Program Guidelines

Alaska Health Facilities Data Reporting Program

Update: 5/29/2015

Contents

Part I. Introduction 3
1. Purpose 3
2. Legal authority 3
3. Program overview and background 3

Part II. Guidelines for reporting facilities 4
1. Reporting facilities 4
2. Data submittal and correction process 4
3. Non-participation 5
4. Extensions, waivers, and exemptions 6

Part III. Guidelines for data use and stewardship 6
1. Data use and data stewardship 6
   a. Acceptable data uses 6
   b. Who can use the data 7
   c. Data ownership 8
   d. Data security 8
   e. Data uses not supported 9
   f. Publication 9
   g. Public information 9
2. Guidelines to ensure confidentiality and reliability of data 9
   a. Confidentiality: suppression guidelines for privacy 9
   b. Reliability 10
   c. Calculation of rates 10
3. Definitions 10
4. Useful references 12

Appendix A: For reporting facilities
1. Contact person designation form 13
2. Reporting deadline extension request form 14
3. UB-04 record layout, instructions, and sample records 15

Appendix B: For researchers and DHSS personnel
1. Data use agreement and request form (2001-2012 data) 25
2. Data use agreement and request form (2013 and later data) 27

Appendix C: For reporting facilities
1. Business Associate Agreement 29

Version history:

Version	Date	Change Summary
v. 1.1	11-20-2014	
v. 1.2	12-11-2014	II. 2. Deleted: "each facility must sign a Business Associate agreement with the data clearinghouse, in accordance with HIPAA."
v. 1.3	3-3-2015	I. 1. Clarified process to updating program guidelines and annual opportunities to submit comment II. 2. Added quarterly technical assistance calls Clarified mandated reporting periods vs. voluntary submission of calendar year 2014 data II. 3. Added wording on penalties for non-reporting facilities II. 4. Removed reference to ASHNHA/other third parties access to data through member facilities III. 1. Added formation of ad hoc data use committee III. 1. Moved language on reporting facilities' access to data and reports III. 3. Re-worded *limited data set* definition for clarity
v. 1.4	5-8-2015	Removed "DRAFT" watermark II. 1. Added reference to Business Associate Agreement II. 3. Added more wording on penalties for non-reporting facilities III. 1 Added "Healthcare Industry" to users of data III. 1. Added "Public information – Data reported under this program are not considered public information subject to the public records requirements of AS 40.25.110. For more information refer to 7 AAC 27.890." Added Appendix C – Business Associate Agreement

Part I. Introduction

1. Purpose

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

This document will be reviewed and updated by the program manager at least annually to reflect current conditions and developments. Annual opportunities to comment will be posted in the state Online Public Notice system.

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

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

2. Legal authority

The Alaska Health Facilities Data Reporting Program (HFDR) is governed by regulations 7 AAC 27.660 Article 14. Health Care Facility Discharge Data Reporting.

3. Program overview and background

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

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

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

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

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

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

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

Part II: Guidelines for reporting facilities

1. Reporting facilities

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

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

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

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

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

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

2. Data submittal and correction process

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

Data is to be submitted on a quarterly basis, no later than 60 days after the end of a calendar quarter, according to the following schedule:

Table 1: Data submittal schedule

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

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

For a patient with multiple discharges, the facility submits a discharge data record for each discharge. For a patient with multiple billing claims during an ongoing stay, each facility is expected to consolidate the multiple billings during the relevant quarter into a single discharge data record for submission after the patient's discharge, or for the interim period ending at the end of a reporting quarter.

In the instance of an interim record (a patient is not discharged at the end of reporting period) being submitted, the "discharge status" code used will be 30, "still a patient." This is most relevant for long term stay facilities such as skilled nursing facilities and psychiatric hospitals.

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

Data files are submitted electronically to the data clearinghouse, which processes and validates the records. The data clearinghouse returns a summary and error/validation report to the reporting entity, so that the file can be corrected and resubmitted as needed. Facilities are responsible for submitting the corrected data file promptly; corrected files should be re-submitted within 30 days of the reporting deadline for the quarter.

Quarterly technical assistance calls will be held prior to the reporting deadlines. These calls will include opportunity for participating facilities to ask questions and identify challenges with the reporting process. Content from these calls may be used to populate updates to the program's Frequently Asked Questions website or clarifications to the program guidelines as needed.

Regulations mandating reporting became effective December 13, 2014. The first required quarter of data is January-March 2015, due May 31. Facilities are encouraged, though not required, to submit calendar year 2014 data, preferably by March 1, 2015.

3. Non-participation

A facility required to submit data under 7 AAC 27.660 may face penalties for not submitting data. A non-participating facility will be reported to the Health Facilities Licensing and Certification office and/or Medicaid Program Integrity, which may impose penalties outlined

in 7 AAC 105.410. Possible sanctions range from mandatory attendance at provider education sessions to withholding of Medicaid payments or termination from the Medicaid program.

4. Extensions, waivers, and exemptions

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

Part III. Guidelines for data use and stewardship

1. Data use and data stewardship

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

During the first year of the program, an ad-hoc committee composed of both Department staff and reporting facility stakeholders will meet to discuss acceptable data uses and outline further recommendations on data sharing and publication guidelines.

a. Acceptable data uses

Examples of acceptable uses of the Alaska Inpatient Database and the Alaska Outpatient Database include:

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

b. Who can use the data

Alaska Department of Health and Social Services

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

Other Divisions and Sections of DHSS may utilize data for specific approved public health and planning purposes, provided a signed Data Use Agreement form (see Appendix 1) is on file.

Reporting facilities

Reporting facilities will receive summary reports for their facility and may download a copy of their own data set for the calendar year from the data clearinghouse. The cost of this service is covered by DHSS' contract with the data clearinghouse.

Reporting facilities may request additional customized reporting services from the data clearinghouse, at their own expense.

