

118 MISSISSIPPI HEALTHCARE DATA REGISTRY SYSTEM

118.01 REPORTING REQUIREMENTS AND PROCEDURES

1. Authority-Mississippi Code Annotated § 41-63-4 requires certain licensed health care facilities operating in the state of Mississippi to report information on patient health care to the Mississippi State Department of Health. Further, Mississippi Code Annotated § 41-7-185 requires providers of institutional health services and home health services to make available statistical information or such other requested information by the Mississippi State Department of Health.
2. Purpose -The Mississippi State Department of Health (MSDH), acting as the state’s public health authority, is required to design and establish a registry program concerning the condition and treatment of persons seeking medical care in the state of Mississippi. MSDH must collect, analyze and disseminate these health care data in order to improve the quality and efficiency of medical care.
3. Reporting Responsibility-Each of the following licensed health care facilities in the state of Mississippi shall be required to report the specified health care data described in these rules and regulations:
 - a. Hospital Facilities – See Part 3;
 - b. Ambulatory Surgical Facilities – See Part 4 [Reserved];
 - c. Outpatient Diagnostic Imaging Centers – See Part 5 [Reserved];
 - d. Other – See Part 6 [Reserved];
4. Reporting Contact-In order to facilitate communication and problem solving, each reporting facility must designate a person as contact and advise the Department from time to time of any changes to such contact information. Contact information shall include the office name, telephone number, job title and name of the person assigned this responsibility to the MSDH.
5. Penalties for Not Reporting-
 - a. The MSDH is authorized to assess penalties as provided by statute pursuant to Mississippi Code Annotated § 41-63-4 Paragraph (12) which states, “A person or organization who fails to supply data required under this section is liable for a

civil penalty of Five Cents (5¢) for each record for each day the submission is delinquent. A submission is delinquent if the department does not receive it within thirty (30) days after the date the submission was due. If the department receives the submission in incomplete form, the department shall notify the provider and allow fifteen (15) additional days to correct the error. The notice shall provide the provider an additional fifteen (15) days to submit the data before the imposition of any civil penalty. The maximum civil penalty for a delinquent submission is Ten Dollars (\$10.00) for each record. The department shall issue an assessment of the civil penalty to the provider. The provider has a right to an informal conference with the department, if the provider requests the conference within thirty (30) days of receipt of the assessment. After the informal conference or, if no conference is requested, after the time for requesting the informal conference has expired, the department may proceed to collect the penalty. In its request for an informal conference, the provider may request the department to waive the penalty. The department may waive the penalty in cases of an act of God or other acts beyond the control of the provider. Waiver of the penalty is in the sole discretion of the department;” and

- b. Failure of any health care facility or other person or entity covered by the “Mississippi Health Care Certification of Need Law of 1979”, Mississippi Code Annotated § 41-7-171 through § 41-7-209, to report any requested information, data or otherwise failure to report under these provisions, shall be in violation of the “Mississippi Health Care Certification of Need Law of 1979” and subject to violations provided in Mississippi Code Annotated § 41-7-209.
6. Confidentiality-Information maintained in the Mississippi Healthcare Registry Data System shall be confidential and shall not be distributed or released except with the permission of MSDH in accordance with its established policies and procedures. Violation of confidentiality requirements may be subject to severe civil and/or criminal penalties.

The release of identifiable patient health information may be made by MSDH only to the facility that initially reported the identifiable information, upon the written request of such facility. Any request by any other party for the release of identifiable information shall be reviewed by the MSDH Data Use Council (described below), and the Data Use Council may approve such request only for the purpose of public health assessment or

research under such guidelines and stipulations as may be necessary to maintain confidentiality requirements.

Prior to the dissemination or release of any data analysis or statistical reports concerning registry information, including any release to MSDH divisions or programs, the Data Use Council may review the methods and procedures deemed necessary to maintain the privacy and confidentiality of patient records, including the system security requirements.

The MSDH shall be required to regularly monitor the physical security of the registry, to train personnel concerning the system's confidentiality standards, to limit access to the registry information solely to authorized personnel, and to implement password and encryption protections in the system.

7. Protected Health Information-The disclosure of protected health information by a reporting facility pursuant to these rules and regulations shall be recognized as a disclosure to a public health authority as required by law, pursuant to the Health Insurance Portability and Accountability Act and the Privacy Rules promulgated there under at 45 CFR Sections 164.512(a) and (b).
8. Data Use Council-The State Health Officer will create a Data Use Council consisting of not less than five individuals to recommend policies and procedures regarding the release of any registry data to MSDH divisions and programs, to the public, to researchers and to industry. Appointments to the Council shall be made at the sole discretion of the State Health Officer for such terms as may be established by the policies and procedures of the MSDH.

