

CR 90-121

CERTIFICATE

STATE OF WISCONSIN)
) SS
DEPARTMENT OF HEALTH AND SOCIAL SERVICES)

I, Patricia A. Goodrich, Secretary of the Department of Health and Social Services and custodian of the official records of the Department, do hereby certify that the annexed rules relating to administration of the Office of Health Care Information were duly approved and adopted by this Department on November 12, 1990.

I further certify that this copy has been compared by me with the original on file in the Department and that this copy is a true copy of the original, and of the whole of the original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department at the State Office Building, 1 W. Wilson Street, in the city of Madison this 12th day of November 1990.

SEAL:

Patricia A. Goodrich

Patricia A. Goodrich, Secretary
Department of Health and Social Services

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2-1-91

**ORDER OF THE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
REPEALING, RENUMBERING, AMENDING,
REPEALING AND RECREATING, AND CREATING RULES**

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To repeal HSS 120.21 (2) (a) 8 and 10 to 13; to renumber HSS 120.21 (2) (a) 9 and 14 to 22 and 120.22 (1); to amend HSS 120.02, 120.03 (19), 120.04 (4) (a), 120.05 (1), 120.06 (3) (b) and (4) (f) and (g), 120.07 (3) (c) 2 d, 120.12 (1), 120.13 (2), 120.20 (Table), (5) (a) and (6) (e), 120.21 (2) (a) 11, as renumbered, (6) (a) and (7) (e), 120.22 (1) (a), as renumbered, 120.25 (1) (b) (intro.), (2) (c) and (6) (c), and 120.26 (title), (1), (2) (c), (3), (4), (5) (intro.), (a), (d) to (i) and (6); to repeal and recreate HSS 120.01, 120.04 (3), 120.21 (1) and (2) (a) (intro.) and 120.23 (2) (f); and to create HSS 120.03 (9m), 120.06 (4) (h), 120.21 (2) (a) 13, 120.22 (1) (b), subch. III (title) and 120.30, relating to the administration of the Office of Health Care Information.

Analysis Prepared by the Department of Health and Social Services

Chapter 153, Stats., established an Office of Health Care Information in the Department to collect and disseminate information about health care services in Wisconsin. Section 153.75, Stats., directs and authorizes the Department to promulgate rules for administration of the Office. Given the scope of ch. 153, Stats., the rules are being promulgated in phases. These are the phase 4 rules.

The first set of rules, requiring the reporting of hospital inpatient discharge data, as well as providing for the confidentiality of reported data, went into effect on February 1, 1989. The second set of rules, which became effective July 1, 1989, required hospitals to report revenue and expense data, per unit charges for each of several charge elements and the number of times a charge was made for each charge element in a 12-month period; report actual and anticipated uncompensated health care; and provide notice to the public of any rate increase before that increase takes place. The third set of rules identified the methods and criteria used to assess hospitals fees to pay for the operation of the Board and Office; required hospitals to use and insurers to accept the uniform patient billing form; and required hospitals to report additional inpatient data elements, outpatient surgical data, and asset, liability and fund balance data.

This fourth set of rules requires freestanding ambulatory surgery centers to report data on surgical procedures; provides for fees to be charged to freestanding ambulatory surgery centers to help pay for the operation of the Board and Office; permits department-operated state mental health institutes to submit unaudited financial data until such time as audited data are available on a timely basis; requires that hospitals separately report two balance sheet items that had been previously incorporated into another item; requires hospitals to report an additional patient data element to be used in conjunction with the encrypted case identifier; allows the Office to determine if it will require hospitals to submit per unit charges for each of several charge elements; and renames a hospital rate increase to be a price increase and changes the threshold for publishing a notice of a price increase.

The Department's authority to repeal, renumber, amend, repeal and recreate and create these rules is found in ss. 153.05 (4) (b) and 153.75 (1) (b) and (e) and (2), Stats., and s. 153.75 (1) (k), Stats., as created by 1989 Wisconsin Act 18. The rules interpret ch. 153, Stats., as affected by 1989 Wisconsin Act 18.

