

## How to Obtain AB 2876 Statewide Patient-Level Data Files from HCAI at No Cost and Upload Them to HQIP for Multi-Year Hospital Quality Benchmarking

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This document provides links to documentation and resources, instructions, and an Example Completed Data Request Template to help guide hospitals participating in the Hospital Quality Improvement Platform (HQIP) through the process to request complimentary Custom Limited Data Sets of statewide patient-level data for the prior three years from the California Department of Health Care Access and Information (HCAI) and upload them to the HQIP system once the request is fulfilled.

### Background

Per [California statute](#), someone in your hospital *already* submits [Patient-Level Administrative Data](#) to HCAI during the year [biannually](#) for inpatient, and [quarterly](#) for emergency department and ambulatory surgery encounters via the [SIERA Portal](#). HCAI compiles these SIERA data sets across all hospitals on a calendar-year basis and releases statewide **Model Limited Data Sets** (formerly AB 2876 data sets) of all inpatient discharge (PDD), emergency department (EDD), and ambulatory surgery (ASD) data, which are generally available around August of the *following* year. Data dictionaries, file layouts, data request instructions, and other documentation for these Model Limited Data Sets are available on HCAI's [Limited Data Request Information](#) page.

Hospitals participating in HQIP have legal and contractual obligations to request complimentary **Custom Limited Data Sets** of statewide patient-level data for the prior three years from HCAI and upload them to the HQIP system once the request is fulfilled.

The **Custom Limited Data Sets** differ from the **Model Limited Data Sets** because they include specific dates and other supplemental variables that are critical for generating complex quality measures in HQIP, such as readmission rates. Detailed documentation about the variables available in Custom Limited Data Sets is provided on HCAI's [Non-Public Data Documentation](#) page.

### Instructions

This document provides an **Example Completed Data Request Template** with instructions to help guide hospitals through this process. Hospitals must complete the request for the Custom Limited Data Sets through HCAI's [Data Request Portal](#). The detailed steps for completing the request are explained on HCAI's [Limited Data Request Instructions](#) page.

When completing the request for Custom Limited Data Sets in HCAI's [Data Request Portal](#), hospitals will need to upload a copy of the **Business Associate Agreement (BAA)** between HQI and the hospital (HQI can [email](#) a copy of the BAA upon request to the Analytics Team [HQIAnalytics@hqinstitute.org](mailto:HQIAnalytics@hqinstitute.org)).

In addition, hospitals will need to upload the pre-filled **Custom Data Justification Grids** provided at the bottom of the [HQIP Data Upload Instructions](#) page.

- The **PDD Custom Data Set Justification Grid** is used exclusively for the inpatient (PDD) data set.
- The **ED/AS Custom Data Set Justification Grid** applies to *both* the emergency department (EDD) and ambulatory surgery (AS) data sets. This grid must be uploaded *twice*, once for each of those data types. compare

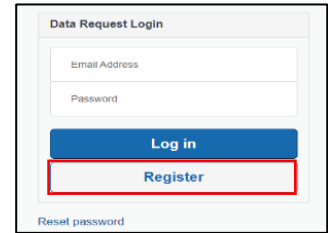
Although the **Example Completed Data Request Template** on the following pages [provides hospitals with all the technical](#) details required to complete the data request, there are some *generic* responses that they will need to modify. For example, the generic response for the “Business Unit Receiving and Using Data” field on the template is “Name of Your Unit,” so they should substitute the actual department name for their hospital. **Make sure to list HQI and CHA as your Outside Business Associate Contractors Using the Data on the template.** Regardless of whether your hospital does inpatient care, has an emergency department, or performs ambulatory surgeries, you should **always request all three data file types (PDD, EDD, and ASD) for the most recent prior three years available.** Also note that HCAI’s Data Request Form and Data Use Agreement must be signed by the hospital CEO.

HCAI will deliver the requested **Custom Limited Data Sets** to hospitals at no cost within 6 to 10 weeks via its Secure File Transfer Protocol (SFTP) system. The files can be downloaded by following HCAI’s [How to Download Your Data](#) instructions. After downloading the files, hospitals must request access to the [HQIP SFTP](#) by emailing [HQIAalytics@hqinstitute.org](mailto:HQIAalytics@hqinstitute.org), and then upload the data for use in HQIP. This process is repeated annually when HCAI releases an updated year of data, typically around August.

