Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records Section

Alaska Health Facilities Data Reporting Program Guidelines

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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	03/03/2015	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. 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	Throughout: Removed "DRAFT" watermark. Added Appendix C – Business Associate Agreement. 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. 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."
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

Version	Date	Change Summary
		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	Throughout: Replaced references to "Bureau of Vital Statistics" to "Health Analytics and Vital Records" to reflect section name change. Appendix A-3: Corrected Hospital Industry Data Institute URL. Appendices B-4 and B-5: Updated data request forms to include option for revenue code files. Appendices B-2, B-4, B-5: Removed "digital secure messaging address" field. Appendix B-7: Updated Data Dictionary fields to reflect additions to healthcare operations variables (admit and discharge dates and times) and deleted unused variables. Re-ordered variables across data sets for consistency. Corrected values for field "agegroup". Added Revenue Code File fields.
v.2.3	07/01/2018	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." III. 1. B: Removed wording regarding posting of unidentifiable data to IBIS-PH. Appendices: Re-ordered appendices. Appendices A-1, A-2, B-1, B-2, B-3, B-4: Change contact e-mail to healthanalytics@alaska.gov. Removed all references to Skilled Nursing Facilities which are no longer required to report to HFDR (Regulations update forthcoming).

Version	Date	Change Summary
v.2.4	01/01/2020	II. 2: Reporting deadline change from 60 days after end of quarter to 2 calendar months. III. 1. B: *Healthcare Industry* –removed "and will not contain charge data". *Healthcare Cost and Utilization Program* – change from "a limited data set may be made available" to "is available". III. 2. A: Updated: *Annual counts below 5 may not be published without permission from DHSS*. III. 2. B: Updated: *Rates and proportions based upon a numerator less 6 may not be published; those based on numerators less than 20 should include a footnote noting possible statistical unreliability* Appendix A-3: Addition of first name, last name and suffix to required UB-04 elements. Appendices B-1, 2, and 3: Updated format for data request forms. Appendix B-5: New variables added for 2018 v4 HCO data set release: totcharges, stmtfromdate, lengthbilling, hfdrepisode, and hasinpatient. Totals charges added at the request of the ASHNHA board.
v.2.5	07/26/2021	Appendix A-3: In the Special Instructions section remove the "up to" restrictions on B-type and C-type records allowing unlimited submission of revenue codes, diagnosis codes, and procedure codes, to be consistent with earlier instructions in the appendix.
v.2.6	02/15/2022	Appendix B-3: Removed minimum hours threshold for hourly fee. Confidentiality: Increased suppression of published counts from less than 5 (1 through 4 suppressed) to less than 6 (1 through 5 suppressed). Data Submittal: Removed the instruction to submit interim end of quarter records when the patient has not yet departed the hospital.
v.3.0	08/31/2022	Throughout: Document restyled and reorganized. Replaced references to Alaska "Department of Health and Social Services" or "DHSS" to new "Department of Health" or "DOH" name. Removed outdated Research and HDDS data application forms and replaced with links to latest online form. Added fillable forms. Accessibility improvements. Miscellaneous edits and corrections.

Version	Date	Change Summary
V3.1	02/05/2026	Replaced Contact Designation form with Contact/HIDINet Authorization form.

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 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 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 HFDR collects inpatient and outpatient discharge data from Alaska health care facilities. Facilities required to report 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 from the Alaska Hospital Discharge Data Set (HDDS) were collected under a voluntary program, through a Memorandum of Agreement between the Alaska Department of Health and Social Services (DHSS), now known as the Alaska Department of Health (DOH), 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 HDDS data to the state as a whole because of the non-participation of many 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 regard 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.

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; intermediate care facilities; and ambulatory surgical facilities.

The Alaska DOH, Section of Health Facilities Licensing and Certification (HFLC) maintains a list containing facility names and addresses, and CEO contact information, by facility type, for licensed hospitals, and ambulatory surgical facilities (https://health.alaska.gov/dhcs/Pages/hflc/default.aspx).

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 DOH. A form is provided in Appendix A-1.

Each facility should enter into a Business Associate Agreement with the Alaska DOH. A form is provided in Appendix A-5.

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 DOH, currently Hospital Industry Data Institute (HIDI).

