

## Program Guidelines

### Alaska Health Facilities Data Reporting Program

Update: 07-01-2018

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## Version history

Version	Date	Change Summary
v. 1.1	11-20-2014	N/A
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 <i>limited data set</i> 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
v. 1.4a	5-29-2015	Appendix C Added DPH name and title to signature block
v. 1.4b	6-4-2015	Appendix A-3 Changed “Source of Admission” to “Point of Origin”
v. 1.4c	10-14-2015	Appendix A-3 Footnote *2 changed “Outpatient” to “Outpatient Observation”
v. 2.0	10-26-2016	Throughout: Replaced references to “Health Planning and Systems Development” to “Alaska Bureau of Vital Statistics,” including contact information II. 2. Updated language to reflect ongoing nature of program II. 3. Clarified escalation steps for non-compliant facilities III. 1. Removed reference to first year data workgroup Clarified uses for public health practice, research, and healthcare operations, including fees for healthcare operations data clarified public use data set will be considered ‘de-identified’ under HIPAA Added language for recommended citation III. 2. Clarified suppression guidelines Appendices: Re-numbered Appendices for ease of use Added updated Data Use Agreement for 2015 data Updated data request forms: 1) Public Health/Research Data Request and 2) Healthcare Operations Data Request Added data dictionary
v. 2.1	11-16-2016	III. 1. b. Added language about fees for research requests Appendix B-4 Added fee schedule to request form Appendix B-7 Corrected error in “agegroupfive” value field

v. 2.2	6-30-2017	<p>Throughout: Replaced references to “Bureau of Vital Statistics” to “Health Analytics and Vital Records” to reflect section name change</p> <p>Appendix A-3 Corrected Hospital Industry Data Institute URL</p> <p>Appendices B-4 and B-5                  Updated data request forms to include option for revenue code files</p> <p>Appendices B-2, B-4, B-5                  Removed “digital secure messaging address” field</p> <p>Appendix B-7 Updated Data Dictionary fields to reflect additions to healthcare operations variables (admit and discharge dates and times) and deleted unused variables</p> <p>Re-ordered variables across data sets for consistency</p> <p>Corrected values for field “agegroup”</p> <p>Added Revenue Code File fields</p>
v.2.3	07-01-2018	<p>I. 1. Changed “Annual opportunities to comment will be posted in the state Online Public Notice system to “This document will be reviewed and updated by the program manager periodically to reflect current conditions and developments and shared with reporting facilities.”</p> <p>III. 1. b. Removed wording regarding posting of unidentifiable data to IBIS-PH</p> <ul style="list-style-type: none"> <li>• Re-ordered appendices</li> <li>• Appendices A-1, A-2, B-1, B-2, B-3, B-4:                         <ul style="list-style-type: none"> <li>▪ Change contact email to healthanalytics@alaska.gov</li> </ul> </li> <li>• Removed all references to Skilled Nursing Facilities which are no longer required to report to HFDR (Regulations update forthcoming)</li> </ul>

## **Part I. Introduction**

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### **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 periodically to reflect current conditions and developments and shared with reporting facilities.

**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. 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. Regulations mandating reporting became effective December 13, 2014.

### **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; 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.

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**

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### **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; 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 hospitals, and ambulatory surgical facilities.

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. A form is provided in Appendix A-1.

Each facility should enter into a Business Associate Agreement with the Department of Health and Social Services. A form is provided in Appendix A-4.

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 are 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:	Corrected data due:
January 1 - March 31	May 31	June 30
April 1 - June 30	August 31	September 30
July 1 - September 30	November 30	December 30
October 1 - December 31	March 1	April 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.

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. Once the clearinghouse checks a facility’s processed file, an “Edit Detail” file, listing any logical inconsistencies, invalid codes, or other irregularities will be placed in the reports section of the website for the facility to download. The facility must then make the needed corrections in their system, generate a new file, and submit the new file to the clearinghouse. 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.

### **3. Non-participation**

A facility required to submit data under 7 AAC 27.660 may face penalties for not submitting data. Facilities not in compliance with the reporting requirement will be notified via certified letter and given 30 days to correct the issue. After this time, 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 (Table 1). A form is included in Appendix A-2. 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**

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#### **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.

##### **a. Acceptable data uses**

Data may be used for purposes of public health practice, research, and healthcare operations. 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, Alaska Trauma Registry, or Vital Statistics;
- Aggregation with national data sets such as Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project (HCUP);
- 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, Health Analytics and Vital Records Section (HAVRS). 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 (Appendix B-3) is on file.

### ***Healthcare Industry***

A limited data set will be made available to Alaska healthcare organizations and Alaska health care industry associations for the purposes of healthcare operations. This data set will contain elements as defined in Appendix B-7, and will not contain charge data. A fee will be assessed for the healthcare operations data set to cover costs associated with administering the data. Refer to the request form in Appendix B-5 for current fee amounts.

Facilities which are mandated to submit data under 7 AAC 27.660 will not be eligible to request this data set if they are not in compliance.

### ***Healthcare Cost and Utilization Program***

Alaska is one of 47 states participating in Healthcare Cost and Utilization Program (HCUP), 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. Alaska's DHSS will submit an annual data file to HCUP.

