

**HCUP KIDS' INPATIENT DATABASE
FILE COMPOSITION BY STATE**

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FILE COMPOSITION BY STATE

The following section lists all states participating in the KID and provides details about sources of the data, inclusion of hospital stays in special units, exclusion of ambulatory surgery records, and special precautions required by some states for maintaining confidentiality.

ARIZONA

The HCUP Arizona files were constructed from the Arizona Hospital Inpatient Database from the Cost Reporting and Review Section of the Arizona Department of Health Services. Arizona supplied discharge abstract data for inpatient stays in acute care and rehabilitation hospitals with more than 50 beds.

Inclusion of Stays in Special Units. The source documentation supplied by Arizona does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included.

CALIFORNIA

The HCUP California files were constructed from the confidential files received from the Office of Statewide Health Planning and Development (OSHPD). California supplied discharge abstract data for inpatient stays in general acute care hospitals, acute psychiatric hospitals, chemical dependency recovery hospitals, psychiatric health facilities, and state-operated hospitals. California excluded inpatient stays that, after processing by OSHPD, did not contain a complete and "in-range" admission date or discharge date. California also excluded inpatient stays that had an unknown or missing date of birth.

Inclusion of Stays in Special Units. Included with the general acute care stays in community hospitals are stays in skilled nursing, intermediate care, rehabilitation, alcohol/chemical dependency treatment, and psychiatric units.

COLORADO

The HCUP Colorado files were constructed from the Discharge Data Program (DDP) files. The Colorado Health and Hospital Association supplied discharge abstract data from Colorado acute care hospitals, including swing beds and distinct part units.

Inclusion of Stays in Special Units. The Colorado Health and Hospital Association does not require hospitals to submit information from their SNFs and ICFs, but no attempt has been made to verify their exclusion.

CONNECTICUT

The HCUP Connecticut files were constructed from files from the Connecticut Health Information Management and Exchange (CHIME), an affiliate of the Connecticut Hospital Association. The files consist of discharge abstract data for inpatient and same-day surgical stays in Connecticut acute care hospitals.

Exclusion of Records. The following records were excluded from the HCUP Connecticut data:

- Ambulatory surgery records (records with Patient Type = "A", same-day surgical) were excluded from the HCUP inpatient database.
- Beginning in 1997, discharges with a disposition indicating "patient was admitted as an inpatient to this hospital" were excluded from the HCUP inpatient database. This disposition was not used prior to 1997 and no exclusion was necessary for those years.

Inclusion of Stays in Special Units. Stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

FLORIDA

The HCUP Florida files were constructed from the Florida Hospital Discharge Data Confidential Information received from the Florida Agency for Health Care Administration (AHCA). The Florida confidential files consist of discharge abstract data from non-federal Florida hospitals.

Inclusion of Stays in Special Units. Inpatient stays in special units (e.g., psychiatric, rehabilitation, long-term care) may be included in the HCUP Florida inpatient data. Florida instructs hospitals to submit records only for stays in acute facilities and to exclude records from special units but, according to Florida AHCA, not all hospitals follow these instructions.

GEORGIA

The HCUP Georgia files were constructed from inpatient files received from GHA - An Association of Hospitals and Health Systems. Inpatient discharge data was provided for hospitals that are a member of GHA.

Exclusion of Records. Records with a discharge disposition of "still a patient" were excluded from the HCUP Georgia data.

Inclusion of Stays in Special Units. The documentation supplied by Georgia does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

HAWAII

The HCUP Hawaii files were constructed from inpatient files received from the Hawaii Health Information Corporation (HHIC). Inpatient discharge data was provided for hospitals that are a member of HHIC.

Exclusion of Records. Records with a discharge disposition of "still a patient" and "admitted as an inpatient to this hospital" were excluded from the HCUP Hawaii data.

Inclusion of Stays in Special Units. The documentation supplied by Hawaii does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

ILLINOIS

The HCUP Illinois files were constructed from the Illinois confidential files received from the Illinois Health Care Cost Containment Council (IHCCCC). The Illinois confidential files consist of uniform bills for inpatient stays from Illinois general acute care and specialty hospitals. Illinois hospitals are required to report 100 percent of discharge records for inpatient stays of at least 24 hours. The IHCCCC reports better than 98 percent compliance with this mandate.

Illinois excludes records with inconsistent data that have not been corrected and records with missing data in IHCCCC-defined required fields from the Illinois source inpatient data.

Inclusion of Stays in Special Units. Stays in skilled nursing facilities or nursing homes attached to a hospital are excluded by Illinois. Stays in other special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the inpatient discharge data. Stays in specialty hospitals (e.g., children's hospitals, rehabilitation hospitals, etc.) are included in the HCUP Illinois data.

IOWA

The HCUP Iowa files were constructed from the Association of Iowa Hospitals and Health Systems Statewide Database. Iowa supplied discharge abstract data and some uniform bills for acute inpatient discharges from member hospitals.

Inclusion of Stays in Special Units. The documentation supplied by the data source indicates that the data include stays in acute exempt units, but exclude stays in swing bed and long-term care units.

KANSAS

The HCUP Kansas files were constructed from the Kansas Hospital Association inpatient discharge files. These data include inpatient discharge data from general acute care hospitals that are a member of the Kansas Hospital Association.

Inclusion of Stays in Special Units. The documentation provided by the data source indicates that hospitals are not required to report non-acute discharges, including those from long term care units and facilities. The documentation does not specify whether these discharges and discharges from other special units within a hospital (e.g., psychiatric, rehabilitation, etc.) are excluded from the supplied data.

MARYLAND

The HCUP Maryland files were constructed from the confidential files received from the State of Maryland's Health Services Cost Review Commission (HSCRC). Demographic and utilization data for inpatient stays in Maryland acute care hospitals were supplied by HSCRC in the Uniform Hospital Discharge Abstract Data Set.

Inclusion of Stays in Special Units. The documentation provided by the data source does not indicate whether stays in special units within a hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the data.

MASSACHUSETTS

The HCUP Massachusetts files were constructed from the Massachusetts confidential Case Mix Database files received from the Massachusetts Division of Health Care Finance and Policy. Massachusetts supplied discharge abstract data for inpatient stays from general acute care hospitals in Massachusetts.

Inclusion of Stays in Special Units. The documentation provided by the data source indicates that inclusion of discharges from special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) varies by hospital.

MISSOURI

The HCUP Missouri files were constructed from the Hospital Industry Data Institute (HIDI) inpatient stay files. Missouri supplied discharge abstract data for inpatient stays from Missouri general acute care and specialty hospitals (e.g., children's hospitals, rehabilitation hospitals, and cancer hospitals).

Exclusion of Records. Records with a discharge disposition of "still a patient" were excluded from the HCUP Missouri data.

Inclusion of Stays in Special Units. Missouri supplied discharges from special units within hospitals including psychiatric, rehabilitation, skilled nursing, intermediate care, other long-term care, swing-bed, hospice, and other unspecified inpatient units. Records for these different types of care cannot be identified from data elements included in the HCUP Missouri data.

NEW JERSEY

The HCUP New Jersey files were received from the New Jersey Department of Health and Senior Services. The New Jersey files consist of discharge abstract data for all inpatient and same-day stays. New Jersey supplied discharge abstract data for inpatient stays from general acute care hospitals.

Inclusion of Stays in Special Units. The documentation provided by the data source does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included.

Exclusion of Ambulatory Surgery Records. New Jersey supplied a mixture of inpatient and ambulatory surgery records, which were not distinguished by a record type indicator. Ambulatory surgery records were excluded from the HCUP inpatient database based on a definition supplied by New Jersey. The definition of ambulatory surgery records supplied by New Jersey is:

- Same-day stay (LOS = 0),
- Non-zero charges to operating room or same-day surgery, and
- Discharged to home (DISP = 1).

NEW YORK

The HCUP New York files were constructed from the New York State Department of Health's Statewide Planning and Research Cooperative System (SPARCS) Master File. The New York files contain inpatient discharges from acute care hospitals in the state, excluding long-term care units of short-term hospitals and Federal hospitals.

Exclusion of Records. The following New York records were excluded from the HCUP inpatient database:

- For all years, interim records for patients who had not been discharged.
- Beginning in 1994, records with a discharge disposition of "still a patient."