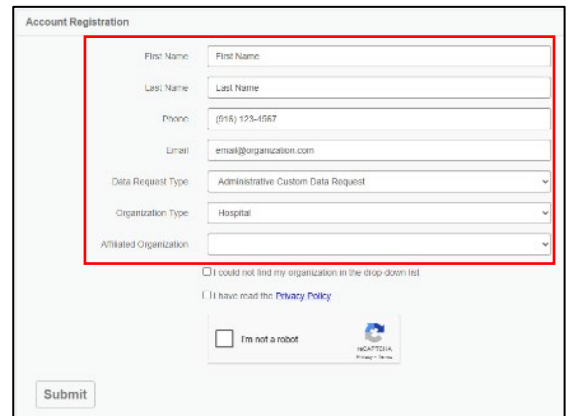
If you have any questions or need further assistance, please contact the HQI Analytics Team at: [HQIAalytics@HQInstitute.org](mailto:HQIAalytics@HQInstitute.org)

## Before You Start

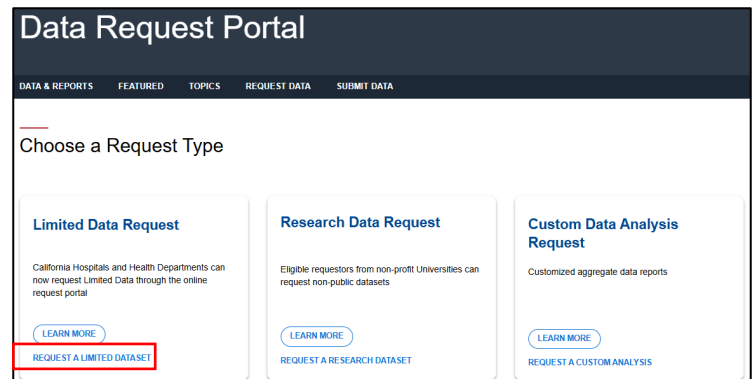
1. If you *do not* already have an account to request data, register from one at HCAI's [Data Request Login](#). If you *do* already have an account, go directly to the [Data Request Portal](#) and click on **“Request a Limited Dataset.”**



- Complete your information for *First Name, Last Name, Phone, and Email.*
- For the *Data Request Type* dropdown, select **Administrative Custom Data Request.**
- For the *Organization Type* dropdown, select **Hospital.**
- For the *Affiliated Organization* dropdown, select **your hospital.**
- Check the boxes for *“I have Read the Privacy Policy”* and *“I’m not a robot”* and click the *Submit* button.



2. If your organization is recognized, you'll see a banner at the top that your account has been created and you will be redirected to the [Data Request Portal](#). On this page, click on **“Request a Limited Dataset.”**



3. You will need to upload a copy of the BAA between HQI and your hospital (HQI can email it to you if you contact us at [HQIAnalytics@hqinstitute.org](mailto:HQIAnalytics@hqinstitute.org)), as well as the *two* “HCAI Custom Data Set Justification Grids” (one for the PDD file and one for both ED and AS files) you can download at the bottom of the [HQIP Data Upload Instructions](#) page.

## Requesting Custom Limited Data Sets

After you click “**Request a Limited Dataset,**” on the [Data Request Portal](#), the screen below will appear. Use the **Example Completed Data Request Template** on the following pages to successfully request a dataset to submit to HQI.

The screenshot shows a web form titled "Limited Data Request" with the subtitle "Request confidential patient-level data". The form is divided into two main sections. The left section contains explanatory text about OSHPD's data offerings and the specific data included in the request. The right section contains a "Save Request as Draft" button, a "Submit for Review/Approval" button, and a "Required information" section with several red text prompts for user input.

