[Description: DPH Logo - Keeping CT Healthy](http://www.ct.gov/dph) **Connecticut Department of Public Health**

**Office of Health Care Access**

**Hospital Inpatient / Emergency Department Discharge**

**Freedom of Information Data Request Form**

## Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 201\_\_\_ Record/Invoice Number:\_\_\_\_\_\_\_\_\_\_\_

The Office of Health Care Access (OHCA) maintains an acute care hospital inpatient discharge database, has access to ChimeData emergency department database and fills requests for health data from all interested individuals, institutions and other government agencies. Data released to interested parties however are subject to the provisions of Connecticut General Statutes [§19a-654](http://www.ct.gov/dph/cwp/view.asp?a=3902&Q=565090), Connecticut Administrative Regulations [Section 19a-167g-94](http://www.ct.gov/dph/lib/dph/ohca/lawsandregspdf/foi_regulations.pdf), the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 and other local, state and federal regulations relating to the maintenance of patient privacy.

Fees may be associated with responding to these requests. Only request forms that are fully completed will be processed. Discharge or encounter categories with fewer than six patients will be noted as less than six (<6).

Requests may be for aggregate or patient level data. Aggregate data are data combined with other data elements that exclude the identity of an individual. To request:

1. Aggregate data - contact: OHCA at (860) 509-7270 [dph.communications@ct.gov](mailto:dph.communications@ct.gov)
2. Patient–level data - contact: [Diane.Aye@CT.gov](mailto:Diane.Aye@CT.gov), Chair of the [Human Investigations Committee (HIC](http://www.ct.gov/dph/cwp/view.asp?a=3115&q=466698)) for the process and forms for patient identifiable/confidential and de-identified data requests.

After submitting your request for aggregate data, you will be notified within four (4) business days that:

1) the request has been approved for preparation;

2) the request has been denied because it involves confidential information or does not meet required thresholds; or

3) it cannot be readily determined until the report is prepared whether or not it meets required thresholds.

Please review the full text of [Section 19a-167g-94](http://www.ct.gov/dph/lib/dph/ohca/lawsandregspdf/foi_regulations.pdf) of the regulations for an overview of the data request process, confidential data elements, and required thresholds **before** completing this request form. Refer to the attached data dictionary for a listing of data elements.

[CTMONAHRQ](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=555802&dphNav=|) provides information about hospital quality ratings, costs and charges, avoidable hospitalization, and county rates of conditions and procedures. You may also visit our [www.ct.gov/ohca](http://www.ct.gov/ohca) and click on [Hospital Quality and Utilization](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=555802&dphNav=|).

INFORMATION REQUESTED – (PLEASE FILL OUT ALL INFORMATION AND ATTACH ADDITIONAL PAGES IF MORE SPACE IS REQUIRED)

1. **LIST OF DATA ELEMENTS TO BE INCLUDED** ( Data Dictionary is provided):

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1. **TIME PERIOD FOR REQUESTED DATA** (Data available by *hospital fiscal years: Inpatient 1991–2015 and Emergency Department 1996-2015*)

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1. **DATA SELECTION CRITERIA** (e.g., specify ICD-9-CM codes, DRG codes, demographic variables, or at least two contiguous zip codes, if zip code information is being requested):

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1. **SAMPLE REPORT LAYOUT** (Must be attached)

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| --- |
| 1. **SELECT TYPE OF MEDIA OR FORMAT FOR REPORT** |
| **Media**:  Email  Paper Report  Thumb Drive **Format**:  Excel  ASCII (.txt) |

|  |
| --- |
| 1. **RETURN REQUESTED BY (please check one)** |
| Mail  Email  Fax  Pick up |

*Submission of this form serves as confirmation that the request conforms to the confidentiality provisions of CT Office of Health Care Access regulations.*

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| --- | --- |
| 1. **CONTACT INFORMATION** | |
| Name: |  |
| Address: |  |

*Street Address*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

*City State Zip Code*

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| --- | --- | --- |
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*Telephone Fax*

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| --- | --- |
| Email: |  |

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| --- |
| **INVOICE INFORMATION** |

**ONTACT INFORMATION**

|  |  |
| --- | --- |
| Files on CD @ $5 per file | $ |
| Paper Copies @ $0.25 per page | $ |
| Programming / Formatting fee @ $11.25 per quarter hour | $ |
| Postage & Shipping Charges (if applicable) | $ |
| **Total Amount Due** | $ |

