



Agency for Healthcare Research and Quality
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HEALTHCARE COST AND UTILIZATION PROJECT (HCUP) MEMORANDUM OF AGREEMENT *Sample Memorandum of Agreement*

This Memorandum of Agreement (MOA) is made between the [<organization name>](#), a [<hospital association / State data organization / private data organization>](#), in the State or Commonwealth of [<State name>](#), referred to within this agreement as the “Data Organization,” and the Agency for Healthcare Research and Quality (AHRQ), U.S. Public Health Service, Department of Health and Human Services. The MOA establishes conditions of participation of the Data Organization and AHRQ in the Healthcare Cost and Utilization Project (HCUP).

This MOA supersedes the previous Agreement executed on [<date>](#) and will remain in effect until replaced or terminated by either party.

I. DESCRIPTION OF HCUP

HCUP builds on the data collection efforts of State data organizations, hospital associations, and private data organizations to create a national information resource of encounter-level health care data. HCUP is made possible through the voluntary participation of Data Organizations that allow the use of their data for the project to create research databases, build software tools for use with administrative data, write research publications, and produce other information resources disseminated by AHRQ. These products inform research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments. Further information about the project is available on the HCUP-US Web site: www.hcup-us.ahrq.gov. Web site references in this document are provided for informational purposes only unless stated otherwise.

The use and release of HCUP data and information collected, assembled, or used by AHRQ is controlled by Section 944(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) (“the AHRQ Confidentiality Statute”). This Act precludes releasing information that might identify individuals who have been described in, or who might have been the source of, the information. The AHRQ Confidentiality Statute requires the data collected by AHRQ that identify individuals or establishments be used only for the purpose for which they were supplied. AHRQ and authorized contractor staff with access to HCUP data are required to complete privacy training and sign Staff/Contractor Agreements that specify privacy protections and restrictions placed on the use of HCUP data (www.hcup-us.ahrq.gov/partner/MOARef/StaffContractorAgreement.pdf).

II. LEVELS OF PARTICIPATION FOR DATA ORGANIZATIONS

A. DESCRIPTION OF BASIC PARTICIPATION

All Data Organizations that participate in HCUP (referred to as “HCUP Partners”) meet the criteria for inclusion of State-level data in HCUP, or “basic participation.” This means that a Data Organization has agreed to the inclusion of their data in the Intramural¹ State Inpatient Databases (SID) and the National Inpatient Sample (NIS). A brief description of these databases follows.

1. Intramural State Inpatient Databases (Intramural SID) – The HCUP Intramural SID are produced annually and contain 100 percent of inpatient discharge records for all or almost all hospitals in States participating in HCUP. Intramural databases are available only to authorized AHRQ staff, their contractors, and guest researchers.² The data are used for research, aggregate statistical reporting, and development of software tools that assist in analysis of administrative health care data. More information about the SID is available in the *State Inpatient Databases Overview* on HCUP-US: www.hcup-us.ahrq.gov/sidoverview.jsp.
2. National Inpatient Sample (NIS³) – The HCUP NIS approximates a 20 percent stratified sample of all discharges from U.S. community hospitals, excluding rehabilitation and long-term acute care hospitals. The NIS is produced annually, and the sample is designed to be nationally representative. The NIS is referred to as a “restricted-access public release database”⁴ because it is made available to researchers and analysts outside of AHRQ. Dissemination of restricted-access public release databases is accomplished through a mechanism called the HCUP Central Distributor (described below in Section II.D). More information about the NIS is available in the *National Inpatient Sample Overview* on HCUP-US: www.hcup-us.ahrq.gov/nisoverview.jsp.

B. DESCRIPTION OF ADDITIONAL PARTICIPATION – NATIONWIDE DATABASES

Participation in the additional nationwide databases such as the Kids’ Inpatient Database (KID), the Nationwide Emergency Department Sample (NEDS), and the Nationwide Readmissions Database (NRD) is optional; however, HCUP Data Organizations customarily contribute data to these databases.

