



**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 timelier 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 Emergency Rooms (Coming in the near future)
- ◆ 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.

## 1.0 PUBLIC USE DATA FOLDER

### 1.1 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 5 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.

### 1.2 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.**

## 2.0 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.**

### 3.0 CONTENTS OF THE PUBLIC USE FOLDER

Included in this folder will be de-identified data sets from 2000-2006, 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.

#### 3.1 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-9-CM 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 Other Healthcare Institution
- 06 = Discharged/Transferred to home under Home Health
- 07 = Left against medical advice
- 09 = Admitted as Inpatient to this hosp used only for Medicare outpatient claims
- 20 = Expired
- 30 = Still a Patient
- 40 = Expired at home
- 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)

**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.

**SRCEADMT-** Source of Admission (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):**

- 1 = Physician Referral; the patient was admitted to this facility upon the recommendation of his or her personal physician.
- 2 = Clinical Referral; the patient was admitted to this facility upon recommendation of this facility's clinic physician.
- 3 = HMO Referral; the patient was admitted to this facility upon the recommendation of a health maintenance organization (HMO) physician.
- 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; the patient was admitted to this facility as a transfer from a skilled nursing facility where he/she was an inpatient.

6 = Transfer from another Health Care Facility; The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or skilled nursing facility. This includes transfers from nursing homes, and long term care facilities, and skilled nursing facility patients who are at a non-skilled level of care.

7 = Emergency Room; the patient was admitted to this facility upon the recommendation of this facility's emergency room physician.

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

**Code Structure for Newborns with Type of Admission = 4:**

1 = Normal delivery; A baby delivered without complications.

2 = Premature delivery; A baby delivered with time or weight factors qualifying it for premature status.

3 = Sick baby; A baby delivered with medical complications, other than those relating to premature status.

4 = Extramural birth; A baby born in a non-sterile environment.

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

**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-** Type of Admission (Character)

**Definition:** A code indicating priority of the admission.

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.

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.

3.2 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.

3.3 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 can not be generated using the query system or the information included in the folder please contact Lynda Lehing, Hospital Discharge Section Chief in writing at Lynda.Lehing@arkansas.gov.

**4.0 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 Sue Ellen Peglow, Hospital Discharge Medical Economist, located in room L100 across from the coffee shop. 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.

## **ATTACHMENTS**

## 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" means the Hospital Discharge Data Submittal Guide published by the Arkansas Department of Health. This Guide 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 which performs activities meeting the definition of inpatient discharges, as set forth in the Guide, shall submit data to the Department in a manner that complies with the provisions of the Guide for all inpatient hospital discharges occurring on or after January 1, 1996.

#### **SECTION VI. ADDITIONAL DATA REQUIRED TO BE SUBMITTED.**

In addition to data prescribed for submission in the Guide, 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, issued by the Department are dated at the bottom. As changes occur, replacement pages 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 World Health Organization, P.O. Box 5284, Church Street Station, New York, New York 10249.

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

**SECTION XIV. SEVERABILITY.**

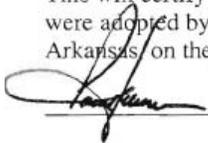
If any provision of these Rules and Regulations or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Rules and Regulations which can give effect without the invalid provisions or applications, and to this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

**SECTION XV. REPEAL.**

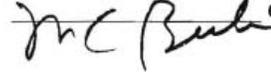
All regulations and parts of regulations in conflict herewith are hereby repealed.

**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 30<sup>th</sup> day of Jan, 2008.

  
\_\_\_\_\_  
Secretary, Arkansas Board of Health

The foregoing Rules and Regulations, copy having been filed in my office, are hereby approved on this \_\_\_ day of \_\_\_\_\_, 2008.

  
\_\_\_\_\_  
Governor

**ATTACHMENT 2**  
**ARKANSAS CODE – “STATE HEALTH DATA CLEARING HOUSE ACT”**

Arkansas Code Annotated 20-7-301 et seq.  
20-7-301. Title.

This subchapter shall be entitled the "State Health Data Clearing House 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 payers, 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, in order 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 Department of Health shall act as a state health data clearing house for the acquisition and dissemination of data from state agencies and other appropriate sources to carry out the purposes of this subchapter.

History. Acts 1995, No. 670, § 2.  
20-7-303. Collection and dissemination of health data.

