The Healthcare Cost and Utilization Project (HCUP)

HCUP Database Overview

**Agency for Healthcare Research and Quality (AHRQ)
April 12, 2022**
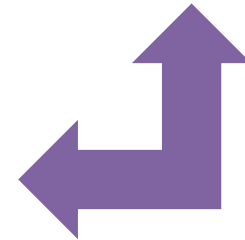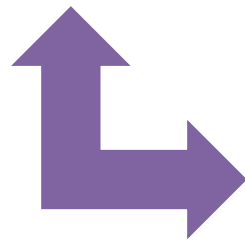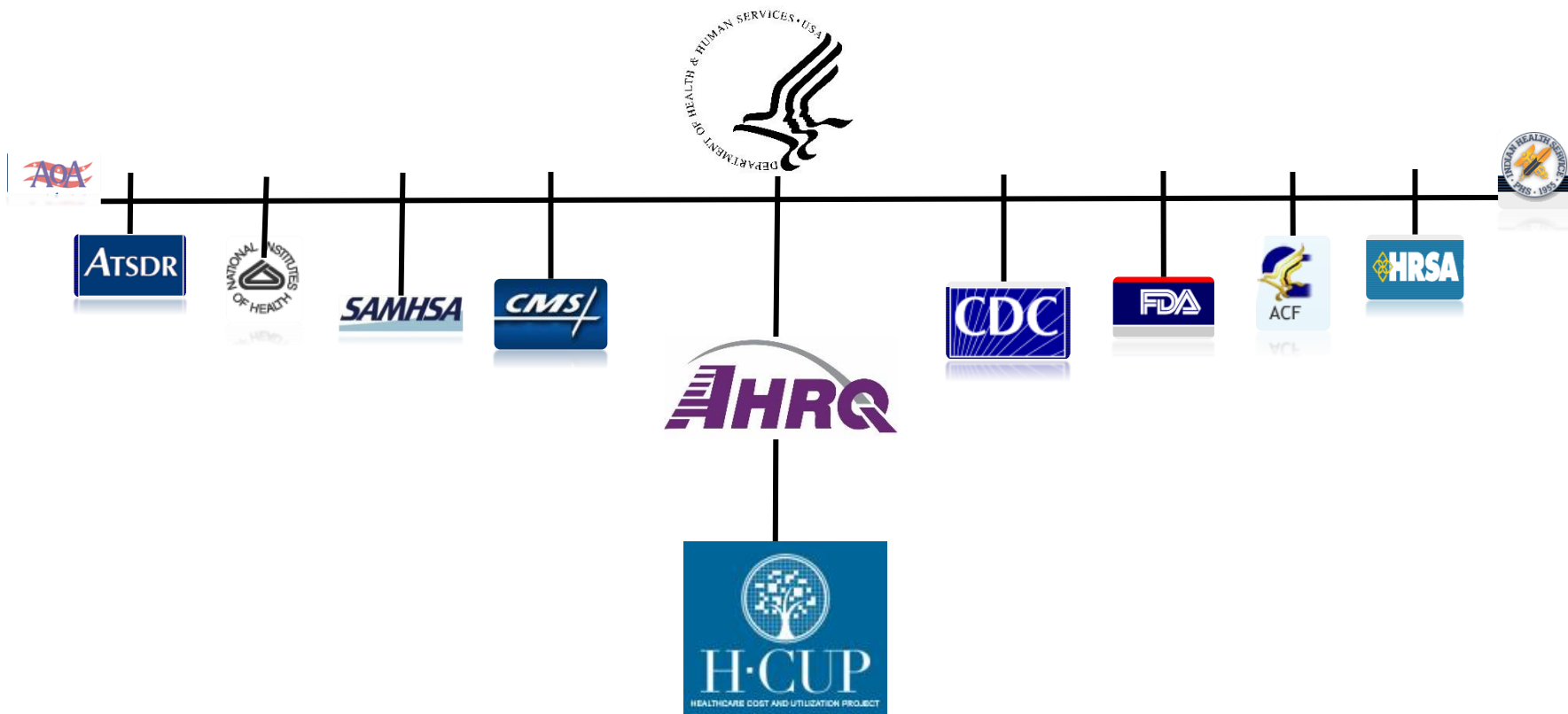
What Is HCUP?

The HCUP Partnership

State

Federal

Industry

The Agency for Healthcare Research and Quality (AHRQ) is a Federal agency under the Department of Health and Human Services.

Available HCUP Resources

Federal-State-Private Partnership

HCUP is a comprehensive set of **publicly available all-payer** healthcare data (including self-pay and those billed as "no charge")
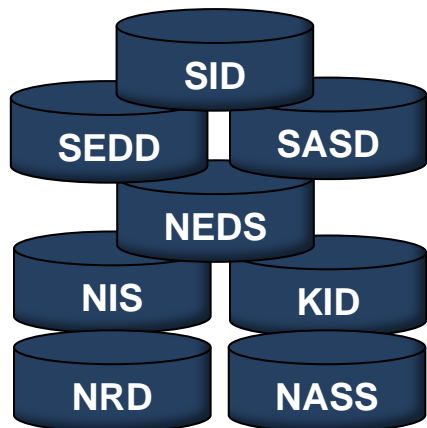
Includes **multiyear** inpatient and outpatient data based on **hospital billing** records

H·CUP
HEALTHCARE COST AND UTILIZATION PROJECT

HCUP Databases	Online Tools	Analytics	User Support

SID
SEDD   SASD
NEDS
NIS   KID
NRD   NASS

HCUP Data Partners

Alaska Department of Health and Social Services

Alaska State Hospital and Nursing Home Association

Arizona Department of Health Services

Arkansas Department of Health

California Office of Statewide Health Planning and Development

Colorado Hospital Association

Connecticut Hospital Association

Delaware Health Statistics Center & Office of Vital Statistics

District of Columbia Hospital Association

Florida Agency for Health Care Administration

Georgia Hospital Association

Hawaii Laulima Data Alliance

Hawaii University of Hawai'i at Hilo

Illinois Department of Public Health

Indiana Hospital Association

Iowa Hospital Association

Kansas Hospital Association

Kentucky Cabinet for Health and Family Services

Louisiana Department of Health

Maine Health Data Organization

Maryland Health Services Cost Review Commission

Massachusetts Center for Health Information and Analysis

Michigan Health & Hospital Association

Minnesota Hospital Association (provides data for Minnesota and North Dakota)

Mississippi State Department of Health

Missouri Hospital Industry Data Institute

Montana Hospital Association

Nebraska Hospital Association

Nevada Department of Health and Human Services

New Hampshire Department of Health & Human Services

New Jersey Department of Health

New Mexico Department of Health

New York State Department of Health

North Carolina Department of Health and Human Services

North Dakota (data provided by the Minnesota Hospital Association)