1. Kids’ Inpatient Database (KID) – The KID is a sample of pediatric inpatient discharge records (for newborns, children, and adolescents) extracted from the collection of HCUP Intramural SID and produced approximately every three years. The KID is made available as a restricted-access public release database to researchers and analysts outside of AHRQ through the HCUP Central Distributor. More information about the KID is provided in the *Kids’ Inpatient Database Overview* on HCUP-US: www.hcup-us.ahrq.gov/kidoverview.jsp.
2. Nationwide Ambulatory Surgery Sample (NASS) - The NASS consists of a sample of hospital-owned outpatient surgery facilities, either within the hospital itself or in hospital-owned free-standing facilities, constructed from the HCUP Intramural State Ambulatory

¹ “Intramural” refers to activities that take place under the direction of AHRQ staff and are bound by AHRQ policies and procedures.

² “Guest researchers” is a term used by AHRQ to describe academic scientists, Federal employees, or graduate/PhD level students who have been authorized to use Agency resources to further their research or training. For specific approved projects, guest researchers are sometimes given access to HCUP intramural data under supervision and guidance of a member of the HCUP team.

³ Nationwide Inpatient Sample was renamed National Inpatient Sample to reflect sample design changes effective with the 2012 NIS.

⁴ “Restricted-access public release” means the HCUP State and nationwide data are available to the public under certain restricted conditions that include an application process for receipt of State databases, an electronic training course, and submission of a signed HCUP Data Use Agreement for State and nationwide databases.

Surgery and Services Databases (SASD). The NASS is produced annually and represents approximately 50 percent of hospital-owned outpatient surgery facilities in the U.S., including all of their in-scope major surgeries. The NASS enables researchers to analyze selected ambulatory surgery utilization patterns and supports public health professionals, administrators, policymakers, and clinicians in their decision-making regarding this critical source of care. The NASS tracks information about ambulatory surgery visits across the country, including geographic, hospital and patient characteristics, and the nature of visits (e.g., types of surgeries performed). Weights are provided to calculate national estimates. Starting with 2016, the NASS is made available as a restricted-access public release database to researchers and analysts outside of AHRQ through the HCUP Central Distributor. More information about the NASS will be available on HCUP-US when the files are released in calendar year 2019.

3. **Nationwide Emergency Department Sample (NEDS)** – The NEDS consists of a sample of hospital-based emergency departments (EDs) from the collection of the HCUP Intramural SID and State Emergency Department Databases (SEDD). The database contains records for patients that are treated and released from the ED, as well as patients admitted to the hospital through the ED. The sampling strategy for the NEDS approximates a 20 percent stratified sample of U.S. community hospitals with emergency departments and includes all ED-related discharges from the selected hospitals. Starting with 2006 data, the NEDS is made available as a restricted-access public release database to researchers and analysts outside of AHRQ through the HCUP Central Distributor. More information about the NEDS is available in the *Nationwide Emergency Department Sample Overview* on HCUP-US: www.hcup-us.ahrq.gov/nedsoverview.jsp.
4. **Nationwide Readmissions Database (NRD)** – The NRD is a calendar-year, discharge-level database constructed from the HCUP SID with verified patient linkage numbers that can be used to track a person across hospitals within a State. The NRD was designed to support various types of analyses of national readmission rates. The database includes discharges for patients with and without repeat hospital visits in a year and those who have died in the hospital. Repeat stays may or may not be related. The criteria to determine the relationship between hospital admissions is left to the analyst using the NRD. The NRD was constructed as a sample of convenience consisting of 100 percent of the eligible discharges. Discharge weights for national estimates are developed using the target universe of U.S. community hospitals (excluding rehabilitation and long-term acute care hospitals) in the United States. Starting with data year 2013, the NRD is made available as a restricted-access public release database to researchers and analysts outside of AHRQ through the HCUP Central Distributor. More information about the NRD is available in the *Nationwide Readmissions Database Overview* on HCUP-US: www.hcup-us.ahrq.gov/nrdoverview.jsp.

C. DESCRIPTION OF ADDITIONAL PARTICIPATION - OUTPATIENT DATA

Participation in the following Intramural outpatient databases is optional.

1. **Intramural State Ambulatory Surgery and Services Databases (Intramural SASD)** – The Intramural SASD are produced annually and are available only to authorized AHRQ staff, their contractors, and guest researchers. The SASD contain data for ambulatory surgery and other outpatient services from hospital-owned facilities. In addition, some States provide ambulatory surgery and outpatient services from nonhospital-owned facilities. More information about the SASD is available in the *State Ambulatory Surgery and Services Databases Overview* on HCUP-US: www.hcup-us.ahrq.gov/sasdooverview.jsp.