(a) The Director of the Department of Health shall, with the approval of the State Board of Health, compile and disseminate health data collected by the Department of Health.

(b) The Department of Health, in consultation with advisory groups appointed by the director with representation from hospitals, outpatient surgery centers, health profession licensing boards, and other state agencies, should:

(1)(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) In order to maximize limited resources and to prevent duplication of effort, the Department of Health may, when appropriate, consider contracting with private entities for the collection of data as set forth in this section subject to the provisions of 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 Department of Health such data as are necessary for the Department of Health to carry out its responsibilities as prescribed by 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 department, the director may obtain a copy of such data from said 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 State Board of Health pursuant to § 20-7-305; however, if the same information is being collected by another state agency, the Department of Health shall obtain such data from the other state agency.

History. Acts 1995, No. 670, § 2.  
20-7-304. Release of health data.

The Director of the Department of Health shall be empowered to release data collected pursuant to 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 the purpose of 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) Provided further, that data collected 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) The Department of Health and Human Services may, only for purposes of research and aggregate statistical reporting, provide data to the Arkansas Center for Health Improvement and the Agency for Healthcare Research and Quality for its Healthcare

Cost and Utilization Project. 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). Furthermore, 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.

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 and Senate Interim Committees on Public Health, Welfare, and Labor or appropriate subcommittees thereof.

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

History. Acts 1995, No. 670, § 2; 1997, No. 179, § 22.

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 hereunder regarding confidentiality of information shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not less than one hundred dollars (\$100) nor more than five hundred dollars (\$500) or by imprisonment not exceeding one (1) month, or both.

(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 hereunder shall be guilty of a misdemeanor and, upon a plea of guilty, a plea of nolo contendere, or 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 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.  
20-7-308. Repealer.

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

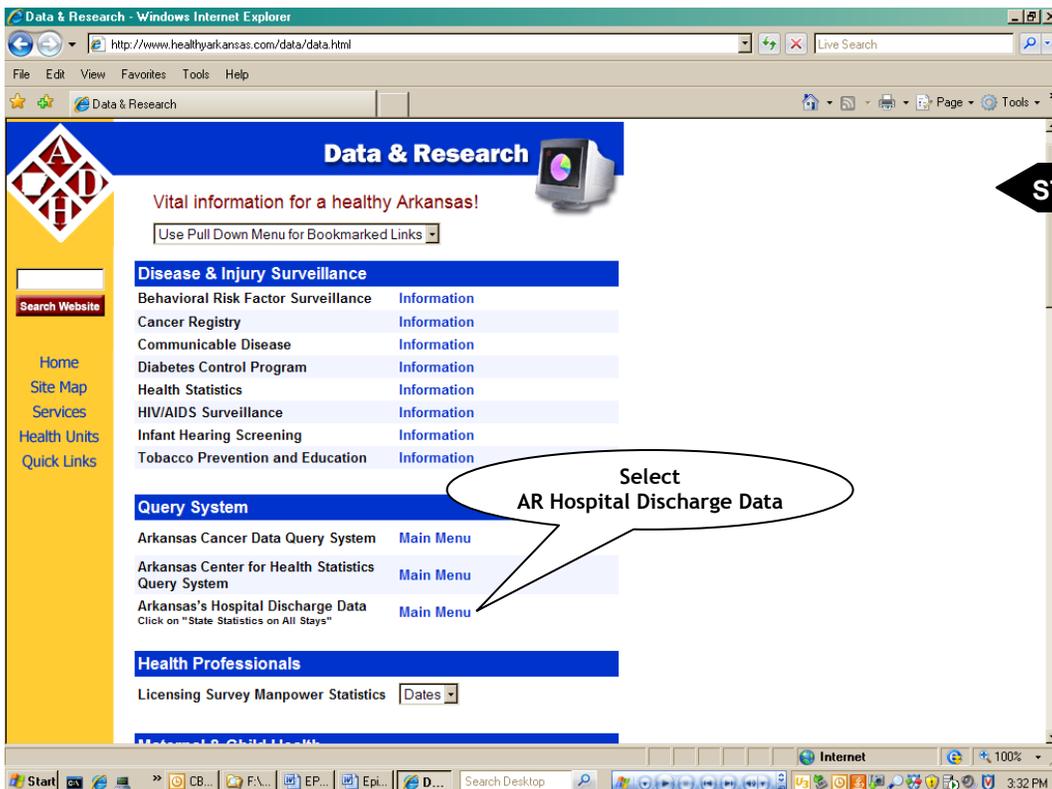
History. Acts 1995, No. 670, § 6.