Ohio Hospital Association

Oklahoma State Department of Health

Oregon Healthy Authority

Oregon Association of Hospitals and Health Systems

Pennsylvania Health Care Cost Containment Council

Rhode Island Department of Health

South Carolina Revenue and Fiscal Affairs Office

South Dakota Association of Healthcare Organizations

Tennessee Hospital Association

Texas Department of State Health Services

Utah Department of Health

Vermont Association of Hospitals and Health Systems

Virginia Health Information

Washington State Department of Health

West Virginia Health Care Authority

Wisconsin Department of Health Services

Wyoming Hospital Association

HCUP Participation by Data Type
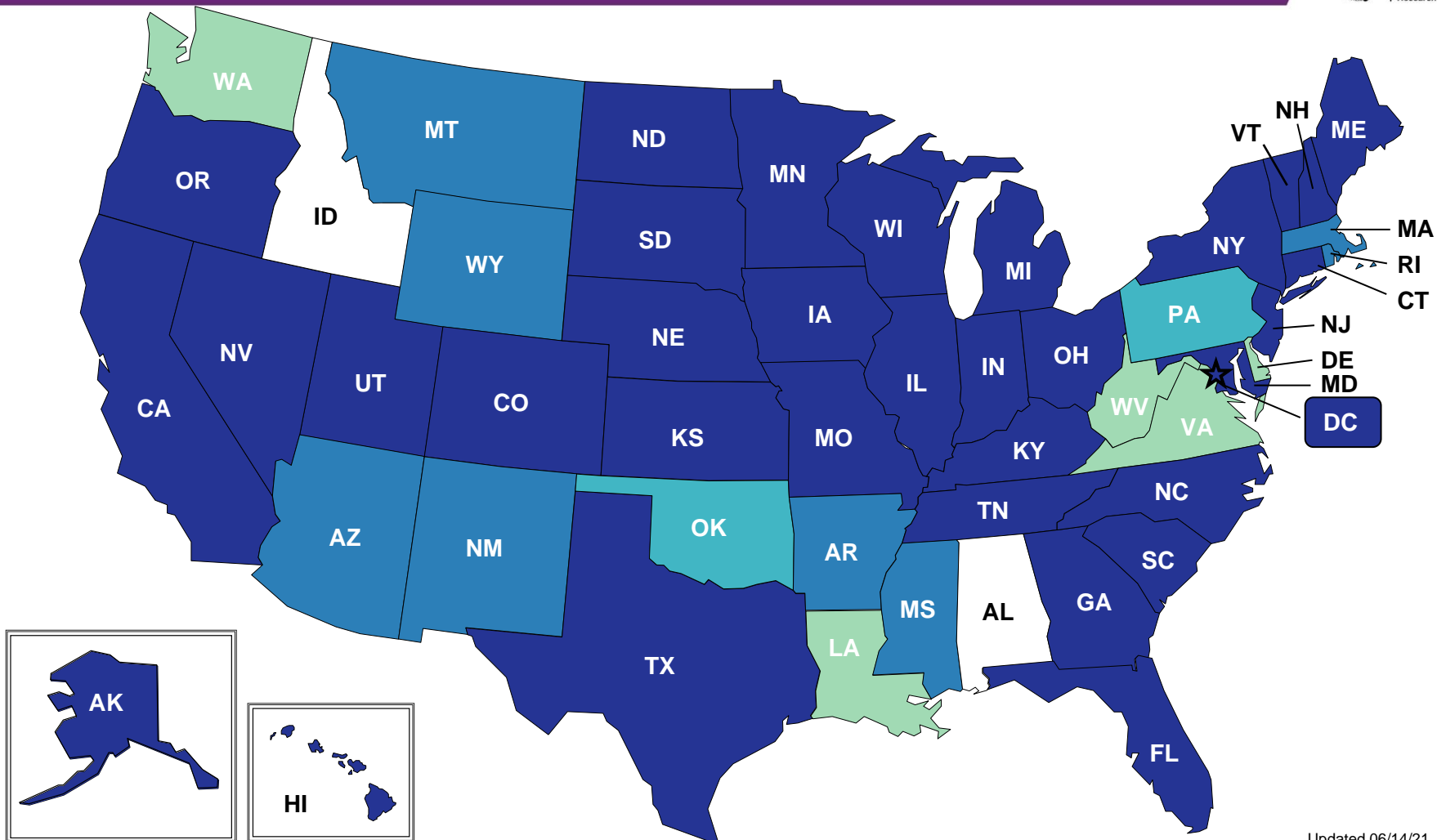
Updated 06/14/21

| Partners Providing: | Inpatient Data | Inpatient and Ambulatory Surgery and Services Data | Inpatient and Emergency Department Data | Inpatient, Ambulatory Surgery and Services, and Emergency Department Data | Non-participating |

What Is the Foundation of HCUP Data?

The Foundation of HCUP Data Is Hospital Billing Data

UB-04
CMS 1500

Demographic Data

Diagnoses Procedures Charges

The Making of HCUP Data

Patient enters hospital

Billing record created

States store data in varying formats

Hospital sends billing data and any additional data elements to data organizations

AHRQ standardizes data to create uniform HCUP databases

The Making of HCUP Data, Cont'd.

- Quality checks are performed
- Additional data elements are available:
  - ► Value-added variables (supplemental variables for revisit analyses, injury indicators, indicators for observation and emergency department [ED] services)
  - ► Hospital characteristics (teaching status, ownership/control, bed size)
  - ► Diagnosis-related groups and severity measures
    - – 3M™ All Patient Refined Diagnosis Related Groups (APR-DRGs)

Final Product: HCUP Databases

- Uniform databases enable analyses across years and settings of care

- One hospital encounter = one record in the HCUP databases

- Data contain clinical and resource use information included in a typical discharge abstract, with safeguards to protect the privacy of individual patients, physicians, and hospitals

- HCUP excludes information that could directly identify individuals

What Types of
HCUP Databases
Are Available?

- Constant across all databases
  - ▶ Include all-payer data
  - ▶ Similar type of hospitals
- Different hospital settings
  - ▶ Inpatient databases
    - − Discharge abstracts for patients admitted for an inpatient stay
  - ▶ Outpatient databases
    - − Ambulatory surgery encounters
    - − ED visits during which patients are treated and released from the ED
- Varying geographic levels
  - ▶ State
  - ▶ Nationwide

HCUP databases <u>do not include</u> physician office visits, pharmacy, and laboratory/radiology information

www.hcup-us.ahrq.gov/databases.jsp

What Does *All-Payer* Include*?*

Unlike many other data sources, HCUP includes **all-payer** data. This means hospital encounters billed to:

