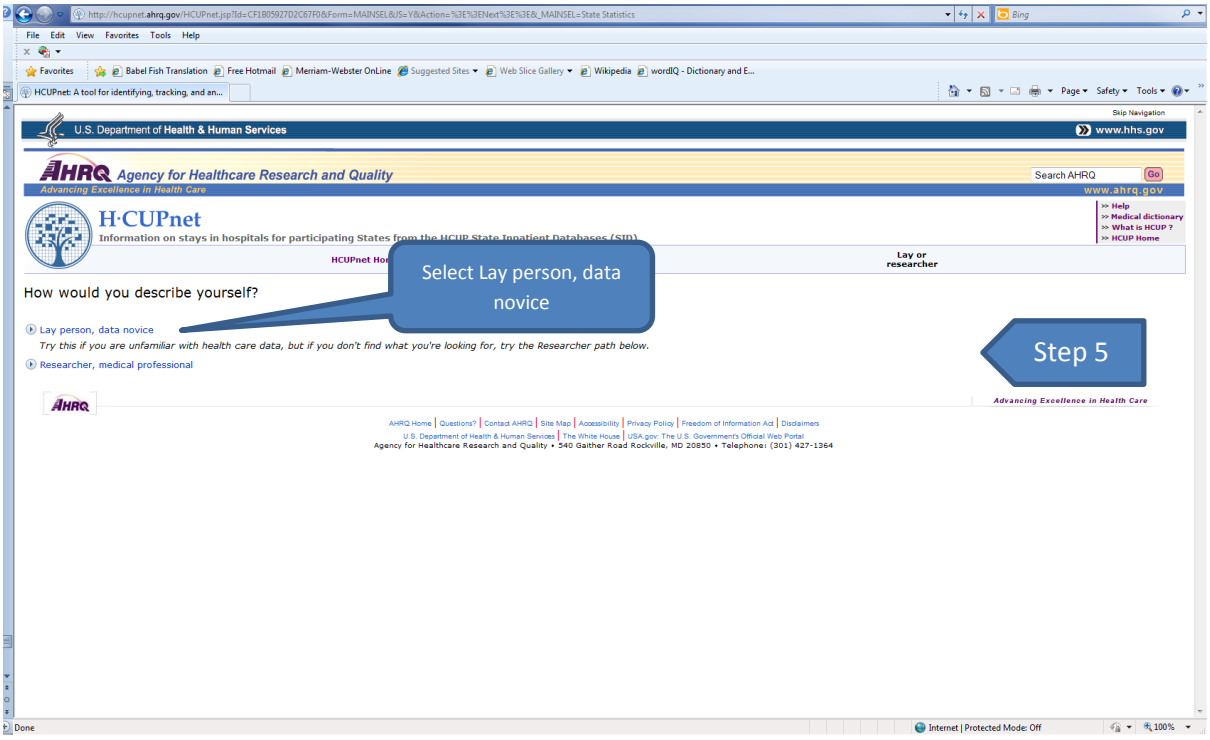
http://hcupnet.ahrq.gov/
U.S. Department of Health & Human Services
www.hhs.gov
AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care
www.ahrq.gov
Welcome to H·CUPnet
HCUPnet is a free, on-line query system based on data from the Healthcare Cost and Utilization Project (HCUP). It provides access to health statistics and information on hospital inpatient and emergency department utilization.
First Time Visitor?
HCUPnet overview
How does HCUPnet work?
HCUPnet tutorial
HCUPnet methodology?
HCUPnet definitions?
Step 4
Begin your query here -
Statistics on Hospital Stays
National Statistics on All Stays
National Statistics on Children
Select State Statistics on All Stays
State Statistics on All Stays
Quick National or State Statistics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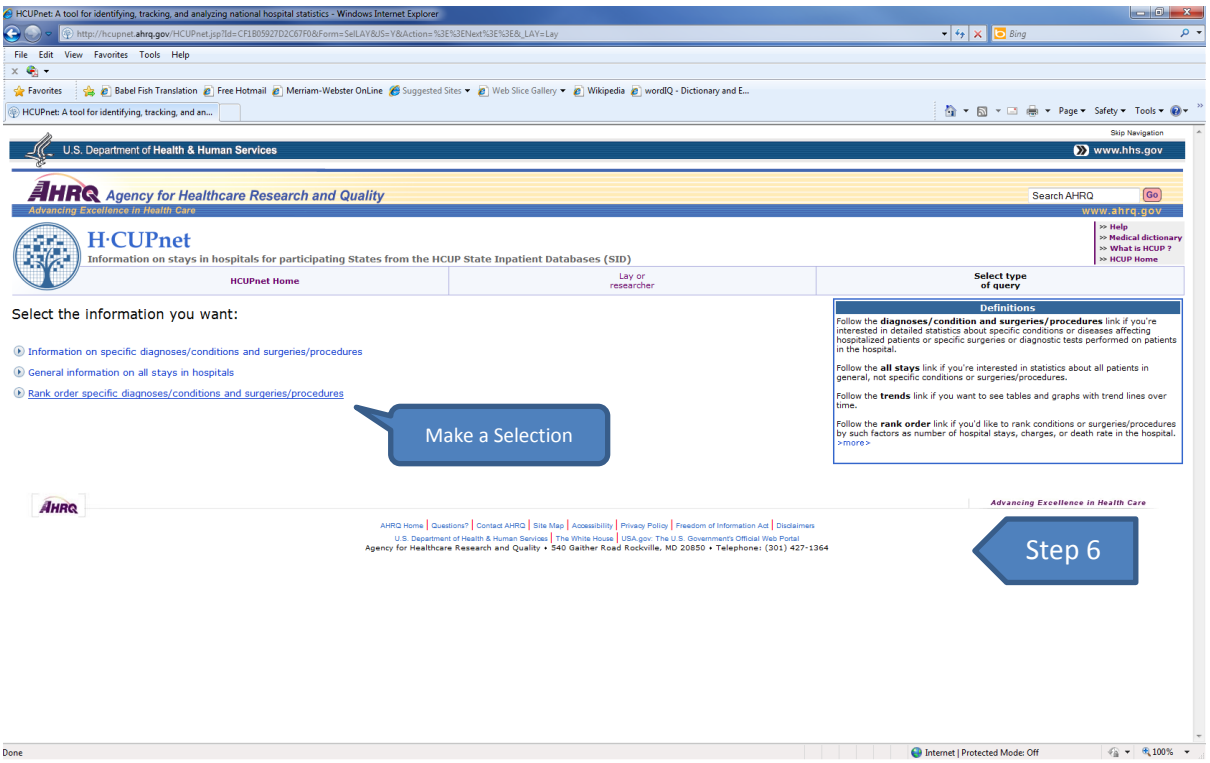
www.hhs.gov
AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care
www.ahrq.gov
H·CUPnet
Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)
Lay or researcher
How would you describe yourself?
Lay person, data novice
Try this if you are unfamiliar with health care data, but if you don't find what you're looking for, try the Researcher path below.
Researcher, medical professional
Select Lay person, data novice
Step 5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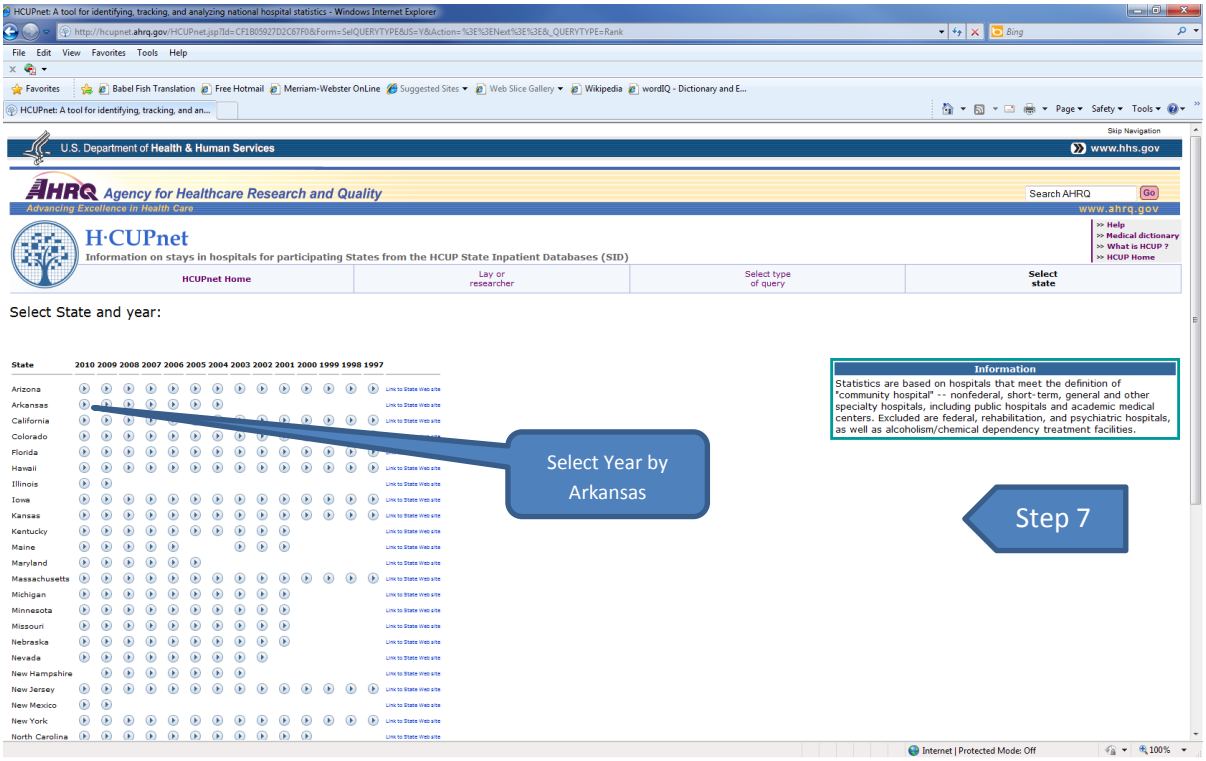
H·CUPnet
Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)
HCUPnet Home
Lay or researcher
Select type of query
Select the information you want:
Information on specific diagnoses/conditions and surgeries/procedures
General information on all stays in hospitals
Rank order specific diagnoses/conditions and surgeries/procedures
Definitions
Make a Selection