Data are to be submitted on a quarterly basis, no later than 2 calendar months after the end of a calendar quarter, according to the following schedule:

Date of Discharge	Due Date	Corrections Due Date
Jan. 1 – Mar. 31	May. 31	Jun. 30
Apr. 1 – Jun. 30	Aug. 31	Sep. 30
Jul. 1 – Sept. 30	Nov. 30	Dec. 31
Oct. 1 – Dec. 31	Feb. 28	Mar. 31

The entity will submit a discharge data record for each patient discharged. The record layout for data submittal (see Appendix A-3) 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 into a single discharge data record for submission after the patient's discharge.

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 1 calendar month 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 HFLC 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.

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.

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.
- Academic research.
- Other purposes deemed acceptable by the Department.

b. Who Can Use The Data?

Alaska Department of Health

The Alaska DOH's designated office for management of the HFDR program is the Division of Public Health, Health Analytics and Vital Records Section (HAVRS). This Section will be responsible for data stewardship, ensuring Health Insurance Portability and Accountability Act (HIPAA) compliance, and for making data available through publications, products, and agreements with individuals or organizations consistent with the public health and planning purposes of the data collection system.

Other Divisions and Sections of DOH may use data for specific approved public health and planning purposes, provided a signed Data Use Agreement (DUA) is

on file. Agreed upon fees apply and the request must include justification for the records and variables needed based on the stated purpose.

Healthcare Organizations

A limited data set will be made available to eligible Alaska healthcare organizations and Alaska health care industry associations who participate in the HFDR program for healthcare operation (HCO) purposes. This data set will contain elements as defined in Appendix B-2. A fee will be assessed for the HCO data set to cover costs associated with administering the program. Refer to the request form in Appendix B-1 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 participates in the 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 DOH will submit an annual data file to HCUP.

A limited data is available for sale to researchers through the HCUP Central Distributor (https://www.distributor.hcup-us.ahrq.gov/).

Researchers

Research data, including aggregated data sets, limited data sets, and summary tables, may be made available to researchers with an approved research application. To request data for research purposes please refer to the HAVRS Research Application (https://health.alaska.gov/dph/VitalStats/Documents/VitalRecordsResearchApplication.docx).

The Public

Reports will be prepared annually on topics of general interest, such as top reasons for hospitalizations, average charges, and average length of stay. These reports will be made available through the program website.

c. Data Ownership

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

d. Data Security

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 DOH Policies and Procedures apply.

DOH' Information Technology Services security plans protect access to the data. Any data shared with approved researchers or data users, whether internal to DOH 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.

DOH 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. Data sets are not available for commercial use.

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, Division of Public Health, Health Analytics and Vital Records Section (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 6 may not be published without permission from DOH. 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 6 may not be published; those based on numerators less than 20 should include a footnote noting possible statistical unreliability**.** 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 100,000 people in the population group at risk of having been hospitalized.

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: "Database" refers to the combined discharge data from multiple facilities. The data collected by the HFDR program comprise the Alaska Inpatient Database and the Alaska Outpatient Database.

Data clearinghouse: "Data clearinghouse" refers to a third-party designated by DOH 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: "Discharge data" refers to 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: "Healthcare operations" (HCO) refers to the functions covered under 45 CFR 164.501, including quality assessment and improvement activities and business planning and development.

Limited data set: A "limited data set" (LDS) is a limited set of identifiable patient information as defined in the Privacy Regulations issued under 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).
- Full face photos (or comparable images).

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.

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

Patient number: "Patient number" is an irreversible, unique, encrypted number that replaces patient social security number. This number is assigned to serve as an anonymized identifier for data analysis.

Protected health information: "Protected health information" (PHI) Protected health information is information, including demographic information, which relates to: the individual's past, present, or future physical or mental health or condition; the provision of health care to the individual, or; the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.

Uniform billing form: "Uniform billing form" means the 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. https://www.nubc.org/
- Health Insurance Portability and Accountability Act (HIPAA). U.S. Department of Health & Human Services. https://www.hhs.gov/hipaa/index.html
- *Distinguishing Public Health Research and Public Health Nonresearch*. Centers for Disease Control and Prevention (2010). https://www.cdc.gov/os/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). https://doh.wa.gov/sites/default/files/legacy/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

Appendix A: For Reporting Facilities

Appendix A-1: Facility Contact Person Designation Form

All reporting facilities should designate a primary contact person to receive correspondence from the HFDR program. A secondary contact is also recommended.

