

## HSCRC Statistical Request Form

Please email or fax the completed form and the

**Data Use Agreement to:**

Oscar Ibarra, Chief, Program Admin. & Info. Mgmt., HSCRC

Fax: (410) 358-6217

[Oscar.Ibarra@maryland.gov](mailto:Oscar.Ibarra@maryland.gov)

**For more information, contact:**

Oscar Ibarra, Chief, Program Admin. & Info. Mgmt., HSCRC

Phone: (410) 764-2566

[Oscar.Ibarra@maryland.gov](mailto:Oscar.Ibarra@maryland.gov)

*Please attach additional sheets if necessary*

**Name:**

**Organization:**

**Address:**

**Phone Number:**

**Email:**

**Date Requested:**

**Date Required:**

*(please allow at least 15 business days, although we will consider requests sooner, if staff are available)*

**Description of Statistics Requested:** Please describe the statistics you are requesting. Examples include average length of stay, average charges, counts of discharges with a specific diagnosis. (If requesting information on a diagnosis or procedure you **must** specify specific codes in the section "Specific Diagnosis or Procedure Codes", below):

**Table Shell:** Please attach a table shell, which described how you want the data reported. The table shell should have a title, and column and row descriptions. **A table shell is required. Requests without one specified will not be fulfilled.**

**Data Set** (check all that apply):  Inpatient Discharge  Outpatient Discharge (since FY2007)  Chronic  Psych  
 Ambulatory Surgery (Prior to FY2007)  Ambulatory Care (prior to FY2007)

**Specific Diagnosis or Procedure Codes (ICD-9-CM or DRG for inpatient data; APC, ICD-9-CM or CPT for ambulatory surgery and Ambulatory Care data).** You **must** specify codes. Requests not specifying codes will not be filled. You may download the complete list of ICD-9-CM and DRG codes from <http://www.cdc.gov>. Click on "Stats and Data", and then "Public Use Files". If using ICD-9-CM, APC, or CPT codes, information will be provided based on those patients with those codes in the principal or primary category only, unless otherwise requested.

**Patient Ages:** Please enter specific ages, age ranges, or all:

**Payers:** Please specify Medicare, Medicaid, commercial, other, or all:

**Patient Location:** Please specify the county, region, or State of the patients' residence, if desired. Otherwise please enter all:

**Hospitals:** Please specify the hospital or hospitals on which you would like data. Examples include all hospitals in the data base, all acute care hospitals, or specific hospitals by name:

**Location of Hospital:** If, instead of data from specific hospitals you would like data by a location such as a city, county or region, please specify that here:

**Purpose of Request:** Please specify the purpose of this request here or attach a separate page:

*HSCRC reserves the right to deny requests for statistics based on workload or confidentiality concerns.*

*Statistics based on sample size of less than 6 will not be released.*