2. Intramural State Emergency Department Databases (**Intramural SEDD**) – The Intramural SEDD are produced annually and are available only to authorized AHRQ staff, their contractors, and guest researchers. The SEDD contain data for outpatient encounters in hospital-affiliated emergency departments for visits that do not result in hospitalizations. More information about the SEDD is available in the *State Emergency Department Databases Overview* on HCUP-US: www.hcup-us.ahrq.gov/seddoverview.jsp.

D. DESCRIPTION OF ADDITIONAL PARTICIPATION - HCUP CENTRAL DISTRIBUTOR STATE DATABASES

Participation in release of State Databases through the HCUP Central Distributor is optional. On behalf of participating Data Organizations, AHRQ prepares and distributes the following restricted-access public release versions of HCUP databases for research use outside of AHRQ:

- HCUP Central Distributor State Inpatient Databases (**CD-SID**)
- HCUP Central Distributor State Ambulatory Surgery and Services Databases (**CD-SASD**)
- HCUP Central Distributor State Emergency Department Databases (**CD-SEDD**).

AHRQ’s dissemination of databases through the HCUP Central Distributor is provided at no cost to participating Data Organizations. Each Data Organization sets the purchase price for their HCUP State Databases, and payments received from sales are reimbursed to the Data Organization through AHRQ’s contractors. Each Data Organization determines the data elements included in the HCUP Central Distributor version of their SID, SASD, and SEDD, within the AHRQ-defined framework applied to all databases.

The HCUP Central Distributor is described more fully on the “HCUP MOAs and Partnership Documentation” section of HCUP-US. This information includes:

- HCUP Central Distributor Overview: www.hcup-us.ahrq.gov/partner/MOARef/CDoverview.pdf
- HCUP Central Distributor Reimbursement Procedures: www.hcup-us.ahrq.gov/partner/MOARef/CDreimbursement.pdf
- Sample HCUP DUA: www.hcup-us.ahrq.gov/partner/MOARef/HCUPDUA.pdf.

III. RESPONSIBILITIES OF AHRQ

AHRQ (directly or through its contractors):

1. Agrees to purchase the data files in Section IV.A.1 below, consistent with provisions of applicable Federal regulations. These regulations require AHRQ to purchase data at a reasonable published price established for other comparable data purchasers.
2. Agrees to abide by the terms of the HCUP Data Security Plan provided on HCUP-US: www.hcup-us.ahrq.gov/partner/MOARef/DataSecurityPlan.pdf. Changes to the HCUP Data Security Plan will be reported to HCUP Data Organizations.
3. Agrees to be responsible for observing all conditions of HCUP data use, and to ensure that authorized contractors to whom it provides HCUP data agree to the same restrictions and conditions.

4. Agrees to provide a list of data elements included in the HCUP databases for review by the Data Organization. The list is available in the electronic *HCUP Data Elements Table on HCUP-US* (www.hcup-us.ahrq.gov/partner/MOAREf/HCUPdata_elements.pdf). Data elements included in HCUP databases may change over time; should this occur, changes will be reported to HCUP Data Organizations.
5. Agrees not to alter the data element listings included in Table 1 of this Agreement, *HCUP Intramural State Databases – Approval for Selected Data Elements*, or Table 2, *HCUP Central Distributor (CD) Databases – Restrictions on Release of Data Elements*, without prior approval from your Data Organization.
6. Agrees not to release outside of AHRQ (its authorized staff, contractors, and guest researchers) any data elements obtained from the Data Organization without the express written permission of the Data Organization other than those agreed upon and authorized in this Agreement and any future amendments.
7. Agrees to these additional non-statutory requirements, as specified by the Data Organization. Describe: _____

8. Approximately two (2) years after creating the files for a given data year, or at the conclusion of a contract period, all source data received from the Data Organization will be destroyed, returned, or transferred to a subsequent authorized primary contractor. When source data are destroyed, certification of the data destruction will be sent to the Data Organization.
9. With the exception of source data, there is no expiration date for AHRQ’s continued use of databases and products created under this agreement, within the restrictions of this agreement.