HOSPITAL INDUSTRY DATA INSTITUTE
Request for ALASKA HIDInet Access to Hospital-Specific Data

Individuals requesting hospital-specific data for HIDI participating hospitals are required to comply with the guidelines for the Alaska/HIDI Data Release Policy for Hospital-Specific Reporting. Please complete this request for online access to hospital-specific records and return to Alaska at HealthAnalytics@alaska.gov. Once the completed form has been received, the authorized user will be provided with access information.

HIDInet is the discharge data submission site, used to submit, review, and edit discharge data.

Primary Requesting User

(Chief individual responsible for data reporting and program compliance)

Name: _____ Date: _____

Title: _____ Office Phone: _____

Email: _____ Cell Phone: _____

I agree to comply with the guidelines for release of hospital-specific data as outlined in the Alaska/HIDI Data Release Policy for Hospital-Specific Reporting. I acknowledge that such data policy applies to data available online, in printed format, or on other media such as DVD or CD.

I further acknowledge our responsibility to inform anyone with access to this information of the policy and its intent that these hospital-specific data are to be used only by the hospital. I further agree to not share my password or allow anyone to access the data by using my password.

Requesting User Signature: _____

Secondary Requesting User(s)

(Other individual(s) responsible for data reporting – Attach additional pages as needed)

Name: _____ Date: _____

Title: _____ Office Phone: _____

Email: _____ Cell Phone: _____

I agree to comply with the guidelines for release of hospital-specific data as outlined in the Alaska/HIDI Data Release Policy for Hospital-Specific Reporting. I acknowledge that such data policy applies to data available online, in printed format, or on other media such as DVD or CD.

I further acknowledge our responsibility to inform anyone with access to this information of the policy and its intent that these hospital-specific data are to be used only by the hospital. I further agree to not share my password or allow anyone to access the data by using my password.

Requesting User Signature: _____

By signing below, I warrant that I have the authority of my facility to authorize access for the above-named employee(s) to hospital-specific data. *Required

***CEO Name:** _____

***CEO Signature:** _____ **Date:** _____

***Hospital Name:** _____ **Hospital ID:** _____

Appendix A-2: Reporting Deadline Extension Request Form

When a facility required to report is unable to meet the reporting deadline an extension may be requested for a maximum of one month.

Facility Name: _____

Mailing Address:

Date of Discharge	Due Date	New Due Date	Extension Requested
Jan. 1 – Mar. 31	May. 31	Jun. 30	☐
Apr. 1 – Jun. 30	Aug. 31	Sep. 30	☐
Jul. 1 – Sept. 30	Nov. 30	Dec. 31	☐
Oct. 1 – Dec. 31	Feb. 28	Mar. 31	☐

Reason for Extension Request:

_____

Action Being Taken to Ensure Future Compliance:

_____

Person Requesting: _____

Name: _____

Title: _____

Organization: _____

E-mail: _____

Signature: _____

Date: _____

E-mail completed forms to HealthAnalytics@alaska.gov,
or fax to (907) 465-4689,
or mail to Health Analytics and Vital Records, Research Unit
PO Box 110675, Juneau, AK 99811

Appendix A-3: Record Layout For UB-04 Data Collection

A-Type Records

Required	UB-04#	Repeats	Length	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
*3	08	1	18	120	137	Patient Last Name (see Special Instructions)
*3	08	1	9	138	146	Patient First Name (see Special Instructions)
*3	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)

Required	UB-04#	Repeats	Length	Start	Stop	Data Element
*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.

*3 Required as of January 2020.

*B-Type Records***

Required	UB-04#	Repeats	Length	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

* Data element is required for all patients.

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

*C-Type Records***

Required	UB-04#	Repeats	Length	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)

Required	UB-04#	Repeats	Length	Start	Stop	Data Element
		1	11	390	400	Reserved for future use

* Data element is required for all patients.