Step 6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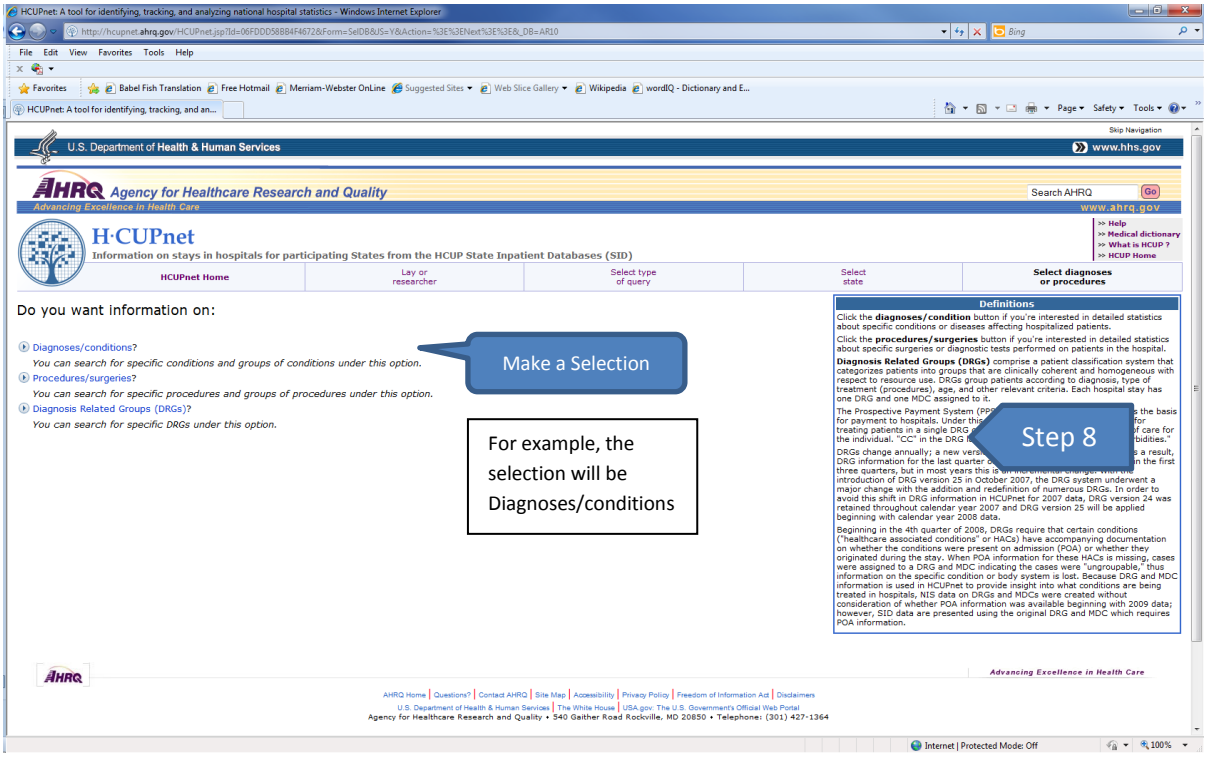
Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)
HCUPnet Home
Lay or researcher
Select type of query
Select state
Select State and year:
Information
Statistics are based on hospitals that meet the definition of "community hospital" -- nonfederal, short-term, general and other specialty hospitals, including public hospitals and academic medical centers. Excluded are federal, rehabilitation, and psychiatric hospitals, as well as alcoholism/chemical dependency treatment facilities.
Select Year by Arkansas
Step 7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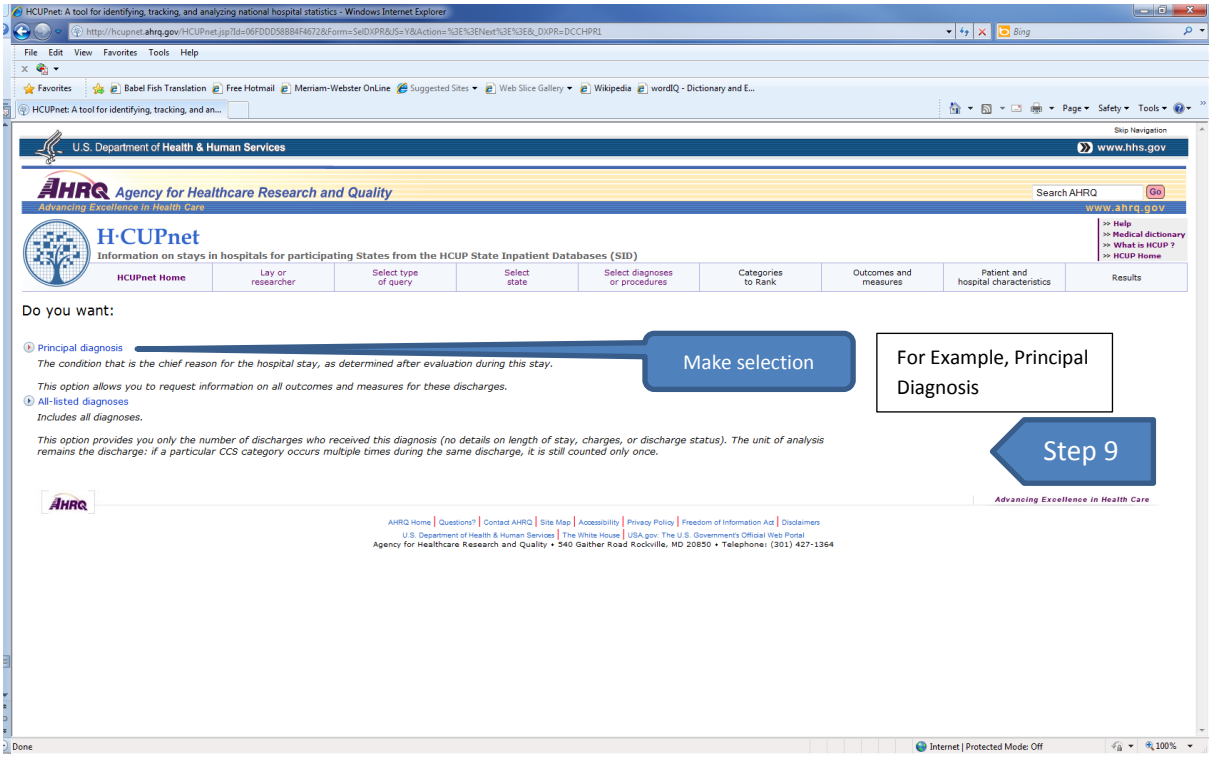
H·CUPnet
Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)
HCUPnet Home
Lay or researcher
Select type of query
Select state
Select diagnoses or procedures
Do you want information on:
Diagnoses/conditions?
You can search for specific conditions and groups of conditions under this option.
Procedures/surgeries?
You can search for specific procedures and groups of procedures under this option.
Diagnosis Related Groups (DRGs)?
You can search for specific DRGs under this option.
Make a Selection
For example, the selection will be Diagnoses/conditions
Definitions
Step 8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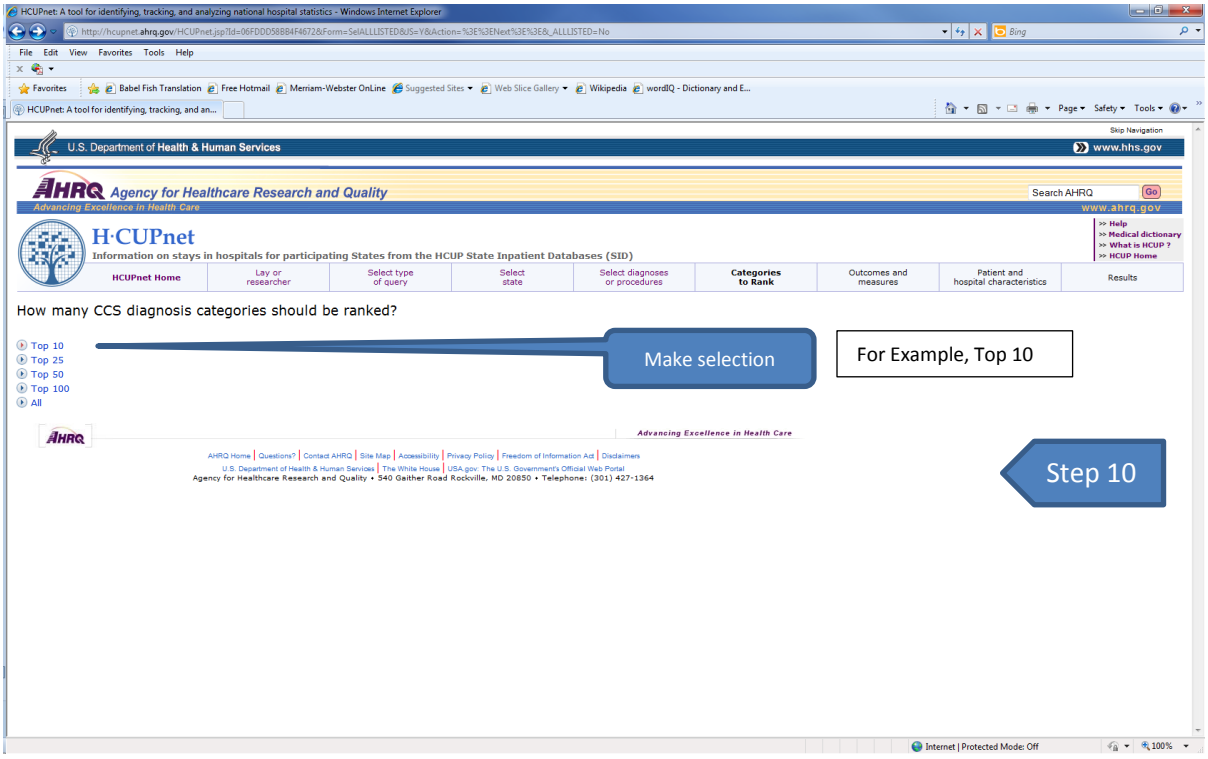
Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)
HCUPnet Home
Lay or researcher
Select type of query
Select state
Select diagnoses or procedures
Categories to Rank
Outcomes and measures
Patient and hospital characteristics
Results
Do you want:
Principal diagnosis
The condition that is the chief reason for the hospital stay, as determined after evaluation during this stay.
This option allows you to request information on all outcomes and measures for these discharges.
All-listed diagnoses
Includes all diagnoses.
This option provides you only the number of discharges who received this diagnosis (no details on length of stay, charges, or discharge status). The unit of analysis remains the discharge; if a particular CCS category occurs multiple times during the same discharge, it is still counted only once.
Make selection
For Example, Principal Diagnosis
Step 9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H·CUPnet
Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)
HCUPnet Home
Lay or researcher
Select type of query
Select state
Select diagnoses or procedures
Categories to Rank
Outcomes and measures
Patient and hospital characteristics
Results
How many CCS diagnosis categories should be ranked?
Top 10
Top 25
Top 50
Top 100
All
Make selection
For Example, Top 10
Step 10