- Medicare
- Medicaid
- Private insurance
- Self-pay
- Those billed as "no charge"
- Other (e.g., State and local programs, workers' compensation)
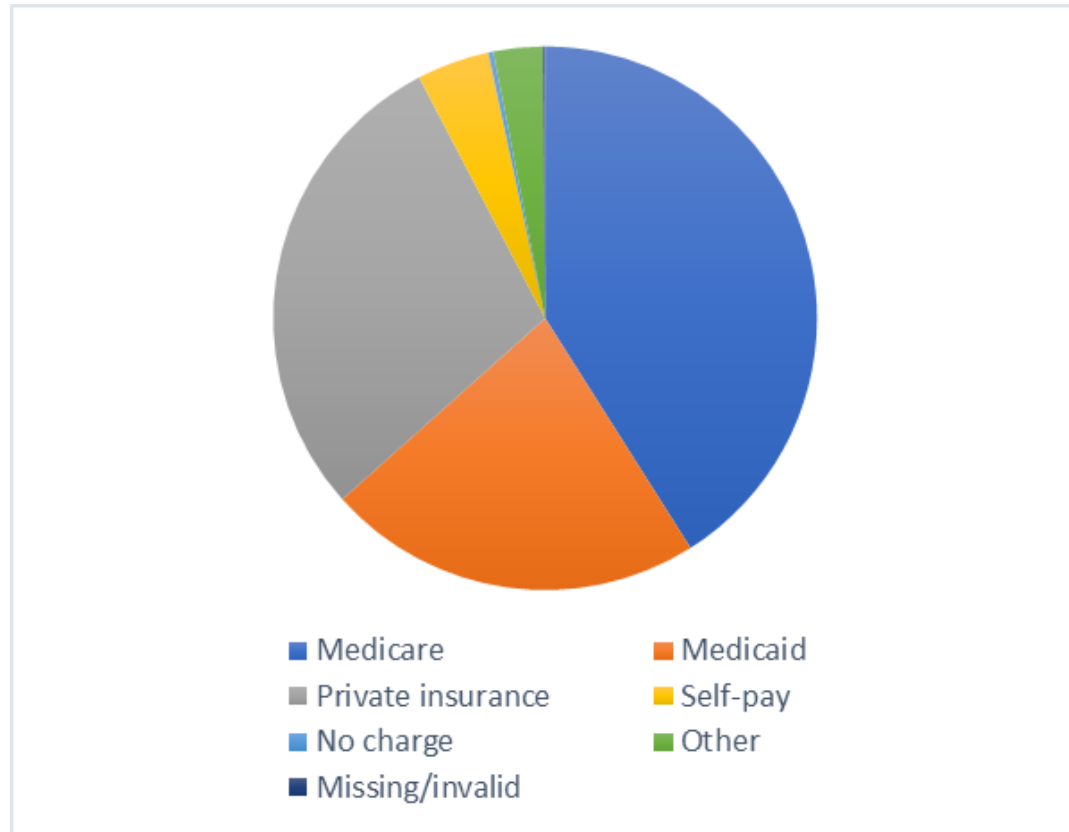
Legend:
- ■ Medicare
- ■ Medicaid
- ■ Private insurance
- ■ Self-pay
- ■ No charge
- ■ Other
- ■ Missing/invalid

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), 2019

HCUP Data Come Mostly From Community Hospitals

American Hospital Association Definition:
Non-Federal, short-term general, and other special hospitals that are open to the public

Included*	Excluded
Multispecialty general hospitals	Non-Federal long-term care hospitals
OB-GYN	Psychiatric
Ear, nose, and throat	Alcoholism/chemical dependency facilities
Orthopedic	Long-term care rehabilitation
Pediatric	Department of Defense/Department of Veterans Affairs/Indian Health Service
Public	College infirmaries
Academic medical centers	Prison hospitals

*Sometimes this also includes short-term rehabilitation and long-term acute care hospitals. Availability varies across HCUP States.

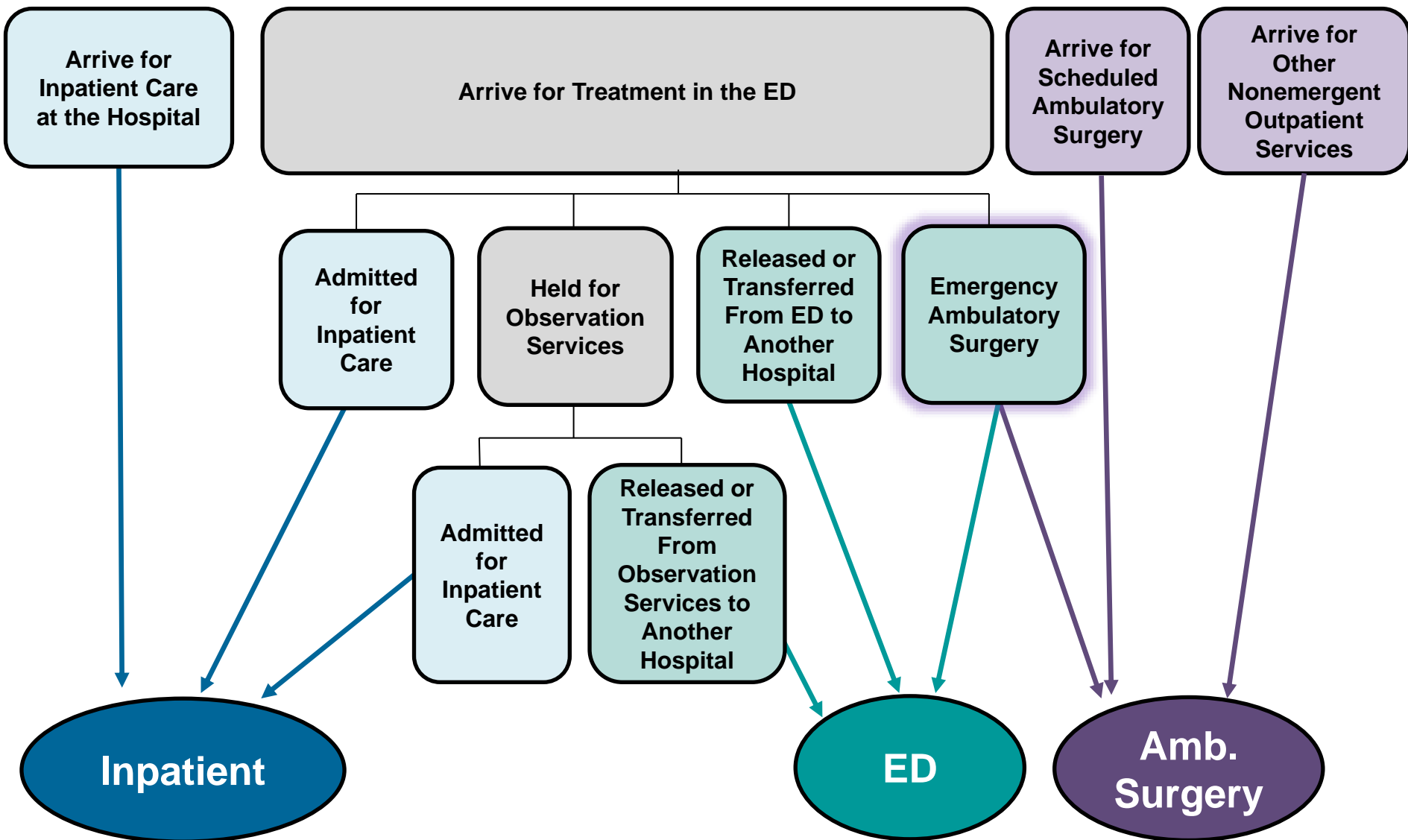# Community Hospitals Provide a Range of Services

- HCUP generally does not receive data from noncommunity hospitals, such as psychiatric facilities
- However, if patients are treated for a mental health condition in a community hospital, their information is included

Mental, Behavioral, and Neurodevelopmental Disorders, Top Five Principal Diagnoses	Total Number of Discharges
1. Depressive disorders	509,655
2. Schizophrenia spectrum and other psychotic disorders	391,150
3. Alcohol-related disorders	334,410
4. Bipolar and related disorders	257,130
5. Suicidal ideation/attempt/intentional self-harm	115,230

Source: Weighted national estimates from the 2019 National Inpatient Sample (NIS), Clinical Classifications Software Refined (CCSR) default for principal diagnosis assignment, v2021.2.

Pathways of Care Reflected in HCUP Databases

What Are the HCUP State Databases?

State Inpatient Databases (SID)

- The SID include all inpatient stays regardless of payer from most, if not all, hospitals in a given State

- In data year 2019, there are SID for 48 States and District of Columbia

  ► Together, SID encompass more than 95 percent of all U.S. hospital discharges

- 36 HCUP Partners make their HCUP SID available to the public for purchase through the HCUP Central Distributor
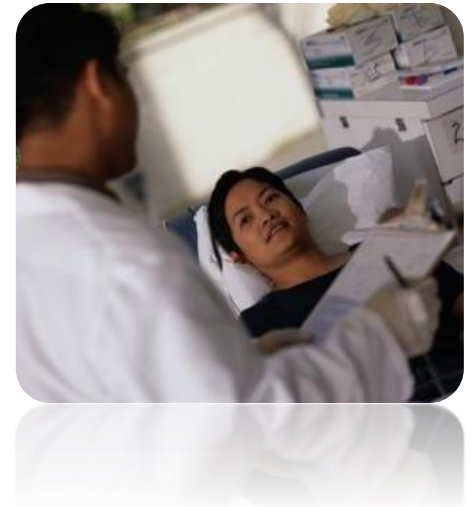
State Ambulatory Surgery and Services Databases (SASD)

- The SASD include encounters for ambulatory surgery and other outpatient services regardless of payer from most, if not all, hospital-owned facilities in a given State
  - ► Some SASD include encounters from nonhospital-owned facilities
- In data year 2019, there are SASD for 34 States and District of Columbia
- 26 HCUP Partners make their HCUP SASD available to the public for purchase through the HCUP Central Distributor

State Emergency Department Databases (SEDD)

- The SEDD include ED visits regardless of payer from most, if not all, hospital-owned EDs in a given State

  ► SEDD include encounters in which the patient:
    - Was treated in the ED and then released from the ED
    - Was transferred to another hospital or health facility
    - Left against medical advice
    - Died while receiving ED care

- In data year 2019, there are SEDD for 40 States and District of Columbia

- 30 HCUP Partners make their HCUP SEDD available for purchase through the HCUP Central Distributor

The SID include data for ED visits that result in an admission to the same hospital

What Are the HCUP Nationwide Databases?

National Inpatient Sample (NIS)

Starting HCUP Database

The NIS is drawn from the SID, covering more than 95 percent of the U.S. population.
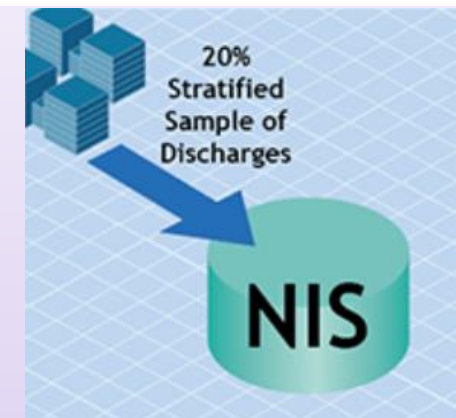
Sampling Strata

- Ownership/control
- Bed size
- Teaching status
- Urban/rural location
- U.S. census division

*State **not** included

Sample Design

The NIS approximates a 20 percent **stratified sample of discharges** from all hospitals in the SID.

Kids' Inpatient Database (KID)

Starting HCUP Database

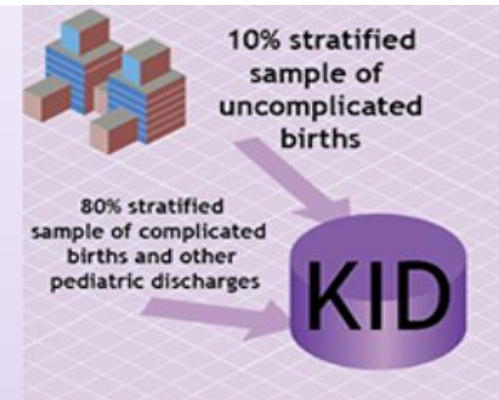The KID is drawn from **pediatric discharges** in the SID.

Sampling Strata

- Uncomplicated births
- Complicated births
- Pediatric nonbirths

*State **not** included

Sample Design

The KID is a systematic random sample design, 10 percent **uncomplicated births** and 80 percent **complicated births and other pediatric discharges**.

Nationwide Ambulatory Surgery Sample (NASS)

Starting HCUP Database

The NASS is drawn from SASD encounters with **selected major ambulatory surgeries**.
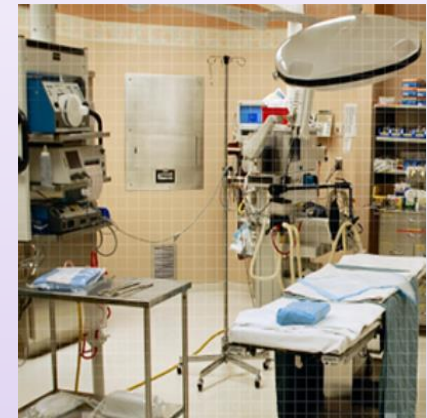
Sampling Strata

- U.S. region
- Bed size
- Urban/rural location
- Teaching status
- Ownership/control
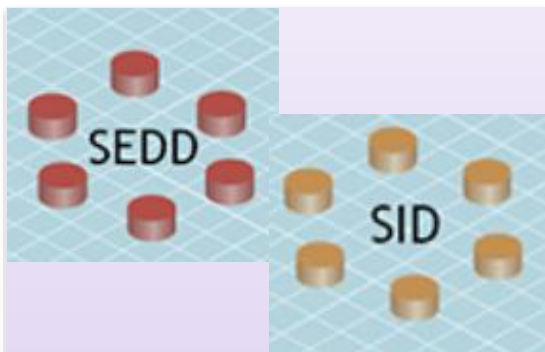
*State **not** included

Sample Design

The NASS is a 100 percent sample of **major ambulatory surgery encounters** from hospital-owned facilities in the SASD, after certain exclusions.

Nationwide Emergency Department Sample (NEDS)

Starting HCUP Database

The NEDS is drawn from **SEDD** (ED treat-and-release visits) and **SID** (ED visits resulting in a hospital stay).
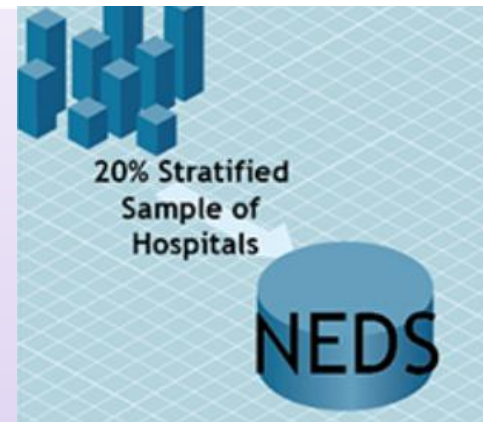
Sampling Strata

- U.S. region
- Urban/rural location
- Teaching status
- Ownership/control
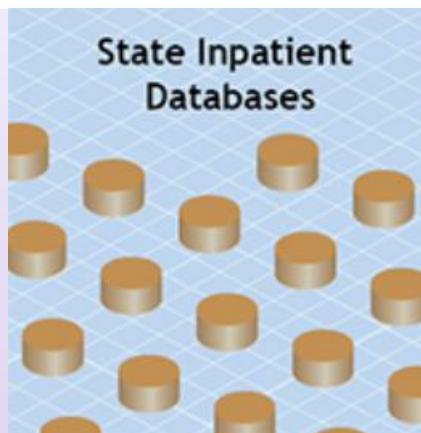- Trauma center

*State **not** included

Sample Design

The NEDS is a 20 percent **stratified sample of hospital-owned EDs** from the SID and SEDD. Roughly 87 percent of ED visits are treat and release, and 13 percent result in a hospital stay.

