



H·CUP
HEALTHCARE COST AND UTILIZATION PROJECT

**FREQUENTLY ASKED QUESTIONS
ABOUT HCUP AND PARTNER
ORGANIZATIONS**

2012

FREQUENTLY ASKED QUESTIONS: HCUP AND STATE PARTNERSHIPS

I. PROJECT BACKGROUND

A. What is the Healthcare Cost and Utilization Project (HCUP)?

HCUP is a Federally-funded project that builds on the efforts of State data organizations, hospital associations, and private data organizations to create a national resource of hospital and outpatient discharge data. HCUP maintains the largest collection of longitudinal hospital care databases in the U.S., enabling research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, State, and local market levels.

B. Who sponsors and funds HCUP?

HCUP is sponsored and funded by the Agency for Healthcare Research and Quality (AHRQ), an Agency of the U.S. Department of Health and Human Services. Technical guidance for the project is provided by researchers at AHRQ's Center for Delivery, Organization, and Markets (CDOM). HCUP would not be possible without the voluntary cooperation of statewide data organizations.

C. What databases does HCUP produce?

HCUP develops and maintains a family of databases, including the Nationwide Inpatient Sample (NIS), the Kids' Inpatient Database (KID), and the Nationwide Emergency Department Sample (NEDS), the State Inpatient Databases (SID), the State Ambulatory Surgery Databases (SASD), and the State Emergency Department Databases (SEDD).

D. Who has access to the data?

All data provided to HCUP are intended for intramural use and are available only to authorized AHRQ staff and their contractors. These intramural databases are utilized for AHRQ research efforts and reports. The HCUP data that are made available to the public are known as restricted access public release files. All restricted access public release files are derived from the intramural databases, with additional restrictions on content to meet the public release requirements of both AHRQ and each participating data organization. The restricted-access public release NIS, KID, NEDS, SID, SASD, and SEDD are distributed through the HCUP Central Distributor to researchers outside of AHRQ who sign an HCUP Data Use Agreement (DUA).

E. How many States participate in HCUP?

As of March 2012, 46 data organizations participate in HCUP. These organizations are also referred to as HCUP Partners and include hospital associations, State data organizations, and private data organizations.

F. How can a data organization become a part of HCUP?

Each year, AHRQ expands the HCUP partnership by inviting additional States' data organizations to join the project. Through its recruitment and data development contractor, Thomson Reuters, AHRQ explores the interest and ability of data organizations to participate in the project. Inclusion of new organizations in HCUP is aimed at improving the geographic representation of HCUP databases, expansion of outpatient data, and representation of important population groups. Strong candidates for joining HCUP must be able to meet basic participation requirements described in Section II.A., below. Participation in HCUP is based on a cooperative, detailed agreement made between AHRQ and each HCUP Partner organization. Organizations that would like more information about becoming a part of HCUP should contact Jenny Schnaier or Jon Busch (See Section V).

G. Is participation mandatory or voluntary?

Participation in HCUP is entirely voluntary.

H. Which States have data organizations contributing health care data to HCUP?

The following 46 HCUP Partners contributed **inpatient** data for the 2010 data year:

Alaska	Kansas	Nevada	South Dakota
Arizona	Kentucky	New Hampshire	Tennessee
Arkansas	Louisiana	New Mexico	Texas
California	Maine	New Jersey	Utah
Colorado	Maryland	New York	Vermont
Connecticut	Massachusetts	North Carolina	Virginia
Florida	Michigan	Ohio	Washington
Georgia	Minnesota	Oklahoma	West Virginia
Hawaii	Mississippi	Oregon	Wisconsin
Illinois	Missouri	Pennsylvania	Wyoming
Indiana	Montana	Rhode Island	
Iowa	Nebraska	South Carolina	

The following 30 HCUP Partners contributed **ambulatory surgery** data for the 2010 data year:

California	Illinois	Nebraska	South Carolina
Colorado	Kansas	New Hampshire	South Dakota
Connecticut	Kentucky	New Jersey	Tennessee
Florida	Maine	New York	Utah
Georgia	Maryland	North Carolina	Vermont
Hawaii	Michigan	Ohio	Wisconsin
Indiana	Minnesota	Oklahoma	
Iowa	Missouri	Oregon	

The following 29 HCUP Partners contributed **emergency department** data for the 2010 data year:

Arizona	Kansas	Minnesota	South Dakota
California	Indiana	New Hampshire	Tennessee
Connecticut	Kentucky	New Jersey	Utah
Florida	Maine	New York	Vermont
Georgia	Maryland	North Carolina	Wisconsin
Hawaii	Massachusetts	Rhode Island	
Illinois	Missouri	South Carolina	
Iowa	Nebraska	Ohio	

II. PARTICIPATION REQUIREMENTS AND BENEFITS

A. What are the basic participation requirements?

To participate in HCUP as a Partner, an organization must:

1. Be able to contribute statewide, all-payer inpatient discharge data from all, or nearly all, acute care non-Federal hospitals in the State.
2. Agree to make its inpatient data available for sampling in the NIS.
3. Permit data to be linked to the American Hospital Association (AHA) Annual Survey Database for internal project purposes.
4. Supply the full range of discharge data required for participation (e.g., hospital identification numbers, total charges, diagnoses, procedures, payment source, and patient demographics).
5. Supply data to HCUP in a timely manner.
6. Have established pricing structures for the purchase of its data.

B. How do data organizations formalize their participation in HCUP?

Participation in the project is formalized through a Memorandum of Agreement (MOA) with AHRQ. If a Partner organization requires its own agreements, these documents may be executed in addition to the HCUP MOA.

