WEST VIRGINIA HEALTH CARE AUTHORITY
100 Dee Drive
Charleston, WV 25311

REQUEST FOR HOSPITAL INPATIENT UNIFORM BILLING DATA
Revised December 20, 2016

Data Available

The following data fields are available, subject to limitation, for the time period running from January 1, 2007 to December 31 of the previous calendar year.

Age Group	E-Code	Principal Diagnosis	Sex
Admission Year or Quarter	FEIN	Principal Procedure	Source of Admission
Birth Month/Quarter	HMO Indicator	Patient Discharge Status	Type of Admission
Bill Type	HCA Hospital ID	Revenue Codes (45)	State of Residence
County	Hospital Medicare Provider Numbers	Revenue Units (45)	Total Charges
DRG/MSDRG	Length of Stay in Days	Revenue Charges (45)	Zip Code
DRG/MSDRG Relative Weight	MDC	Secondary Diagnoses	
Discharge Year or Quarter	Payor Group**	Secondary Procedures	

****Payor Groupings:** The three most common payor groupings are shown below; others may be requested.

I

Medicare	Medicaid	PEIA	All Other

II

Medicare	Medicaid	PEIA	Non-Govt	All Other

III

Medicare	Medicaid	PEIA	Workers' Comp	Commercial	Other State Govt	Other States' Govt
Other Fed Govt		Nonprofit	Employer/Union		Charity/Self Pay	All Other

Datasets & Reports Available

1. Aggregated Datasets

Four subsets of the statewide UB database have been created and all four files are aggregated after sorting on discharges, days of stay, total charges, and DRG or MSDRG case weight. Files PTDRG and PTZIP for 2007 data are split by grouper version 24 (DRG) and 25 (MSDRG).

Available in SAS or text delimited format.

PTDRG: Data are sorted by hospital by state by county by four payor groups (Medicare, Medicaid, PEIA, Other) and DRG, then aggregated into four age cohorts (0-14, 15-44, 45-64, 65 and over); the number of discharges in each cohort is reported.

PTPC: Data are sorted by hospital by state by county by four payor groups by principal procedure; the total number of discharges for each procedure is reported.

PTDX: Data are sorted by hospital by state by county by four payor groups by principal diagnosis; the total number of discharges for each diagnosis is reported.

PTZIP: Zip codes with fewer than 30 discharges are set to blanks. Data are then sorted by hospital by state by county by zip by four payor groups by DRG into four age cohorts (0-14, 15-44, 45-64, 65 and over): the total number of discharges for each procedure is reported.

2. Certificate of Need and Rate Review Reports

These reports are available only for Certificate of Need and Rate Review Purposes. These reports include acute care data only, excluding state psychiatric hospitals, rehab hospitals and units, and long-term care units of hospitals including swing beds.

The Patient Origin and Cardiac Catheterization reports may be found in PDF format on the West Virginia Health Care Authority website. These reports may also be obtained in alternate formats via this data request form.

Patient Origin: Discharges by hospital by state and county of residence.

Cardiac Catheterization: Procedures and discharges by procedure by hospital and by county.

Open-heart Surgery: Procedures by hospital and by state and county of residence.

3. Custom Datasets

To meet particular needs, the West Virginia Health Care Authority can create custom datasets. All custom requests are evaluated using the following criteria: 1) does the intended use have value and utility; 2) is the data available from other sources; 3) has the minimum data necessary to accomplish the intended use been requested; and 4) if research is the intended use, has an IRB with Federal Wide Assurance approved the request?

Order Sheet

Note: Omissions or misrepresentation regarding intended use of the data may result in denial of this and future requests.

Identification

Name: _____

Organization:_____

Organization Type: Hospital:___ Consultant:___ Research:___ Academic:___

Other (specify):_____

Address: _____

Phone: _____ _____ _____ FAX: _____ _____ _____ E-Mail: _____

Billing Address (if different): _____

Contact Person (if different)

Name: _____

Phone: _____ _____ _____ E-Mail: _____

Intended Use of Data:* _____

*Appropriate uses include, but are not limited to: 1) research (attach protocol and IRB approval); 2) health care data analysis, reporting, or planning; and 3) rate review or certificate of need planning.
*Any intended use of data which will be deemed inappropriate.

Intended Disclosures of Data*

Publish Results of Analysis: Yes ___ No ___

Disclosure of Record Level Data to a Third Party** Yes ___ No ___

*The re-sale of any requested data is strictly prohibited.
**A third party is any entity other than the submitter, including vendors, contractors, and consultants.

CON & RATE Review Reports
$65 Per Year Requested

	YEAR(s)
____ Patient Origin	_____
____ Cardiac Catheterization	_____
____ Open Heart	_____

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Aggregated Datasets
$65 Per Year Requested

	YEAR(s)
____ PTDRG	_____
____ PTPC	_____
____ PTDX	_____
____ PTZIP	_____

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Method of Delivery: Data will be delivered via Secure File Transfer Protocol.

Custom Dataset
$125 Per Year Requested

Please specify the criteria and check the variables needed below. It is generally helpful to consult with Clinical Analysis Division staff prior to submitting a request. Requests with rough schematics of desired output are very helpful.

Any information about diagnoses or procedures, singly or in groups, must be accompanied by the applicable DRG, and/or ICD-9-CM diagnosis and procedure codes (CPT codes are not used). Fourth quarter 2015 data will be backwards mapped to ICD-9-CM. Starting with the 2016 data, we will be using ICD-10-CM diagnosis and procedure codes for those requests.

YEAR(s): _____

SOURCE: Statewide: ____ Specific Hospital(s) (list): _____

Specific County(ies) (list): _____

DATA FIELDS REQUESTED:

Non-Sensitive Data Fields**:** The following fields are generally available if relevant to the intended use.

	1	Admission Year		14	Payor Group
	2	Birth month/quarter*		15	Principal Diagnosis
	3	Bill Type		16	Principal Procedure
	4	DRG/MSDRG		17	Patient Discharge Status
	5	DRG/MSDRG Relative Weight		18	Revenue Codes (45)
	6	Discharge Year		19	Revenue Units (45)
	7	E-Code		20	Revenue Charges (45)
	8	FEIN		21	Secondary Diagnoses
	9	HMO Indicator		22	Secondary Procedures
	10	HCA Hospital ID		23	Source of Admission
	11	Hospital Medicare Provider numbers		24	Type of Admission
	12	Length of Stay in Days		25	State of Residence
	13	MDC		26	Total Charges

*Birth Quarter will be used for patient less than >1 year of age. Otherwise, Birth Month will be used.

Sensitive Data Fields**:** The following fields are available only when absolutely necessary to the intended use, and are subject to extreme restriction.

Note: Requesting a Sensitive data field may subject all data fields, including non-sensitive data fields, to more stringent aggregation, suppression, and restriction.

	30	Admission Quarter	
	31	Discharge Quarter	
	32	Age Group	Age is typically reported in cohorts such as 0-14, 15-44, 45-64, and 65+. More specific categories will be subject to minimum cell size restrictions.
	33	Sex	
	34	County	
	35	Zip Code	Subject to minimum cell size restrictions.

Note: Data otherwise suppressed may be made available for research under special agreement.

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Detailed description of analysis to be performed:

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Signature: _____ **Date:** _____