NHA Data Request Manual

The Nebraska Hospital Association statewide inpatient and outpatient patient level discharge data may be purchased by approved entities. The NHA supports projects related to research, quality, and public health improvement. The Nebraska Hospital Association is approved to contract for data with participating Nebraska Hospitals and their named contractors, Data Sponsors, AHRQ’s HCUP (Healthcare Cost and Utilization Project), Health Authority, and Government entities. The NHA will contract with other requestors per the NHA Data Release Policy and/or upon approval from the NHA Data Council.

*Types of Datasets*

NHA has a variety of options for data when considering data requests. When engaging in a project, the type of data requested is an important consideration and will be weighted in the review of projects. In addition, the type of data approved will be influenced by the reported project design.

Projects approved typically use de-identified or limited data sets.

*De-Identified Data Set*

A de-identified data is a data set which has identifying information removed. Identifiers include any information that is specifically tied to a person’s identity including name, age, gender, race, etc.

*Limited Data Set*

A limited data set is a data set that is stripped of certain identifiers specified in the HIPAA Privacy Rule. Limited data sets do contain indirect identifiers according to HIPAA standards. A limited data set may be disclosed to an outside party without a patient’s authorization only if the purpose of the disclosure is for research, public health, or healthcare operations purposes and the person or entity receiving the information signs a data use agreement (DUA) with the covered entity or its business associate.

Limited Data Sets may include, as it is contained in 837i claims data:

* Dates (admission, discharge, service, date of birth)
* City, State, Zip Code (not street address)
* Age
* Any other unique code or identifier that is not listed as a direct identifier

Limited Data Sets may not include, as it is contained in 837i claims data:

* Names
* Address information other than city, state, zip code
* Telephone numbers
* Email addresses
* Social Security numbers
* Medical Record numbers
* Account numbers
* Certificate/license numbers

A limited data set is protected health information under HIPAA.

*Project Eligibility*

Prior to project approval, the NHA Data department will perform a scoping session based on submitted documents and prepare an estimate of labor for data extraction and preparation. Data requests or assistance that exceed the initial estimate and reasonable follow-up and consultation may result in additional fees. Due to data governance guidelines for protected health information, data analysis should be performed based on the project purpose and only include members of the project team identified in the Data Use Agreement.

All projects will be reviewed and approved by the NHA Data governance process. All participants must attest to completion of HIPAA training prior to project approval.

Requestors must thoroughly complete the “NHA Data Request Form”. Incomplete forms will not be considered.

* Requester Contact Information (Name, title, contact information)
* Requestor Organization
* Project Plan
* Data Elements requested
* Sample requested
* Data Time frame requested
* Project timeframe
* Additional persons (name, title, contact information) who will have access to data
* How the data will be stored securely
* How requestor will assure HIPAA compliance
* When and how this data will be securely destroyed

*Project Dissemination*

All requestors must have the ability to receive data via secure means. Data up to 100MB size may be sent via secure email. Data exceeding that size will require a SFTP (Secure File Transfer Protocol). Secure File Transfer Protocol (SFTP) is a method for transferring large files over the web. It builds on the File Transfer Protocol (FTP) and includes Secure Shell (SSH) security components.

Secure Shell is a cryptographic component of internet security. SSH and SFTP were designed by the Internet Engineering Task Force (IETF) for greater web security. SFTP transfers files securely using SSH and encrypted FTP commands to avoid password sniffing and exposing sensitive information in plain text. Since the client needs to be authenticated by the server, SFTP also protects against man-in-the-middle attacks.

If files need to be sent through SFTP, NHA will work with your IT provider to determine the best way to send and get the credentials that are needed.

*Project Costs*

NHA will charge for data extraction and statistical analysis commensurate with the request. The requestor will be provided with a cost estimate prior to beginning the project.

Data Fees by Tier

Fixed Data Sets

* + Tier 1 – Nebraska Hospitals
  + Tier 2 – Non-Nebraska hospitals, researchers, public health entities
  + Tier 3 – Data Resellers, For-profit entities

Custom Data Report/Analytics

* + Tier 1 – Nebraska Hospitals
  + Tier 2 – Non-Nebraska hospitals, researchers, public health entities
  + Tier 3 – Data Resellers, For-profit entities

Raw Data

* + Tier 1 – Nebraska Hospitals
  + Tier 2 – Non-Nebraska hospitals, researchers, public health entities
  + Tier 3 – Data Resellers, For-profit entities

NHA Data Request Form

To request data from the Nebraska Hospital Association’s Inpatient or Outpatient Database, please complete the following information and return to David NHA at NHA-Data-Support@NebraskaHospitals.org. NHA will provide an estimated cost quote and delivery date. All requests are subject to approval from the Nebraska Hospital Association Data Council.

Requester Information:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors/Instructors Information (as applicable):

Full Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Information

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Overview and Goals:

Description of needs for data and intent of project.

Please specify what time frame you are requesting data for.

Specify the exact data you are requesting. Please include ICD codes, CPT or HCPCS codes where applicable.

What time constraints affect this data request? (Please understand that the NHA process will require some time to complete prior to the provision of data.)

Please specify the individuals within your organization that will be given access to this information (name, title, email).

Select the desired format for receiving data.

\_\_\_\_ Excel Spreadsheet

\_\_\_\_ CVS

\_\_\_\_ PDF

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All data releases will be at least 90 days old to meet FTC requirements.

Per DOJ Statements of Antitrust Enforcement Policy in Health Care, the NHA data maintains a small size policy which stipulates that no cell 5 or less may be displayed. ([Statements of Antitrust Enforcement Policy in Health Care (justice.gov)](https://www.justice.gov/sites/default/files/atr/legacy/2007/08/14/0000.pdf))

Any purchasers of NHA Data may not sublicense, resell, release, disclose, reproduce, or transfer such information in any form without obtaining the prior written consent of the NHA.

NHA reserves the right to withhold data if such data has a high potential of being traceable back to individual patients or hospital providers because of small numbers. NHA also reserves the right to refuse release of any data to any party, as deemed appropriate by the NHA and/or the NHA Data Council.

\_\_\_\_\_\_ I have read and agree to the terms outlines in the NHA Data Request Manual.

\_\_\_\_\_\_ I have signed and return a NHA DUA.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internal Use:

* Data Request complies with NHA Data Release Policy
  + Data Use Agreement fully executed
* Data Request falls outside NHA Data Release Policy and has received NHA Data Council Approval
  + Data Use Agreement fully executed
* Data Request falls outside NHA Data Release Policy and has been denied by NHA Data Council

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_