

## How to Request Custom Limited Data Sets of Statewide Patient-Level Data (AB 2876) from HCAI for the Hospital Quality Improvement Platform (HQIP)

This document provides an Example Data Request Template, links to documentation and resources, and instructions for hospitals participating in the Hospital Quality Improvement Platform (HQIP) to request free 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).

### Background

Per California [statute](#), your hospital already submits [Patient-Level Administrative Data](#) to HCAI quarterly for inpatient, emergency department, and ambulatory surgery encounters via the [SIERA Portal](#). HCAI compiles these “SIERA” data across all hospitals each calendar year and releases statewide Model Limited Data Sets (formerly AB 2876 data sets) of all inpatient (PDD), emergency department (ED), and ambulatory surgery (AS) encounters, which are generally available around August of the *next* calendar 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.

Legal and contractual obligations require hospitals participating in HQIP to request free Custom Limited Data Sets of statewide patient-level data for the prior three years from HCAI and upload them into the HQIP system once the request is fulfilled. These *Custom* Limited Data Sets differ from the *Model* Limited Data Sets because they include specific dates and other supplemental variables that are critical for creating complex quality measures in HQIP like readmission rates. Detailed documentation about the variables available in Custom Limited Data Sets is provided on HCAI's [Non-Public Data Documentation](#) page.

### Instructions

Hospitals complete the data request for the Custom Limited Data Sets through HCAI's [Data Request Portal](#). You will need to upload a copy of the BAA between HQI and your hospital (HQI can email it to you), 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. The steps for completing limited data requests are detailed on HCAI's [Limited Data Request Instructions](#) page.

Although the example 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 as your Outside Business Associate Contractor 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 in 6-10 weeks via their Secure File Transfer System (SFTP), which can be downloaded by following HCAI's [How to Download Your Data](#) instructions. Finally, after downloading the Custom Limited Data Sets from HCAI, hospitals need to request access to the [HQIP SFTP](#) by emailing [HQIAnalytics@hqinstitute.org](mailto:HQIAnalytics@hqinstitute.org) and upload the files for use in HQIP.

## 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 Data Request Template below to successfully request a dataset to submit to HQI.

# Example 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)*

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	916.552.7557	smasten@hqinstitute.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 Patient Discharge Data, Emergency Department Data and Ambulatory Surgery Data. When you check the three options, it will expand with the 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.

2021, 2022, 2023

**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.

2021, 2022, 2023

**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.

2021, 2022, 2023

**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.

\_\_\_\_\_  
Name of Hospital CEO or Administrator  
(printed)

\_\_\_\_\_  
Signature of Hospital CEO or  
Administrator

\_\_\_\_\_  
Date

**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)**