Nationwide Readmissions Database (NRD)

Starting HCUP Database

The NRD is drawn from SID that have **verified patient linkage numbers**.

Sampling Strata

- U.S. region
- Urban/rural location
- Teaching status
- Bed size
- Ownership/control
- Patient age and sex

*State **not** included

Sample Design

The NRD is a **100 percent sample of discharges from the SID**, after certain discharge and hospital exclusions.

Comparison of the HCUP Inpatient Databases

	HCUP Inpatient Databases			
HCUP database	**SID**	**NIS**	**KID**	**NRD**
States	48 States + DC	48 States + DC	48 States + DC	30 States
Hospitals	4,500	4,500	4,000	2,500
Inpatient discharges	34 million	7 million	3 million	18 million
Derived from	--	SID	SID	SID
Uses	Examine State and local market area statistics on healthcare utilization, access, quality, patient safety, etc. Readmission analyses possible in some States.	Generate national and regional estimates of healthcare utilization, access, quality, patient safety, etc.	Generate national and regional pediatric estimates of healthcare statistics.	Generate national estimates of all-cause and condition-specific readmissions.

Comparison of the HCUP Outpatient Databases

	Emergency Department Data		Ambulatory Surgery and Services Data	
HCUP database	SEDD	NEDS	SASD	NASS
States	40 States + DC	40 States + DC	34 States + DC	34 States + DC
Hospitals	3,600	1,000	3,400	3,000
Outpatient records	103 million ED visits	33 million ED visits	19 million ambulatory surgery encounters	9 million major ambulatory surgery encounters
Derived from	–	SID and SEDD	–	SASD
Uses	Examine ED visits at hospital-affiliated EDs that do not result in an admission for a given State.	Generate national and regional estimates for hospital-owned ED visits.	Study encounter-level data for ambulatory surgeries and other outpatient services from hospital-owned facilities.	Generate national and regional estimates of major ambulatory surgery encounters performed in hospital-owned facilities.

What Data Elements Are Available in the HCUP Databases?

Data Elements Common to the HCUP Databases

- Patient demographics
  - ► Age, sex, urban/rural location
- Clinical information
  - ► Diagnoses and procedures
- Discharge information
  - ► Expected payment source, discharge status
- Resources
  - ► Length of stay, total charges
- Hospital characteristics
  - ► Bed size, ownership
  - ► Only on HCUP nationwide databases

Some Data Elements Vary by State

- Race/ethnicity
- Patient county
- Patient ZIP Code
- Birthweight
- Revenue center codes and units
- Additional and/or more detailed expected payer information
- Detailed charges

- Synthetic patient linkage numbers
- Synthetic physician identifiers
- Physician specialty
- Hospital identifier (unencrypted)

Example:
Payer Detail Varies by State

PAY1_X		PAY1 (Standardized)	
Value	**Description**	**Value**	**Description**
010	Medicare	1	Medicare
011	Medicare (HMO)		
012	Medicare (Managed care - Other)		
013	Medicare (fee for service)		
020	Medi-Cal	2	Medicaid
021	Medi-Cal (HMO)		
022	Medi-Cal (Managed care - Other)		
023	Medi-Cal (fee for service)		
030	Private Coverage	3	Private insurance
031	Private Coverage (HMO)		
032	Private Coverage (Managed care - Other)		
033	Private Coverage (fee for service)		
08n, where n=0-3	Self-pay	4	Self-pay
--		5	No charge

Example: Race Detail Varies by State

RACE_X		RACE (Standardized)	
Value	**Description**	**Value**	**Description**
1	White	1	White
2	Black	2	Black
3	Hispanic	3	Hispanic
4	Hawaiian	4	Asian or Pacific Islander
5	Chinese		
6	Filipino		
7	Japanese		
8	Other Asian		
9	Other Pacific Islander		
10	Native American	5	Native American
11	Mixed or Other	6	Other

Example: HCUP Supplemental Variables for Revisit Analyses

- Availability varies by State, specifically those that provide synthetic patient identifiers to HCUP
- Allow linkage across settings and time (e.g., hospital readmissions, ED visits following hospital discharge)
- Adhere to strict privacy guidelines

www.hcup-us.ahrq.gov/toolssoftware/revisit/revisit.jsp

What Are Benefits and Limitations of HCUP Databases?

Benefits and Limitations of HCUP Databases

Benefits
Large number of records
Uniformity in coding
Longevity of available data
Ease of access
All payers, including self-pay, or those billed as "no charge"
Availability at local, State, regional, and national level
Supplemental variables included to facilitate research

Limitations
Limited clinical details
Exclusion of some hospital types (e.g., Veterans Affairs, Department of Defense)
Differences in the way information is recorded across hospitals
Not representative of complete episodes of care
Lack of hospital characteristic information in State databases
Inability to link nationwide databases to non-HCUP data sources

Interested in Purchasing an HCUP Database?

The HCUP Database Process

- Processed data sent to HCUP Partners

- State databases become available to the public through the online HCUP Central Distributor and will be shipped to approved purchasers

- Nationwide databases become available for download through the HCUP Central Distributor

HCUP Databases Available Through HCUP Central Distributor

HCUP Central Distributor website:

www.hcup-us.ahrq.gov/tech_assist/centdist.jsp

► The HCUP Central Distributor provides one-stop shopping for purchasing State and nationwide databases

► Cost and availability of databases vary across years

► Some Partner organizations may place additional restrictions on the sale of their State data

Steps to Purchase HCUP Databases Online

Step	Description	HCUP-US Website
1	Take the Data Use Agreement (DUA) online training	www.hcup-us.ahrq.gov/tech_assist/dua.jsp
2	Read and sign the HCUP DUA	www.hcup-us.ahrq.gov/tech_assist/centdist.jsp
3	Log in or register for an account and create your profile under "My Account"	
4	Submit online order and complete further instructions listed on the "Thank You" page.	
5	Download nationwide databases online or receive delivery of State databases through the mail.	

