HCUP PARTNERSHIP REQUIREMENTS & RESPONSIBILITIES

2012

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A. HCUP Partnership Requirements

HCUP databases enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, patient safety, access to health care, and outcomes of treatments at the national, State, and local market levels. For this reason, AHRQ sets high standards for inclusion of State-level data in HCUP. Data organizations are evaluated through a process that involves the detailed review of data documentation, collection practices, release policies, and contractual arrangements.

This section highlights the basic participation requirements. These requirements have been established to maintain quality in the development of HCUP databases.

To participate in HCUP, the data organization must:

1. Designate someone as the HCUP "Partner Representative"

This person will act as the primary contact for HCUP agreements, data inquiries, and feedback. HCUP Partner organizations sometimes designate two contact individuals: one to receive and handle HCUP agreements and another to coordinate technical data issues.

2. Contribute statewide inpatient discharge data

Inpatient discharge data must be available from all, or nearly all, acute care non-Federal hospitals in the State for all types of payers, including self-pay and the uninsured. These data are used in the Intramural State Inpatient Databases (SID). In addition, data organizations must:

   i.   Agree to participate in the Nationwide Inpatient Sample (NIS). All, or nearly all, acute care hospitals within the State must permit their data to be sampled for the NIS. In addition, hospitals must permit HCUP to include encrypted hospital numbers on the NIS (assigned by AHRQ to each hospital in the State).

   ii. Permit its data to be linked to the American Hospital Association (AHA) Annual Survey Database for internal project purposes. This linkage is necessary in order to obtain characteristics of the hospitals for intramural research, to sample hospitals for the NIS and Nationwide Emergency Department Sample (NEDS), and to permit weighting of the sample data to obtain national estimates for the NIS, Kids' Inpatient Databases (KID), and NEDS. Most HCUP Partners permit the AHA hospital identifier on their data in the NIS, KID, and NEDS and other restricted access public release databases.

   iii. Supply the full range of discharge data required for participation. A full list of data elements that AHRQ requests for internal project purposes is provided in the HCUP Data Elements Table that accompanies the Sample HCUP Memorandum of Agreement (MOA). The HCUP Data Elements Table is provided in a separate section of the Project Overview binder. The following minimum data elements are required:

   - Hospital identification numbers
   - Total charges (required for inpatient data; requested for outpatient visits)
   - Diagnosis codes
   - Procedure codes

- Expected source of payment
- Patient ZIP Code (five-digit).

3. Supply its data to HCUP in a timely manner

Inpatient data are customarily requested on a calendar year basis and are needed within one month of releasing annual calendar year files to assure rapid development of the SID. Inpatient data from all Partners are expected within 12 months from the close of each calendar year to assure timely production of the HCUP NIS and related reports. Partners are encouraged to provide outpatient data within one month of releasing annual files to assure timely development of the HCUP NEDS. HCUP may also work with Partner organizations to obtain quarterly data for its rapid cycle national estimates efforts.

4. Establish a published price for the data

AHRQ purchases data at the rates set by each data organization. The data organization must have an established rate structure for the purchase of research data, or it must create a standard rate structure.

B. Responsibilities of the HCUP Partner Representative

The individual designated as the HCUP Partner Representative has five areas of responsibility:

1. Assure that contractual agreements are properly and expeditiously executed

The HCUP Partner Representative submits contractual agreements to the appropriate individual(s) in the data organization for signature, and ensures that signed agreements are forwarded to AHRQ's Primary Contractor (Thomson Reuters). Agreements include the HCUP MOA and periodic amendments to the MOA.

2. Assure that HCUP data requests are met in a timely manner

The Partner Representative alerts HCUP to the organization-specific process for requesting research oriented (non-public) data and any relevant deadlines. Typical processes may include a review by an Institutional Review Board (IRB), a review by a health data committee/board, clarifying special statutory requirements such as confidential data use agreements, preparation of the data for shipment to Thomson Reuters, and invoicing for the data.

3. Resolve questions regarding data provided to HCUP

When converting Partner-supplied data into HCUP databases, HCUP programmers often have questions regarding the submitted data. The Partner Representative is asked to facilitate obtaining answers to these questions from his/her staff or vendors. The Representative may designate a programmer or other staff as a "Technical Contact" to handle data-related questions, including inquiries about database content and documentation.

4. Represent the Partner organization at the annual HCUP Partners Meeting

AHRQ hosts an annual meeting of the HCUP Partnership in the Washington, D.C. area which Partners are encouraged to attend. The purpose of the meeting is to provide a forum for AHRQ and the HCUP Partners to share information concerning the challenges and accomplishments

that took place over the past year. The meeting also provides a setting for the exchange of ideas and insights between experts in the field of health care data. Topics of discussion typically include the timeliness and quality of health care data, expansion of data types beyond the inpatient setting, changing priorities, data privacy and security, and an exchange of information regarding data organizations' programs and legislative efforts. AHRQ organizes several optional workgroups that meet by phone in the interim between Partners meetings, including the HCUP Partnership Workgroup and other periodic workgroups on various topics.

5. Designate contact persons

Through its primary contractor (Thomson Reuters), AHRQ maintains regular contact with Partners to stay abreast of new developments. AHRQ periodically apprises its Partners of new HCUP products, research uses of HCUP databases, data standards developments affecting the partnership, and upcoming events. The Partner Representative may designate staff for specific issues, including MOA amendments, annual data requests or applications, routine communications and coordination with HCUP, workgroup participation, and a primary contact for quality indicator (QI) initiatives. In addition, the Representative names an individual to be listed on AHRQ's HCUP Website. Other persons at the data organization who wish to be informed of HCUP activities can be included on an auxiliary list. The Representative may assign him/herself for any or all of these activities and/or designate other staff members within the data organization.

If you would like to clarify these requirements and responsibilities, or if you believe that your organization cannot meet all of these requirements and responsibilities, please contact either of the following individuals:

Jenny Schnaier, M.A.
AHRQ
HCUP Project Officer
(301) 427-1442
Jenny.Schnaier@ahrq.hhs.gov

Jayne Johann, R.N., M.B.A.
Thomson Reuters
HCUP Data Acquisition Lead
(805) 979-3732
Jayne.Johann@thomsonreuters.com