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

### ***Researchers***

Data sets, including semi-aggregated data sets, limited data sets, and summary tables, 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 B-3), subject to approval. Justification must be provided for each variable requested.

Current fees for data sets will be indicated on request forms.

Approval of an Institutional Review Board (IRB) 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, such as top reasons for hospitalizations, average charges, and average length of stay. These summaries will be made available through the program website.

#### **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 laws 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 a 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 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. Certain types of linkage or validation may be approved on a case-by-case basis.

#### **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. Recommended citation: *Alaska [Inpatient/Outpatient]*

*Database. (year). Alaska Health Facilities Data Reporting Program. Alaska Department of Health and Social Services, Division of Public Health (date obtained).*

**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 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, and races. Summary data should never be released if release could reasonably be expected to lead to identification of an individual. When in doubt, contact the program manager for further guidance.

***Annual counts below 5 may not be published.*** Reporting a count of “zero” for a given condition is acceptable. 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 (denominator) is greater than 250. However, the cell count must 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 20 may not be published.*** If the numerator is smaller than 20, a three-year average rate may be more 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, or outpatient hospital stay; ambulatory surgery center visit; or imaging center procedure into a discharge data record.

**Healthcare Operations** refers to the functions covered under 45 CFR 164.501, including quality assessment and improvement activities and business planning and development.

**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 limited data set 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.

*Note: these identifiers are included in the database*

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*. National Uniform Billing Committee.  
<http://www.nubc.org/subscriber/index.dhtml>

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 (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/1500/ConfIntGuide.pdf>

*Uses and Disclosures for Treatment, Payment, and Health Care Operations [45 CFR 164.506].* Health and Human Services Office for Civil Rights (2003).

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html>

## **Appendices**

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### **Appendix A: For reporting facilities**

1. Contact person designation form
2. Reporting deadline extension request form
3. Record layout for UB-04 data collection
4. Business Associate Agreement

### **Appendix B: Data Use Requests**

1. Health care operations data request form and Data Use Agreement (2015 and later data)
2. Public health/research data request form and Data Use Agreement (2015 and later data)
3. Data analysis request form
4. Data Request form and Data use agreement (2001-2012 data)
5. Data dictionary

**Appendix A-1**

**ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM  
CONTACT PERSON DESIGNATION FORM**

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

Please fax completed form to (907) 465-4689, email a scan to [HealthAnalytics@alaska.gov](mailto:HealthAnalytics@alaska.gov),  
or mail to Health Analytics and Vital Records,  
Division of Public Health, 5441 Commercial Blvd., Juneau, AK 99801

**Appendix A-2**

**ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM  
 REPORTING DEADLINE EXTENSION REQUEST FORM**

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

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**Facility name:**

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Mailing address:

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**Reporting quarter:**

Patient's date of discharge:	Data records due:	New due date:	<input checked="" type="checkbox"/>
January 1 - March 31	May 31	June 30	<input type="checkbox"/>
April 1 - June 30	August 31	September 30	<input type="checkbox"/>
July 1 - September 30	November 30	December 31	<input type="checkbox"/>
October 1 - December 31	March 1	April 1	<input type="checkbox"/>

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**Reason for request:**

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**Action being taken to ensure future compliance:**

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

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Accepted     Not accepted.    Reason:

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Program Manager:	Date:
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Please fax completed form to (907) 465-4689, email a scan to [HealthAnalytics@alaska.gov](mailto:HealthAnalytics@alaska.gov),  
 or mail to Health Analytics and Vital Records,  
 Division of Public Health, 5441 Commercial Blvd., Juneau, AK 99801

## 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**

UB-04		Repeats	Size	Start	Stop	Data Element
Req'd	FL					
*		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**

UB-04		Repeats	Size	Start	Stop	Data Element
Req'd	FL					
*		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 ( <b>9 = ICD-9, 0 = ICD-10</b> )
*	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 ( <b>see Special Instructions</b> )
*	67	1	8	96	103	Principal Diagnosis Code ( <b>see Special Instructions</b> )
*	74	1	15	104	118	Principal Procedure Code / Date ( <b>see Special Instructions</b> )
*	67a-q	17	8	119	254	Other Diagnosis ( <b>see Special Instructions</b> )
*	74a-e	9	15	255	389	Other Procedure Codes / Dates ( <b>see Special Instructions</b> )
		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)**

UB-04		Repeats	Size	Start	Stop	Data Element
Req'd	FL					
		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

UB-04						
Req'd	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

UB-04						
Req'd	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

## 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 website is: <https://www.hidionline.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