MSDH divisions and programs may, with the consent of the Data Use Council, use patient abstract data to assist in fulfilling its public health mission. These data will not be re-released in any form by the program without the prior authorization of the Data Use Council. Authorization for subsequent release shall be considered only if the proposed release does not identify a patient.

9. Temporary Waiver of Reporting Requirement-With respect to any licensed health care facility otherwise required to report data or other information to the MSDH pursuant to these rules and regulations, the MSDH shall be authorized to temporarily waive reporting requirements due to system requirements of MSDH or the reporting facility, or in the case of irregularities or errors involving data delivery. Any waiver of the reporting requirements must be made in writing by the MSDH and notice of the termination of any waiver shall be provided to the applicable

reporting facility, at which time these Regulations shall become applicable to such facility.

10. Charges and Fees for Access to Data-Subject to the confidentiality requirements of these Regulations, the MSDH may develop reports and data analyses based upon registry data which may be released to the public. The reports may be published or disseminated for a reasonable charge, or without charge at the discretion of MSDH as outlined in Paragraph 11.

At the time of the promulgation of these Regulations, the MSDH shall refrain from assessing any charges to reporting facilities for the collection of health care data. Nothing shall prohibit the State Board of Health from authorizing, at any future date in accordance with its statutory authority, the assessment of reasonable charges for the collection of such data, or the reporting of specified health care data to the MSDH for purposes of the registry.

11. Persons receiving encounter-level data must complete an application and submit the signed data use agreement to the MSDH-DUC with their order. Encounter level datasets available include: Inpatient, Outpatient, and Emergency Department. The following table provides the cost to purchase one or many datasets by calendar year. (Example: Dataset = Inpatient for Year = 2010 and Discharges = <50,000. The total cost = \$1,200).

<u>Discharges*</u>	<u>ONE DATASET</u>	<u>TWO DATASETS</u>	<u>THREE or MORE DATASETS</u>
<u>>1,000,000</u>	<u>\$8,000</u>	<u>\$14,000</u>	<u>\$18,000</u>
<u><1,000,000</u>	<u>\$6,400</u>	<u>\$10,560</u>	<u>\$14,720</u>
<u><500,000</u>	<u>\$4,400</u>	<u>\$7,260</u>	<u>\$10,120</u>
<u><250,000</u>	<u>\$2,400</u>	<u>\$3,960</u>	<u>\$5,520</u>
<u><100,000</u>	<u>\$1,600</u>	<u>\$2,640</u>	<u>\$3,680</u>
<u><50,000</u>	<u>\$1,200</u>	<u>\$1,980</u>	<u>\$2,760</u>

*Discharges = the number of discharges in the dataset. The dataset pricing above reflects pricing for a basic dataset based on either 1) all records, 2) discharges for a geographic area, or 3) discharges for a group of hospitals.

The cost of additional datasets for individual calendar years (as shown above) includes 20% off the cost of the original dataset.

Ad Hoc Data Request - Customized data requests are priced at \$100 per hour and based on the average time required to analyze the request and write the query; and the time required to access, merge, validate and prepare the information for delivery.

Annual Subscription - An annual subscription by dataset or original customized report is also available. The initial dataset(s)/Ad Hoc Report charge will apply and a \$100 programming fee per month for each month data are requested. A minimum three month commitment for this reporting process is required.

Hospitals requesting data – The MSDH will not charge hospitals for data requests when the data they are requesting originated from their facility. We will follow the Ad Hoc Reports or dataset file request fee schedule for all other requests.

Waiver Grants awarded to students – The MSDH will award grants to students actively involved in a school setting (High School, Undergraduate or Graduate). The grants will be in the form of a waiver for agreeing to allow the MSDH to publish their findings and methodology if the MSDH DUC deems the information appropriate. Should the student request more than three datasets, the Ad Hoc Data Request will apply.

118.02 ADMINISTRATIVE RULES AND PROCEDURES

Assertion of Administrative Appeal Rights. In the case of the Department's enforcement of any of the measures described in these Regulations, if the matter is disputed by the affected party or parties and the Department and the party have been unable to resolve the dispute, the affected party or parties shall petition the Department to appear at an administrative hearing before a hearing officer appointed by the State Health Officer.

Content and Form of Petition. The petition must be in writing and be submitted to the Department within 15 business days of the date upon which the petitioner received notice of the imposition of the enforcement measures. The petitioner must state in the petition the reasons for the appeal, and the petition must describe any facts which may be in dispute and must identify any grievances which are deemed by the petitioner to be genuine and substantial.