For assistance, contact the HCUP Central Distributor:
Email: hcup@ahrq.gov

Web-Based DUA Course

Purpose of the course:

► Emphasize the importance of **data protection**

► Reduce the risk of **inadvertent violations**

► Describe your **individual responsibility** when using HCUP data
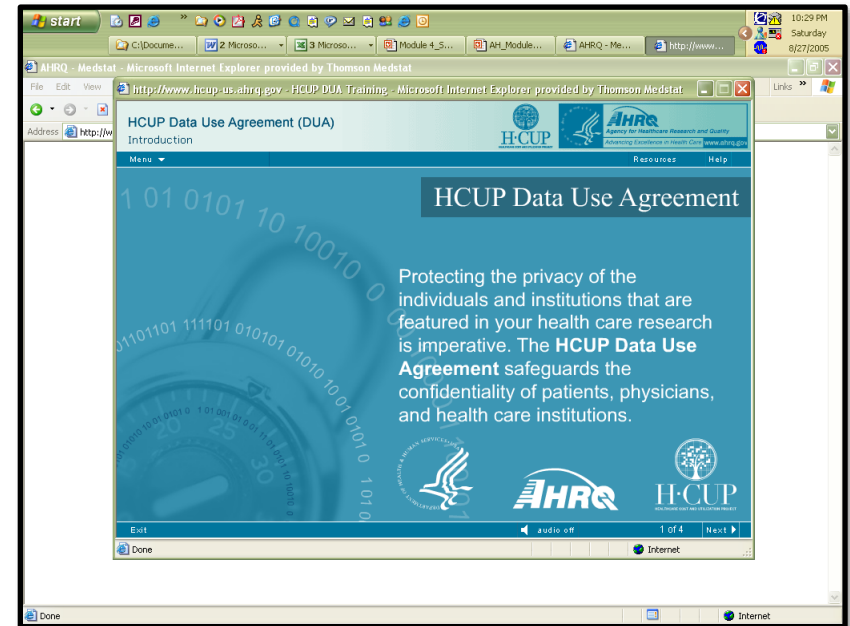
Takes 15 minutes to complete

www.hcup-us.ahrq.gov/tech_assist/dua.jsp

Pricing Information per Data Year

Nationwide databases (NIS, KID, NASS, NEDS, NRD)

- ► **NIS**: $750 beginning 2017, student price $150

- ► **KID**: $500 beginning 2016, student price $100

- ► **NASS:** $1,000 beginning 2016, student price $200

- ► **NEDS**: $1,000 beginning 2016, student price $200

- ► **NRD**: $1,000 beginning 2015, student price $200

State databases (SID, SASD, SEDD)

- ► Varies by State, database, year, and type of applicant

- ► $50–$3,200

Some 2020 State databases now available!

Partners Releasing Databases Through HCUP Central Distributor

- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Iowa
- Indiana
- Kansas
- Kentucky
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Nebraska
- Nevada
- New Jersey
- New Mexico
- New York
- North Carolina
- Oregon
- Rhode Island
- South Carolina
- South Dakota
- Utah
- Vermont
- Washington
- West Virginia
- Wisconsin

Remember:

Not all States participate in all years and for all databases.

Software Requirements for Working With the Full HCUP Files

Software Package	Load Programs	Format Programs	Example Statistical Coding	HCUP Software Tools
SAS	X	X	X	X
STATA	X		X	
SPSS	X			
SUDAAN 9			X	
R			X	

MS Excel and Access are NOT GOOD options!

What Are the HCUP Research Tools?

- Designed to be used with HCUP <u>and other administrative databases</u>
- Available for different coding systems, which vary based on setting of care

Diagnosis Related
ICD-10-CM ICD-9-CM

Procedure Related
ICD-10-PCS HCPCS Level I (CPT®) HCPCS Level II ICD-9-CM

Abbreviations: CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; ICD-9-CM, International Classification of Diseases, Ninth Revision, Clinical Modification; ICD-10-CM/PCS, International Classification of Diseases, Tenth Revision, Clinical Modification/Procedure Coding System.

www.hcup-us.ahrq.gov/tools_software.jsp

Examples of HCUP Software Tools

Diagnosis-Related Tools

Clinical Classifications Software Refined (CCSR) for ICD-10-CM: groups similar diagnosis codes into broad clinical categories

Elixhauser Comorbidity Software Refined for ICD-10-CM: identifies comorbidities based on secondary diagnoses

Procedure-Related Tools

Clinical Classifications Software Refined (CCSR) for ICD-10-PCS: groups similar procedure codes into broad procedure categories

Surgery Flags Software for Services and Procedures: categorizes a subset of CPT procedures codes by use of operating room and degree of invasiveness

HCUP Supplemental Files Augment Applicable HCUP Databases

- Designed to be <u>used exclusively with the HCUP databases</u> to provide access to additional data elements or analytically useful information
- Examples include:
  - HCUP Cost-to-Charge Ratio (CCR) Files
  - American Hospital Association (AHA) Linkage Files

www.hcup-us.ahrq.gov/tools_software.jsp

What Types of Online Resources Does HCUP Have Available?

Types of HCUP Resources

- Analytic reports
  - ▶ Descriptive brief reports on select topics
  - ▶ Methodological reports to facilitate use of the HCUP databases
- Data visualizations
  - ▶ Interactive visual displays of select HCUP data
- Precalculated statistics
  - ▶ Online query tools
  - ▶ Topic-specific tables and figures
  - ▶ Database-specific information
- Search option for publications based on HCUP databases

Statistical Briefs Are Descriptive Reports on Specific Healthcare Topics

Example figure from Statistical Brief #285: *Changes in Hospitalizations and In-Hospital Deaths for Adults Aged 65 Years and Older in the Initial Period of the COVID-19 Pandemic (April–September 2020), 13 States*

HEALTHCARE COST AND UTILIZATION PROJECT

Agency for Healthcare Research and Quality

Changes in Hospitalizations and In-Hospital Deaths for Adults Aged 65 Years and Older in the Initial Period of the COVID-19 Pandemic (April–September 2020), 13 States

STATISTICAL BRIEF #285
September 2021

Zhengyi Fang, M.S., and Pamela L. Owens, Ph.D.

Introduction

Annually, there are approximately 13.2 million hospitalizations for adults aged 65 years and older in the United States, including for medical conditions (67 percent), surgeries (25 percent), injuries (6 percent), and mental health and substance use conditions (2 percent).[1] With the COVID-19 pandemic beginning in early 2020, hospital utilization changed considerably, as areas of the country saw spikes in COVID-19 cases and subsequent hospitalizations. Adults aged 65+ years, especially those living in nursing homes, are vulnerable to COVID-19 due to their age, underlying frailty, and communal living conditions.[2] The Centers for Disease Control and Prevention (CDC) recently reported that while there was no increased rate of COVID-19 infection among adults aged 65+ years compared with those aged 18–29 years, there were increased rates of hospitalization (4–9 times) and death (95–230 times) among adults aged 65+ years.[3] Hospitalizations related to COVID-19 varied by State and across time.[4] Little is known, however, about the impact of the initial period of the pandemic on hospitalizations and in-hospital deaths overall for adults aged 65+ years.

This Healthcare Cost and Utilization Project (HCUP) Statistical Brief presents data from 13 States on hospitalizations across time periods with a focus on the initial impact of the COVID-19 pandemic. The number of hospitalizations and in-hospital deaths for patients aged 65 years and older is presented overall and by patient characteristics across 13 States from April to September 2020 using quarterly HCUP Inpatient data compared with State-level averages from April to September in 2016–2019 using the HCUP State Inpatient Databases (SID). The percentages of all hospitalizations and in-hospital deaths related to COVID-19 during the April–September 2020 timeframe are also provided. Because of the large sample size of the HCUP data, small differences can be statistically significant but not meaningful. Thus, only differences greater than or equal to 10 percent are discussed in the text.