Healthcare Cost and Utilization Program

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

A limited data set may be made available for sale to researchers through the H-CUP Central Distributor in the future, after consultation with stakeholders.

Healthcare Industry

Data will be made available in at least aggregated form to healthcare industry associations for uses consistent with program guidelines, such as healthcare quality improvement and planning.

Researchers

Data sets, including semi-aggregated data sets, limited data sets, summary tables, and in selected cases, detailed data sets, may be made available to researchers through application. To request such data sets or reports, an applicant must complete

a data use proposal and signed Data Use Agreement form (found in Appendix 1), subject to approval.

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

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

The public

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

A limited data set will be made available for user-defined queries through the Alaska Indicator-Based Information System for Public Health (AK-IBIS). This online system will allow public users to examine research questions of interest. Data use will be subject to data suppression rules to limit such presentations to HIPAA-compliant reports that will not permit identification of individuals.

c. Data ownership

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

d. Data security

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

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

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

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

e. Data uses not supported

Any attempt to identify individual patients or link to identifiable information is prohibited. Use of identities inadvertently discovered is prohibited.

f. Publication

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

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

The HFDR should be acknowledged as the data source in any publication or presentation using HFDR data.

g. Public information

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

2. Guidelines to ensure confidentiality and reliability of data

a. Confidentiality: suppression guidelines for privacy

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

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

Annual statewide or regional counts for comparative analysis are likely to be appropriate when the population base is large enough that the population at risk in any category is greater than 20.

Small number counts may be highly relevant information, especially in instances where a target is zero for an adverse outcome or type of event. They may be considered "sentinel events." Provided such events are reported as an annual summary without detailed characteristics such as age, sex, and race, it is acceptable to publish the small count.

When considering whether to publish small numbers, the risk of identifying an individual must be considered. At a minimum, the cell count will be suppressed if the

difference between the numerator (cases) and denominator (population at risk) is less than 10.

b. Reliability

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

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

Rates and proportions based upon a numerator less than five (fewer than five observations) are not published. If the numerator is smaller than 20, a three-year average rate may be appropriate. When possible, a 95% confidence interval should be calculated and included.

c. Calculation of rates

Hospital discharge rates for major diagnostic groups or preventable hospitalizations are generally presented in terms of discharges per 10,000 people in the population group at risk of having been hospitalized. (In contrast to vital statistics mortality rates, usually expressed in terms of deaths per 100,000 people, infant mortality in terms of infant deaths per 1,000 live births, and epidemiological disease rates for rare events in terms of incidence per 100,000 people.)

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

3. Definitions

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

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

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

Limited data set is a limited set of identifiable patient information as defined in the Privacy Regulations issued under the Health Insurance Portability and Accountability Act (HIPAA). A limited data set may be disclosed to an outside party without a patient's

authorization if certain conditions are met. First, the purpose of the disclosure may only be for research, public health or health care operations. Second, the person receiving the information must sign a data use agreement. All the following direct identifiers of the individual or of relatives, employers, or household members of the individual must be removed in order for health information to be a limited data set:

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

Note: these identifiers are not included in the database.

The health information that may remain in the information disclosed includes:

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

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

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

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

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

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

4. Useful references

Official UB-04 Data Specifications Manual 2015. National Uniform Billing Committee. http://www.nubc.org/subscriber/index.dhtml

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

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

Guidelines for Using Confidence Intervals for Public Health Assessment. Washington State Department of Health 2012. http://www.doh.wa.gov/Portals/1/Documents/5500/ConfIntGuide.pdf

Appendices

Appendix A: For reporting facilities

1. Contact person designation form
2. Reporting deadline extension request form
3. UB-04 record layout, instructions, and sample records

Appendix B: For researchers and DHSS personnel

1. Data use agreement and request form (2001-2012 data)
2. Data use agreement and request form (2013 and later data)

Attachment A.1

ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM CONTACT PERSON DESIGNATION FORM

Version 10-2014

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

Please fax completed form to (907) 465-6861, email a scan to mary.mcewen@alaska.gov,
or mail to Health Planning & Systems Development,
Division of Public Health, P. O. Box 110610, Juneau, AK 99811-0610

Appendix A.2

ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM REPORTING DEADLINE EXTENSION REQUEST FORM

Version 10-2014

When a facility required to report is unable to meet the reporting deadline, a request may be requested for a maximum of 30 days.

Facility Name:

Mailing address:

Reporting quarter:

Patient's date of discharge:	**Data records due:**	**New due date:**	☑
January 1 - March 31	May 31	June 30	
April 1 - June 30	August 31	September 30	
July 1 - September 30	November 30	December 31	
October 1 - December 31	March 1	April 1	

Reason for request:

Action being taken to ensure future compliance:

Person requesting:	Title:
Signature:	Date:
Phone:	Email address:

☐ Accepted ☐ Not accepted. Reason:

Program Manager:	Date:

Please fax completed form to (907) 465-6861, email a scan to mary.mcewen@alaska.gov,
or mail to Health Planning & Systems Development,
Division of Public Health, P. O. Box 110610, Juneau, AK 99811-0610

Appendix A.3 Record Layout for UB-04 Data Collection

Hospital Industry Data Institute

A-TYPE RECORDS

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

* Data element is required for all patients.
*1 Data element is required for inpatients only
*2 Data Element is required for Emergency Department, Outpatient Observation, and Outpatient Surgery encounters

Appendix A.3 Record Layout for UB-04 Data Collection

Hospital Industry Data Institute

**** B-TYPE RECORDS**

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

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

**** C-TYPE RECORDS**

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

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

D-TYPE RECORDS (optional)

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

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

Appendix A.3 Record Layout for UB-04 Data Collection

Hospital Industry Data Institute

E-TYPE RECORDS (optional) – N/A

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

F-TYPE RECORDS (optional) – N/A

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

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

Appendix A.3 Record Layout for UB-04 Data Collection

Hospital Industry Data Institute

Electronic File Transfer Specifications

Submitting Data Using the HIDI Secure Internet Site
Files may be uploaded to HIDI's secure internet site. There is a 50MB file size upload limit. Larger files may be compressed using WinZip or PGP encryption software.