SECTION 1. HSS 120.01 is repealed and recreated to read:

HSS 120.01 AUTHORITY AND PURPOSE. This chapter is promulgated under the authority of s. 153.75, Stats., to implement ch. 153, Stats. Its purpose is to provide definitions and procedures to be used by the department to administer the office of health care information. The office is responsible for collecting, analyzing and disseminating information in language that is understandable to lay persons about:

- (1) Hospital service utilization, charges, revenues, expenses, mortality and morbidity rates, health care coverage and uncompensated health care services; and
- (2) Freestanding ambulatory surgery center service utilization and charges.

SECTION 2. HSS 120.02 is amended to read:

HSS 120.02 APPLICABILITY. This chapter applies to all hospitals and freestanding ambulatory surgery centers in Wisconsin.

SECTION 3. HSS 120.03 (9m) is created to read:

HSS 120.03 (9m) "Freestanding ambulatory surgery center" means any distinct entity that is operated exclusively for the purpose of providing surgical services to patients not requiring hospitalization, has an agreement with the federal health care financing administration under 42 CFR 416.25 and 416.30 to participate as an ambulatory surgery center, and meets the conditions set forth in 42 CFR 416.25 to 416.49. "Freestanding ambulatory surgery center" does not include a hospital-affiliated ambulatory surgical center as described in 42 CFR 416.120 (b).

SECTION 4. HSS 120.03 (19) is amended to read:

HSS 120.03 (19) "Uniform patient billing form" means, for hospital inpatient discharges, the uniform billing form UB-82/HCFA-1450 or, for hospital outpatient discharges or freestanding ambulatory surgery center discharges, the health insurance claim form HCFA-1500 or the uniform billing form UB-82/HCFA-1450.

SECTION 5. HSS 120.04 (3) is repealed and recreated to read:

HSS 120.04 (3) CALCULATION OF ASSESSMENTS. (a) The office shall annually assess hospitals and freestanding ambulatory surgery centers in order to fund the operations of the office and the board as authorized in s. 153.60, Stats. The office shall calculate net expenditures and resulting assessments separately for hospitals, as a group, and freestanding ambulatory surgery centers, as a group, based on the collection, analysis and dissemination of information related to each group.

(b) The assessment for an individual hospital shall be based on the hospital's proportion of the reported gross private-pay patient revenue for all hospitals for its most recently concluded fiscal year, which is that year ending at least 120 days prior to July 1.

(c) The assessment for an individual freestanding ambulatory surgery center shall be based on the freestanding ambulatory surgery center's proportion of the number of reported surgical procedures for all freestanding ambulatory surgery centers for the most recently concluded calendar year.

SECTION 6. HSS 120.04 (4) (a) is amended to read:

HSS 120.04 (4) (a) Payment deadline. Each hospital shall pay the amount it has been assessed on or before December ~~31~~ 1 each year and beginning in 1991, each freestanding ambulatory surgery center shall pay the amount it has been assessed on or before December 1, of each year. Payment of the assessment is on time if it is mailed in a properly addressed envelope, postmarked before midnight of December ~~31~~ 1 of the year in which due, with postage prepaid, and is received by the office not more than 5 days after the prescribed date for making the payment. A payment which fails to satisfy these requirements solely because of a delay or administrative error of the U.S. postal service shall be considered to be on time.

SECTION 7. HSS 120.05 (1) is amended to read:

HSS 120.05 (1) USE. All hospitals and freestanding ambulatory surgery centers in Wisconsin shall use the uniform patient billing form for all inpatient and outpatient care provided by them.

SECTION 8. HSS 120.06 (3) (b) and (4) (f) and (g) are amended to read:

HSS 120.06 (3) (b) A hospital, a freestanding ambulatory surgery center or a physician, the agent of a hospital, a freestanding ambulatory surgery center or a physician, or the department to ensure the accuracy of the information in the data base;

(4) (f) Date of principal procedure; ~~and~~

(g) Encrypted case identifier; and

SECTION 9. HSS 120.06 (4) (h) is created to read:

HSS 120.06 (4) (h) Insured's policy number.