IV. RESPONSIBILITIES OF THE DATA ORGANIZATION

A. PROVIDING DATA FOR HCUP

The Data Organization:

1. (a) Agrees to supply for HCUP the Data Organization’s [inpatient <ambulatory surgery, and emergency department>](#) data in annual or more frequent periodic data sets, including: data already provided for calendar years <[1998-20XX](#)>; and future years beginning <[20XX](#)>. **OR, for new MOA- ...** in annual or more frequent periodic data sets, beginning with calendar year <[20XX](#)>.
- (b) Agrees to supply for HCUP the Data Organization’s following data in annual or more frequent periodic data sets, **if listed in Section VI. Database Participation:**
 - i. Ambulatory Surgery and Services Data
 - ii. Emergency Department Data
 - iii. Observation Services Data Files
 - iv. Physician Data Files
 - v. Other

2. (a) Agrees to permit AHRQ to use the supplied file(s) for development of the following HCUP databases:

- i. Intramural State Inpatient Databases (SID)
- ii. National Inpatient Sample (NIS)

(b) Agrees to permit AHRQ to use the supplied file(s) for the development of the following HCUP databases or files, **if listed in Section VI. Database Participation:**

- i. Kids' Inpatient Database (KID)
- ii. Nationwide Ambulatory Surgery Database (NASS)
- iii. Nationwide Emergency Department Sample (NEDS)
- iv. Nationwide Readmissions Database (NRD)
- v. Intramural State Ambulatory Surgery and Services Databases (SASD)
- vi. Intramural State Emergency Department Databases (SEDD)
- vii. Intramural Observation Services (OS) File
- viii. Intramural Physician Files

(c) Agrees to supply to AHRQ the requested data elements for development of the HCUP Intramural State Databases, listed in the electronic *HCUP Data Elements Table** on HCUP-US, if collected by the Data Organization; further agrees to allow use of the data elements requested by AHRQ in Table 1 of this Agreement.

(d) Agrees to allow AHRQ to release on the NIS and other restricted-access public release databases, **if listed in Section VI. Database Participation,** the requested data elements listed in the electronic *HCUP Data Elements Table** on HCUP-US, with the exception of the data elements explicitly restricted in Table 2 of this Agreement.

*The full list of data elements used in the HCUP databases is maintained in the electronic *HCUP Data Elements Table* on HCUP-US: www.hcup-us.ahrq.gov/partner/MOARef/HCUPdata_elements.pdf.

3. Agrees that the transfer or release of any AHRQ HCUP Partner Return File provided to the Data Organization is subject to the requirements of the AHRQ Confidentiality Statute and the authorized research uses specified in section IV.D.1 of this Agreement.

The Data Organization agrees to provide AHRQ with timely notice of a third-party attempt to obtain the AHRQ HCUP Partner Return File for any use inconsistent with the authorized research uses specified in section D.1 of this Agreement, including state open records law requests and legal process, such as a subpoena or other discovery request issuing from a federal or state court.

The Data Organization further agrees that if the AHRQ HCUP Partner Return File is released by the Data Organization under their own application and review process, the Data Organization will ensure that the data is to be used for authorized research uses as specified in section IV.D.1 of this Agreement and will require an HCUP Data Use Agreement (DUA) as a condition of release.

B. *RELEASING HCUP CENTRAL DISTRIBUTOR STATE DATABASES*

The Data Organization:

1. (a) Agrees to allow AHRQ to release to authorized requestors, through the HCUP Central Distributor, the following restricted-access public release databases, **if listed in Section VI. Database Participation:**

- i. HCUP Central Distributor SID
- ii. HCUP Central Distributor SASD
- iii. HCUP Central Distributor SEDD

(b) Agrees to allow AHRQ to release on the HCUP Central Distributor State Databases the requested data elements listed in the electronic *HCUP Data Elements Table** on HCUP-US, with the exception of the data elements explicitly excluded in Table 2 of this Agreement.

Data Organizations will be re-contacted periodically and asked to review and give approval for new data elements proposed to be added to their HCUP Central Distributor State Databases.

*The full list of data elements released on the HCUP Central Distributor State Databases is maintained in the electronic *HCUP Data Elements Table* on HCUP-US: www.hcup-us.ahrq.gov/partner/MOARef/HCUPdata_elements.pdf.

C. *RELEASING HOSPITAL-LEVEL SUPPLEMENTAL FILES*

The Data Organization:

1. (a) Agrees to allow AHRQ to release to authorized requestors, through the HCUP Central Distributor, the following hospital-level supplemental files, designed for use with the HCUP restricted-access public release databases, **if listed in Section VI. Database Participation:**

- i. Hospital Market Structure (HMS) Files (NIS, KID, Central Distributor SID)
- ii. Cost-to-Charge Ratio (CCR) Files (NIS, KID, NEDS, NRD, Central Distributor SID, Central Distributor SEDD)
- iii. Price-to-Charge Ratio (PCR) Files (Central Distributor SID)

Full descriptions of the HCUP Supplemental Files are available at: www.hcup-us.ahrq.gov/tools_software.jsp.

(b) Agrees to allow AHRQ to release on the HCUP Hospital-Level Supplemental Files the requested data elements listed in the electronic *HCUP Data Elements Table** on HCUP-US, with the exception of the data elements explicitly excluded in Table 2 of this Agreement.

*The full list of data elements used in HCUP supplemental files is maintained in the electronic *HCUP Data Elements Table* on HCUP-US: www.hcup-us.ahrq.gov/partner/MOARef/HCUPdata_elements.pdf.

D. RESEARCH USES OF THE DATA

The Data Organization:

1. Agrees to permit the use of HCUP data only for authorized research, analysis and aggregate statistical reporting. AHRQ will not authorize the use of HCUP data for commercial or competitive purposes affecting establishments; to determine the rights, benefits, or privileges of individuals or establishments; for criminal and civil litigation, including expert witness testimony; for law enforcement activities; or for any other purpose incompatible with the AHRQ Confidentiality Statute and the HCUP data project.
2. (a) Agrees to allow authorized AHRQ staff, their contractors, and guest researchers to utilize HCUP intramural and restricted-access public release databases for research, tool development, and aggregate statistical reporting. Examples of such use include, but are not limited to research such as:
 - i. The National Healthcare Quality and Disparities Report (NHQDR): www.hcup-us.ahrq.gov/partner/nhqr_nhdr.jsp.
 - ii. Conducting national and State-level health research studies, public health studies, and studies related to administrative data.
 - iii. Conducting studies related to the development and testing of software tools for the analysis of administrative data.
- (b) Tools and Products: www.hcup-us.ahrq.gov/partner/MOARef/toolsandproducts.pdf.
- (c) Aggregate statistical reporting of national data and, where permitted by data organizations under separate agreement, State-level and community-level data, on web-based software tools such as:
 - i. HCUPnet: www.hcupnet.ahrq.gov
 - ii. QR/DRnet: www.nhqdrnet.ahrq.gov/inhqdr/
 - iii. Fast Stats: www.hcup-us.ahrq.gov/faststats/landing.jsp
- (d) Dissemination of aggregate statistical results from research and analyses using the HCUP data in peer-reviewed journal articles, other publications, conference presentations, and tables developed to provide assistance to other organizations for research and public health purposes.
 - i. The HCUP Annual Activities Report:
www.hcup-us.ahrq.gov/partner/MOARef/annual_activities.pdf

**TABLE 1: HCUP INTRAMURAL STATE DATABASES –
APPROVAL FOR SELECTED DATA ELEMENTS**

State Name

Approved By: _____

Data Organization Representative, Signature

Date

(Please Print)

The Data Organization agrees to supply to AHRQ the full range of discharge data required for participation (e.g., hospital identification numbers, total charges, diagnoses, procedures, payment source, patient ZIP code, and patient demographics) and additional requested data elements listed in the electronic *HCUP Data Elements Table* on HCUP-US for AHRQ’s development and use of the HCUP Intramural State Databases (www.hcup-us.ahrq.gov/partner/MOARef/HCUPdata_elements.pdf).

Table 1.A: Data Elements Specified by AHRQ. AHRQ requests specific approval to receive the listed data elements, which are maintained in HCUP’s Data Development (DD) files containing person-level information that is used for specific, restricted purposes. These elements are not included on the HCUP Intramural databases (with the exception of Patient ZIP Code, which was relocated to Intramural database with Partner approval).

Table 1.B: Additional Data Elements Requiring Special Approval. The Data Organization may document additional data elements in Table 1 that require the organization’s review/approval to supply to HCUP such as confidential or other non-public data elements.

How to Indicate Approval:

This table refers to data years specified in MOA Section IV.A.1(a). Data elements have been marked as “**Will supply**,” “**Collected/Not supplied**,” or “**Not collected**” based on guidance from your Data Organization to indicate requested data elements that the Data Organization will supply to HCUP. Changes are marked by “Beginning” and “Through” years. Columns are marked “**Data not provided**” when the Data Organization is not supplying a data type as specified in MOA Section VI.1.

Please confirm the designations in Table 1 and notify AHRQ if additional data elements in this table can be supplied, are not supplied, or not collected. Fill in blank cells with the appropriate notation.

Table 1.A: Data Elements Specified by AHRQ

Requested Data Elements: Used to create de-identified HCUP Data Elements	Converted to these HCUP Data Elements	Intramural State Databases		
		Inpatient Data	Ambulatory and Services Surgery Data	Emergency Department Data
EXAMPLE: Discharge date (month, day, year)	Discharge year and quarter; LOS	<i>Will supply</i>	<i>Collected/Not supplied</i>	Data not provided
Encrypted person number, i.e., unique person identifier	HCUP person number (reassigned a unique code) ⁵ ; Visit linkage variable			
Encrypted medical record number	MRN reassigned a unique code			

⁵ The term “reassigned a unique code” refers to a method for masking the original encrypted identification numbers by assigning an arbitrary identification number.

Requested Data Elements: Used to create de-identified HCUP Data Elements	Converted to these HCUP Data Elements	Intramural State Databases		
		Inpatient Data	Ambulatory and Services Surgery Data	Emergency Department Data
Date of birth (month, day, and year)	Age in years; Age in months (if <11 years); Age in days (if <1 year)			
Admission/Start of care date (month, day, year)	Admission month; Admission on weekend; LOS			
Discharge date (month, day, year)	Discharge year, quarter and month; LOS			
Date of principal procedure (month, day, year) – for ICD procedure codes	Days from admission to procedure			
Dates of secondary procedures (month, day, year) – for ICD procedure codes	Days from admission to procedure			
Dates of CPT/HCPCS procedures (month, day, year – from patient file)	Days from admission to procedure			
Service Date, associated with revenue/ service detail file (month, day, year – from separate rev code layout)	Days from admission to service			
Onset of Symptom/Illness Date	No derived elements			
Patient ZIP Code (5-digit)	Synthetic (encrypted); Three-digit ZIP Code			
Patient City	No derived elements			
Patient town of residence (e.g., township, borough, parish, or other political entity similar to a county)	No derived elements			
Census tract	No derived elements			
Patient Country (if not U.S.)	No derived elements			
Physician ID numbers (as many as are collected)	Reassigned a unique code			
Physician name (as many as are collected by the organization)	No derived elements			
Table 1.B: Additional Data Elements Requiring Special Approval, as Defined by Data Organization				
EX: Hospital identifier <note: list here only if requires IRB or application approval>	Retained as provided; assigned to HOSPID			

Requested Data Elements: Used to create de-identified HCUP Data Elements	Converted to these HCUP Data Elements	Intramural State Databases		
		Inpatient Data	Ambulatory and Services Surgery Data	Emergency Department Data
Comments Specific to this State's Supplied Data				

**TABLE 2: HCUP CENTRAL DISTRIBUTOR (CD) DATABASES –
RESTRICTIONS ON RELEASE OF DATA ELEMENTS**

State Name

Approved By: _____
Data Organization Representative, Signature Date

(Please Print)

With the exception of data element restrictions noted in this table, the Data Organization agrees to allow AHRQ to include the data elements listed in the electronic *HCUP Data Elements Table* on HCUP-US (www.hcup-us.ahrq.gov/partner/MOARef/HCUPdata_elements.pdf) for AHRQ’s development and use of the HCUP Central Distributor databases and Supplemental Files listed in Section VI, Database Participation. These restricted-access public release databases include data elements supplied to AHRQ or derived from supplied data.

Table 2.A: Data Element Restrictions for Central Distributor Nationwide and State Databases. The Data Organization indicates HCUP data elements received or derived from the organization’s data that AHRQ may not release in the HCUP nationwide and state databases. Columns have been marked as “**File not released for this State**” when the data organization does not participate in the database as specified in MOA Section VI.3.