The HIDI Web site address is: https://www.mhanet.com/hidinet
For access to the site, please go to the site, select 'Request Access' and complete the form.

HIDI Contact Information

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

Phone: 573/893-3700
Fax: 573/635-9638

Appendix A.3 Record Layout for UB-04 Data Collection

Hospital Industry Data Institute

Special Instructions for UB-04 Record Layout

Unless otherwise noted, the code and format for each element is
defined in the National Uniform Billing Committee UB-04 Data Specifications Manual.

RECORD TYPE	LOCATION	ELEMENT/COMMENT
ALL	2 - 16	**NPI / MEDICARE PROVIDER NUMBER** - This field shall contain the National Provider Identifier (NPI), when assigned. Prior to NPI assignment, enter the Medicare provider number (or state assigned number).
A	120 - 149	**PATIENT NAME (Last, First, Suffix)** - Required for all patients, except those with a diagnosis of alcohol or substance abuse.
A	233 - 235	**PATIENT BOROUGH CODE** - HIDI uses the Federal Information Processing Standard (FIPS) county codes to verify and assign the borough code for the patient in Alaska.
A	236 - 244	**PATIENT SOCIAL SECURITY NUMBER** - If the patient refuses to release their SSN, code as 999999999.
A	368 - 370	**OBSERVATION HOURS** - Report the number of observation hours for inpatients and outpatients. Required if the revenue code for observation and the units are not included in record type "B."
A	371	**ETHNICITY** - Use the following codes when reporting the ethnicity of the patient: 1 - Hispanic or Latino 2 - Neither Hispanic nor Latino
A	372	**RACE** - Use the following codes when reporting the race of the patient: 1- White 2- Black or African American 3- American Indian/Alaska Native 4 – Asian 5 - Native Hawaiian/Pacific Islander 6 - Other 9 - Unknown or patient refused
A	373	**TYPE OF ENCOUNTER** - This field identifies the status of the patient at the time of discharge. Use the following codes: 1 = Inpatient 2 = Outpatient
A	374	**PLACE OF SERVICE** - This field identifies the area where the patient received treatment. Use the following coding method: <u>Inpatients</u> 1 - Acute medical/surgical unit (non-PPS exempt) 2 - Psychiatric unit or facility 3 - Medical rehabilitation unit or facility 4 - Alternate level of care (SNF/ICF/Other LTC/ Hospice/Subacute/Swing-Bed) 5 - Alcohol rehabilitation unit or facility 6 - Drug rehabilitation unit or facility 7 - Other inpatient <u>Outpatients</u> 1 - Emergency room 2 - Outpatient surgery 3 - Observation only 4 - Other outpatient <u>ASC Patients</u> 2 = Outpatient surgery

Appendix A.3 Record Layout for UB-04 Data Collection

Hospital Industry Data Institute

RECORD TYPE	LOCATION	ELEMENT/COMMENT
A	375 - 378	**PRIMARY PAYER IDENTIFICATION** - The following general payment categories are the preferred method for reporting the Primary, Secondary and Tertiary source of payment. 001 - Medicare 002 - Medicaid 003 - Commercial 004 - Workers' Compensation 005 - Self Pay 006 - Indian Health Service 007 - CHAMPUS/VA 008 - Other Miscellaneous 009 - Other Government 010 - Unreimbursed Native Health 017 - Elmendorf
B	**Records**	The record layout allows multiple B-Type records with up to seven (7) revenue codes on each record. Revenue code "0001" should be the last revenue code reported on the "B" record and should contain the total charges of all other revenue codes. To submit multiple B-Type records for a patient, positions 1 - 42 should remain static except for the record sequence number. Increment the record sequence number by one and replace the contents of all fields in positions 43 - 399 with the remaining codes until all codes are reported.
C	**Records**	The record layout allows multiple C-Type records with up to seventeen (17) other diagnosis codes and nine (9) other procedure codes and dates per record. To submit multiple C-Type records for a patient, positions 1 - 118 should remain static except for the record sequence number. Increment the record sequence number by one and replace the contents of "Other Diagnosis" and "Other Procedure Codes/Dates" with the remaining codes until all codes are reported. **C-Type records may be used to dual report both ICD-9 and ICD-10 codes for the same patient. Populate the record with all of the ICD-9 information as described above then repeat the logic using the equivalent ICD-10 coding for the patient. A sample of dual reporting for a patient is attached.**
C	72 - 95	**EXTERNAL CAUSE OF INJURY CODE -** The ICD-9 or ICD-10 code for the external cause of injury, poisoning or adverse effect. The eighth digit is for the Present on Admission Flag.
C	96 - 103	**PRINCIPAL DIAGNOSIS CODE -** The eighth digit is for the Present on Admission Flag.
C	104 - 118	**PRINCIPAL PROCEDURE CODE / DATE** - The first seven digits are reserved for the procedure code and the remaining eight digits contain the procedure date in MMDDYYYY format.
C	119 - 254	**OTHER DIAGNOSIS CODES -** Up to 17 ICD-9 or ICD-10 diagnosis codes can reported in this area. The eighth digit of the diagnoses code is for the Present on Admission Flag. Additional E-codes can be reported in this area for Place of Injury (see below). This is a repeatable field, review instructions for “C Records” above. **Place of injury E-Code** - The ICD-9 or ICD-10 code for the place of injury.
C	255 - 389	**OTHER PROCEDURE CODES / DATES** - The first seven digits are reserved for the procedure code and the remaining eight digits contain the procedure date in MMDDYYYY format. Up to 9 ICD-9 or ICD-10 procedure codes / dates can be reported in this area. This is a repeatable field, review instructions for "C Records" above.