SECTION 10. HSS 120.07 (3) (c) 2 d is amended to read:

HSS 120.07 (3) (c) 2 d. The request is made by a hospital or a freestanding ambulatory surgery center for its own data.

SECTION 11. HSS 120.12 (1) is amended to read:

HSS 120.12 (1) DETERMINATION, NOTICE OF VIOLATION AND FORFEITURE ASSESSMENT. If the office determines that a hospital or a freestanding ambulatory surgery center has failed to submit the required information, failed to submit the information by the due date, failed to submit the information in the proper form or failed to submit corrected information, the

department may directly assess forfeitures under s. 153.90 (2), Stats., and shall send a notice of the forfeiture assessment to the alleged violator. The notice shall specify the alleged violation of the statute or rule and the amount of the forfeiture assessed, shall explain how the forfeiture amount was calculated and shall include a notice of the appeal process under sub. (2).

SECTION 12. HSS 120.13 (2) is amended to read:

HSS 120.13 (2) FORMAT. All written information or communications submitted on behalf of a hospital or freestanding ambulatory surgery center to the office shall be signed by the chief executive officer of the hospital or freestanding ambulatory surgery center or the designee of the chief executive officer.

SECTION 13. HSS 120.20 (Table), (5) (a) and (6) (e) are amended to read:

TABLE 120.20
REQUIRED DATA ELEMENTS

DATA ELEMENT	UNIFORM PATIENT BILLING FORM ITEM
Patient control number, if applicable	3
Type of bill	4
Federal tax number of the hospital	6
Encrypted case identifier	10
Patient zip code	11
Patient date of birth	12
Patient sex	13
Date of admission	15
Type of admission	17
Source of admission	18
Patient status	21
Date of discharge	22
Race and ethnicity	27
Condition codes, if applicable	35-39
Patient medical record or chart number	45
Adjusted total charges and components of those charges	51-53
Primary and secondary sources of payment	57
<u>Insured's policy number</u>	<u>68</u>
Principal and other diagnoses	77-81
Principal and other procedures, if applicable	84-86
Date of principal procedure, if applicable	84-86
Attending physician license number	92
Other physician license number, if applicable	93

(5) (a) The physician who maintains primary responsibility for determining a patient's continued need for acute care and readiness for discharge, even when this physician has referred the patient to one or more consulting physicians for specialized treatment, shall ~~confirm the validity of a~~ verify, within a calendar month after the patient is discharged from the hospital, that the patient's principal and secondary diagnoses and the primary and secondary procedures were as specified in a ~~the patient's medical record within 30 calendar days after~~

~~the patient is discharged from the hospital.~~ The diagnoses and procedures shall be as defined in the uniform patient billing form manual. The physician shall use the procedures under par. (b) to fulfill this requirement.

(6) (e) Within the same 10-working day period under par. (d), the chief executive officer or designee of each hospital shall submit to the office a signed statement, ~~subscribed under oath or affirmation before a notary public~~, affirming that the data submitted to the office have been verified pursuant to subs. (4) and (5); that any corrections to the data have been ~~verified pursuant to pars. (a) to (d)~~ made; and that the data are accurate and complete to the best of his or her knowledge.

SECTION 14. HSS 120.21 (1) and (2) (a) (intro.) are repealed and recreated to read:

HSS 120.21 (1) REPORTING RESPONSIBILITY. Each hospital shall report to the office information relating to any outpatient surgical procedure falling within the following general types, as required by the department:

- (a) Operations on the integumentary system;
- (b) Operations on the musculoskeletal system;
- (c) Operations on the respiratory system;
- (d) Operations on the cardiovascular system;
- (e) Operations on the hemic and lymphatic systems;
- (f) Operations on the mediastinum and diaphragm;
- (g) Operations on the digestive system;
- (h) Operations on the urinary system;
- (i) Operations on the male genital system;
- (j) Operations on the female genital system;
- (k) Obstetrical procedures;
- (l) Operations on the endocrine system;
- (m) Operations on the nervous system;
- (n) Operations on the eye and ocular adnexa; and
- (o) Operations on the auditory system.