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AHRQ Agency for Healthcare Research and Quality — Advancing Excellence in Health Care — www.ahrq.gov

H·CUPnet

Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)

HCUPnet Home | Lay or researcher | Select type of query | Select state | Select diagnoses or procedures | Categories to Rank | Outcomes and measures | Patient and hospital characteristics | Results

How do you want to rank order conditions?

- By number of discharges
- By length of hospital stay (days), mean
- By hospital charges (dollars), mean
- By aggregate charges
- By hospital costs, mean
- By aggregate costs
- By percent died in the hospital

Make selection

For Example, By number of discharges

Step 11

HCUPnet: A tool for identifying, tracking, and analyzing national hospital statistics - Windows Internet Explorer

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AHRQ Agency for Healthcare Research and Quality — Advancing Excellence in Health Care — www.ahrq.gov

H·CUPnet

Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)

HCUPnet Home | Lay or researcher | Select type of query | Select state | Select diagnoses or procedures | Categories to Rank | Outcomes and measures | Patient and hospital characteristics | Results

Select patient and hospital characteristics

- All patients in all hospitals

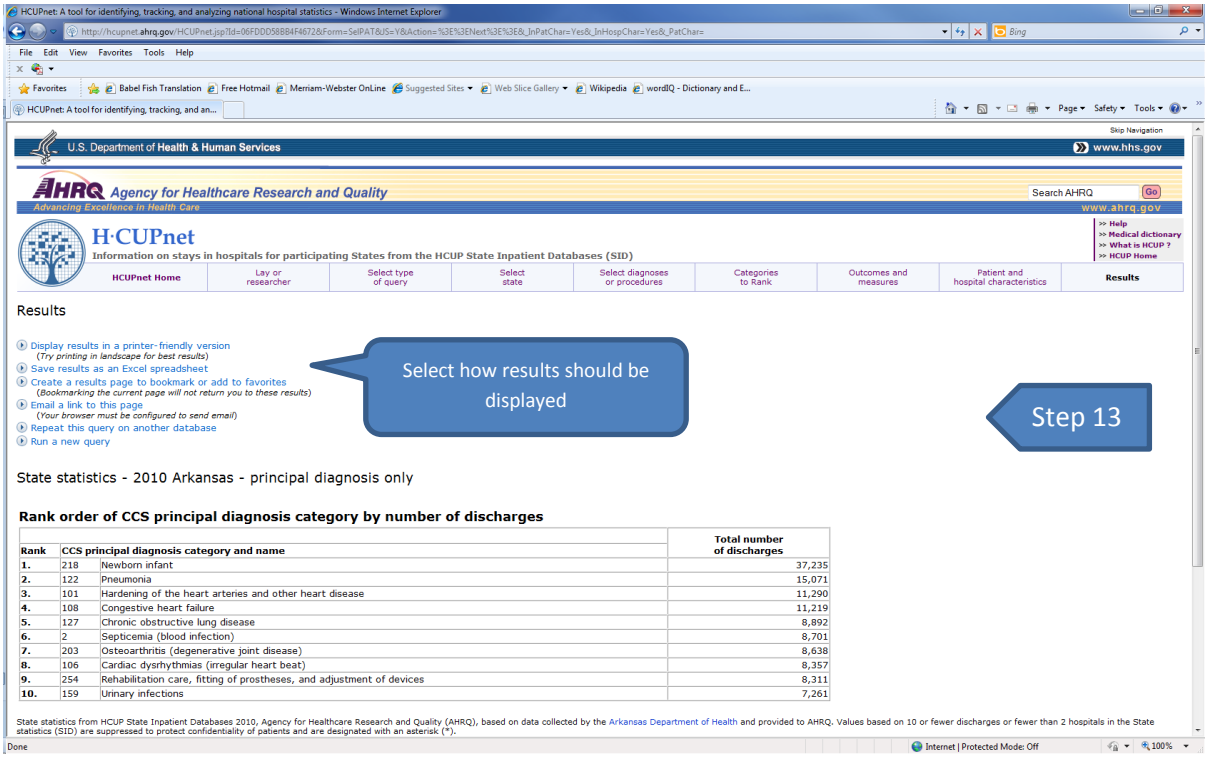
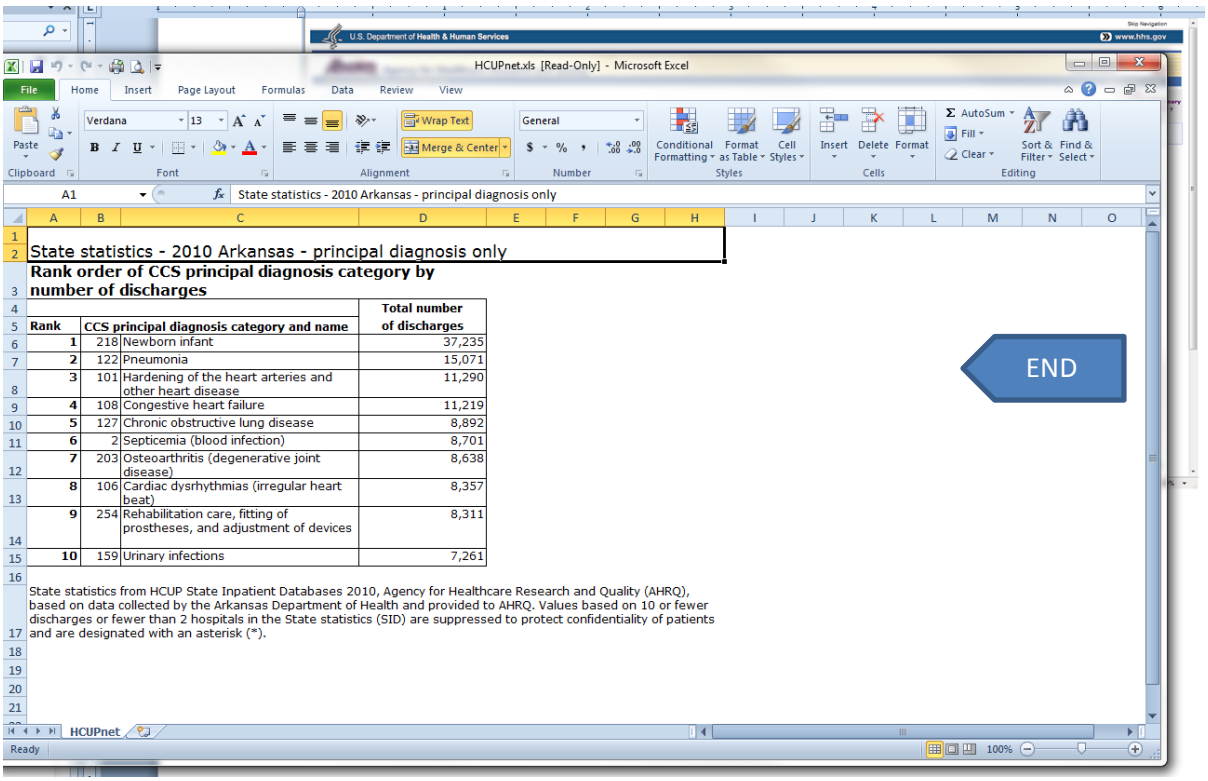
[OR]

- Patient age, in categories
- Gender
- Payer (insurance status)
- Location of patient's residence (large central metro, suburbs, medium or small metro, and non-metro)
- Race/ethnicity
- Hospital ownership (public, for-profit, not-for-profit)?
- Hospital teaching status (teaching vs. not)?
- Hospital location (metropolitan vs. non-metropolitan)?
- Hospital bedsize (small vs. medium vs. large)?

Make selection

For Example, All patients in all hospitals

Step 12



Results displayed in Excel: