ORDER OF THE
DEPARTMENT OF HEALTH AND FAMILY SERVICES
REPEALING AND RECREATING RULES

To amend HFS 120.04 (title) and (2) (intro), 120.07 (2) (title), 120.10 (1), 120.11 (1) and (3) (d) 1., 120.12 (5) (b) 6. a., 120.12 (5) (g) 1. a., 120.12 (6) (c) 6. a., 120.12 (6) (h) 1. a., 120.13 (2) (d) 1., 120.13 (7) (a) 1., 120.14 (1) (b) 4. a., 120.22 (2) (intro.), and 120.31 (3) (c); and to create HFS 120.03 (9m), 120.04 (3) (a) 2m., 120.09 (3) (b) 6m. and 120.12 (5m), relating to the collection, analysis and dissemination of health care information.

Analysis Prepared by the Department of Health and Family Services

Under ch. 153, Stats., the Department of Health and Family Services is responsible for collecting, analyzing and disseminating a variety of health care data. In 2000, the Department substantially revised ch. HFS 120 to implement changes made to ch. 153, Stats., included in 1997 Wisconsin Act 231 and 1999 Wisconsin Act 9. The principal purpose of this proposed rulemaking order is to incorporate the Department's proposed extension of its data collection, analysis and dissemination activities to hospital emergency departments. To support these activities, the Department is also proposing rules that will give the Department the authority to assess fees on hospitals to cover the Department's additional data-related expenses.

This rulemaking order also proposes to make minor administrative changes to ch. HFS 120 to address Department organizational changes, amend providers' trading partner agreements, and revise the procedure under which providers submit data to the Department. Specifically, the Department proposes to amend references to a section of the Department that no longer exists; clarify that providers using qualified vendors to submit data to the Department must submit original and notarized copies of trading partner agreements; and make more general in rule the means by which providers submit data to the Department, by requiring the electronic submission of data instead of submission via the internet. Finally, in section 3 of this proposed rulemaking order, the Department proposes to modify hospital rate increase reporting requirements by requiring hospitals to express the price increases as annualized percentages.

The Department's authority to repeal and recreate these rules is found in ss. 153.75, Stats. The rules interpret ss. 153.05 (5), (8) and (13), 153.08 (2), 153.45 (1), (1m), (3) and (5), 153.50 (4) (b), 153.60 (1) and (3), 153.67 and 153.75, Stats.

Section 1. HFS 120.03 (9m) is created to read:

HFS 120.03 (9m) "Emergency department" means a distinct, dedicated area within a hospital with the staffing and resources to provide continuously available assessment, stabilization and initial management of patients presenting with conditions throughout the spectrum of acute illness and injury.

Section 2. HFS 120.04 (title) and (2) (intro) are amended to read:

HFS 120.04 Assessments to fund the ch. 153, Stats., operations of the ~~health care provider data section~~department and the board.

(2) ESTIMATE OF EXPENDITURES. By October 1 of each year, the department shall estimate the total expenditures for ~~its operation of the health care provider data section~~the ch. 153, Stats., operations of the department and the board for the current state fiscal year from which it shall deduct all of the following:

Section 3. HFS 120.04 (3) (a) 2m. is created to read:

HFS 120.04 (3) (a) 2m. The assessment for a hospital emergency department shall be based on the hospital's proportion of the reported total number of emergency visits for general medical surgical and critical access hospitals. The assessment period shall cover the hospital's most recently concluded fiscal year, which is that year ending at least 120 days prior to July 1.

Section 4. HFS 120.07 (2) (title) is amended to read:

HFS 120.07 (2) DATA SUBMISSION TRAINING ASSOCIATED WITH SS. HFS 120.12 (5), (5m) AND (6), 120.13 AND 120.14 (1).

Section 5. HFS 120.09 (3) (b) 6m. is created to read:

HFS 120.09 (3) (b) 6m. The effective date of any other reported price increases within one year prior to the increase in subd. 6. and the amount of each increase, expressed as an annualized percentage.

Section 6. HFS 120.10 (1) is amended to read:

HFS 120.10 (1) DEFINITION. In this section, "type of data" means inpatient, emergency department, ambulatory, fiscal, annual and other health care provider data required to be submitted to the department under this chapter.

Section 7. HFS 120.11 (1) and (3) (d) 1. are amended to read:

HFS 120.11 Common data verification, review and comment procedures. (1) APPLICABILITY. The data verification, review and comment procedures in this section apply to data submitted by hospitals and ambulatory surgery centers as described in ss. HFS 120.12 (5) (c) and (d), (5m) (c) and (d), (6) (d) and (e) and 120.13 (3) and (4).

(3) (d) 1. Within 30 calendar days from the required date for data submission as specified in ss. HFS 120.12 (5) (b) 2. and (5m) (b) 2., the facility shall do all the following:

Section 8. HFS 120.12 (5) (b) 6. a. is amended to read:

HFS 120.12 (5) (b) 6. a. To ensure confidentiality, hospitals using qualified vendors to submit data shall submit ~~a~~to the department an original trading partner agreement ~~to the department~~ that has been signed and notarized by the qualified vendor and the hospital.

Section 9. HFS 120.12 (5) (g) 1. a. is amended to read:

HFS 120.12 (5) (g) 1.a. Submitted to the department ~~via the department's internet submission system~~electronically, as specified in the data submission manual.

Section 10. HFS 120.12 (5m) is created to read:

HFS 120.12 (5m) EMERGENCY DEPARTMENT DATA. (a) *Data to be collected.* Hospitals shall submit to the department all of the following data for each patient:

1. Federal tax identification number of the hospital.

2. Discharge diagnosis.

3. Referral source.

4. Discharge date.

5. Patient zip code.

6. Patient birth date.

7. Patient gender.

8. Arrival date.

9. Disposition.

10. Source of admission.

11. Patient discharge status.

12. Attending emergency provider specialty.

13. Total charges.

14. Patient county of residence.

15. Primary payer identifier and type.

16. Secondary payer identifier and type.

17. Principal and other diagnosis codes.

18. External cause of injury codes.

19. Principal and other procedure codes.

20. Date of service.

21. Attending emergency provider ID.

22. Consulting provider ID.

23. Consulting provider specialty.

24. Performing provider ID.

25. Performing provider type/specialty.

26. Encrypted case identifier.

27. Insured's policy number.

28. Diagnosis present at arrival.

29. Type of bill identifying the location of service.

(b) *Data submission procedures*. 1. Each hospital shall electronically submit to the department all data specified in par. (a). The method of submission, data formats and coding specifications shall be defined in the department's data submission manual.

Note: A copy of the data submission manual is provided to each data submitting entity. Copies of the manual are also available at http://www.dhfs.state.wi.us/healthcareinfo or by writing to the Bureau of Health Information at P.O. Box 309, Madison, WI, 53701-0309.

2. Within 30 calendar days after the last day of each calendar quarter, each hospital shall submit to the department the data specified in par. (a) using the department's electronic data submission system. Calendar quarters shall begin on January 1, April 1, July 1 and October 1 and shall end on March 31, June 30, September 30 and December 31.

3. Upon written request, the department shall provide consultation to a hospital to enable the hospital to submit data according to department specifications.

4. The department may grant an extension of the deadline specified under subd. 2. only when the hospital adequately justifies to the department the hospital's need for additional time. In this subdivision, "adequate justification" means a delay due to a strike, fire, natural disaster or catastrophic computer failure. A hospital desiring an extension shall submit a request for an extension in writing to the department at least 10 calendar days before the date the data are due. The department may grant an extension for up to 30 calendar days.

5. a. To ensure confidentiality, hospitals using qualified vendors to submit data shall provide an original trading partner agreement to the department that has been signed and notarized by the qualified vendor and the hospital.

b. Hospitals shall be accountable for their qualified vendor's failure to submit data in the formats and by the due dates specified by the department.

(c) *Data verification, review and comment procedures.* The data verification, review and comment procedures specified in ss. HFS 120.11 (1) to (3) shall be used for this subsection.

(d) *Physician verification, review and comment procedures on hospital-submitted claims data.* The data verification, review and comment procedures specified in ss. HFS 120.11 (1), (2) and (4) shall be used for this subsection.

(e) *Data adjustment methods.* The department shall adjust health care charge and mortality information for case mix and severity using commonly acceptable methods and tools designed for administrative claims information to perform adjustments for a class of health care providers.

(f) *Waiver from data submission requirements.* There shall be no waivers from the data submission requirements under this subsection.

(g) *Compliant data submission.* 1. To be considered compliant with this chapter, a hospital's data submission shall be all of the following:

a. Submitted to the department via the department's electronic data submission system.

b. Consist of an individual hospital data file.

c. Meet the department standard of 10% or fewer records that do not pass the department's error checking procedures on or before the data submission due date.

2. Hospitals that fail to achieve a compliant data submission as required under this subsection may be subject to forfeitures under s. HFS 120.10 (5).

Section 11. HFS 120.12 (6) (c) 6. a. is amended to read:

HFS 120.12 (6) (c) 6. a. To ensure confidentiality, hospitals using qualified vendors to submit data shall ~~submit a~~provide to the department an original trading partner agreement ~~to the department~~ that has been signed and notarized by the qualified vendor and the hospital.

Section 12. HFS 120.12 (6) (h) 1. a. is amended to read:

HFS 120.12 (6) (h) 1. a. Submitted to the department ~~via the department's internet submission system~~electronically, as specified in the data submission manual.

Section 13. HFS 120.13 (2) (d) 1. is amended to read:

HFS 120.13 (2) (d) 1. To ensure confidentiality, centers using qualified vendors to submit data shall ~~submit a~~provide to the department an original trading partner agreement ~~to the department~~ that has been signed and notarized by the qualified vendor and the ambulatory surgery center.

Section 14. HFS 120.13 (7) (a) 1. is amended to read:

HFS 120.13 (7) (a) 1. Submitted to the department ~~via the department's internet submission system~~electronically, as specified in the data submission manual.

Section 15. HFS 120.14 (1) (b) 4. a. is amended to read:

HFS 120.14 (1) (b) 4. a. To ensure confidentiality of the data is maintained, physicians using qualified vendors to submit data shall ~~submit~~provide to the department an original trading partner agreement ~~to the department a trading partner agreement~~that has been signed and notarized by the qualified vendor and the physician.

Section 16. HFS 120.22 (2) (intro.) is amended to read:

HFS 120.22 (2) CONTENTS. The utilization, charge and quality reports summarize utilization, charge and quality data on patients treated by health care providers in Wisconsin during the most recent calendar year. The report contains information on services provided to hospital inpatients, the primary reasons for hospitalization, length of stay, expected pay source, discharge status, volume of procedures, charges for services received, and the most common diagnostic conditions. The report also contains selected utilization, charge and quality indicators for individual hospitals and makes comparisons to previous year data, thereby assisting readers in understanding where changes are occurring. The report devoted to outpatient data contains utilization and charge data for patients undergoing selected surgical procedures at hospitals, freestanding ambulatory surgery centers and physician's offices. The section of the report devoted

to emergency department data contains utilization and charge data for patients in emergency departments at hospitals. Some of the specific contents of the reports include the following topics:

Section 17. HFS 120.31 (3) (c) is amended to read:

HFS 120.31 (3) (c) The department may release health care provider-specific data found in hospital and freestanding ambulatory surgery center ~~patient~~ databases to requesters when data review, verification and comment procedures have been followed under s. HFS 120.11 (4).

The 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.

Wisconsin Department of Health and Family Services

Dated: August 10, 2001

By: _____

Phyllis J. Dubé
Secretary

SEAL: