

**Nevada Division of Health Care Financing and Policy  
Limited Data Set Use Agreement (LDSUA)  
Document NMH 3808**

This document allows the Nevada Division of Health Care Financing and Policy (DHCFP) to disclose a limited data set to the institution or organization named below for the purposes of research, public health, or health care operations. The agreement is required by the Health Insurance Portability and Accountability Act (HIPAA) to protect the privacy of individual health information [45 CFR 164.514(e)(4)(i)]. Data will be released through the University of Nevada, Las Vegas (UNLV), Center for Health Information Analysis.

- 1) The information disclosed by DHCFP will be received and used **ONLY** by:

---

*(Name of institution or organization).*

The data may not be re-disclosed or redistributed to other organizations or persons **without prior written approval from an authorized DHCFP representative**. This restriction applies to any patient level data set derived from the original data. The data provided by UNLV-CHIA may only be used for the purposes described in this Limited Data Set Agreement; any other uses require written approval from the DHCFP. Individuals within the organization receiving the data, that analyze or view the data, must sign a confidentiality agreement (Attachment B). The confidentiality agreements are to be kept on file at your organization and made available to the DHCFP or UNLV upon request.

- 2) Explain how data provided under this agreement will be used. If the purpose involves research, describe the expected outcomes and how the results will be utilized. You must fully describe the level of specificity in reports or other data that will be created or published. Examples: 1) will the outcome include patient level information such as zip code? 2) Will reports contain specific dates? If possible, please provide report formats as an attachment. Attach additional pages if necessary.

As listed in 45 CFR 164.514(e)(2), the following direct identifiers of the individual, or of relatives, employers, or household members of the individual will NOT be included in the limited data set:

- Names
- Postal address information (other than town or city, State, and zip code)
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers of patients
- Vehicle identifiers and serial numbers including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images

3) To maximize patient privacy, data are available in three formats (Attachment A). Format 1 is the most sensitive and will only be released when there is a justifiable need for this level of detail. Only Format 2 can be modified to include one to three additional fields listed below (see page 4 for formats). Format 3 does not contain physician information and cannot be modified to include the fields below. Zip code, race and marital status are considered sensitive because they give more details about patients. If of these fields are needed, a detailed explanation for the need for **each** of these fields must be provided below. DHCFP will determine which of the above formats will be released and if any of the sensitive fields below can be released.

Zip Code (1<sup>st</sup> 3 digits only)

Race

Marital Status

If any of the above boxes are checked, provide an explanation in the comments box why these fields are needed for your research (this only applies to Format 2 data).

- 4) By signing this agreement, the receiving institution or organization agrees to:
- a) Not to use or further disclose the information other than as permitted by this agreement or as otherwise required by law.
  - b) Use appropriate administrative, physical, and technical safeguards to prevent use or disclosure of the information other than as provided for by this agreement.
  - c) Report to DHCFP any use or disclosure of the information, not provided for by this agreement, of which it becomes aware.
  - d) Ensure that any agents, including a subcontractor, to whom it provides the limited data set, agrees to the same restrictions and conditions with respect to the information.
  - e) Not attempt to identify or contact the individuals whose information is included in the limited data set provided through this agreement.



**ATTACHMENT A**

**LIMITED DATA SET FORMATS AND FIELDS**

<b>Center for Health Information Analysis</b>					
<b>UB04 Data Distribution Formats</b>					
<b>Fields</b>	<b>Start</b>	<b>Width</b>	<b>Format 1</b>	<b>Format 2</b>	<b>Format 3</b>
<b>Hospital Info:</b>					
Hospital Type	1	1	Yes	Yes	Yes
Hospital Abbreviation	2	2	Yes	Yes	Yes
Hospital Name	4	25	Yes	Yes	Yes
Hospital ID Number	29	3	Yes	Yes	Yes
Hospital Zip Code	32	5	Yes	Yes	Yes
Hospital FIPS	37	5	Yes	Yes	Yes
Billing Provider NPI	42	11	Yes	Yes	Yes
Reserved Space	53	22	Yes	Yes	Yes
<b>Patient Info:</b>					
Patient Zip code	75	5	Yes	Blank	Blank
Patient FIPS	80	5	Yes	Yes	Yes
Patient Country Code	85	2	Yes	Yes	Yes
Patient Country	87	30	Yes	Yes	Yes
Patient State Code	117	2	Yes	Yes	Yes
Patient State	119	15	Yes	Yes	Yes
Patient County	134	25	Yes	Yes	Yes
Race	159	2	Yes	Blank	Blank
Age in Years	161	3	Yes	Yes	Yes
Age in Days	164	3	Yes	Yes	Blank
Gender	167	1	Yes	Yes	Yes
Marital Status	168	1	Yes	Blank	Blank
Accident State	169	2	Yes	Yes	Blank
Birth Date	171	10	Blank	Blank	Blank
Reserved Space	181	19	Yes	Yes	Yes
<b>Billing Info:</b>					
Bill Type/Frequency	200	4	Yes	Yes	Yes
Admission Date	204	10	Yes	Blank	Blank
Admission hour	214	2	Yes	Yes	Blank
Admission Type	216	1	Yes	Yes	Yes
Admission Source	217	2	Yes	Yes	Yes
Discharge Date	219	10	Yes	Year/Qtr	Year/Qtr
Discharge Hour	229	2	Yes	Yes	Blank
Discharge Status	231	2	Yes	Yes	Yes
Length of Stay	233	3	Yes	Yes	Yes