**MAKE CHECK PAYABLE TO**: ***TREASURER, STATE OF CONNECTICUT***

**REMIT TO**: THE OFFICE OF HEALTH CARE ACCESS

410 Capitol Avenue, MS#13HCA

P.O.BOX 340308

Hartford, CT 06134

***PLEASE BE SURE TO INCLUDE ONE COPY OF THIS BILL WITH YOUR PAYMENT***

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|  | **CT DPH OHCA Inpatient Data Dictionary FY 2014** | |
|  |  |  |
| **No.** | **Field Name** | **Description** |
| 1 | Address 1 | Provider's address, line 1 |
| 2 | Address 2 | Provider's address, line 2 |
| 3 | Admit Date | Date of hospital admission/start of care |
| 4 | Admit Source | The circumstances associated with the patient's admission |
| 5 | Age | Age of patient in years |
| 6 | Age in Days | Age of patient in days |
| 7 | Age in months | Age of patient in months |
| 8 | Attending Physician | The practitioner primarily responsible for the patient's care during the admission |
| 9 | Birth Date | Date of patient's or provider's birth |
| 10 | Birth Weight | Birth weight of newborns in grams |
| 11 | Charge - ICU/CCU | Total intensive and coronary care charges for this admission. |
| 12 | Charge - Lab | Total laboratory charges for this admission. |
| 13 | Charge - Other | Total other charges for this admission. |
| 14 | Charge - Pharmacy | Total pharmacy charges for this admission. |
| 15 | Charge - Physical Therapy | Total physical therapy charges for this admission. |
| 16 | Charge - Radiology | Total radiology charges for this admission. |
| 17 | Charge - Respiratory | Total respiratory charges for this admission. |
| 18 | Charge - Routine | Total routine charges for this admission. |
| 19 | Charge - Supply | Total supply charges for this admission. |
| 20 | Charge - Surgery | Total surgery charges for this admission. |
| 21 | Charge Accommodation Total | Total accommodation charges for this admission. |
| 22 | Charge Ancillary Total | Total ancillary charges for this admission. |
| 23 | Charges Reported | Total charges for this admission. |
| 24 | Charges Total | Total charges for this admission. |
| 25 | City | Provider's city |
| 26 | CT Provider Billing Identifier | Provider's billing identification number. |
| 27 | Diagnosis All Occurrences | ICD-9-CM codes for the primary and secondary diagnoses, 1 - 10, which exist at the time of admission or which develop subsequent to the admission which affect the patient's treatment or length of stay |
| 28 | Diagnosis All Occurrences (Description) | Description of diagnoses |
| 29 | Diagnosis Principal | The ICD-9-CM code for the principal diagnoses which exists at the time of admission |
| 30 | Diagnosis Related Group | Clinically distinct categories developed by CMS as a proxy for resource utilization |
| 31 | Diagnosis Related Group Description | Description of DRGs |
| 32 | Discharge date | Date of patient discharge |
| 33 | Discharge Disposition | The circumstance of the patient's disposition |
| 34 | Doctor Type | Submitted physician type |
| 35 | Ethnicity | Patient's ethnicity |
| 36 | First Name | Provider's first name |
| 37 | Fiscal year | Fiscal Year the patient's discharge date falls within (this is between October of a calendar year to September of the following calendar year) |
| 38 | Hospital County | FIPS County name |
| 39 | Hospital Name | Full name of Hospital (each sub-unit listed separately) |
| 40 | Hospital Name - All Units Combined | Full name of Hospital (all units of hospital rolled into one name) |
| 41 | Hospital Number | The 2 digit CT OHCA hospital number |
| 42 | Hospital Provider Number | The last four digits of the Medicare provider number for the unit of the hospital from which the patient was discharged |
| 43 | Hospital State | Hospital's state code abbreviation |
| 44 | Length of Stay | Length of stay in days for this admission |
| 45 | License Type | Provider's license type |
| 46 | Major Diagnostic Category | CMS Body symptom or disease related groupings of clinical conditions; may not be used to infer resource consumption |
| 47 | Major Diagnostic Category Description | CMS MDC description |
| 48 | Patient Control Number | The unique number assigned to each patient/admission combination within a hospital. Unique to visit |
| 49 | Patient County | FIPS county name |
| 50 | Patient ID Number | Medical record number. A unique number assigned to each patient within a hospital; not specific to an admission. |
| 51 | Patient State | Patient's state abbreviation |
| 52 | Payer ID 1 | Payer name which identifies the payer organization from which hospital expects at time of discharge some payment for bill |
| 53 | Payer ID 2 | Payer name which identifies the payer organization from which hospital expects at time of discharge some payment for bill |
| 54 | Payer ID 3 | Payer name which identifies the payer organization from which hospital expects at time of discharge some payment for bill |
| 55 | Physician ID | Physician ID as submitted |
| 56 | Physician Name | Physician’s name |
| 57 | Previous Admit | Length of time between the admission date of this admission and the discharge date of the patient's most recent previous admission |
| 58 | Primary Payer - OHCA | The payment source that was expected to provide the primary share of the payment for the hospitalization |
| 59 | Payer Description- OHCA | State-specific payer code description |
| 60 | Procedure All Occurrences | ICD-9-CM codes for significant procedures that are surgical in nature, carry procedural or anesthetic risk, or require specialized training or special facilities or equipment |
| 61 | Procedures All Occurrences (Description) | Description of PX codes |
| 62 | Procedure Principal | The ICD-9-CM code for the procedure most closely related to the principal diagnoses performed for the definitive treatment of the patient |
| 63 | Procedure Principal Date | The day in which the Principal procedure was performed |
| 64 | Provider's Zip Code | Provider's 5 digit zip code |
| 65 | Quarter | The quarter of the fiscal year that the patient's discharge date falls within |
| 66 | Race | Patient's race |
| 67 | Rev Charges | Total Revenue Charges reported by Hospitals |
| 68 | Rev Code | Revenue Code |
| 69 | Rev Code Description | Revenue code description |
| 70 | Rev Units | Number of units associated with each revenue code |
| 71 | Sex | Gender of the patient |
| 72 | Service | Hospital defined code identifying medical service within the hospital |
| 73 | Service Line | assigned based on DRG grouping |
| 74 | Specialty Code | State-specific specialty |
| 75 | State | Provider's state |
| 58 | Sub unit | Other hospital units |
| 59 | Town | Town name. Town designation based on patient's zip code |
| 60 | Unique Provider ID Number (UPIN) | Unique physician identification number |
| 61 | UPIN Specialty Code | CMS provided specialty code |
| 62 | Zip Code | patient's or provider's 5 digit zip code |