RECORD TYPE	LOCATION	ELEMENT/COMMENT												
A	375 - 378	<p><b>PRIMARY PAYER IDENTIFICATION</b> - The following general payment categories are the preferred method for reporting the Primary, Secondary and Tertiary source of payment.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">001 - Medicare</td> <td style="width: 50%;">007 - CHAMPUS/VA</td> </tr> <tr> <td>002 - Medicaid</td> <td>008 - Other Miscellaneous</td> </tr> <tr> <td>003 - Commercial</td> <td>009 - Other Government</td> </tr> <tr> <td>004 - Workers' Compensation</td> <td>010 - Unreimbursed Native Health</td> </tr> <tr> <td>005 - Self Pay</td> <td>017 - Elmendorf</td> </tr> <tr> <td>006 - Indian Health Service</td> <td></td> </tr> </table>	001 - Medicare	007 - CHAMPUS/VA	002 - Medicaid	008 - Other Miscellaneous	003 - Commercial	009 - Other Government	004 - Workers' Compensation	010 - Unreimbursed Native Health	005 - Self Pay	017 - Elmendorf	006 - Indian Health Service	
001 - Medicare	007 - CHAMPUS/VA													
002 - Medicaid	008 - Other Miscellaneous													
003 - Commercial	009 - Other Government													
004 - Workers' Compensation	010 - Unreimbursed Native Health													
005 - Self Pay	017 - Elmendorf													
006 - Indian Health Service														
B	<b>Records</b>	<p>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.</p>												
C	<b>Records</b>	<p>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.</p> <p><b>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.</b></p>												
C	72 - 95	<p><b>EXTERNAL CAUSE OF INJURY CODE</b> - 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.</p>												
C	96 - 103	<p><b>PRINCIPAL DIAGNOSIS CODE</b> - The eighth digit is for the Present on Admission Flag.</p>												
C	104 - 118	<p><b>PRINCIPAL PROCEDURE CODE / DATE</b> - The first seven digits are reserved for the procedure code and the remaining eight digits contain the procedure date in MMDDYYYY format.</p>												
C	119 - 254	<p><b>OTHER DIAGNOSIS CODES</b> - 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.</p> <p><b>Place of injury E-Code</b> - The ICD-9 or ICD-10 code for the place of injury.</p>												
C	255 - 389	<p><b>OTHER PROCEDURE CODES / DATES</b> - 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.</p>												

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

## Appendix A-4

### 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]	_____ Date	_____ Jill Lewis	_____ Date
_____ [Title]		Deputy Director	
_____ [Facility]		State of Alaska	
		Department of Health and Social Services	
		Division of Public Health	

**Appendix B-1**

**ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM  
PUBLIC HEALTH / RESEARCH DATA REQUEST**

*For use with 2015 and later data*

<b>Project title</b>	
<b>Short description and purpose of project</b>	
<b>Source</b>	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Outpatient – Emergency Department Only
<b>Time period</b>	Year: _____ <input type="checkbox"/> Whole calendar year (Fee: \$2,000) <input type="checkbox"/> Quarter 1 (January – March) (Fee: \$550) <input type="checkbox"/> Quarter 2 (April – June) (Fee: \$550) <input type="checkbox"/> Quarter 3 (July – September) (Fee: \$550) <input type="checkbox"/> Quarter 4 (October – December) (Fee: \$550)
<b>Data elements</b>  <b>Please provide brief justification for each variable requested.</b>  <i>(refer to Appendix B-7 for data element descriptions)</i>  <i>(Use ICD-9 through September 2015, and ICD-10 starting October 2015)</i>	<input type="checkbox"/> Place of service <input type="checkbox"/> State <input type="checkbox"/> ZIP <input type="checkbox"/> Borough <input type="checkbox"/> Sex <input type="checkbox"/> Ethnicity <input type="checkbox"/> Race <input type="checkbox"/> Admission type <input type="checkbox"/> Point of origin <input type="checkbox"/> Admission hour <input type="checkbox"/> Discharge status <input type="checkbox"/> Discharge hour <input type="checkbox"/> Principal diagnosis <input type="checkbox"/> Secondary diagnosis (specify 1-31) ____ <input type="checkbox"/> Present on admission (specify 1-31) ____ <input type="checkbox"/> Principal procedure code <input type="checkbox"/> Secondary procedures (specify 1-29) ____ <input type="checkbox"/> DRG <input type="checkbox"/> MDC <input type="checkbox"/> Primary payer code <input type="checkbox"/> Age <input type="checkbox"/> Length of stay <input type="checkbox"/> Other: _____ <input type="checkbox"/> Revenue codes (separate file, one-to-many match)
<b>Brief description of methods</b>	
<b>Brief description of privacy/confidentiality protections in place</b>	
<b>Intended audience and/or plans for publication</b>	

I have read and agree to the conditions of use for data in the attached <b>Alaska Health Facilities Data Reporting Program Data Use Agreement</b> .	
<b>Primary applicant (person receiving data transfer)</b>	
Name	
Title	
Organization	
Mailing address	
Email address	
Signature	
Date	
<b>Required for each additional person who will be accessing the data:</b>	
Name	
Title	
Organization	
Signature	
Date	
<b>Required for each additional person who will be accessing the data:</b>	
Name	
Title	
Organization	
Signature	
Date	
<b>For program use only</b>	
Accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program manager	
Date	
Fee amount	
Date and method of payment	
Name of data file transmitted	
Date and method of transmission	

Please fax completed form to (907) 465-4689 or email a scan of completed form to [HealthAnalytics@alaska.gov](mailto:HealthAnalytics@alaska.gov)

After submitting copy, please mail signed original to Health Analytics and Vital Records,  
Division of Public Health, 5441 Commercial Blvd., Juneau, AK 99801

## **ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM DATA USE AGREEMENT**

*For use with 2015 and later data*

This Data Use Agreement (“DUA”) is between the State of Alaska, Department of Health and Social Services (“DHSS”) and \_\_\_\_\_ (“Recipient”). The DUA sets out the conditions of participation if the Recipient wishes to receive health care facility discharge data collected by DHSS under 7 AAC 27.660.