Intensive Code	236	1	Yes	Yes	Yes
Total Charge	237	8	Yes	Yes	Yes
Payer (Primary)	245	2	Yes	Yes	Yes
Payer (Secondary)	247	2	Yes	Yes	Blank
Payer (Tertiary)	249	2	Yes	Yes	Blank
MS-DRG	251	3	Yes	Yes	Yes
Case Mix	254	7	Yes	Yes	Yes
APR-DRG	261	3	Yes	Yes	Blank
Severity Code	264	1	Yes	Yes	Blank
Mortality Code	265	1	Yes	Yes	Blank
Reserved Space	266	2	Yes	Yes	Yes
<b>ICD's:</b>					
E-Codes	268	7	Yes (x4)	Yes (x4)	Yes (x4)
E-Code Present on Admission	296	1	Yes (x4)	Yes (x4)	Yes (x4)
Admitting Diagnosis Category	300	2	Yes	Yes	Yes
Admitting Diagnosis	302	7	Yes	Yes	Yes
Principal Diagnosis Category	309	2	Yes	Yes	Yes
Principal Diagnosis	311	7	Yes	Yes	Yes
Secondary Diagnoses	318	7	Yes (x32)	Yes (x32)	Yes (x14)
Present on Admission	542	1	Yes (x33)	Yes (x33)	Yes (x15)
Principal Procedure	575	7	Yes	Yes	Yes
Secondary Procedures	582	7	Yes (x24)	Yes (x24)	Yes (x9)
Procedure Dates	750	10	Yes (x25)	DaysAfterAdmit	<b>End of File</b>
<b>Physician Info:</b>					
Attending Physician Last Name	1000	16	Yes	Yes	
Attending Physician First Name	1016	12	Yes	Yes	
Attending Physician ID Type	1028	1	Yes	Yes	
Attending Physician ID	1029	11	Yes	Yes	
Operating Physician Last Name	1040	16	Yes	Yes	
Operating Physician First Name	1056	12	Yes	Yes	
Operating Physician ID Type	1068	1	Yes	Yes	
Operating Physician ID	1069	11	Yes	Yes	
Reserved Space	1080	20	Yes	Yes	
<b>Revenue Codes:</b>					
Rev. Code, Service Unit, Charge	1100	4, 4, 7	<b>Yes (x60)</b>	<b>Yes (x60)</b>	
			<b>End of File</b>	<b>End of File</b>	
<b>Total Length</b>			<b>2000</b>	<b>2000</b>	<b>645</b>

**Additional information on formats, field definitions, and acquiring data can be found at:**  
[http://www.unlv.edu/Research\\_Centers/chia/hospitalinpatientdata/html/acquiringdata.htm](http://www.unlv.edu/Research_Centers/chia/hospitalinpatientdata/html/acquiringdata.htm)

**ATTACHMENT B**  
**CONFIDENTIALITY AGREEMENT**

This is an agreement between [ORGANIZATION] \_\_\_\_\_ and

[PERSON VIEWING NV UB DISCHARGE DATA] \_\_\_\_\_  
concerning the confidentiality of medical billing information provided by the Nevada Division of Health Care Financing and Policy (DHCFP). Signing this agreement fulfills one of the requirements of the DHCFP Limited Data Set Use Agreement, document NMH 3808 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which requires the protection of patient privacy regarding medical diagnoses and procedures and other protected health information (PHI) such as geographical locations, dates, biometrics, and personal characteristics that can be used to either directly or probabilistically identify an individual patient.

Upon signing this confidentiality form, you are agreeing to NOT disclose any information from the Nevada UB discharge data that can be used to identify an individual patient. You are also agreeing to comply with the stipulations of the DHCFP Limited Data Set Use Agreement, Document NMH 3808, signed by your organization.

\_\_\_\_\_  
Signature of Authorized Rep from Organization

\_\_\_\_\_  
Print name of Authorized Rep of Organization

\_\_\_\_\_  
Signature of Person Viewing UB Discharge Data

\_\_\_\_\_  
Print Name of Person Viewing UB Discharge Data

**It is recommended that all persons that use the Nevada discharge data review HIPAA guidelines:**  
<http://www.hhs.gov/ocr/privacy/index.html>