Table 2.B: Data Element Restrictions for HCUP Supplemental Files (for Linkage to Central Distributor Databases). The Data Organization indicates data elements created by HCUP that AHRQ may not release in the HCUP Supplemental Files. Columns are marked “**File not released for this State**” when the Data Organization does not participate in the database as specified in MOA Section VI.4.

How to Indicate Approval:

The data years referenced in this table begin with 1998 or later, as specified in MOA Section IV.A.1(a). Earlier years, when noted in MOA Section VI, Database Participation refer to data provided under a previous MOA. Data elements have been marked as “**May release**” or “**May not release**” based on guidance from your Data Organization. “**N/A**” means HCUP does not include this data element in the listed database. “**Data element not provided**” means the Data Organization does not supply this for the listed database. “**No File**” indicates that the file does not exist (e.g., there is no inpatient CCR file for the outpatient databases). “**File not released for this State**” means that your Data Organization has not authorized participation in the listed database.

Please confirm these designations and notify AHRQ of changes (data elements that may be released or additional data elements that may not be released). In rows where the first column is filled in (under Restricted Data Elements), fill in any blank database cells with the appropriate notation.

Table 2.A: Data Element Restrictions for Central Distributor Nationwide and State Databases

Restricted Data Elements	NIS	KID	NASS	NEDS	NRD	CD-SID	CD-SASD	CD-SEDD
EXAMPLE 1 No restricted data elements	May release	May release	May release	May release	May release	May release	May release	File not released for this State
EXAMPLE 2 Data Element Name	May release	May release	N/A	N/A	N/A	May not release	May not release	File not released for this State

Restricted Data Elements	NIS	KID	NASS	NEDS	NRD	CD-SID	CD-SASD	CD-SEDD
Table 2.B: Data Element Restrictions for HCUP Supplemental Files (for Use with Central Distributor Databases)								
Restricted Data Elements	NIS	KID	NASS	NEDS	NRD	CD-SID	CD-SASD	CD-SEDD
Cost-to-Charge Ratio for Inpatient (CCR-IP) Files:								
No restricted data elements for this Supplemental File	May release	May release	No File	No File	May release	May release	No File	File not released for this State OR- No File
Cost-to-Charge Ratio for Emergency Department (CCR-ED) Files:								
No restricted data elements for this Supplemental File	No File	No File	No File	May release	No File	No File	No File	File not released for this State OR- May release
Hospital Market Structure (HMS) File:								
No restricted data elements for this Supplemental File	May release	May release	No File	No File	No File	May release	No File	File not released for this State OR- No File
Supplemental Files/Variables for Revisit Analyses⁶ Includes VisitLink, a verified synthetic patient number for visit linkage and DaysToEvent, a numerical count variable, to determine timing between events. Both are essential for revisit analyses:								
No restricted data elements for this Supplemental File	No File	No File	No File	No File	May release	May release	May release	File not released for this State OR- May release
Price-to-Charge Ratio (PCR) File:								

Restricted Data Elements	NIS	KID	NASS	NEDS	NRD	CD-SID	CD-SASD	CD-SEDD
No restricted data elements for this Supplemental File	No File	No File	No File	No File	No File	May release	No File	File not released for this State OR- No File
Further Restrictions (Specific to this State's Data)								
Comments								

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V. AGREEMENT OF BOTH PARTIES

Each person signing this Agreement hereby represents that he or she is authorized to enter into this Agreement by the organization for which he or she is signing.

This Agreement is voluntary and shall remain in effect until either party terminates the Agreement through written notification. Provisions of this Agreement may be waived or modified by an agreement in writing signed by the Data Organization and AHRQ.

The undersigned acknowledges these conditions and agrees to abide by them:

By: _____ Date _____
Data Organization Representative, Signature

By: _____ Date _____
AHRQ Representative, Signature

Data Organization Representative: _____
(Please Print)

Name of Data Organization: _____

Address of Data Organization: _____

Telephone: _____ Fax: _____ Email: _____

AHRQ Representative: Jenny Schnaier, HCUP Project Director

Name of Agency: Center for Financing, Access, and Cost Trends

Agency for Healthcare Research and Quality

Address of Agency: 5600 Fishers Lane | Room # 07N33 | Mail Stop # 7W41A

Rockville, MD 20857

Telephone: 301-427-1442 Fax: 301-427-1430 Email: Jenny.Schnaier@ahrq.hhs.gov

These documents are made part of this Agreement by reference:

1. HCUP Data Elements: www.hcup-us.ahrq.gov/partner/MOARef/HCUPdata_elements.pdf
2. HCUP Data Security Plan: www.hcup-us.ahrq.gov/partner/MOARef/DataSecurityPlan.pdf.