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

D-Type Records (Optional)

Required	UB-04#	Repeats	Length	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

E-Type Records (Optional)

Required	UB-04#	Repeats	Length	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

Required	UB-04#	Repeats	Length	Start	Stop	Data Element
	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)

Required	UB-04#	Repeats	Length	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

Electronic File Transfer Specifications

Submitting Data Using the HIDI Secure Internet Site

Files may be uploaded to Hospital Industry Data Institute's (HIDI) 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/hidinetv3/. For access to the site, please contact HIDI at:

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

E-mail: hidi@mhanet.com
Phone: (573) 893-3700
Fax: (573) 635-9638

Appendix A-4: 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 does not have or does not provide their SSN, or it is not available, 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

Record Type	Location	Element/Comment
		6 = Other 9 = Unknown or patient refused
A	374	**PLACE OF SERVICE** - This field identifies the area where the patient received treatment. Use the following coding method: **For Hospital Inpatients** (Encounter Type = 1) 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 **For Hospital Outpatients** (Encounter Type=2) 1 = Emergency room 2 = Outpatient surgery 3 = Observation only 4 = Other outpatient **Ambulatory Surgery Centers (ASC) Patients** (Encounter Type=2) 2 = Outpatient surgery
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 Insurance 004 = Workers' Compensation 005 = Self Pay 006 = Indian Health Service 007 = TRICARE/CHAMPUS/VA

Record Type	Location	Element/Comment
		008 = Other Miscellaneous 009 = Other Government 010 = Unreimbursed Native Health 017 = Elmendorf
B		The record layout allows multiple B-Type records with unlimited 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		The record layout allows multiple C-Type records with unlimited other diagnosis codes and unlimited 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.

Record Type	Location	Element/Comment
C	119-254	**OTHER DIAGNOSIS CODES** – all ICD-10 diagnosis codes can be reported in this area. The eighth digit of the diagnosis 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 - 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. All 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.

Appendix A-5 Business Associate Agreement

State of Alaska
Department of Health
Health Insurance Portability and Accountability Act
Business Associate Agreement

This Health Insurance Portability and Accountability Act ("HIPAA") Business Associate Agreement ("BAA") is between the State of Alaska, Department of Health ("Business Associate" or "BA") and _____ ("Covered Entity" or "CE").

Recitals

Whereas,

1. CE wishes to disclose certain information to BA, some of which may constitute Protected Health Information ("PHI").
2. 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.
3. The purpose and goal of the HIPAA 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:

Definitions

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.

Specific:

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

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

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.

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.

Permitted Uses and Disclosures by Business Associate.

1. 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.
2. 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.
3. BA agrees to make uses and disclosures and requests for PHI consistent with CE's minimum necessary policies and procedures.
4. 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.
5. BA may provide data aggregation services related to the health care operations of CE.

Obligations of Business Associate

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.

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.

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.

BA is not an agent of CE.

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.

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.

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.

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.

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.

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.

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.

Obligations of CE

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.

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.

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.

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.

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.

Termination

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.

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.

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.

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.

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.

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.

Regulatory References

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

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.

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.

Signatures

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

Covered Entity:	**Business Associate:** **Alaska Department of Health**
Name: _____	**Name:** _____
Title: _____	**Title:** _____
Date: _____	**Date:** _____
Signature: _____	**Signature:** _____

E-mail completed forms to HealthAnalytics@alaska.gov,
or fax to (907) 465-4689,
or mail to Health Analytics and Vital Records, Research Unit
PO Box 110675, Juneau, AK 99811

Appendix B: Data Requests

Appendix B-1: Healthcare Operations Data Request and Data Use Agreement

Alaska healthcare organizations who are mandated to submit discharge data to the HFDR program are eligible to purchase statewide health care operations (HCO) limited data sets if they are in compliance with HFDR guidelines and agree to the HCO Data Use Agreement. To request data for research or other purposes please refer to the HAVRS Research Application (https://health.alaska.gov/dph/VitalStats/Documents/VitalRecordsResearchApplication.docx).

Time Period and Pricing	**Quarterly Distribution** ($500 per quarter and $75 per distribution): Year Requested: _____ ☐ Quarter 1 (Jan-Mar) available in Jul of the same year. ☐ Quarter 2 (Apr-Jun) available in Oct of the same year. ☐ Quarter 3 (Jul-Sep) available in Jan of the following year. ☐ Quarter 4 (Oct-Dec) available in Apr of the following year. **Annual Distribution** ($2,000 per year and no distribution fee): Year(s) Requested: _____ ☐ Full Year (Jan-Dec) available May of the following year.
Data Elements	HCO data sets include both inpatient and outpatient billing records. Variables included in the HCO data sets are shown in Appendix B-2.
Data Safeguards	

Principal Applicant (Person Receiving Data Transfer)

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

Name: _____

Title: _____

Organization: _____

E-mail: _____

Signature: _____

Date: _____

Additional Users (Includes All Other Personnel With Access to Data)
I have read and agree to the conditions of use for data in the attached Alaska Health Facilities Data Reporting Program Health Care Operations Data Use Agreement.