DHSS discloses a limited data set of discharge data to recipient for the purposes of research, public health, and health care operations. Recipient may use the discharge data only for those purposes or as required by law.

Recipient shall use appropriate safeguards under the Health Insurance Portability and Accountability Act (HIPAA) to prevent use or disclosure of the discharge data other than as provided for by this DUA.

Only those employees of recipient who have agreed to the terms of this DUA may receive and use the discharge data. In addition, Recipient shall ensure that any agents to whom it provides the discharge data agree to the same restrictions and conditions that apply to the Recipient with respect to such information.

Recipient shall report to DHSS any use or disclosure of the discharge data not provided for by this DUA, as it becomes aware.

Recipient may not identify or contact any individuals whose data is included in the limited data set. No use will be made of the identity of a person discovered inadvertently.

Data will not be linked to any other data set without prior written authorization.

The recipient will commit to protecting the identity of patients. Release of non-aggregate or semi-aggregated data to any other individual or agency is prohibited; only summary data appropriate for public reporting per program guidelines shall be shared or published.

The recipient will allow the Health Facility Data Reporting (HFDR) program a pre-publication review of conclusions based upon data. 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. Recommended citation: Alaska [Inpatient/Outpatient] Database (year). Health Facilities Data Reporting Program, Alaska Division of Public Health (date obtained).

Upon completion of the operations, research, or public health purpose specified in the application, the data will be destroyed.

This agreement must be renewed at least annually if the data are retained for an ongoing project.

**Appendix B-2**

**ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM  
HEALTHCARE OPERATIONS DATA REQUEST**

*For use with 2015 and later data*

<b>Source</b>	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Outpatient – Emergency Department Only
<b>Time period</b>	Year: _____ <input type="checkbox"/> Whole calendar year (Fee: \$2,000) <input type="checkbox"/> Quarter 1 (January – March) (Fee: \$550) <input type="checkbox"/> Quarter 2 (April – June) (Fee: \$550) <input type="checkbox"/> Quarter 3 (July – September) (Fee: \$550) <input type="checkbox"/> Quarter 4 (October – December) (Fee: \$550)
<b>Data elements</b>  <i>(refer to Appendix B-7 for data element descriptions)</i>	<input type="checkbox"/> ALL variables available <input type="checkbox"/> Selected variables (list):   <input type="checkbox"/> Revenue codes (separate file, one-to-many match)
<b>Short description and purpose of use</b>	
<b>Brief description of privacy/confidentiality protections in place</b>	
I have read and agree to the conditions of use for data in the attached <b>Alaska Health Facilities Data Reporting Program Data Use Agreement</b> .	
<b>Primary applicant (person receiving data transfer)</b>	
Name	
Title	
Organization	
Mailing address	
Email address	
Signature	
Date	
<b>Required for each additional person who will be accessing the data:</b>	
Name	
Title	
Organization	
Signature	
Date	

Name		
Title		
Organization		
Signature		
Date		
<b><i>For program use only</i></b>		
Fee amount		
Date and method of payment		
Name of data file transmitted		
Date and method of transmission		
Is requester a facility required to submit data under 7 AAC 27.660?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, is requester in compliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Accepted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program manager signature	Date	

Please fax completed form to (907) 465-4689 or email a scan of completed form to [HealthAnalytics@alaska.gov](mailto:HealthAnalytics@alaska.gov)

After submitting copy via email, please remit signed original and payment to Health Analytics and Vital Records,  
 Division of Public Health, 5441 Commercial Blvd., Juneau, AK 99801

**ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM  
DATA USE AGREEMENT**

*For use with 2015 and later data*

This Data Use Agreement (“DUA”) is between the State of Alaska, Department of Health and Social Services (“DHSS”) and \_\_\_\_\_ (“Recipient”). The DUA sets out the conditions of participation if the Recipient wishes to receive health care facility discharge data collected by DHSS under 7 AAC 27.660.

DHSS discloses a limited data set of discharge data to recipient for the purposes of research, public health, and health care operations. Recipient may use the discharge data only for those purposes or as required by law.

Recipient shall use appropriate safeguards under the Health Insurance Portability and Accountability Act (HIPAA) to prevent use or disclosure of the discharge data other than as provided for by this DUA.

Only those employees of recipient who have agreed to the terms of this DUA may receive and use the discharge data. In addition, Recipient shall ensure that any agents to whom it provides the discharge data agree to the same restrictions and conditions that apply to the Recipient with respect to such information.

Recipient shall report to DHSS any use or disclosure of the discharge data not provided for by this DUA, as it becomes aware.

Recipient may not identify or contact any individuals whose data is included in the limited data set. No use will be made of the identity of a person discovered inadvertently.

Data will not be linked to any other data set without prior written authorization.