**Limited Data Request**  
Request confidential patient-level data

OSHPD offers several types of non-public data to licensed California Hospitals and California Local Health Departments. Eligible hospitals and local health departments may request Limited Model Data Sets for Patient Discharge Data, including Inpatient (PDD), Emergency Department (EDD), and Ambulatory Surgery Center (ASD). They may also order Patient Origin/Market Share data (PO/MS), created to assist hospitals and communities facing tremendous budgetary pressures, which makes the need to understand key operating performance issues critical. In addition, there are also Prevention Quality Indicators, a set of measures that can be used with hospital inpatient discharge data to identify quality of care for ambulatory care sensitive conditions. This is data standardized for the Agency for Healthcare Research and Quality (AHRQ PQI.)

The Limited Data Set includes Inpatient (PDD), Emergency Department (EDD) and Ambulatory Surgery (AS) files. The contents of these files, including descriptions of the variables that they contain, are described in the Non-Public Data Documentation. A cross-referenced list of variables across multiple years is contained in the Master Variable Grid.

All documentation linked on this request form can also be found on the Limited Data Request Landing Page.

Save Request as Draft

Submit for Review/Approval

Required information

- Under HIPAA, the hospital is a(n):
- Administrator Phone Number
- Administrator Email Address
- Please indicate the purpose for which the data are requested
- Please describe the specific limited purposes for which the data are requested

## Example Completed Data Request Template

### Hospital Identification/Eligibility

#### Contact Information

#### Hospital CEO or Admin: First Name

Hospital CEO First Name

#### Hospital CEO or Admin: Last Name

Hospital CEO Last Name

#### Hospital

Hospital Name (from dropdown list)

#### License Number

Hospital License Number

#### Under HIPAA, the hospital is a(n):

Covered Entity  Affiliated Covered Entity (ACE) pursuant to 45 CFR §164.105 (b)

#### Address

Hospital Address

#### City

Hospital City

**State**

California

**ZIP Code**

Hospital Zip Code

**Administrator Phone Number**

Admin Phone Number

**Administrator Email Address**

Admin Email

**Additional Information**

*If different from above*

Designated Point of Contact

**Designated Point of Contact for Data Request**

**Contact: First Name**

First Name (Individual filling out form)

**Contact: Last Name**

Last Name (Individual filling out form)

**Department**

Contact's Department

**Address**

Hospital Address

**City**

Hospital City

**State**

California

**ZIP Code**

Hospital Zip Code

**Phone number**

Contact Phone Number

**Email Address**

Contact Email

## **Purpose**

### **Please indicate the purpose for which the data are requested**

*Data used for research purposes will require a Research Supplement to be attached before the form is submitted.*



Healthcare Operations  Research

### **Please describe the specific limited purposes for which the data is requested**

Health Care Operations per 45 Code of Federal Regulations (CFR) 164.506(c)(4) including 1. Conducting quality assessment and improvement activities, 2. Conducting patient safety activities as defined in applicable regulations, 3. Conducting population-based activities.

## **Receipt and Use of Data**

### **Data Users Within Organization**

<input type="button" value="Add"/> <input type="button" value="Remove All"/>			
Actions	Business Unit Receiving and Using Data	Name of Individual Responsible for Data	Functional Title of Individual Responsible for Data
 	Name of Your Unit	Your Name	Your Title

### **Will this data be released outside of the organization?**

Yes

### **Basis for Use**

- Use within an Affiliated Covered Entity
- Disclosed to an outside Business Associate

### **Contractors Using Data**

*Please note, you must upload a Business Associates Agreement form or contract before submitting.*

**HQI can email you a copy of the BAA if you contact us at [HQIAnalytics@hqinstitute.org](mailto:HQIAnalytics@hqinstitute.org)**

<input type="button" value="Add"/> <input type="button" value="Remove All"/>							
Actions	Name of Firm	Primary Contact	Title/Function	Address: City/State/Zip	Telephone	Email	Describe which dataset(s) will be provided to, and how the data will be provided to the contractor
	Hospital Quality Institute	Scott Masten	Vice President, Measurement Science & Performance Analytics	1215 K Street, Suite 1915	916.552.2612	smasten@hqinstitute.org	ASD statewide custom dataset, EDD statewide custom dataset, PDD statewide CUSTOM dataset. Data will be provided to contractor via encrypted SFTP.
	California Hospital Association	Justin Ziombra	Group Vice President, Data Analytics	1215 K Street Suite 700	916.552.7549	jziombra@calhospital.org	ASD statewide custom dataset, EDD statewide custom dataset, PDD statewide CUSTOM dataset. Data will be provided to contractor via encrypted SFTP.