Name: _____

Title: _____

Organization: _____

E-mail: _____

Signature: _____

Date: _____

Name: _____

Title: _____

Organization: _____

E-mail: _____

Signature: _____

Date: _____

(Attach additional users and pages as needed)

E-mail completed forms to HealthAnalytics@alaska.gov,
or fax to (907) 465-4689,
or mail to Health Analytics and Vital Records, Research Unit
PO Box 110675, Juneau, AK 99811

Alaska Health Facilities Data Reporting Program
Health Care Operations
Data Use Agreement

This Data Use Agreement ("DUA") is between the State of Alaska, Department of Health ("DOH") and _____ ("Recipient"). The DUA sets out the conditions of participation if the Recipient wishes to receive Health Facilities Data Reporting (HFDR) program discharge data collected by DOH under 7 AAC 27.660.

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

- Recipient shall use appropriate administrative, technical, and physical 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 DOH 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 (such as suppression of counts less than 6) shall be shared or published.
- The recipient will allow the HFDR program a pre-publication review of conclusions based upon data. If disagreement exists, the recipient will allow the HFDR program manager the opportunity to include comment within the published document.
- Acknowledgement is to be given to the HFDR program 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 Department of Health, Division of Public Health, Health Analytics and Vital Records Section (Date Obtained).
- Upon completion of the approved health care operations purpose the data will be returned to HAVRS or destroyed.

Appendix B-2: HFDR Data Dictionary

Discharge File

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
hfdrversion	The year and version of the datasets assigned by HFDR.	x	x		Formatted YYYYv# with a year and version number. A new version number is assigned when additional records or adjustments are made to that year's dataset. Partial- year, quarter-to-date datasets are formatted YYYYq#, ending in the quarter number. The hfdrversion and dkey together are needed to specifically identify a record.
dkey	Record ID - unique billing record identifier	x	x		12-digit assigned alphanumeric code (begins with the 2-digit year then 2-digit month then one letter encounter type then 7-digit counter).
facilityid	Facility ID – Medicare ID for most hospitals	x	x		6-digit number (leading 0).
facilitynpi	Facility NPI (National Provider Identifier)	x	x	56	10-digit number.
facilityregion	Facility Public Health Region	x	x		Anchorage Gulf Coast Interior Matanuska-Susitna Northern

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
					Southeast Southwest
facilitytype	Facility type	x	x		ASC (Ambulatory Surgical Centers) Community (hospital) IDTF (not required to report) SNF (not required to report) Specialty (hospital)
placesvc	Place of service (the same code has a different meaning depending on which encounter type code is used below, inpatient or outpatient)	x	x		Inpatient: 1 = Acute Medical/Surgical Unit 2 = Psychiatric Unit 3 = Medical Rehabilitation Unit 4 = SNF/ICF/LTC/Swing bed/Hospice 5 = Alcohol Rehabilitation Unit 6 = Drug Rehabilitation Unit 7 = Other Inpatient 9 = Invalid/Missing Outpatient: 1 = Emergency Room 2 = Outpatient Surgery 3 = Outpatient Observation 4 = Other Outpatient 9 = Invalid/Missing
ssnmask	A unique patient identifier that is a cryptographic mask of the patient's SSN,	x	x		Each value provided is masked consistently year to year and facility to facility for de-identified longitudinal analysis when field is available.

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
	if it was provided on the billing record				Replaces *encpatssn* which was discontinued after data year 2020.
enctype	Encounter type	x	x		1 = Inpatient 2 = Outpatient
patientcity	Patient city of residence	x	x	09	Community name.
borough	Patient borough of residence	x	x		3-digit FIPS code.
patientregion	Patient Public Health Region of residence	x	x		Anchorage Gulf Coast Interior Matanuska-Susitna Northern Southeast Southwest
state	Patient state of residence	x	x	09	Two-letter postal code.
zip	Patient mailing ZIP code of residence	x	x	09	5-digit ZIP code.
birthdate	Date of birth	x	x	10	MM-DD-YYYY.