The recipient will commit to protecting the identity of patients. Release of non-aggregate or semi-aggregated data to any other individual or agency is prohibited; only summary data appropriate for public reporting per program guidelines shall be shared or published.

The recipient will allow the Health Facility Data Reporting (HFDR) program a pre-publication review of conclusions based upon data. 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. Recommended citation: Alaska [Inpatient/Outpatient] Database (year). Health Facilities Data Reporting Program, Alaska Division of Public Health (date obtained).

Upon completion of the operations, research, or public health purpose specified in the application, the data will be destroyed.

This agreement must be renewed at least annually if the data are retained for an ongoing project.

### Appendix B-3

## ALASKA HEALTH FACILITIES DATA REPORTING PROGRAM SPECIAL DATA ANALYSIS REQUEST

*Requests requiring more than 5 hours' work will be charged \$75 per hour special services fee.  
Please contact the program for an estimate.*

<b>Short description and purpose of project</b>	
<b>Plans for publication</b>	
<b>Time period</b>	
<b>Source</b>	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Outpatient - Emergency Department Only
<b>Patient residence</b>	<input type="checkbox"/> All <input type="checkbox"/> Alaska residents only <input type="checkbox"/> Other geographic area: _____
<b>Diagnosis or procedure codes of interest (List individually)</b>  <i>(Use ICD-9 through September 2015, and ICD-10 starting October 2015)</i>	<input type="checkbox"/> Principal only <input type="checkbox"/> Secondary or any position
<b>Crosstab variables</b>  <i>(refer to Appendix B-7 for data element descriptions)</i>	<input type="checkbox"/> Sex <input type="checkbox"/> Race <input type="checkbox"/> Primary payer code <input type="checkbox"/> Age group <input type="checkbox"/> Other: _____
<b>Requestor information</b>	
Name	
Title	
Organization	
Mailing address	
Email Address	
Signature	
Date	
<b>For program use only</b>	
Time/fee estimate	<input type="checkbox"/> Less than 5 hours (no charge) <input type="checkbox"/> 5 or more hours: _____
Date and method of payment	
Name of data file transmitted	
Date and method of transmission	

Please fax completed form to (907) 465-4689 or email a scan of completed form to [HealthAnalytics@alaska.gov](mailto:HealthAnalytics@alaska.gov)

After submitting copy via email, please remit signed original and payment to Health Analytics and Vital Records,  
Division of Public Health, 5441 Commercial Blvd., Juneau, AK 99801

**Appendix B-4**  
**ALASKA HOSPITAL DISCHARGE DATA REQUEST**

*For use with 2001 – 2012 data*

<b>Project title</b>		
<b>Short description and purpose of project</b>		
<b>Description of data request (years, inpatient/outpatient, variables of interest)</b>		
I have read and agree to the conditions of use for data in the attached <b>Alaska Hospital Discharge Data Use Agreement</b> .		
<b>Primary Applicant: (Person receiving data transfer)</b>		
Name	Title	Organization
Signature	Date	
Email address		
<b>Required for each additional person who will be accessing the data:</b>		
Name	Title	Organization
Signature	Date	
Name	Title	Organization
Signature	Date	
<input type="checkbox"/> Accepted		
Program Manager	Date	

Please fax completed form to (907) 465-4689 or email a scan of completed form to [HealthAnalytics@alaska.gov](mailto:HealthAnalytics@alaska.gov)

After submitting copy, please mail signed original to Health Analytics and Vital Records,  
 Division of Public Health, 5441 Commercial Blvd., Juneau, AK 99801



**Appendix B-5**  
**DATA DICTIONARY**  
**Discharge Data Files**

Variable	Short Description	Health Care Operations	Public Health Research	UB-04 Form Location	Values
dkey	Record ID - unique visit identifier	x	x		12-digit alphanumeric
facilityid	Facility ID	x	x		6-digit number (leading 0)
facilitynpi	Facility NPI (National Provider Identifier)	x	x	56	
facilityregion	Facility region	x	x		Anchorage Gulf Coast Interior Matanuska-Susitna Northern Southeast Southwest
facilitytype	Facility type	x	x		ASC Community (hospital) IDTF SNF Specialty (hospital)
placesvc	Place of service	x	x		INPATIENT: 1 - medical/surgical unit 2 - psychiatric unit or facility 3 - medical rehabilitation unit or facility 4 - SNF/ICF/other/LTC/hospice/subacute/swing bed OUTPATIENT: 1 - emergency room 2 - outpatient surgery 3 - outpatient observation 4 - other outpatient
encpatssn	Encrypted patient SSN - unique patient identifier	x	x		
enctype	Encounter type	x	x		1 - inpatient 2 - outpatient
patientcity	Patient city of residence	x	x		
borough	Patient borough of residence	x	x		3-digit FIPS
patientregion	Patient region of residence		x		Anchorage Gulf Coast Interior Mat-Su Northern Southeast Southwest
state	Patient state of residence	x	x	09	Two-letter postal abbreviation
zip	Patient ZIP code of residence	x	x	09	5-digit ZIP
birthdate	Date of birth		x	10	MM-DD-YYYY
sex	Sex	x	x	11	1 - male 2 - female 3 - not specified
ethnicity	Ethnicity	x	x		1 - Hispanic or Latino 2 - neither Hispanic nor Latino
race	Race	x	x		1 - White 2 - Black or African American 3 - American Indian/Alaska Native 4 - Asian 5 - Native Hawaiian/Pacific Islander 6 - Other
age	Age (in years)		x		
agegroup	Age (grouped)	x	x		<1 1-17 18-64 65+
agegroupfive	Age (grouped by five years)	x	x		0-4 5-9 10-14 15-19 20-24