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VI. DATABASE PARTICIPATION - **State Name**

Approval of Database Participation supersedes previous approval on: ____/____/____

Approved by: _____
Print Title

Signature Date

1. PROVIDING DATA FOR HCUP

THE DATA ORGANIZATION AGREES TO SUPPLY for HCUP, in annual or more frequent periodic data sets, the following data types:

Data Type	Beginning Data Year
Inpatient Discharge Data	<2008>
Ambulatory Surgery and Services Data	<2009>
Emergency Department Data	<Not requested>
Physician Data	<1998>
Observation Stays Data	<1998>

2. PARTICIPATION IN HCUP DATABASES

THE DATA ORGANIZATION AGREES TO permit AHRQ to use the supplied file(s) for the development of the following HCUP databases:

Database	Beginning Data Year
National Inpatient Sample (NIS)	<2008>
Kids' Inpatient Database (KID)	<2009>
Nationwide Ambulatory Surgery Sample (NASS)	<Not requested> <2016 (AHRQ may also release back years)>
Nationwide Emergency Department Sample (NEDS)	<Not requested> <2006 -earliest>
Nationwide Readmissions Database (NRD)	<Not requested> <2010>
Intramural State Inpatient Database (SID)	<2008>
Intramural State Ambulatory Surgery and Services Databases (SASD)	<2009>
Intramural State Emergency Department Database (SEDD)	<Not requested>
Intramural Physician Files	<1998>
Intramural Observation Stay Files	<1998>

3. RELEASING HCUP CENTRAL DISTRIBUTOR DATABASES

THE DATA ORGANIZATION AGREES TO allow AHRQ to release to authorized requestors, through the HCUP Central Distributor, the following restricted-access public release databases:

Database	Beginning Data Year
National Inpatient Sample (NIS)	<2008>
Kids' Inpatient Database (KID)	<1997, 2000, 2003, 2006, 2009, 2012, 2016, 2019>
Nationwide Ambulatory Surgery Sample (NASS)	<Not requested> <2016 (AHRQ may also release back years)>
Nationwide Emergency Department Sample (NEDS)	<Not requested> or <2006>
Nationwide Readmissions Database (NRD)	<Not requested> <2010>
Central Distributor SID	<1990> <earliest>
Central Distributor SASD	<1997> <earliest>
Central Distributor SEDD	<Not requested> <1999 -earliest>

4. **RELEASING HCUP SUPPLEMENTAL FILES**

THE DATA ORGANIZATION AGREES TO allow AHRQ to release to authorized requestors, through the HCUP Central Distributor, the following hospital-level supplemental files, designed for use with the HCUP restricted-access public release databases:

Supplemental Files/Variables	Beginning Data Year
Hospital Market Structure (HMS) Files	<Not requested> <1997, 2000, 2003, 2006, 2009 – (NIS, KID, CD-SID)> <2012, 2016, 2019 CD-SID>
Cost-to-Charge Ratio for Inpatient (CCR-IP) Files	<Not requested> <2000 – or later year (NIS, KID, CD-SID), 2010 (NRD)>
Cost-to-Charge Ratio for Emergency Department (CCR-ED) files	<Not requested> 2012 – or later year (NEDS, CD-SEDD)
Price-to-Charge Ratio (PCR) Files	<Not requested> <2006> <earliest> (CD-SID)>
Revisit Variables for Central Distributor State Databases (Includes VisitLink, a verified synthetic patient number and DaystoEvent, a numerical count variable to determine timing between events.) <i>Revisit data elements were released as stand-alone supplemental files from 2003-2008. Beginning with 2009, revisit data elements were integrated into the Central Distributor State files.</i>	<Not requested> <2003 <earliest> (CD-SID, CD-SASD, CD-SEDD)>