(2) DATA ELEMENTS COLLECTED. (a) (intro.) Each hospital shall report information on specific outpatient discharges required under sub. (1) from a hospital outpatient department or a hospital-affiliated ambulatory surgery center as described in 42 CFR 416.120, using the data elements available on the uniform patient billing form. The following data elements shall be reported:

SECTION 15. HSS 120.21 (2) (a) 8 is repealed.

SECTION 16. HSS 120.21 (2) (a) 9 is renumbered HSS 120.21 (2) (a) 8.

SECTION 17. HSS 120.21 (2) (a) 10 to 13 are repealed.

SECTION 18. HSS 120.21 (2) (a) 14 to 17 are renumbered HSS 120.21 (2) (a) 9 to 12 and HSS 120.21 (2) (a) 11, as renumbered, is amended to read:

HSS 120.21 (2) (a) 11 Adjusted total charges and components of those charges;

SECTION 19. HSS 120.21 (2) (a) 13 is created to read:

HSS 120.21 (2) (a) 13 Insured's policy number;

SECTION 20. HSS 120.21 (2) (a) 18 to 22 are renumbered HSS 120.21 (2) (a) 14 to 18.

SECTION 21. HSS 120.21 (6) (a) and (7) (e) are amended to read:

HSS 120.21 (6) (a) The surgeon performing the principal procedure shall ~~confirm the validity of the outpatient's~~ verify, within a calendar month after an outpatient is discharged from the hospital, that the patient's principal and secondary diagnoses and the primary and secondary surgical procedures were as specified in the patient's medical record within a calendar month after the patient is discharged from the hospital. The diagnoses and procedures shall be as defined in the uniform patient billing form manual. The physician shall use the procedures under par. (b) to fulfill this requirement.

(7) (e) Within the same 10-working day period under par. (d), the chief executive officer or designee of each hospital shall submit to the office a signed statement, subscribed under oath or affirmation before a notary public, affirming that the data submitted to the office have been verified pursuant to subs. (5) and (6); that any corrections to the data have been ~~verified pursuant to pars. (a) to (d) made~~; and that the data are accurate and complete to the best of his or her knowledge.

SECTION 22. HSS 120.22 (1) is renumbered HSS 120.22 (1) (a) and HSS 120.22 (1) (a), as renumbered, is amended to read:

HSS 120.22 (1) (a) Each Except for the department-operated state mental health institutes, each hospital shall annually submit to the office an extract of the information requested by the office from its final audited financial statements. A hospital does not have to alter the way it otherwise records its financial data in order to comply with this section. If a hospital is jointly operated in connection with a nursing home, home health agency or other organization, the hospital shall submit the required information for the hospital unit only.

SECTION 23. HSS 120.22 (1) (b) is created to read:

HSS 120.22 (1) (b) A department-operated state mental health institute shall annually submit to the office an extract of the information requested by the office from either its audited or unaudited financial statements. Audited financial statements shall be used if they are available. The information reported on each extract shall include at least the dollar amounts for subs. (3) (a) 1, 3, if applicable, 4 and 5 a, b, d, e, an aggregation of f to l, and m, (b) 1 a, b, d and l, 2 c and d and 3, (c), (e) and (f), and (4) (a) 6, (b) 1, 4, 5, 10 and 11, and (c).