					25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-85 90+
admithour	Admission hour	x	x	13	HH (00 - 23)
admitdate	Admission date	x	x	12	MM-DD-YYYY
admyear	Admission year	x	x		YYYY
admittype	Admission type (priority/ type of visit)	x	x	14	1 - Emergency 2 - Urgent 3 - Elective 4 - Newborn 9 - Information not available
admitsource	Point of origin for admission or visit (source of admission)	x	x	15	1 - non-health care facility point of origin 2 - clinic referral 4 - transfer from hospital 5 - transfer from SNF or ICF 6 - transfer from another health care facility emergency room (not valid after 6/30/2010) 8 - court/law enforcement 9 - information not available D - transfer from hospital inpatient E - transfer from ASC F - transfer from hospice
dischhour	Discharge hour	x	x	16	HH (00 - 23)
dischdate	Discharge date	x	x	06	MM-DD-YYYY
dischyear	Discharge year	x	x		YYYY
dischstatus	Discharge status	x	x	17	01 - home or self-care 02 - short-term general hospital for inpatient care 03 - skilled nursing facility (SNF) with Medicare certification 04 - a facility that provides custodial or supportive care 05 - a designated cancer center or children's hospital 06 - home under care of an organized home health service organization 07 - left against medical advice or discontinued care 08 - discharged/transferred to home under care of home IV drug therapy provider - prior to 2004 20 - expired 21 - court/law enforcement 30 - still patient 40 - expired at home (Medicare and TRICARE claims for hospice care) 41 - expired in a medical facility (Medicare and TRICARE claims for hospice care) 42 - expired - place unknown (Medicare and TRICARE claims for hospice care) 43 - a federal health care facility 50 - hospice - home 51 - hospice - medical facility (certified) providing hospice level of care 61 - hospital-based Medicare approved swing bed 62 - an inpatient rehabilitation facility (IRF) 63 - a Medicare-certified long term care hospital 64 - a nursing facility Medicaid certified only 65 - a psychiatric hospital 66 - a critical access hospital (CAH) 70 - another type of health care institution not defined elsewhere

lengthstay	Length of stay (in days)	x	x		
totcharges	Total charges		x	47	Decimal point and two decimal places
pripaycd	Expected primary payer	x	x		001 - Medicare
secpaycd	Secondary payer code		x		002 - Medicaid
terpaycd	Tertiary payer code		x		003 - commercial
					004 - Workers' Compensation
					005 - self-pay
					006 - Indian Health Service
					007 - CHAMPUS/VA
					008 - other
					009 - unreimbursed military
					010 - unreimbursed Native Health
billtype	Type of bill		x	04	
stmtfromdate	Statement from date		x	06	MM-DD-YYYY
mdc	Major Diagnostic Category	x	x		
drg	Diagnosis-Related Group	x	x		Inpatient only
admitdx	Admit diagnosis		x		
prindx	Principal diagnosis	x	x		
secdx1	Secondary diagnosis 1	x	x		
secdx2	Secondary diagnosis 2	x	x		
secdx3	Secondary diagnosis 3	x	x		
secdx4	Secondary diagnosis 4	x	x		
secdx5	Secondary diagnosis 5	x	x		
secdx6	Secondary diagnosis 6	x	x		
secdx7	Secondary diagnosis 7	x	x		
secdx8	Secondary diagnosis 8	x	x		
secdx9	Secondary diagnosis 9	x	x		
secdx10	Secondary diagnosis 10		x		
secdx11	Secondary diagnosis 11		x		
secdx12	Secondary diagnosis 12		x		
secdx13	Secondary diagnosis 13		x		
secdx14	Secondary diagnosis 14		x		
secdx15	Secondary diagnosis 15		x		
secdx16	Secondary diagnosis 16		x		
secdx17	Secondary diagnosis 17		x		
secdx18	Secondary diagnosis 18		x		
secdx19	Secondary diagnosis 19		x		
secdx20	Secondary diagnosis 20		x		
secdx21	Secondary diagnosis 21		x		
secdx22	Secondary diagnosis 22		x		
secdx23	Secondary diagnosis 23		x		
secdx24	Secondary diagnosis 24		x		
secdx25	Secondary diagnosis 25		x		
secdx26	Secondary diagnosis 26		x		
secdx27	Secondary diagnosis 27		x		
secdx28	Secondary diagnosis 28		x		
secdx29	Secondary diagnosis 29		x		
prindxpoa	Principal diagnosis - present on admission		x	67	
secdx1poa	Secondary diagnosis 1 - present on admission		x	67a	
secdx2poa	Secondary diagnosis 2 - present on admission		x	67b	
secdx3poa	Secondary diagnosis 3 - present on admission		x	67c	
secdx4poa	Secondary diagnosis 4 - present on admission		x	67d	
secdx5poa	Secondary diagnosis 5 - present on admission		x	67e	
secdx6poa	Secondary diagnosis 6 - present on admission		x	67f	
secdx7poa	Secondary diagnosis 7 - present on admission		x	67g	
secdx8poa	Secondary diagnosis 8 - present on admission		x	67h	
secdx9poa	Secondary diagnosis 9 - present on admission		x	67i	
secdx10poa	Secondary diagnosis 10 - present on admission		x	67j	
secdx11poa	Secondary diagnosis 11 - present on admission		x	67k	
secdx12poa	Secondary diagnosis 12 - present on admission		x	67l	
secdx13poa	Secondary diagnosis 13 - present on admission		x	67m	
secdx14poa	Secondary diagnosis 14 - present on admission		x	67n	
secdx15poa	Secondary diagnosis 15 - present on admission		x	67o	
secdx16poa	Secondary diagnosis 16 - present on admission		x	67p	
secdx17poa	Secondary diagnosis 17 - present on admission		x	67q	
secdx18poa	Secondary diagnosis 18 - present on admission		x	67	
secdx19poa	Secondary diagnosis 19 - present on admission		x	67	
secdx20poa	Secondary diagnosis 20 - present on admission		x	67	
secdx21poa	Secondary diagnosis 21 - present on admission		x	67	