### ATTACHMENT 3 HDDS H-CUP QUERY SYSTEM (VISUAL GUIDES)

Dept. of Health  
Homepage



BEGIN



STEP 2

**STEP 3**

Select State Statistics on All Stays

**STEP 4**

Select Lay person, data novice

United States Department of Health & Human Services  
**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)

**STEP 5**

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

**Make selection**

Select type of query

**Definitions**

Follow the **diagnoses/condition and surgeries/procedures** link if you're interested in detailed statistics about specific conditions or diseases affecting hospitalized patients or specific surgeries or diagnostic tests performed on patients in the hospital.

Follow the **all stays** link if you're interested in statistics about all patients in general, not specific conditions or surgeries/procedures.

Follow the **trends** link if you want to see tables and graphs with trend lines over time.

Follow the **rank order** link if you'd like to rank conditions or surgeries/procedures by such factors as number of hospital stays, charges, or death rate in the hospital. >more>

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

**STEP 6**

Select State and year:

State	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	
Arizona	<input type="radio"/>	Link to State Web site									
Arkansas	<input type="radio"/>	Link to State Web site									
California	<input type="radio"/>	Link to State Web site									
Colorado	<input type="radio"/>	Link to State Web site									
Florida	<input type="radio"/>	Link to State Web site									
Hawaii	<input type="radio"/>	Link to State Web site									
Iowa	<input type="radio"/>	Link to State Web site									
Kansas	<input type="radio"/>	Link to State Web site									
Kentucky	<input type="radio"/>	Link to State Web site									
Maine	<input type="radio"/>	Link to State Web site									
Maryland	<input type="radio"/>	Link to State Web site									
Massachusetts	<input type="radio"/>	Link to State Web site									
Michigan	<input type="radio"/>	Link to State Web site									
Minnesota	<input type="radio"/>	Link to State Web site									
Missouri	<input type="radio"/>	Link to State Web site									
Nebraska	<input type="radio"/>	Link to State Web site									
Nevada	<input type="radio"/>	Link to State Web site									
New Hampshire	<input type="radio"/>	Link to State Web site									

**Select Arkansas**  
Currently, 2004-2006 State Level data is available

**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.

United States Department of Health & Human Services  
**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

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.

**Definitions**

Click the **diagnoses/condition** button if you're interested in detailed statistics about specific conditions or diseases affecting hospitalized patients.

Click the **procedures/surgeries** button if you're interested in detailed statistics about specific surgeries or diagnostic tests performed on patients in the hospital.

**Diagnosis Related Groups (DRGs)** comprise a patient classification system that categorizes patients into groups that are clinically coherent and homogeneous with respect to resource use. DRGs group patients according to diagnosis, type of treatment (procedures), age, and other relevant criteria. Each hospital stay has one DRG and one MDC assigned to it.

The Prospective Payment System (PPS) uses approximately 500 DRGs as the basis for payment to hospitals. Under this system, hospitals are paid a set fee for treating patients in a single DRG category, regardless of the

**STEP 7**

Make selection

United States Department of Health & Human Services  
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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 Select codes Verify codes Outcomes and measures Patient and hospital characteristics Results

**Browse diagnoses/conditions** See the ICD codes that comprise CCS categories.

Hold the control key down and click to make multiple selections

--All Diagnoses--

- 1 INFECTIOUS AND PARASITIC DISEASE
- Tuberculosis (TB)
- Septicemia (blood infection)
- Bacterial infection
- Mycoses (fungal and yeast infection)
- AIDS/HIV infection
- Hepatitis
- Viral infection

[OR]

**Search for a diagnosis/condition**

Enter the name of a diagnosis to search for the category.