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

Dual Reporting Example for one Patient

C-TYPE RECORD #1 **SAMPLE ICD-9 RECORD 1**

Hospital Industry Data Institute

Req	ELEMENT		START-STOP	FIELD CONTENTS		Field Description
*	RECORD TYPE		1-1	C		
*	NPI/MPN		2-16	260000		
*	PAT.NUM		17-40	1234567		
*	SEQ NUM		41-42	01		
*	DX VER		43-43	9		DX Version Qualifier for ICD9 = 9
	ADMIT DX CODE		44-50			
	PAT REASN VST 1		51-57			
	PAT REASN VST 2		58-64			
	PAT REASN VST 3		65-71			
*	ECODE 1		72-79	EEEE	Y	E-code 1 positions 1-7, POA code 8th position
*	ECODE 2		80-87	EEEEE	Y	E-code 2 positions 1-7, POA code 8th position
*	ECODE 3		88-95			
*	PRIN DX		96-103	CCCCC	Y	Principal Diagnosis Code positions 1-7, POA Code 8th position
*	PRIN PX		104-118	PPPP	MMDDYYYY	Principal Procedure Code positions 1-7, Principal Procedure Date positions 8-15
*	OTHER DX	1	119-126	CCCC	Y	Other DX Code 1 positions 1-7, POA Code 8th position
*	OTHER DX	2	127-134	CCCCC	Y	Other DX Code 2 positions 1-7, POA Code 8th position
*	OTHER DX	3	135-142	CCCC	Y	Other DX Code 3 positions 1-7, POA Code 8th position
*	OTHER DX	4	143-150	CCCC	Y	Other DX Code 4 positions 1-7, POA Code 8th position
*	OTHER DX	5	151-158	CCCCC	Y	Other DX Code 5 positions 1-7, POA Code 8th position
*	OTHER DX	6	159-166	CCCC	Y	Other DX Code 6 positions 1-7, POA Code 8th position
*	OTHER DX	7	167-174	CCCCC	Y	Other DX Code 7 positions 1-7, POA Code 8th position
*	OTHER DX	8	175-182	CCC	Y	Other DX Code 8 positions 1-7, POA Code 8th position
*	OTHER DX	9	183-190	CCCC	Y	Other DX Code 9 positions 1-7, POA Code 8th position
*	OTHER DX	10	191-198	CCCCC	Y	Other DX Code 10 positions 1-7, POA Code 8th position
*	OTHER DX	11	199-206	CCCC	Y	Other DX Code 11 positions 1-7, POA Code 8th position
*	OTHER DX	12	207-214	CCCC	Y	Other DX Code 12 positions 1-7, POA Code 8th position
*	OTHER DX	13	215-222	CCCCC	Y	Other DX Code 13 positions 1-7, POA Code 8th position
*	OTHER DX	14	223-230	CCCC	Y	Other DX Code 14 positions 1-7, POA Code 8th position
*	OTHER DX	15	231-238	CCCCC	Y	Other DX Code 15 positions 1-7, POA Code 8th position
*	OTHER DX	16	239-246	CCC	Y	Other DX Code 16 positions 1-7, POA Code 8th position
*	OTHER DX	17	247-254	CCCCC	Y	Other DX Code 17 positions 1-7, POA Code 8th position
*	OTHER PX	1	255-269	PPP	MMDDYYYY	Other PX Code 1 positions 1-7, Other PX Date 1 positions 8-15
*	OTHER PX	2	270-284	PPPP	MMDDYYYY	Other PX Code 2 positions 1-7, Other PX Date 2 positions 8-15
*	OTHER PX	3	285-299			
*	OTHER PX	4	300-314			
*	OTHER PX	5	315-329			
*	OTHER PX	6	330-344			
*	OTHER PX	7	345-359			
*	OTHER PX	8	360-374			
*	OTHER PX	9	375-389			

Dual Reporting Example for one Patient

C-TYPE RECORD #2 **SAMPLE ICD-9 RECORD 2**

Hospital Industry Data Institute

Req	ELEMENT		START-STOP	FIELD CONTENTS		Field Description
*	RECORD TYPE		1-1	C		** POSITIONS 1 - 118 REMAIN THE SAME AS THE 1ST C-TYPE RECORD
*	NPI/MPN		2-16	260000		EXCEPT FOR THE SEQUENCE NUMBER
*	PAT.NUM		17-40	1234567		
*	SEQ NUM		41-42	02		
*	DX VER		43-43	9		DX Version Qualifier for ICD9 = 9
	ADMIT DX CODE		44-50			
	PAT REASN VST 1		51-57			
	PAT REASN VST 2		58-64			
	PAT REASN VST 3		65-71			
*	ECODE	1	72-79	EEEE	Y	E-code 1 positions 1-7, POA code 8th position
*	ECODE	2	80-87	EEEEE	Y	E-code 2 positions 1-7, POA code 8th position
*	ECODE	3	88-95			
*	PRIN DX		96-103	CCCCC	Y	Principal Diagnosis Code positions 1-7, POA Code 8th position
*	PRIN PX		104-118	PPPP	MMDDYYYY	Principal Procedure Code positions 1-7, Principal Procedure Date positions 8-15
*	OTHER DX	1	119-126	CCCC	Y	Other DX Code 18 positions 1-7, POA Code 8th position
*	OTHER DX	2	127-134	CCCCC	Y	Other DX Code 19 positions 1-7, POA Code 8th position
*	OTHER DX	3	135-142	CCCC	Y	Other DX Code 20 positions 1-7, POA Code 8th position
*	OTHER DX	4	143-150	CCCC	Y	Other DX Code 21 positions 1-7, POA Code 8th position
*	OTHER DX	5	151-158	CCCCC	Y	Other DX Code 22 positions 1-7, POA Code 8th position
*	OTHER DX	6	159-166			
*	OTHER DX	7	167-174			
*	OTHER DX	8	175-182			
*	OTHER DX	9	183-190			
*	OTHER DX	10	191-198			
*	OTHER DX	11	199-206			
*	OTHER DX	12	207-214			
*	OTHER DX	13	215-222			
*	OTHER DX	14	223-230			
*	OTHER DX	15	231-238			
*	OTHER DX	16	239-246			
*	OTHER DX	17	247-254			
*	OTHER PX	1	255-269			
*	OTHER PX	2	270-284			
*	OTHER PX	3	285-299			
*	OTHER PX	4	300-314			
*	OTHER PX	5	315-329			
*	OTHER PX	6	330-344			
*	OTHER PX	7	345-359			
*	OTHER PX	8	360-374			
*	OTHER PX	9	375-389			