Inclusion of Stays in Special Units. The documentation supplied by the data source indicates that the data include stays in detoxification (alcohol and drug abuse), alcohol rehabilitation, mental retardation, mental rehabilitation, rehabilitation, alternate level of care, and psychiatric (acute and long term) units within community hospitals. Records for these different types of care cannot be identified from the data elements available in the HCUP New York inpatient data.

OREGON

Beginning in 1996, HCUP Oregon files were constructed from discharge files supplied by the Oregon Association of Hospitals and Health Systems. The Oregon files consist of discharge abstract data for inpatient stays from member hospitals. Beginning in 1995, discharges from Veterans Administration facilities are not reported by the source.

Exclusion of Records. Beginning in 1995, the source reports the discharge disposition of "still a patient." These records were excluded from the HCUP Oregon data.

Inclusion of Stays in Special Units. Stays in special units within Oregon hospitals (e.g., psychiatric, rehabilitation, long-term care) are included in the source data and therefore in the HCUP inpatient database.

PENNSYLVANIA

The HCUP Pennsylvania files were constructed from the Pennsylvania Health Care Cost Containment Council files. Pennsylvania supplied uniform bills from general acute care, state psychiatric, and rehabilitation facilities and from children's and specialty hospitals.

Exclusion of Records. Records with a discharge disposition of "still a patient" were excluded from the HCUP Pennsylvania data.

Inclusion of Stays in Special Units. Pennsylvania supplied discharges from psychiatric, drug and alcohol, and rehabilitation units of general acute care hospitals. Records for these different types of care cannot be identified from data elements included in the HCUP Pennsylvania data.

SOUTH CAROLINA

The HCUP South Carolina files were constructed from confidential data files supplied by the South Carolina State Budget and Control Board. The data include inpatient stays from South Carolina acute care hospitals.

Exclusion of Records. The following records were excluded from the HCUP South Carolina data:

- Beginning in 1994, discharges with disposition of "still a patient" were excluded from the HCUP inpatient database. This disposition was not used in 1993 and no exclusion was necessary for that year.
- Beginning in 1996, discharges with a disposition indicating "patient was admitted as an inpatient to this hospital" were excluded from the HCUP inpatient database. This disposition was not used prior to 1997, and no exclusion was necessary for those years.

Inclusion of Stays in Special Units. The documentation supplied by South Carolina indicates that stays in long term care units and facilities were excluded by South Carolina from the supplied data.

TENNESSEE

The HCUP Tennessee files were constructed from the inpatient files received from THA - An Association of Hospitals and Health Systems. These data include inpatient discharge data from Tennessee general acute care and some specialty facilities (e.g., children's hospitals, rehabilitation hospitals, state psychiatric facilities, etc.) that are members of THA.

Exclusion of Records. The following records were excluded from the HCUP Tennessee data:

- Records with a discharge disposition of "still a patient."
- Continuation records that only contained information on additional detailed charges.
- Beginning in 1996, discharges with a disposition indicating "patient was admitted as an inpatient to this hospital" were excluded from the HCUP inpatient database.

Inclusion of Stays in Special Units. The documentation supplied by Tennessee indicates that stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

UTAH

The HCUP Utah files were constructed from inpatient files received from Office of Health Data Analysis, Utah Department of Health. These data include inpatient discharge data from Utah general acute care and some specialty facilities (e.g., children's hospitals, rehabilitation hospitals, state psychiatric facilities, etc.) associated with acute care hospitals.

Inclusion of Stays in Special Units. The documentation supplied by Utah does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

WASHINGTON

The HCUP Washington files were constructed from the Washington Comprehensive Hospital Abstract Reporting System (CHARS) data received from the Washington State Department of Health. Washington supplied uniform bills for inpatient stays from all acute care units, alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, group health units, and swing bed units.

Inclusion of Stays in Special Units. The documentation provided by the data source indicates that stays in special units within a hospital (e.g., alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, and swing bed units) are included in the data.

WISCONSIN

The HCUP Wisconsin files were constructed from confidential files received from the Bureau of Health Information, Wisconsin Department of Health and Family Services. Wisconsin supplied discharge data abstracts and uniform bills for non-federal Wisconsin hospitals.

Inclusion of Stays in Special Units. The documentation supplied by the data source does not indicate whether stays in special units within a hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the data.