NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 409
OREGON HEALTH AUTHORITY
HEALTH POLICY AND ANALYTICS

FILING CAPTION: Amendments to Health Care Facility Utilization reports and Hospital Discharge Data Submission requirements

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 01/08/2020 5:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Zarie Haverkate
Rules Coordinator

HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 01/06/2020
TIME: 11:00 AM - 12:00 PM
OFFICER: Zarie Haverkate
ADDRESS: Barbara Roberts Human Services Building
500 Summer St NE, Room 554
Salem, OR 97301

SPECIAL INSTRUCTIONS:
Please allow extra time to check in with the building receptionist.

NEED FOR THE RULE(S):
Senate Bill 23 (Oregon Laws 2019) authorized the collection of emergency department discharge data from general acute care hospitals in Oregon. OAR 409-022-0010, and 409-022-0020 are being amended to include a definition of emergency department discharge data and a required data element list. Hospitals have been submitting emergency department discharge data to Apprise Health Insights since 2014. Rule changes will not affect day-to-day operations. OAR 409-022-0015 is being amended to prescribe the AHA annual survey as the required annual hospital utilization report.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:
ORS Chapter 442 information is available at https://www.oregonlegislature.gov/bills_laws/ors/ors442.html. Proposed changes to OAR 409-022 is available on the agency's website at https://www.oregon.gov/OHA/HPA/Pages/Rulemaking.aspx.
FISCAL AND ECONOMIC IMPACT:

There is no cost to hospitals due to rule changes. Costs to OHA for emergency department data will be approximately $75,000 per year.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s).
(2) Effect on Small Businesses:
   (a) Estimate the number and type of small businesses subject to the rule(s);
   (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s);
   (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) Current staffing levels will remain the same. No additional FTE is required.
(2)(a) Rule amendments apply to hospitals. (b) None. (c) Increased labor to receive, validate and analyze emergency discharge data. Current staff will absorb increased labor.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Rule amendments affected Oregon hospitals. Hospitals and the Oregon Association of Hospitals and Health Systems participated in rule making.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
409-022-0010, 409-022-0015, 409-022-0020

AMEND: 409-022-0010

RULE SUMMARY: Adding definition for "emergency department discharge data".

CHANGES TO RULE:

409-022-0010
Definitions

The following definitions apply to OAR 409-022-0010 to 409-022-0070:

(1) "Ambulatory Surgical Center" has the same meaning given that term in ORS 442.015.
(2) "Ambulatory surgical discharge data" means the consolidation of complete billing, medical, and personal information describing a patient, the services received, and charges billed for a surgical or diagnostic procedure treatment in a hospital outpatient setting or an ambulatory surgical center setting into a data record.
(3) "Authority" means the Oregon Health Authority.
(4) "Emergency department discharge data" means the consolidation of complete billing, medical, and personal information describing a patient, the services received, and charges billed for treatment in a hospital emergency department for patients that were not subsequently admitted to the same hospital as an inpatient.
(5) "Health Care Facility" has the same meaning given that term in ORS 442.015.
(6) "Hospital" has the same meaning given that term in ORS 442.015.
(7) "Hospital inpatient" means acute care provided at a hospital in which the patient was formally admitted under a doctor's order.
(8) "Hospital outpatient" means acute care provided at a hospital in which the patient is not formally admitted to the hospital under a doctor's order.
(9) "Inpatient discharge data" means the consolidation of complete billing, medical, and personal information describing a patient, the services received, and charges billed for a surgical or diagnostic procedure treatment in a hospital inpatient setting.
RULE SUMMARY: Specifying that the Authority adopts the American Hospital Association annual survey as the annual report on utilization of the facility, and when all other health care facilities will be notified of reporting requirements.

CHANGES TO RULE:

409-022-0015
Health Care Facility Annual Reports
(1) The Authority may require an annual report from each licensed health care facility on utilization of the facility.

(2) For hospitals, the Authority adopts the American Hospital Association annual survey, as administered by the Oregon Association of Hospitals and Health Systems, as the annual report on utilization of the facility.

(3) For all other health care facilities, the Authority shall notify the health care facility of the requirement no later than December 31 of the year to be reported.

(24) A health care facility must submit the annual report on a form, prescribed by the Authority, no later than April 30 of the subsequent year.

(35) The Authority shall acknowledge acceptance of the annual report or inform the licensed health care facility in writing of any corrections required within 30 days of the submission of an annual report by a health care facility.

Statutory/Other Authority: ORS 442.420, 442.463
Statutes/Other Implemented: ORS 442.463
409-022-0020
Hospital Reporting Requirements ¶

(1) All hospitals must submit the following, in a form and manner prescribed by the Authority: ¶
(a) Inpatient hospital discharge data; ¶
(b) Emergency department discharge data, and ¶
(bc) Ambulatory surgical discharge data in the hospital outpatient setting. ¶
(2) Inpatient hospital discharge data submitted must include the following data elements if the data elements are available: ¶
(a) Patient name; ¶
(b) Patient date of birth; ¶
(c) Patient race; ¶
(d) Patient ethnicity; ¶
(e) Patient sex; ¶
(f) Patient residential address; ¶
(hg) Hospital name identifier; ¶
(ib) Admission date and time; hour; ¶
(ii) Discharge date and time; hour; ¶
(kj) Admitting diagnosis or chief complaint; ¶
(Lk) Principle diagnosis; ¶
(mM) Secondary diagnoses; ¶
(AN) Principle procedure performed; ¶
(on) Secondary procedures performed; ¶
(p0) Dates of procedures performed; ¶
(qp) External cause of injury codes; ¶
 FAG) Patient disposition or discharge status; ¶
(sr) Admission source or point of origin; ¶
(t) Admission type; ¶
(uS) Admission type; ¶
(t) Total billed charges; ¶
(u) Revenue codes; and ¶
(v) Units of service. ¶
(3) Emergency department discharge data must include the following data elements if the data elements are available: ¶
(a) Patient name; ¶
(b) Patient date of birth; ¶
(c) Patient race; ¶
(d) Patient ethnicity; ¶
(e) Patient sex; ¶
(f) Patient residential address; ¶
(g) Hospital identifier; ¶
(h) Admission date and hour; ¶
(i) Discharge date and hour; ¶
(j) Principle diagnosis; ¶
(k) Secondary diagnoses; ¶
Ambulatory surgical discharge data submitted for hospital outpatient services must include the following data elements if the data elements are available:

(a) Patient name;
(b) Patient date of birth;
(c) Patient race;
(d) Patient ethnicity;
(e) Patient sex;
(f) Patient residential address;
(h) Hospital name identifier;
(i) Admission date;
(j) Discharge date;
(k) Principle diagnosis;
(L) Secondary diagnoses;
(m) Procedures performed;
(n) Dates of procedures performed;
(o) External cause of injury codes;
(p) Patient disposition or discharge status;
(q) Admission source or point of origin;
(r) Admission type;
(s) Total billed charges;
(t) Revenue codes; and
(u) Units of service.

Statutory/Other Authority: ORS 442.120
Statutes/Other Implemented: ORS 442.120