Dual Reporting Example for one Patient

C-TYPE RECORD #3 **SAMPLE ICD-10 RECORD 1**

Hospital Industry Data Institute

Req	ELEMENT		START-STOP	FIELD CONTENTS		Field Description
*	RECORD TYPE		1-1	C		
*	NPI/MPN		2-16	260000		
*	PAT.NUM		17-40	1234567		
*	SEQ NUM		41-42	03		
*	DX VER		43-43	0		
	ADMIT DX CODE		44-50			
	PAT REASN VST 1		51-57			
	PAT REASN VST 2		58-64			
	PAT REASN VST 3		65-71			
	ECODE 1		72-79			DX Version Qualifier for ICD-10 = 0
*	ECODE 2		80-87			
*	ECODE 3		88-95			
*	PRIN DX		96-103	CCCC	Y	Principal Diagnosis Code positions 1-7, POA Code 8th position
*	PRIN PX		104-118	PPPP	MMDDYYYY	Principal Procedure Code positions 1-7, Principal Procedure Date positions 8-15
*	OTHER DX	1	119-126	CCCC	Y	Other DX Code 1 positions 1-7, POA Code 8th position
*	OTHER DX	2	127-134	CCCCC	Y	Other DX Code 2 positions 1-7, POA Code 8th position
*	OTHER DX	3	135-142	CCC	Y	Other DX Code 3 positions 1-7, POA Code 8th position
*	OTHER DX	4	143-150	CCCC	Y	Other DX Code 4 positions 1-7, POA Code 8th position
*	OTHER DX	5	151-158	CCCC	Y	Other DX Code 5 positions 1-7, POA Code 8th position
*	OTHER DX	6	159-166	CCCC	Y	Other DX Code 6 positions 1-7, POA Code 8th position
*	OTHER DX	7	167-174	CCCCC	Y	Other DX Code 7 positions 1-7, POA Code 8th position
*	OTHER DX	8	175-182	CCC	Y	Other DX Code 8 positions 1-7, POA Code 8th position
*	OTHER DX	9	183-190	CCCC	Y	Other DX Code 9 positions 1-7, POA Code 8th position
*	OTHER DX	10	191-198	CCCCC	Y	Other DX Code 10 positions 1-7, POA Code 8th position
*	OTHER DX	11	199-206	CCCC	Y	Other DX Code 11 positions 1-7, POA Code 8th position
*	OTHER DX	12	207-214	CCCC	Y	Other DX Code 12 positions 1-7, POA Code 8th position
*	OTHER DX	13	215-222	CCCCC	Y	Other DX Code 13 positions 1-7, POA Code 8th position
*	OTHER DX	14	223-230	CCCC	Y	Other DX Code 14 positions 1-7, POA Code 8th position
*	OTHER DX	15	231-238	CCCCC	Y	Other DX Code 15 positions 1-7, POA Code 8th position
*	OTHER DX	16	239-246	CCC	Y	Other DX Code 16 positions 1-7, POA Code 8th position
*	OTHER DX	17	247-254	CCCCC	Y	Other DX Code 17 positions 1-7, POA Code 8th position
*	OTHER PX	1	255-269	PPPP	MMDDYYYY	Other PX Code 1 positions 1-7, Other PX Date 1 positions 8-15
*	OTHER PX	2	270-284	PPPP	MMDDYYYY	Other PX Code 2 positions 1-7, Other PX Date 2 positions 8-15
*	OTHER PX	3	285-299			
*	OTHER PX	4	300-314			
*	OTHER PX	5	315-329			
*	OTHER PX	6	330-344			
*	OTHER PX	7	345-359			
*	OTHER PX	8	360-374			
*	OTHER PX	9	375-389			

Dual Reporting Example for one Patient

C-TYPE RECORD #4 SAMPLE ICD-10 RECORD 2

Hospital Industry Data Institute

Req	ELEMENT		START-STOP	FIELD CONTENTS		Field Description
*	RECORD TYPE		1-1	C		** POSITIONS 1 - 118 REMAIN THE SAME AS THE 1ST C-TYPE RECORD
*	NPI/MPN		2-16	260000		EXCEPT FOR THE SEQUENCE NUMBER
*	PAT.NUM		17-40	1234567		
*	SEQ NUM		41-42	04		
*	DX VER		43-43	0		DX Version Qualifier for ICD-10 = 0
	ADMIT DX CODE		44-50			
	PAT REASN VST	1	51-57			
	PAT REASN VST	2	58-64			
	PAT REASN VST	3	65-71			
*	ECODE	1	72-79			
*	ECODE	2	80-87			
*	ECODE	3	88-95			
*	PRIN DX		96-103	CCCC	Y	Principal Diagnosis Code positions 1-7, POA Code 8th position
*	PRIN PX		104-118	PPPP	MMDDYYYY	Principal Procedure Code positions 1-7, Principal Procedure Date positions 8-15
*	OTHER DX	1	119-126	CCCC	Y	Other DX Code 18 positions 1-7, POA Code 8th position
*	OTHER DX	2	127-134	CCCCC	Y	Other DX Code 19 positions 1-7, POA Code 8th position
*	OTHER DX	3	135-142	CCCC	Y	Other DX Code 20 positions 1-7, POA Code 8th position
*	OTHER DX	4	143-150	CCCC	Y	Other DX Code 21 positions 1-7, POA Code 8th position
*	OTHER DX	5	151-158	CCCCC	Y	Other DX Code 22 positions 1-7, POA Code 8th position
*	OTHER DX	6	159-166	CCCC	Y	Other DX Code 23 positions 1-7, POA Code 8th position
*	OTHER DX	7	167-174	CCCCC	Y	Other DX Code 24 positions 1-7, POA Code 8th position
*	OTHER DX	8	175-182			
*	OTHER DX	9	183-190			
*	OTHER DX	10	191-198			
*	OTHER DX	11	199-206			
*	OTHER DX	12	207-214			
*	OTHER DX	13	215-222			
*	OTHER DX	14	223-230			
*	OTHER DX	15	231-238			
*	OTHER DX	16	239-246			
*	OTHER DX	17	247-254			
*	OTHER PX	1	255-269			
*	OTHER PX	2	270-284			
*	OTHER PX	3	285-299			
*	OTHER PX	4	300-314			
*	OTHER PX	5	315-329			
*	OTHER PX	6	330-344			
*	OTHER PX	7	345-359			
*	OTHER PX	8	360-374			
*	OTHER PX	9	375-389			

Appendix B-1

ALASKA HOSPITAL DISCHARGE DATA SET UTILIZATION AGREEMENT

For use with 2001 – 2012 data

The Alaska Department of Health and Social Services places the following conditions on the acceptance and utilization of data from the Alaska Hospital Discharge Data Set:

1. "Ownership" of the data set remains with the Alaska State Hospital and Nursing Home Association (ASHNHA), with management permission assigned to Alaska Department of Health and Social Services (DHSS) as defined in a Memorandum of Understanding. Under HIPAA, the patient is the "owner" of his/her data; all others have limited rights of use.

2. _____ of _____ ;
   (printed name) (organization)

   and _____ of _____ ;
   (printed name) (organization)

   and _____ of _____
   (printed name) (organization)

   will have access to the data as defined on the attached data request that has been sent for research and analysis. Other persons will have access to the data only for technical support and with DHSS / Hospital Discharge Data Set (HDDS) manager approval. Upon completion of the proposed research project specified in the application, the data will be deleted and transmittal copies destroyed.

3. Access to the data file will be protected by a security system that requires the user to provide at least one password.

4. Release of non-aggregate or semi-aggregated data to any other individual or agency without the express permission of the DHSS HDDS manager is prohibited; only summary data (meeting the State of Alaska HIPAA criteria for data release) appropriate for public reporting shall be shared or published.

5. The recipient will commit to protecting the identity of patients and hospitals. (Although we do not give names, in some communities, the dates, age, sex, race and place may be sufficient to identify an individual or service.) No use will be made of the identity of a person or hospital discovered inadvertently.

6. All prevailing laws and regulations relating to the protection of patient-identifiable information will be followed (this includes HIPAA privacy regulations).

7. Data will not be linked to any data set with individually identifiable records.

8. The recipient and any associate with access to the data set for analysis purposes acceptable as part of this data sharing agreement will submit to the DHSS HDDS manager a signed Alaska HDDS utilization agreement.

9. The data may be used only for studies of a public health nature.

10. The recipient will allow the DHSS HDDS manager a pre-publication review of conclusions based upon data. (This is to ensure correct interpretation of the contents of the database.) If disagreement exists, the recipient will allow the HDDS manager the opportunity to include comment within the published document. Acknowledgement is to be given to the HDDS as the source of data in any publications, articles, or studies that are prepared or published.

ALASKA HOSPITAL DISCHARGE DATA REQUEST

For use with 2001 – 2012 data

Project Title	
Short Description and Purpose of Project	
Description of Data Request (years, inpatient/outpatient, variables of interest)	

I have read and agree to the conditions of use for data in the attached **Alaska Hospital Discharge Data Utilization Agreement.**

Primary Applicant: (Person receiving data transfer)	
Name	Title Organization
Signature	Date
Email Address:	
Secure Messaging Address:	
Required for each additional person who will be accessing the data:	
Name	Title Organization
Signature	Date
Name	Title Organization
Signature	Date
☐ Accepted	
Program Manager	Date

Please fax completed form to (907) 465-6861 or email a scan of completed form to mary.mcewen@alaska.gov

After submitting copy, please mail signed original to Health Planning & Systems Development,
Division of Public Health, P. O. Box 110610, Juneau, AK 99811-0610

Appendix B-2

ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM DATA UTILIZATION AGREEMENT

For use with 2013 and later data

The Health Planning and Systems Development Section of the Alaska Department of Health and Social Services places the following conditions on the use of data from the Alaska Health Facilities Data Reporting Program:

1. "Ownership" of the data set remains with Alaska Department of Health and Social Services (DHSS).
2. _____ of _____ ;
   (printed name) (organization)

   and _____ of _____ ;
   (printed name) (organization)

   and _____ of _____
   (printed name) (organization)

   will have access to the data as defined on the attached data request for research and analysis. Other persons will have access to the data only for technical support and with DHSS / Health Facilities Data Reporting (HFDR) Program manager approval. Upon completion of the proposed research project specified in the application, the data will be deleted and transmittal copies destroyed.
3. Access to the data file will be protected by a security system that requires the user to provide at least one password.
4. Release of non-aggregate or semi-aggregated data to any other individual or agency without the express permission of the DHSS HFDR manager is prohibited; only summary data (meeting the State of Alaska HIPAA criteria for data release) appropriate for public reporting shall be shared or published.
5. The recipient will commit to protecting the identity of patients. (Although the data set does not include names, in some communities, the dates, age, sex, race and place may be sufficient to identify an individual or service.) No use will be made of the identity of a person discovered inadvertently.
6. All prevailing laws and regulations relating to the protection of patient-identifiable information will be followed (this includes HIPAA privacy regulations).
7. Data will not be linked to any data set with individually identifiable records.
8. The recipient and any associate with access to the data set for analysis purposes acceptable as part of this data sharing agreement will submit to the HFDR a signed Data Use Agreement.
9. The data may be used only for studies of a public health nature.
10. The recipient will allow the HFDR a pre-publication review of conclusions based upon data. (This is to ensure correct interpretation of the contents of the database.) If disagreement exists, the recipient will allow the HFDR manager the opportunity to include comment within the published document. Acknowledgement is to be given to the HFDR as the source of data in any publications, articles, or studies that are prepared or published.

ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM
DATA UTILIZATION REQUEST

For use with 2013 and later data

Project Title	
Short Description and Purpose of Project	
Brief description of methods	
Description of Data Request (years, inpatient/outpatient, variables of interest)	
Brief description of privacy/confidentiality protections in place	

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

Primary Applicant: (Person receiving data transfer)	
Name	Title Organization
Signature	Date
Email Address:	
Secure Messaging Address:	
Required for each additional person who will be accessing the data:	
Name	Title Organization
Signature	Date
Name	Title Organization
Signature	Date
☐ Accepted	
Program Manager	Date

Please fax completed form to (907) 465-6861 or email a scan of completed form to mary.mcewen@alaska.gov

After submitting copy, please mail signed original to Health Planning & Systems Development,
Division of Public Health, P. O. Box 110610, Juneau, AK 99811-0610

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

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

RECITALS

Whereas,

A. CE wishes to disclose certain information to BA, some of which may constitute Protected Health Information ("PHI");

B. It is the goal of CE and BA to protect the privacy and provide for the security of PHI owned by CE that is disclosed to BA or created, received, transmitted, or maintained by BA in compliance with HIPAA (42 U.S.C. 1320d – 3120d-8) and its implementing regulations at 45 C.F.R. 160 and 45 C.F.R. 164 (the "Privacy and Security Rule"), the Health Information Technology for Economic and Clinical Health Act of 2009 (P.L. 111-5) (the "HITECH Act"), and with other applicable laws;

C. The purpose and goal of the HIPAA Business Associate Agreement ("BAA") is to satisfy certain standards and requirements of HIPAA, HITECH Act, and the Privacy and Security Rule, including but not limited to 45 C.F.R. 164.502(e) and 45 C.F.R. 164.504(e), as may be amended from time to time;

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

1. Definitions.

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

   b. Specific:

      1) Business Associate: "Business Associate" or "BA" has the same meaning as the term "business associate" at 45 C.F.R. 160.103.

2) Covered Entity: "Covered Entity" or "CE" has the same meaning as the term "covered entity" at 45 C.F.R. 160.103.

3) Designated Record Set: "Designated Record Set" means (i) medical records, billing records, enrollment, payment, claims adjudication, and case or medical management records systems maintained by CE in AKAIMS; or (ii) records used, in whole or in part, by CE to make decisions about individuals. For purposes of this definition, the term "record" means any item, collection or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for CE.

4) Privacy and Security Rule: "Privacy and Security Rule" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Part 160 and Part 164.

2. Permitted Uses and Disclosures by Business Associate.

a. BA may only use or disclose PHI for the following purposes: Tracking utilization, cost and quality of care; analyzing disease burden in state and local populations; analyzing incidence of domestic violence, child abuse and neglect, and admissions related to mental health and substance abuse conditions; research; public health; health care operations.

b. BA may use or disclose PHI as required by law, to carry out the proper management and administration of BA, and to carry out the legal responsibilities of BA.

c. BA agrees to make uses and disclosures and requests for PHI consistent with CE's minimum necessary policies and procedures.

d. BA may not use or disclose PHI in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by CE, except for the specific uses and disclosures in subparagraphs b and e.

e. BA may provide data aggregation services related to the health care operations of CE.

3. Obligations of Business Associate.

a. Permitted uses and disclosures: BA may only use and disclose PHI owned by the CE that it creates, receives, maintains, or transmits if the use or disclosure is in compliance with each applicable requirement of 45 C.F.R. 164.504(e) of the Privacy Rule or this BAA. The additional requirements of Subtitle D of the HITECH Act contained in Public Law 111-5 that relate to privacy and that are made applicable with respect to Covered Entities shall also be applicable to BA and are incorporated into this BAA.

To the extent that BA discloses CE's PHI to a subcontractor, BA must obtain, prior to making any such disclosure: (1) reasonable assurances from the subcontractor that it

will agree to substantially the same restrictions, conditions, and requirements that apply to the BA with respect to such information; and (2) an agreement from the subcontractor to notify BA of any Breach of confidentiality, or security incident, within two business days of when it becomes aware of such Breach or incident.

b. Safeguards: 45 C.F.R. 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards), and 164.316 (policies, procedures and documentation requirements) shall apply to BA in the same manner that such sections apply to CE, and shall be implemented in accordance with HIPAA, the HITECH Act, and the Privacy and Security Rule. The additional requirements of Title XIII of the HITECH Act contained in Public Law 111-5 that relate to security and that are made applicable to Covered Entities shall also apply to BA and are incorporated into this BAA.

c. Reporting Unauthorized Disclosures and Breaches: During the term of this BAA, BA shall notify CE within 15 days of discovering a Breach of security; intrusion; or unauthorized acquisition, access, use or disclosure of CE's PHI in violation of any applicable federal or state law. BA shall identify for the CE the individuals whose unsecured PHI has been, or is reasonably believed to have been, Breached so that CE can comply with any notification requirements. BA shall also indicate whether the PHI subject to the Breach; intrusion; or unauthorized acquisition, access, use or disclosure was encrypted or destroyed at the time. BA shall make every reasonable effort to correct any deficiencies it caused that result in Breaches of security; intrusion; or unauthorized acquisition, access, use, and disclosure.