**At this step, you will check the boxes for Patient Discharge Data (PDD), Emergency Department Data (EDD) and Ambulatory Surgery Data (ASD). As you make these selections, the box will expand with more choices.**

**Requested Data and Data Products**

Indicate the database(s) and/or product(s) and year(s) of data you are requesting

*Please Note: Non-patient level data products developed using Limited Data Set confidential data are also available. Although these products are not patient level data, they are not de-identified and the requester must agree to treat the information they contain as Protected Health Information (PHI).*

Patient Discharge Data (PDD)

Emergency Department Data (EDD)

Ambulatory Surgery Data (ASD)

Additional Products (PO/MS, AHRQ)

**Patient Discharge Data (PDD)**

**Desired PDD Data Set**

A Data Justification Grid is required if you select a Custom Data Set. **The PDD File HCAI Custom Data Set Justification Grid can be downloaded at the bottom of the [HQIP Data Upload Instructions](#) page.**

Model Data Set (MDS)  Custom Data Set

**PDD Years Desired**

Enter each year desired, separated by commas. No other format will be accepted.

2022, 2023, 2024

**Emergency Department Data (EDD)**

**Desired EDD Data Set**

A Data Justification Grid is required if you select a Custom Data Set. **The ED/AS File HCAI Custom Data Set Justification Grid can be downloaded at the bottom of the [HQIP Data Upload Instructions](#) page.**

Model Data Set (MDS)  Custom Data Set

**EDD Years Desired**

Enter each year desired, separated by commas. No other format will be accepted.

2022, 2023, 2024

**Ambulatory Surgery Data (ASD)**

**Desired ASD Data Set**

A Data Justification Grid is required if you select a Custom Data Set. **The ED/AS File HCAI Custom Data Set Justification Grid can be downloaded at the bottom of the [HQIP Data Upload Instructions](#) page.**

Model Data Set (MDS)  Custom Data Set

**ASD Years Desired**

Enter each year desired, separated by commas. No other format will be accepted.

2022, 2023, 2024

**Statewide or Geographic Subset of Data Set(s) or Products**

Please select the subset of data you are requesting

Statewide Data Sets  Geographic Subset Data Set or Product by county(-ies) or ZIP Code(s)

**Explain why the Statewide Data Set(s) are being requested**

The data will be used for conducting quality assessment and improvement activities, patient safety activities, and population-based activities relating to improving health for all California hospitals. The data will also be used to identify opportunities to improve care transitions.

**Desired Data Set Format(s)**

**Indicate the format you prefer for your Data Set**

SAS (PROC Format Code Included)  Comma Delimited with Labels  Comma Delimited

**Additional Notes**

**Please provide any additional notes you may have**

Acknowledgments and Signatures

- \_\_\_\_\_ **Under HIPAA, limited data sets are Personal Health Information (PHI).**
- \_\_\_\_\_ **The HIPAA Medical Privacy Rule applies to all limited data sets that I receive under this application.**
- \_\_\_\_\_ **I agree to protect all nonpublic data products received from OSHPD, even if they do not contain patient level data, and to treat these products as PHI.**
- \_\_\_\_\_ **Any data I receive pursuant to this request will be maintained in a secure environment.**
- \_\_\_\_\_ **If applying for data to use within an ACE, I certify that the applicant is an ACE.**

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<b>Name of Hospital CEO or Administrator</b> _____ (printed)	<b>Signature of Hospital CEO or</b> _____ <b>Administrator</b>	<b>Date</b> _____
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**After completing the form above, you must print out the document and have the CEO sign it. When attaching the justification grids, ED and AS uses the same grid, so you must attach it twice.**

**The four attachments needed to be submitted at the end are:**

- **the BAA between your hospital and HQI**
- **justification grids (1 for Inpatient, 1 for Emergency Department, 1 for Ambulatory Surgery)**