Search

any  all  phrase

>> Next >>

**Browse or Search then Select Next**

**STEP 8**

United States Department of Health & Human Services  
**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 Select codes Verify codes **Outcomes and measures** Patient and hospital characteristics Results

Select **outcomes and measures** for which you want statistics

Check one or more

- Number of discharges
- Length of hospital stay (days), mean
- Hospital charges (dollars), mean
- Percent died in the hospital
- Percent admitted from emergency department
- Percent admitted from another hospital
- Percent admitted from long term care facility

>> Next >>

**Definitions**

The numbers in HCUPnet are based on the hospital **discharge** (i.e., the hospital stay), not a person or patient.>more>

**Length of hospital stay** is the number of nights for which the patient remained in the hospital for this stay.>more>

**Total charges** is the amount the hospital charged for the entire hospital stay. It does not include fees that individual physicians charge.>more>

The **national bill**, or aggregate charges, is the sum of all charges for all hospital stays in the U.S.>more>

**Costs** Total charges were converted to costs using cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services (CMS).>more>

**Aggregate costs** are the sum of all costs for all hospital stays. See **Costs** and **Aggregate charges** for details.

**Died** generally indicates in-hospital deaths.

**Emergency admission** indicates the patient was admitted to the hospital through the

**STEP 9**

Choose your Criteria then Select Next

United States Department of Health & Human Services  
**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 Select codes Verify codes Outcomes and measures **Patient and hospital characteristics** Results

Select **patient and hospital characteristics**

Check one or more

- All patients in all hospitals
- Patient age, in categories
  - Male vs. female
- Insurance coverage (Medicare, Medicaid, private, uninsured, other)
- Location of patient's residence (large metro, small metro, or 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?)

>> Next >>

**Definitions**

**Age** of the patient, in years.

**Male vs. female** Gender of the patient.

**Insurance coverage** indicates who is the expected payer for the hospital stay.>more>

**Median income** is the median household income of the patient's ZIP code of residence.>more>

**Location of patient's residence** is based on an urban-rural designation of the patient's county of residence.>more>

**Region** is the four regions of the U.S.: Northeast, Midwest, South, and West.>more>

**Ownership** includes categories for: Public, or nonfederal government hospitals Voluntary, or private not-for-profit hospitals Proprietary, or private investor-owned hospitals

**Teaching** indicates whether the hospital in which the stay occurred is a teaching or a non-teaching hospital.>more>

**Hospital location** indicates whether the hospital is in a metropolitan area ("urban") or non-metropolitan area ("rural").

**STEP 10**

Determine Stratification then Select Next

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

http://hcupnet.ahrq.gov/HCUPnet.jsp

File Edit View Favorites Tools Help

HCUPnet Home Lay or researcher Select type of query Select state Select diagnoses or procedures Select codes Verify codes Outcomes and measures Patient and hospital characteristics Two-way tables Results

**How do you want the information displayed?**

One-way tables only

For example -

	Total number of discharges
Total number of discharges	
Age group	
<1	
1-17	
18-44	
45-64	
65-84	
85+	
Sex	
Male	
Female	
Missing	

Two-way tables as well

For example -

	Total number of discharges	Sex		
		Male	Female	Missing
Total number of discharges				
Age group				
<1				
1-17				
18-44				
45-64				
65-84				
85+				

**Choose your Format, Query System will finish**

Internet 100% 8:33 AM

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

http://hcupnet.ahrq.gov/HCUPnet.jsp?id=7F4CF1054DE495E5&Form=SelCRD5STAB&JS=Y&Action=%3E%3ENext%3E%3E&\_

File Edit View Favorites Tools Help

HCUPnet: A tool for identifying, tracking, and analyzing ...

**Results**

- Display a printer-friendly version (Try printing in landscape for best results)
- Save as an Excel spreadsheet
- Repeat this query on another database
- Run a new query

**State statistics - 2006 Arkansas - principal diagnosis only**

**Outcomes by patient and hospital characteristics for CCS principal diagnosis category Breast cancer**

	Total number of discharges	LOS (length of stay), days (mean)	Charges, \$ (mean)	In-hospital deaths
All discharges	970 (100.00%)	2.5	15,938	23 (2.37%)
Age group				
18-44	112 (11.55%)	1.7	17,925	**
45-64	434 (44.74%)	2.3	16,620	11 (2.53%)
65-84	375 (38.66%)	2.7	14,762	**
85+	49 (5.05%)	3.5	14,338	**
Race/ethnicity				
White	825 (85.05%)	2.3	15,620	19 (2.30%)
Black	138 (14.23%)	3.3	18,046	**
Hispanic	**	**	**	**
Asian/Pacific Islander	**	**	**	**
Native American	**	**	**	**
Other	**	**	**	**
Missing	**	**	**	**

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