SECTION 24. HSS 120.23 (2) (f) is repealed and recreated to read:

HSS 120.23 (2) (f) Property, plant and equipment, including the following subcategories:

1. Gross property, plant and equipment assets, including:
 - a. Land;
 - b. Land improvements;
 - c. Buildings;
 - d. Construction in progress;
 - e. Fixed equipment; and
 - f. Movable equipment;
2. Accumulated depreciation, including:
 - a. Land improvements;
 - b. Buildings;
 - c. Fixed equipment; and
 - d. Movable equipment; and
3. Net property, plant and equipment assets, obtained by subtracting accumulated depreciation under subd. 2 from the sum of gross property, plant and equipment assets under subd. 1.

SECTION 25. HSS 120.25 (1) (b) (intro.), (2) (c) and (6) (c) are amended to read:

HSS 120.25 (1) (b) (intro.) By July 1, 1990 and annually thereafter, the office may require that each hospital ~~shall~~ submit to the office:

(2) (c) For each subsequent fiscal year, the hospital shall annually submit to the office the dollar amounts of the revenue and expense data included in its ~~audited~~ financial statements, as specified under s. HSS 120.22, no later than 120 calendar days following the close of that fiscal year.

(6) (c) Within the same 10-working day period under par. (b), the chief executive officer of each hospital shall submit to the office a signed statement, ~~subscribed under oath or affirmation before a notary public~~, affirming that any corrections to the data have been ~~verified pursuant to par. (b) made~~, and that the data are accurate and complete to the best of his or her knowledge.

SECTION 26. HSS 120.26 (title), (1), (2) (c), (3), (4), (5) (intro.), (a), (d) to (i) and (6) are amended to read:

HSS 120.26 (title) PUBLICATION OF A PRICE INCREASE NOTICE. (1) USE. The procedures set out in this section shall be used by a hospital to provide notice to the public of a rate price increase.

(2) (c) "Reportable rate price increase" means ~~an~~ a price increase that raises a hospital's total gross revenue from continuing services to patients, as determined under s. HSS 120.22 (3) (a) 4, not less than ~~one-half~~ one percent within a 12-month period.

(3) TYPE OF NOTICE. A hospital shall publish a class 1 notice at least 10 calendar days prior to instituting a reportable rate price increase to inform interested persons of the increase. The notice shall be published in one or more newspapers of general circulation likely to give notice to the hospital's patients and payers.

(4) PUBLICATION OF NOTICE. If at any time a hospital's cumulative rate price increases meet the definition of a reportable rate price increase in sub. (2) (c), the hospital shall publish a notice of the most recent rate price increase in accordance with sub. (5).

(5) (intro.) A hospital shall include in a notice of rate price increase at least the following elements:

(a) A bold heading entitled, "NOTICE OF HOSPITAL RATE PRICE INCREASE FOR (name of hospital)" printed in capital letters of not less than 18 point type size. The text of the notice shall be printed in not less than 10 point type size. Any numbers printed in the notice shall be expressed as numerals;

(d) An increase in the rate price for any charge element under s. HSS 120.24. If ~~a rate the price~~ for a charge element will not increase, the hospital is not required to list that charge element in the notice. The information about the increase shall be formatted as follows:

1. Name of the charge element;
2. Previous per unit ~~dollar value~~ price of the charge element;
3. New per unit ~~dollar value~~ price of the charge element;
4. ~~Dollar increase~~ Amount of price change between subds. 2 and 3; and
5. Percentage ~~increase~~ change between subds. 2 and 3;

(e) The anticipated overall increase in a hospital's total gross revenue under s. HSS 120.22 (3) (a) 4 that will result only from rate price changes in all reportable and unreportable charge elements for the following 12-month period, expressed as an annualized percentage;

- (f) The date the ~~rate~~ price increase will go into effect;
- (g) The date and annualized percentage of each ~~rate~~ price increase within the 12 months prior to this ~~rate~~ price increase;
- (h) The date of the last ~~rate~~ price increase if there was no increase specified under par. (g); and
- (i) ~~A hospital shall include footnotes in the notice~~ Footnotes to explain any ~~rate~~ price increase or decrease reported. The explanatory footnotes shall be clearly separated from the required information and printed in type no larger than that required by par. (a) for the text of the notice.