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
sex	Sex	x	x	11	F = Female M = Male U = Unknown
ethnicity	Ethnicity	x	x		1 = Hispanic or Latino 2 = Neither Hispanic nor Latino 9 = Unknown
race	Race	x	x		1 = White 2 = Black or African American 3 = American Indian/Alaska Native Peoples 4 = Asian 5 = Native Hawaiian/Pacific Islander 6 = Other 9 = Unknown
age	Age (in years)	x	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

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
					35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90+
admithour	Admission hour	x	x	13	HH (00 – 23)
admitdate	Admission date	x	x	12	MM-DD-YYYY
admityear	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 or Physician's Office 4 = Transfer from a Hospital (different facility) 5 = Transfer from SNF, ALF, ICF, or other Nursing Facility; or

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
					5 = If Admission Type (admittype) code is 4 for Newborn, then admitsource code of 5 means Born Inside this Hospital 6 = Transfer from another Health Care Facility (not defined elsewhere in this code list); or 6 = If Admission Type (admittype) code is 4 for Newborn, then admitsource code of 6 means Born Outside this Hospital 8 = Court/Law Enforcement 9 = Information not Available D = Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim E = Transfer from Ambulatory Surgery Center F = Transfer from Hospice Facility
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 a Medicare Certification 04 = A Facility that Provides Custodial or Supportive Care 05 = A Designated Cancer Center or Children's

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
					Hospital 06 = Home Under Care of an Organized Home Health Service Organization 07 = Left Against Medical Advice or Discontinued Care 09 = Admitted as an Inpatient to This Facility 20 = Expired (patient died) 21 = Court/Law Enforcement 30 = Still Patient (in same facility) 40 = Expired at Home (only for Medicare and TRICARE claims for hospice care) 41 = Expired in a Medical Facility (only for Medicare and TRICARE claims for hospice care) 42 = Expired - Place Unknown (only for 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 Certified under Medicaid but not Certified under Medicare 65 = A Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital 66 = A Critical Access Hospital (CAH) 70 = Another Type of Health Care Institution not

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
					Defined Elsewhere in this Code List 81 - 95 = Various discharges/transfers that have a planned acute care hospital inpatient readmission 99 = Invalid Patient Disposition Reported to HFDR
lengthstay	Length of stay (in days)	x	x		Days from admitdate to dischdate (except any 0 day calculations are changed to 1 day).
totcharges	Total charges	x	x	47	Decimal point and two decimal places.
pripaycd, secpaycd, terpaycd	Expected primary payer, Secondary payer code, Secondary payer code	x	x		001 = Medicare 002 = Medicaid 003 = Commercial Insurance 004 = Workers' Compensation 005 = Self-Pay 006 = Indian Health Service 007 = CHAMPUS/VA 008 = Other Miscellaneous 009 = Other Government 010 = Unreimbursed Native Health
billtype	Type of bill	No	No	04	3-character alphanumeric code. 1st Character = Type of facility 2nd Character = Type of care 3rd Character = Frequency code
stmtfromdate	Statement from date	x	x	06	MM-DD-YYYY

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
lengthbilling	Length that the billing record covers (in days)	x	x		Days from stmtfromdate to dischdate (except any 0 day calculations are changed to 1 day, and any records that are missing the stmtfromdate are populated with the lengthstay value).
dxccsr	Clinical Classifications Software Refined (CCSR) for ICD-10-CM is a diagnosis code grouper	x	x		Updated HCUP diagnosis grouper, replaces CCS.
dxccsgrp	Clinical Classifications Software (CCS) for ICD-10-CM is a diagnosis code grouper	x	x		Any new ICD-10-CM codes after October 2019 will not be added to this grouper. Use variable dxccsr instead.
mdc	Major Diagnostic Category	x	x		3-digit code.
drg	Diagnosis-Related Group	x	x		Inpatient only.
pxccsgrp	Clinical Classifications Software (CCS) for ICD-10-PCS is a	x	x		HCUP inpatient procedure category.