- ICD-9 used through September 30, 2015
- ICD-10 used October 1, 2015 and after
- Implied decimal
- External cause of injury codes are included in secondary diagnosis fields beginning in 2016
- Prior to 2016, external cause of injury codes beyond 1 and 2 are included in secondary diagnosis fields

- Y - Yes  
N - No  
U - No information in record  
W - Clinically undetermined  
1 - Exempt from POA reporting

secdx22poa	Secondary diagnosis 22 - present on admission		x	67	
secdx23poa	Secondary diagnosis 23 - present on admission		x	67	
secdx24poa	Secondary diagnosis 24 - present on admission		x	67	
secdx25poa	Secondary diagnosis 25 - present on admission		x	67	
secdx26poa	Secondary diagnosis 26 - present on admission		x	67	
secdx27poa	Secondary diagnosis 27 - present on admission		x	67	
secdx28poa	Secondary diagnosis 28 - present on admission		x	67	
secdx29poa	Secondary diagnosis 29 - present on admission		x	67	
prinproc	Principal procedure code	x	x	74	
secp1	Secondary procedure 1	x	x		<ul style="list-style-type: none"> <li>• ICD-9 used through September 30, 2015</li> <li>• ICD-10 used October 1, 2015 and after</li> <li>• Implied decimal</li> </ul>
secp2	Secondary procedure 2	x	x		
secp3	Secondary procedure 3	x	x		
secp4	Secondary procedure 4	x	x		
secp5	Secondary procedure 5	x	x		
secp6	Secondary procedure 6	x	x		
secp7	Secondary procedure 7	x	x		
secp8	Secondary procedure 8	x	x		
secp9	Secondary procedure 9	x	x		
secp10	Secondary procedure 10		x		
secp11	Secondary procedure 11		x		
secp12	Secondary procedure 12		x		
secp13	Secondary procedure 13		x		
secp14	Secondary procedure 14		x		
secp15	Secondary procedure 15		x		
secp16	Secondary procedure 16		x		
secp17	Secondary procedure 17		x		
secp18	Secondary procedure 18		x		
secp19	Secondary procedure 19		x		
secp20	Secondary procedure 20		x		
secp21	Secondary procedure 21		x		
secp22	Secondary procedure 22		x		
secp23	Secondary procedure 23		x		
secp24	Secondary procedure 24		x		
secp25	Secondary procedure 25		x		
secp26	Secondary procedure 26		x		
secp27	Secondary procedure 27		x		
secp28	Secondary procedure 28		x		
secp29	Secondary procedure 29		x		
prinprocdate	Principal procedure date		x	74	MM-DD-YYYY
secp1date	Secondary procedure 1 date		x	74a	MM-DD-YYYY
secp2date	Secondary procedure 2 date		x	74b	MM-DD-YYYY
secp3date	Secondary procedure 3 date		x	74c	MM-DD-YYYY
secp4date	Secondary procedure 4 date		x	74d	MM-DD-YYYY
secp5date	Secondary procedure 5 date		x	74e	MM-DD-YYYY
secp6date	Secondary procedure 6 date		x	74	MM-DD-YYYY
secp7date	Secondary procedure 7 date		x	74	MM-DD-YYYY
secp8date	Secondary procedure 8 date		x	74	MM-DD-YYYY
secp9date	Secondary procedure 9 date		x	74	MM-DD-YYYY
secp10date	Secondary procedure 10 date		x	74	MM-DD-YYYY
secp11date	Secondary procedure 11 date		x	74	MM-DD-YYYY
secp12date	Secondary procedure 12 date		x	74	MM-DD-YYYY
secp13date	Secondary procedure 13 date		x	74	MM-DD-YYYY
secp14date	Secondary procedure 14 date		x	74	MM-DD-YYYY
secp15date	Secondary procedure 15 date		x	74	MM-DD-YYYY
secp16date	Secondary procedure 16 date		x	74	MM-DD-YYYY
secp17date	Secondary procedure 17 date		x	74	MM-DD-YYYY
secp18date	Secondary procedure 18 date		x	74	MM-DD-YYYY
secp19date	Secondary procedure 19 date		x	74	MM-DD-YYYY
secp20date	Secondary procedure 20 date		x	74	MM-DD-YYYY
secp21date	Secondary procedure 21 date		x	74	MM-DD-YYYY
secp22date	Secondary procedure 22 date		x	74	MM-DD-YYYY
secp23date	Secondary procedure 23 date		x	74	MM-DD-YYYY
secp24date	Secondary procedure 24 date		x	74	MM-DD-YYYY
secp25date	Secondary procedure 25 date		x	74	MM-DD-YYYY
secp26date	Secondary procedure 26 date		x	74	MM-DD-YYYY
secp27date	Secondary procedure 27 date		x	74	MM-DD-YYYY
secp28date	Secondary procedure 28 date		x	74	MM-DD-YYYY
secp29date	Secondary procedure 29 date		x	74	MM-DD-YYYY