This analysis is limited to discharges for adults aged 65 years and older treated in community, nonrehabilitation hospitals in 13 States (Colorado, Georgia, Iowa, Kentucky, Maryland, Michigan, Minnesota, Mississippi, Missouri, New Jersey, Ohio, South Carolina, and Vermont) for which HCUP data were available for April–September 2016–2019 and April–September 2020. These States account for 24.7 percent of the resident U.S. population in 2019.[5,6] Information contained in this Statistical Brief was primarily obtained from the HCUP Summary Trend Tables.[7] The Summary Trend Tables, accessed as downloadable tables, provide State-specific monthly trends in hospital utilization for the most recent HCUP data available. These tables were also used to create the HCUP Visualization of Inpatient Trends in COVID-19 and Other Conditions[8] and will be updated as more quarterly data become available.

Highlights

- Across 13 States, in the beginning of the pandemic (relative to the same period in the 4 prior years), on average, for adults 65 years and older, there were:
  - 16 percent fewer hospitalizations
  - 30 percent more in-hospital deaths
  - 133 percent more in-hospital deaths among Hispanic patients

- Across 13 States between April and September 2020, among patients aged 65 years and older, the percentage of in-hospital deaths related to COVID-19 was higher for patients:
  - From large metro areas compared with rural areas (35 vs. 22 percent, respectively)
  - Who were Hispanic compared with non-Hispanic White or Black (59 vs. 23 and 43 percent, respectively)
  - From the highest income communities compared with other income communities (34 vs. 27 and 31 percent)
  - With Medicaid as the expected payer compared with all other payers (47 vs. 30–35 percent)

1

Figure 4. Number of hospitalizations, in-hospital deaths, and percentage of each related to COVID-19 among adults aged 65+ years by patient race/ethnicity in April–September 2020 compared with the average of all hospitalizations in April–September 2016–2019, 13 States

Patient race/ ethnicity	Time period	Number of hospitalizations	Apr–Sep, 2020 percent related to COVID-19	Number of in-hospital deaths	Apr–Sep, 2020 percent related to COVID-19
White NH	Apr–Sep, 2016–2019	1,325,300		43,800	
White NH	Apr–Sep, 2020	1,087,500	5.1%	51,100	23.1%
Black NH	Apr–Sep, 2016–2019	218,800		7,700	
Black NH	Apr–Sep, 2020	199,500	13.9%	13,500	43.2%
Hispanic	Apr–Sep, 2016–2019	38,900		1,200	
Hispanic	Apr–Sep, 2020	35,100	17.3%	2,800	58.6%
Other NH	Apr–Sep, 2016–2019	37,300		1,400	
Other NH	Apr–Sep, 2020	33,000	14.4%	2,700	47.8%

Abbreviation: NH, non-Hispanic

Notes: Number of hospitalizations and in-hospital deaths is rounded to the nearest hundred. Counts for 2016–2019 represent the mean number of hospitalizations or in-hospital deaths during April–September across these 4 years.

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), 2016–2019 State Inpatient Databases (SID) and 2020 quarterly data from 13 States (CO, GA, IA, KY, MD, MI, MN, MO, MS, NJ, OH, SC, and VT) (available as of March 2021)

www.hcup-us.ahrq.gov/reports/statbriefs/statbriefs.jsp

HCUP Findings-At-A-Glance Reports Available for Select Topics

Treat-and-Release Emergency Department Visits for Maternal Care, Other than Delivery, 2019

Figure 1a. Number and aggregate cost of treat-and-release emergency department visits for maternal care (other than delivery) by expected primary payer in the United States, 2019
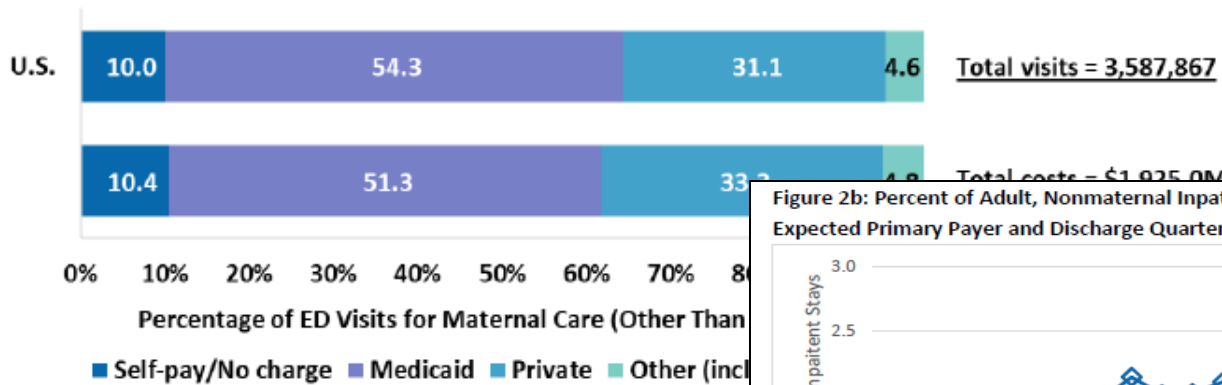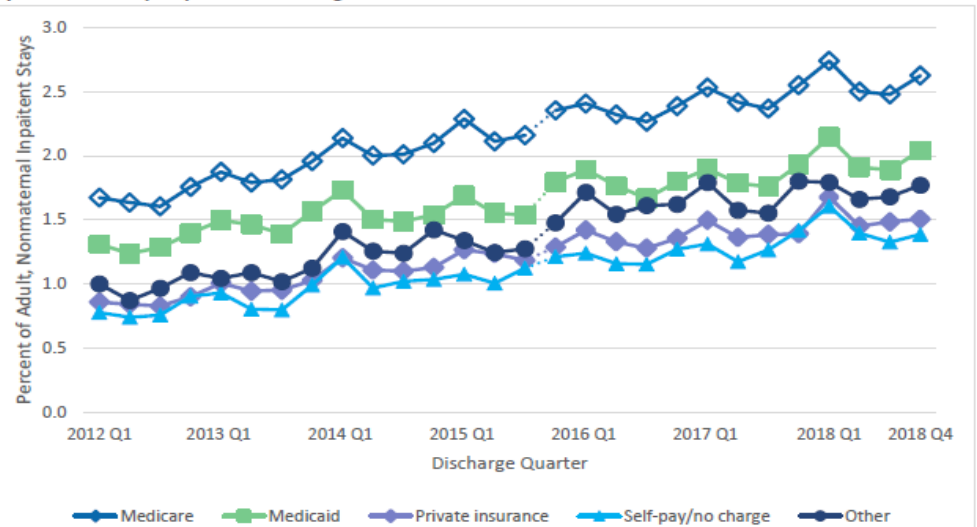
U.S.: 10.0 | 54.3 | 31.1 | 4.6 — Total visits = 3,587,867

10.4 | 51.3 | 33.? | 4.? — Total costs = $1,925.0M

Percentage of ED Visits for Maternal Care (Other Than ...

Self-pay/No charge Medicaid Private Other (incl...