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
	procedure code grouper				
opsurgery	Surgery Flags for Outpatient Services and Procedures	x	x		HCUP outpatient surgery flag, codes of 1 are a major therapeutic procedures and codes of 2 are major diagnostic procedures or invasive minor therapeutic procedures. If the revenue file contains procedures with a 1 flag and a 2 flag, only the 1 flag appears in the discharge file. To view all the flags on each surgery procedure for the discharge, see the revenue file.
prindx secdx1-secdx29	Principal diagnosis Secondary diagnosis 1- 29	x	x		ICD-9 used through September 30, 2015. ICD-10 used October 1, 2015 and after. Implied decimal (no decimal point). 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 field.
prindxpoa secdx1poa-secdx29poa	Principal diagnosis – present on admission (POA) Secondary diagnosis POA 1-29	x	x	67	Y = Yes N = No U = No information in record W = Clinically undetermined 1 = Exempt from POA reporting

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
prinproc secpx1-secpx29	Principal procedure code Secondary procedure 1-29	x	x	74	ICD-9 used through September 30, 2015. ICD-10 used October 1, 2015 and after. Implied decimal (no decimal point).
prinprocdate secpx1date-secpx29date	Principal procedure date Secondary procedure date 1-29	x	x	74	MM-DD-YYYY
hfdrepisode	ID variable that HFDR creates that groups multiple bills for the same episode of service (Admission for inpatient and Visit for outpatient) together by giving them the same ID number. *Note: This outpatient count includes Emergency Department visits.*	x	x		In the AYYYYXXXXXXX format, A is for Admissions, YYYY is the year, and the Xs are a number assigned for that episode within this specific inpatient data set only. In the VYYYYXXXXXXX format, V is for Visits, YYYY is the year, and the Xs are a number assigned for that episode within this specific outpatient data set only.

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
hasinpatient	Outpatient indicator that HFDR creates for when a patient has an outpatient discharge on the same day as an inpatient admission.	x	x		Flagged with a 1 when true (outpatient and emergency department data sets only). A flagged outpatient billing record is one that is more typically included within the inpatient billing record, but is not in this circumstance.
ssndobmask	A unique patient identifier that is a cryptographic mask of the combination of a patient's SSN and date of birth (DOB)	x	x		Each value provided is masked consistently year to year and facility to facility for de-identified longitudinal analysis when both fields are available.
admitdx_dec prindx_dec secdx1_dec-secdx29_dec	Admission diagnosis Principal diagnosis Secondary diagnosis 1-29	x	x	69	**(2015 File only)** ICD-9 used through September 30, 2015. ICD-10 used October 1, 2015 and after. Decimal provided. Prior to 2016, external cause of injury codes beyond 1 and 2 are included in secondary diagnosis fields.
ecode1-ecode2 ecode1poa-ecode2poa	External cause of injury-code (E-Code) 1-2	x	x		**(2015 File only)** Prior to 2016, external cause of injury codes beyond 1 and 2 are included in secondary diagnosis fields.

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
ecode1_dec, ecode2_dec	E-Code 1-2 present on admission (POA) E-code 1-2 decimals				
prcodemeth	Procedure coding method (2015 only)	x	x		**(2015 File only)** 0 = ICD-10 9 = ICD-9
dxverqual	Diagnosis coding method (2015 only)	x	x	66	**(2015 File only)** 0 = ICD-10 9 = ICD-9

Revenue File

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
dkey	Record ID - unique billing record identifier (used to link the revenue code file and the discharge data file)	x	x		12-digit assigned alphanumeric code (begins with two digit year then two digit month then one letter encounter type then seven digit counter).
facilityid	Facility ID	x	x		6-digit with leading zero.
seqno	Sequence number	x	x		
revcode	Revenue code	x	x	42	

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
revunit	Revenue unit	x	x	46	
revchg	Revenue charges	No	No	47	Implied two digit decimal point.
hcpcs	Health Care Procedure Coding System	x	x	44	
servdate	Date of service	x	x	45	MM-DD-YYYY
revrank	Ranking of the HCPCS codes listed	x	x		Based on Medicare procedure weighting from their Addendum B, Outpatient Prospective Payment System (OPPS) Payment by HCPCS Codes. Outpatient only.
hcpcsccsgrp	CCS-Services and Procedures	x	x		HCUP method for classifying CPT and HCPCS Level II codes into clinically meaningful procedure categories. A CCS code is provided for the record that is ranked with a 1 in the above variable. Outpatient only.
opsurgery	Surgery Flags for Services and Procedures	x	x		HCUP outpatient surgery flag, codes of 1 are a major therapeutic procedures and codes of 2 are major diagnostic procedures or invasive minor therapeutic procedures. A code of 0 (zero) is assigned to all eligible CPT codes that are minor diagnostic procedures, or minor therapeutic

Variable	Short Description	HCO LDS	Research LDS	UB-04 Form #	Values/Notes
					procedures that do not meet the definition for a code of 2. Outpatient only.