<b>Fields below this line are discontinued after 2015</b>					
admitdx_dec	Admission diagnosis with decimal		x	69	<ul style="list-style-type: none"> <li>• ICD-9 used through September 30, 2015</li> <li>• ICD-10 used October 1, 2015 and after</li> <li>• Decimal provided</li> <li>• Prior to 2016, external cause of injury codes beyond 1 and 2 are included in secondary diagnosis fields</li> </ul>
prindx_dec	Principal diagnosis with decimal	x	x	67	
secdx1_dec	Secondary diagnosis 1 with decimal	x	x	67a	
secdx2_dec	Secondary diagnosis 2 with decimal	x	x	67b	
secdx3_dec	Secondary diagnosis 3 with decimal	x	x	67c	
secdx4_dec	Secondary diagnosis 4 with decimal	x	x	67d	
secdx5_dec	Secondary diagnosis 5 with decimal	x	x	67e	
secdx6_dec	Secondary diagnosis 6 with decimal	x	x	67f	
secdx7_dec	Secondary diagnosis 7 with decimal	x	x	67g	
secdx8_dec	Secondary diagnosis 8 with decimal	x	x	67h	
secdx9_dec	Secondary diagnosis 9 with decimal	x	x	67i	
secdx10_dec	Secondary diagnosis 10 with decimal		x	67j	
secdx11_dec	Secondary diagnosis 11 with decimal		x	67k	
secdx12_dec	Secondary diagnosis 12 with decimal		x	67l	
secdx13_dec	Secondary diagnosis 13 with decimal		x	67m	
secdx14_dec	Secondary diagnosis 14 with decimal		x	67n	
secdx15_dec	Secondary diagnosis 15 with decimal		x	67o	
secdx16_dec	Secondary diagnosis 16 with decimal		x	67p	
secdx17_dec	Secondary diagnosis 17 with decimal		x	67q	
secdx18_dec	Secondary diagnosis 18 with decimal		x	67	
secdx19_dec	Secondary diagnosis 19 with decimal		x	67	
secdx20_dec	Secondary diagnosis 20 with decimal		x	67	
secdx21_dec	Secondary diagnosis 21 with decimal		x	67	
secdx22_dec	Secondary diagnosis 22 with decimal		x	67	
secdx23_dec	Secondary diagnosis 23 with decimal		x	67	
secdx24_dec	Secondary diagnosis 24 with decimal		x	67	
secdx25_dec	Secondary diagnosis 25 with decimal		x	67	
secdx26_dec	Secondary diagnosis 26 with decimal		x	67	
secdx27_dec	Secondary diagnosis 27 with decimal		x	67	
secdx28_dec	Secondary diagnosis 28 with decimal		x	67	
secdx29_dec	Secondary diagnosis 29 with decimal		x	67	
ecode1	External cause of injury code (E-code) 1	x	x		<ul style="list-style-type: none"> <li>• Prior to 2016, external cause of injury codes beyond 1 and 2 are included in secondary diagnosis fields</li> </ul>
ecode2	E-code 2	x	x		
ecode1poa	E-Code 1 - present on admission		x	72	
ecode2poa	E-Code 2 - present on admission		x	72	
ecode1_dec	E-Code 1 with decimal	x	x	72	
ecode2_dec	E-Code 2 with decimal	x	x	72	
prcodemeth	Procedure coding method (2015 only)	x	x		0 - ICD-10
dxverqual	Diagnosis coding method (2015 only)	x	x	66	9 - ICD-9

### Revenue Code Files

Variable	Short Description	Health care Operations	Public Health Research	UB-04 Form Location	Values
dkey	Record ID - unique visit identifier	x	x		12-digit alphanumeric
facilityid	Facility ID	x	x		6-digit with leading zero
seqno	Sequence number	x	x		
revcode	Revenue code	x	x		
revunit	Revenue unit	x	x		
revchg	Revenue charges		x		Implied decimal
hcpcs	Health Care Procedure Coding System	x	x		
servdate	Date of service	x	x		MM-DD-YYYY