Figure 2b: Percent of Adult, Nonmaternal Inpatient Stays with a Diagnosis of Septic Shock, By Expected Primary Payer and Discharge Quarter, 2012-2018

Medicare Medicaid Private insurance Self-pay/no charge Other

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), ICD-9-CM Diagnoses from 2012 Q1-2015 Q3 and ICD-10-CM Diagnoses from 2015 Q4-2018 Q4

www.hcup-us.ahrq.gov/reports/ataglance/findingsataglance.jsp

HCUP Visualization of Inpatient Trends in COVID-19 and Other Conditions

Interactive visual display of State-specific monthly trends in inpatient stays related to COVID-19 and other conditions

www.hcup-us.ahrq.gov/datavisualizations/covid-19-inpatient-trends.jsp
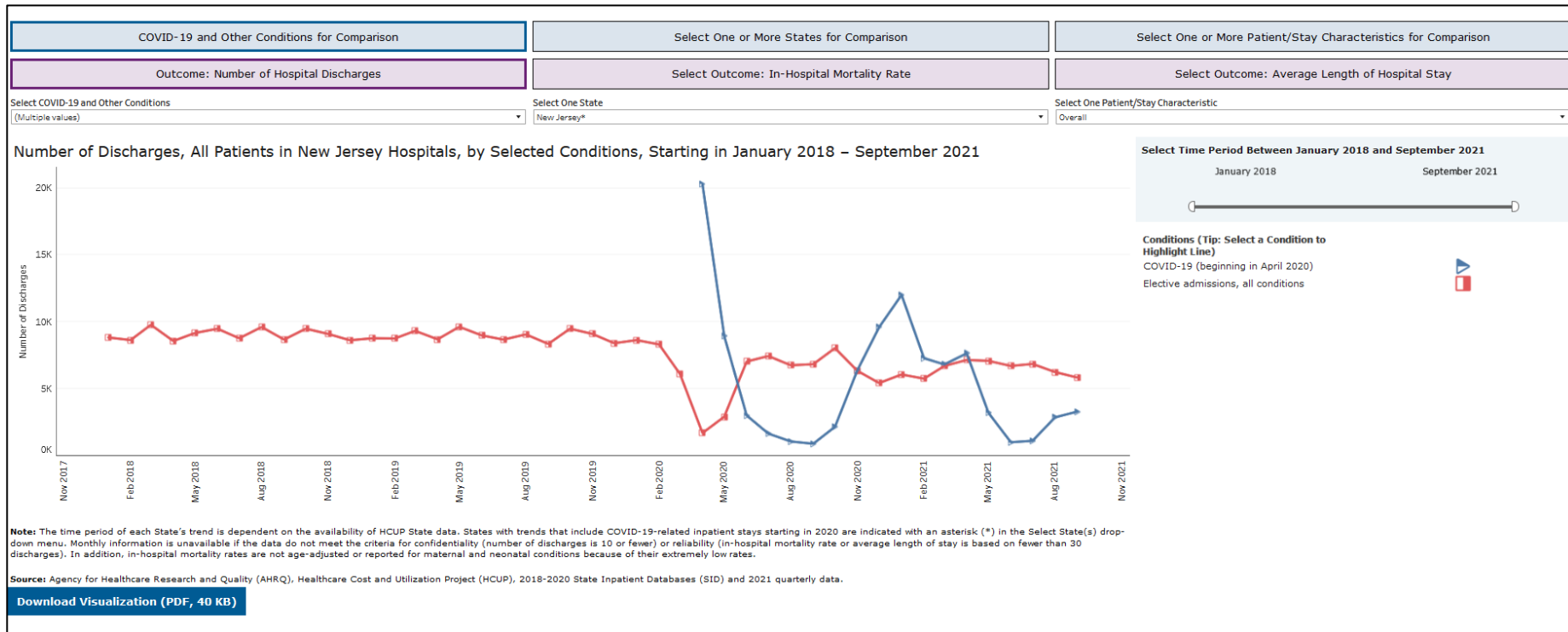
- Topics include:
  - ► Severe Maternal Morbidity
  - ► Neonatal Abstinence Syndrome
  - ► Opioid-Related Hospital Use
  - ► Hurricane Impact on Hospital Use
  - ► National Hospital Utilization and Costs
  - ► State Trends in Hospital Use by Payer

www.hcup-us.ahrq.gov/faststats/landing.jsp
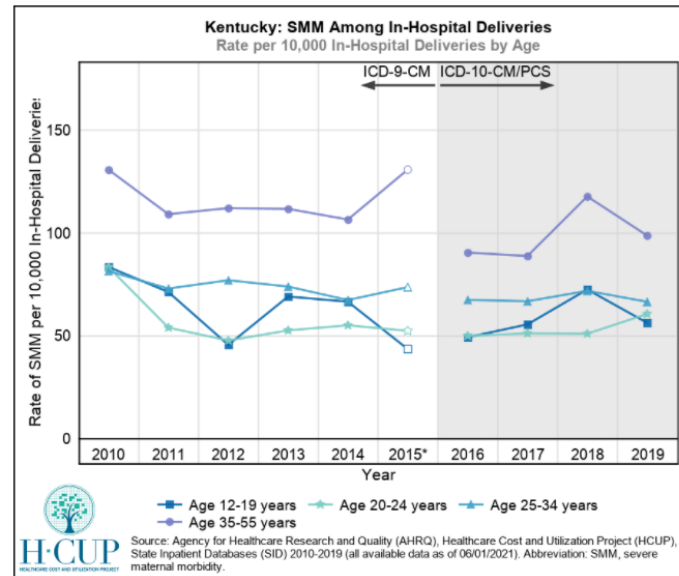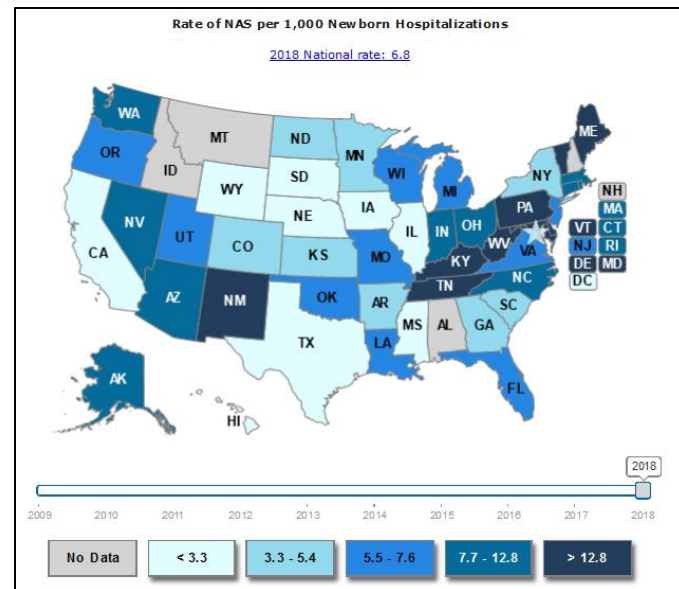
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Search for publications based on data or products from the Healthcare Cost and Utilization Project (HCUP).

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www.hcup-us.ahrq.gov/reports/pubsearch/pubsearch.jsp

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- Access technical assistance

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- Collects user feedback and suggestions for improvement

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