C. When are Partners asked to submit their data?

Partners are asked to submit their inpatient data for a specific data year within one month of its release and no later than December 31 of the year that follows the data year.

D. What benefits are available to participating data organizations?

HCUP Partners benefit in many ways, including the following:

- By contributing to a national database project, Partners increase the visibility of their data and further demonstrate outside of their organizations the value of the data they

collect.

- Contributing data for HCUP helps to support a broad base of scientific research, and strengthens a common Federal-State mission of improving health care for all Americans.
- Each year, Partners are invited to the annual HCUP Partners Meeting, for which AHRQ pays travel and accommodation expenses for a representative from each Partner organization. This meeting provides extensive opportunities to meet other Partners, to discuss data development and other issues of mutual interest, and to participate in a Federal-State dialogue about HCUP.
- AHRQ sends copies of its uniformly formatted databases back to the contributing HCUP Partners.
- AHRQ provides copies of the NIS, NEDS, and KID to HCUP Partners upon receipt of a signed Data Use Agreement (DUA).
- Partners may use the convenient HCUP Central Distributor free of charge to disseminate their data. The purchase price for sales of State data is returned to the data organization.
- Partners may release their State-level statistics through HCUPnet, a widely used online query system based on HCUP data that provides information on hospital inpatient and emergency department utilization at the national, regional, and State levels.
- Partners have access to consultation from AHRQ researchers.
- Partners receive technical support in the form of:
 - Analytic Software Tools
 - MONARHQ
 - Data Products and Reports
 - Subject Matter Expertise
 - HCUP-US Partners Page
- Partners may use HCUP data to support State transparency initiatives by tapping into the State Snapshots Website. The Website provides comparative estimates (national and regional norms and best performing States' outcomes) for State health care quality metrics, some of which are based on HCUP data, using data from the AHRQ National Healthcare Quality Reports (NHQR).
- Partners may participate in ongoing workgroups on various topics.

III. PRIVACY PROTECTIONS

A. What privacy protections has HCUP established for its databases?

The HCUP MOA between AHRQ and the Partner contains a detailed Data Security Plan with extensive policies and procedures to protect privacy and confidentiality. It is important to note that HCUP does not request that Partners submit any direct patient identifiers to the project, such as name, Social Security Number, or unencrypted medical record number.

B. Are HCUP's privacy protections consistent with HIPAA?

Yes. Although AHRQ (and the vast majority of HCUP Partners) are not covered entities, HCUP has established policies and procedures that are consistent with HIPAA.

IV. ONLINE RESOURCES

A. Is information about HCUP available online?

Yes. The HCUP-US Website – <http://www.hcup-us.ahrq.gov> – provides detailed information on HCUP databases, including complete purchasing information; free tools and software; web-based HCUP publications; and access to technical support.

B. Does the public have access to all of the same resources as Partners on the HCUP-US Website?

No. The main HCUP-US Website is publicly accessible, but Partners also have access to a password-protected Partners Page. This part of the HCUP-US Website contains information and documents of specific interest to data organizations participating in HCUP. It provides a user-friendly platform for Partners to stay informed of current activities involving HCUP, and to easily access HCUP MOAs, information, and documents, and to share information with other Partners. A username and password are required to access the secure HCUP-US Partners Page. Go to <http://www.hcup-us.ahrq.gov/login.jsp> to login and gain access.

C. Does AHRQ provide access to any statistics from HCUP databases free of charge?

Yes. HCUPnet – available at <http://hcupnet.ahrq.gov/> – is a free, online query system based on data from HCUP. It provides instant access to health statistics and information on hospital inpatient and emergency care at the national, regional, and State levels. Using HCUPnet's easy, step-by-step query system, users can generate tables and graphs on national and regional statistics and trends for community hospitals in the U.S. In addition, State-level data are available for those States that have agreed to participate in HCUPnet. HCUPnet also provides statistics based on the AHRQ Quality Indicators (QIs) which have been applied to the NIS.

D. What is MONAHRQ?

MONAHRQ (my own network, powered by AHRQ) is a desktop software tool that AHRQ developed to enable data organizations – such as State and local data organizations,

regional reporting collaboratives, hospitals, and health plans – to input their own data and quickly generate a health care reporting Website ready for use by consumers, policy makers, or other decision makers. The site can provide information on hospital quality, hospital utilization and costs, local rates of procedures and conditions, and preventable hospitalizations in local areas.

To use MONAHRQ, an organization downloads the software and loads its data locally. MONAHRQ can use as input hospital administrative data and/or measure results from the CMS Hospital Compare Website. Next, the organization selects customization options and generates a Website. The organization hosts the Website itself.

E. What user information is available for the AHRQ Quality Indicators (QIs)?

Software and user guides for all four QI modules – Prevention Quality Indicators (PQIs), Inpatient Quality Indicators (IQIs), Patient Safety Indicators (PSIs), and Pediatric Quality Indicators (PDIs) – are available for download from the AHRQ Website at <http://www.qualityindicators.ahrq.gov>. The AHRQ QIs may be used with HCUP data to highlight potential quality concerns, identify areas that need further study and investigation, and track changes over time. HCUP Partners receive a courtesy copy of State-level Quality Indicator rates based on the current data year for the National Healthcare Quality Reports, with accompanying national rates based on HCUP data. These blinded tables are available for use solely within the organization, and support is provided for Partners who wish to use their State information for external reporting.

V. CONTACT INFORMATION

For more information about HCUP, please contact either of the following individuals:

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