(6) AFFIDAVIT OF PUBLICATION. Within 2 weeks after the date on which a ~~rate~~ price increase notice is published, the hospital shall submit to the office an affidavit of the publication annexed to a copy of the notice, clipped from the paper in which it was published, that specifies the date of insertion and the name of the newspaper.

SECTION 27. Subchapter III (title) of ch. HSS 120 is created to read:

Subchapter III - Freestanding Ambulatory Surgery Center Reporting Requirements

SECTION 28. HSS 120.30 is created to read:

HSS 120.30 FREESTANDING AMBULATORY SURGERY CENTER RESPONSIBILITY TO REPORT PATIENT SURGICAL DATA. (1) REPORTING RESPONSIBILITY. Each freestanding ambulatory surgery center shall report to the office information relating to any surgical procedure falling within the following general types, as required by the department:

- (a) Operations on the integumentary system;
- (b) Operations on the musculoskeletal system;
- (c) Operations on the respiratory system;
- (d) Operations on the cardiovascular system;
- (e) Operations on the hemic and lymphatic systems;
- (f) Operations on the mediastinum and diaphragm;
- (g) Operations on the digestive system;
- (h) Operations on the urinary system;
- (i) Operations on the male genital system;
- (j) Operations on the female genital system;

- (k) Obstetrical procedures;
- (l) Operations on the endocrine system;
- (m) Operations on the nervous system;
- (n) Operations on the eye and ocular adnexa; and
- (o) Operations on the auditory system.

(2) DATA ELEMENTS COLLECTED. (a) Each freestanding ambulatory surgery center shall report information on specific patient discharges required under sub. (1), using the data elements available on the uniform patient billing form. The following data elements shall be reported:

1. Federal tax number of the freestanding ambulatory surgery center;
2. Encrypted case identifier;
3. Patient zip code;
4. Patient date of birth;
5. Patient sex;
6. Type of admission;
7. Race and ethnicity;
8. Patient medical record or chart number;
9. Adjusted total charges;
10. Primary and secondary sources of payment;
11. Insured's policy number;
12. Principal and other diagnoses;
13. Principal and other procedures;
14. Date of principal procedure; and
15. Attending physician license number.

(b) Each freestanding ambulatory surgery center shall prepare for submission to the office an extract of the uniform patient billing form containing data elements specified in par (a). The information to be reported on each data element shall be specified in a technical manual issued by the office.

(c) After collection of each full calendar year of data, the office shall analyze the completeness and accuracy of the reporting and usefulness of each data element. Based on

this analysis, the office may recommend to the board for its approval changes in the rules to provide that:

1. Certain data elements not be collected in subsequent years due to significant problems in collecting these data elements;
2. Additional uniform patient billing form data elements be collected; or
3. New data elements defined by the office be added to the uniform patient billing form.

(3) SUBMISSION DATES. (a) Each freestanding ambulatory surgery center shall submit the data specified in sub. (2) for all specified patient discharges occurring on or after January 1, 1991.

(b) Patient surgical data shall be submitted to the office on a quarterly basis. Calendar quarters shall begin on January 1 and end on March 31, begin on April 1 and end on June 30, begin on July 1 and end on September 30, and begin on October 1 and end on December 31. For discharges occurring in calendar year 1991, data for each calendar quarter shall be submitted to the office within 60 calendar days following the end of a calendar quarter. For discharges occurring in calendar year 1992 and in subsequent calendar years, the data shall be submitted within 45 calendar days following the end of a calendar quarter.

(c) An extension of the time limits specified under par. (b) may be granted by the office only when need for additional time is adequately justified by the freestanding ambulatory surgery center. Adequate justification may include, but is not limited to, a strike, fire, natural disaster or delay due to data system conversion. A request for an extension shall be submitted in writing to the office at least 10 calendar days prior to the date that the data are due. An extension may be granted for up to 30 calendar days.

(4) ACCEPTABLE MEDIA FOR DATA SUBMISSION. (a) Each freestanding ambulatory surgery center shall submit an extract of the uniform patient billing form data on a magnetic diskette, magnetic tape or on a paper form acceptable to the office. The office shall specify in a technical manual:

1. Physical specifications for the data submittal media; and
2. A recommended format for data submission.

(b) Beginning with calendar year 1993, if a freestanding ambulatory surgery center submits its patient surgical data on a paper form acceptable to the office, the freestanding ambulatory surgery center shall reimburse the office for all the actual and necessary costs of converting the data to an electronic medium with physical specifications and format acceptable to the office.

(c) The office shall provide consultation to a freestanding ambulatory surgery center upon written request of the freestanding ambulatory surgery center to enable it to submit patient surgical data according to office specifications.

(5) REVIEW OF PATIENT SURGICAL DATA BY FREESTANDING AMBULATORY SURGERY CENTERS PRIOR TO DATA SUBMISSION. As provided under s. 153.40, Stats., prior to submitting patient surgical data to the office, a freestanding ambulatory surgery center shall review the data. The review shall consist of checks for accuracy and completeness which are

designed by the office or designed by the freestanding ambulatory surgery center and approved by the office.

(6) VERIFICATION OF PATIENT SURGICAL RECORD DATA BY PHYSICIAN PRIOR TO DATA SUBMISSION. (a) The surgeon performing the principal procedure shall verify, within a calendar month after a patient is discharged from the freestanding ambulatory surgery center, that the patient's principal and secondary diagnoses and the primary and secondary surgical procedures were as specified in the patient's medical record. The diagnoses and procedures shall be as defined in the uniform patient billing form manual. The physician shall use the procedures under par. (b) to fulfill this requirement.

(b) A freestanding ambulatory surgery center, with its medical staff, shall establish appropriate procedures and mechanisms to ensure verification by a physician. As provided under s. 153.40, Stats., if verification is not made on a timely basis for each calendar quarter, the freestanding ambulatory surgery center shall submit the patient surgical data noting the lack of verification by the physician.

(7) REVIEW OF PATIENT SURGICAL DATA BY THE OFFICE AND FREESTANDING AMBULATORY SURGERY CENTERS AFTER DATA SUBMISSION. (a) The office shall check the accuracy and completeness of submitted patient surgical data. All errors or probable errors shall be recorded on paper for each patient discharge. Acceptable data submissions shall be integrated into the case level data base. Unacceptable data or tapes shall be returned to the freestanding ambulatory surgery center with a paper copy of the information for revision and resubmission.

(b) All data revisions required as a result of the checks performed shall be corrected and resubmitted to the office within 10 working days after a freestanding ambulatory surgery center's receipt of the unacceptable data.

(c) Patient records data resubmitted by freestanding ambulatory surgery centers shall be grouped with the appropriate amendments or additions. Additional patient records data from the same calendar quarter as the revised data may be submitted with the revised data.

(d) After receipt of data revisions and additional records, the office shall aggregate each freestanding ambulatory surgery center's data and shall send a written copy to the freestanding ambulatory surgery center. Each freestanding ambulatory surgery center shall review the aggregated data for accuracy and completeness and shall supply to the office within 10 working days after receipt of the data any corrections or additions to the data at the patient discharge level.

(e) Within the same 10-working day period under par. (d), the chief executive officer or designee of each freestanding ambulatory surgery center shall submit to the office a signed statement affirming that the data submitted to the office have been verified pursuant to subs. (5) and (6); that any corrections to the data have been made; and that the data are accurate and complete to the best of his or her knowledge.

The repeals and rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register as provided in s. 227.22 (2), Stats.

Approved by the Board on Health Care Information

Date: *November 12, 1990*

By: *Ronald H Dix*
Ronald H. Dix
Chairperson

Wisconsin Department of Health and Social Services

Date: November 12, 1990

By: *Patricia A. Goodrich*
Patricia A. Goodrich
Secretary

Seal:

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