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

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

d. BA is not an agent of CE.

e. BA's Agents: If BA uses a subcontractor or agent to provide services under this BAA, and the subcontractor or agent creates, receives, maintains, or transmits CE's PHI, the subcontractor or agent shall sign an agreement with BA containing substantially the same provisions as this BAA.

f. Availability of Information to CE: Upon written statement by CE that it is unable to provide access on its own, and within 30 days after the date of a written request by

CE, BA shall provide any information necessary to fulfill CE's obligations to provide access to PHI under HIPAA, the HITECH Act, or the Privacy and Security Rule.

g. Accountability of Disclosures: If BA is required by HIPAA, the HITECH Act, or the Privacy or Security Rule to document a disclosure of PHI, BA shall make that documentation. If CE is required to document a disclosure of PHI made by BA, BA shall assist CE in documenting disclosures of PHI made by BA so that CE may respond to a request for an accounting in accordance with HIPAA, the HITECH Act, and the Privacy and Security Rule. Accounting records shall include the date of the disclosure, the name and if known, the address of the recipient of the PHI, the name of the individual who is subject of the PHI, a brief description of the PHI disclosed and the purpose of the disclosure. Within 30 days of a written request by CE, BA shall make the accounting record available to CE.

h. Amendment of PHI: Upon written statement by CE that it is unable to provide access on its own, and within 30 days of a written request by CE, BA shall amend PHI maintained, transmitted, created or received by BA on behalf of CE as directed by CE when required by HIPAA, the HITECH Act or the Privacy and Security Rule, or take other measures as necessary to satisfy CE's obligations under 45 C.F.R. 164.526.

i. Internal Practices: In the event of a breach caused by BA, BA shall make its internal practices, books and records relating to the use and disclosure of CE's PHI available to the U.S. Department of Health and Human Services to determine CE's and BA's compliance with HIPAA, the HITECH Act and the Privacy and Security Rule.

j. To the extent BA is to carry out one or more of CE's obligations under Subpart E of 45 C.F.R. Part 164, BA must comply with the requirements of that Subpart that apply to CE in the performance of such obligations.

k. Restrictions and Confidential Communications: Within 10 business days of notice by CE of a restriction upon use or disclosure or request for confidential communications pursuant to 45 C.F.R.164.522, BA shall restrict the use or disclosure of an individual's PHI. BA may not respond directly to an individual's request to restrict the use or disclosure of PHI or to send all communication of PHI to an alternate address. BA shall refer such requests to the CE so that the CE can coordinate and prepare a timely response to the requesting individual and provide direction to the BA.

4. Obligations of CE.

a. CE shall comply with HIPAA, the HITECH Act and the Privacy and Security Rule in maintaining and ensuring the confidentiality, privacy and security of PHI transmitted to BA under the BAA until the PHI is received by BA.

b. CE shall not request BA to use or disclose PHI in any manner that would not be permissible under HIPAA, the HITECH Act or the Privacy and Security Rule if done by CE.

c. CE shall provide BA with the notice of privacy practices that CE produces in accordance with 45 C.F.R. 164.520, as well as any changes to such notice.

d. CE shall provide BA with any changes in, or revocation of, permission by an individual to use or disclose PHI, if such changes affect BA's permitted or required uses and disclosures.

e. CE shall notify BA of any restriction to the use or disclosure of PHI that CE has agreed to in accordance with 45 C.F.R. 164.522.

5. Termination.

a. Breach: A breach of a material term of the BAA by either party that is not cured within a reasonable period of time will provide grounds for the immediate termination of the contract.

b. Reasonable Steps to Cure: In accordance with 45 C.F.R. 164.504(e)(1)(ii), CE and BA agree that, if it knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of the other party's obligation under the BAA, the nonbreaching party will take reasonable steps to get the breaching party to cure the breach or end the violation and, if the steps taken are unsuccessful, terminate the BAA if feasible, and if not feasible, report the problem to the Secretary of the U.S. Department of Health and Human Services and the Commissioner of the Alaska Department of Health and Social Services.

c. Effect of Termination: Upon termination of the contract for any reason, BA will, at the direction of the CE, either return or destroy all PHI received from CE or created, maintained, or transmitted on CE's behalf by BA in any form. If destruction or return of PHI is not feasible, BA shall continue to hold the PHI until the PHI provided by CE to BA is either destroyed or returned to CE or six years has passed, whichever is sooner. Upon termination, CE assumes all responsibility for complying with the administration requirements of HIPAA, the HITECH Act, and the Privacy and Security Rule, including, but not limited to, amendment, accounting of disclosures, and notices of privacy practices. BA does not retain any of these responsibilities as to CE's PHI.

6. Amendment. The parties acknowledge that state and federal laws relating to electronic data security and privacy are evolving, and that the parties may be required to further amend this BAA to ensure compliance with applicable changes in law. Upon receipt of a notification from CE that an applicable change in law affecting this BAA has occurred, the parties agree to amend this BAA to ensure compliance with changes in law.

7. Ownership of PHI. For purposes of this BAA, CE owns the designated record set that contains the PHI it transmits to BA or that BA receives, creates, maintains or transmits on behalf of CE.

8. Litigation Assistance. Except when it would constitute a direct conflict of interest for BA, BA will make itself available to assist CE in any administrative or judicial

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

9. Regulatory References. Any reference in this BAA to federal or state law means the section that is in effect or as amended.

10. Interpretation. This BAA shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy and Security Rule and applicable state and federal laws. The parties agree that any ambiguity in BAA will be resolved in favor of a meaning that permits both parties to comply with and be consistent with HIPAA, the HITECH Act, and the Privacy and Security Rule. The parties further agree that where this BAA conflicts with a contemporaneously executed confidentiality agreement between the parties, this BAA controls.

11. No Private Right of Action Created. This BAA does not create any right of action or benefits for individuals whose PHI is disclosed in violation of HIPAA, the HITECH Act, the Privacy and Security Rule or other law relating to security or privacy.

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

[Name]	Jill Lewis Date
[Title]	Deputy Director
[Hospital]	State of Alaska Department of Health and Social Services Division of Public Health