Opportunity to Remedy Grievances. If the Department is unable to resolve the disputed facts and remedy the petitioner's grievances within 5 business days of the Department's receipt of the petition, the unresolved matters shall be reviewable by the hearing officer at an administrative hearing conducted in accordance with these Regulations. No unresolved matters shall be reviewable in the event that the Department shall terminate its enforcement action prior to the commencement of the hearing.

1. General Principles for Administrative Reviews

With respect to matters brought before the Department or the State Board of Health for administrative review, whether or not such review is initiated by the Department, a notice of the proceeding shall be prepared by the Department and the petitioner or the affected party or parties shall be afforded an opportunity to appear at such proceeding in accordance with the Regulations set forth in this Part 3.

Any party who shall participate in the administrative proceeding shall be entitled to:

- a. Timely scheduling of the hearing if appealed by the petitioner in accordance with Section 201, but in any event no more than 15 business days after the date of the Department's receipt of the petition;

- b. Representation by legal counsel, chosen in the discretion of such party and at such party's sole cost and expense;
 - c. Submission of testimony and documentary evidence, and presentation of argument and rebuttal with respect to the issues;
 - d. Conduct examination and cross-examination of witnesses to elicit a full and fair disclosure of the facts; and
 - e. Demand a timely completion of the proceedings.
2. Notice of Hearing. Notice of Hearing shall be served upon a petitioner or any other affected party in the same manner as authorized for the service of a Health Officer's Order or in such other manner as may be deemed reasonable and prudent by the hearing officer in order to properly notify the petitioner that a hearing has been scheduled.
 3. Date of Hearing. Unless otherwise provided by law, the notice of hearing must be given at least ten (10) days prior to the hearing date unless this notice period is waived by the affected parties in the interest of expediting the administrative review. Unless otherwise provided by law, proof of receipt of notice shall not be a required condition for the conduct of the hearing.
 4. Assignment of Hearing Officer. Within ten (10) days of the date on which the Department shall give Notice of Hearing, the State Health Officer or his authorized designee shall appoint the hearing officer assigned to hear the matter, and notice of such appointment shall be provided to all parties.
 5. Conduct of Hearings. The hearing officer shall preside at the hearing, and shall rule on all questions of applicable procedure and submission of evidence in accordance with the policies and procedures approved by the hearing officer. The hearing officer may issue an order using particular provisions of the Mississippi Rules of Civil Procedure and related local rules for guidance; however, formal adherence to said Rules shall not be mandated. The hearing officer may waive the application of any of these rules to further administrative convenience, expedition, and economy if the waiver does not conflict with law, and the waiver does not cause undue prejudice to any party.
 6. Rules of Evidence. The Mississippi Rules of Evidence shall be used as a general guide for the presentation of evidence. However, any evidence which reasonably appears to be relevant and probative to the issues may be allowed in the discretion of the

hearing officer, notwithstanding its inadmissibility under said Rules, unless the evidence offered is clearly of a privileged nature.

7. Authority of Hearing Officer. The hearing officer shall have authority to do all things conformable to law that may be necessary to enable the officer effectively to discharge the duties of office, including, but not limited to, the authority to make final findings of fact and a written recommendation to the Department as to which enforcement actions or other restrictions, if any, should apply to the party or parties.
8. Discovery. Discovery shall be limited to non-privileged documents. Depositions and requests for admissions may be directed, issued, and taken on order of the Department for good cause shown. These orders or authorizations may be challenged or enforced in the same manner as subpoenas. All requests for discovery must be timely and in writing. All disputes regarding the privileged nature of a document shall be resolved by the designated hearing officer prior to the commencement of the hearing.
9. Public Access. Unless otherwise provided by law, all hearings are open to the public.
10. Failure of Party to Appear for Hearing. If a party fails to appear at a hearing, the hearing officer may proceed with the presentation of the evidence of the appearing party, or vacate the hearing and return the matter to the Department for any further action.
11. Proof.
 - a. Standard of proof. Unless otherwise provided by law, the standard of proof is a preponderance of the evidence.
 - b. Burden of Proof. Unless otherwise provided by law:
 - i. The party asserting a claim, right, or entitlement has the burden of proof;
 - ii. A party asserting an affirmative defense has the burden of establishing the affirmative defense; and
 - iii. The proponent of a motion shall establish the grounds to support the motion.

12. Ex Parte Communications. A party shall not communicate, either directly or indirectly, with the hearing officer about any substantive issue in a pending matter unless:
 - a. All parties are present;
 - b. It is during a scheduled proceeding, where an absent party fails to appear after proper notice; or
 - c. It is by written motion with copies to all parties.
13. Conflict Issues. All allegations of conflict or bias on the part of the appointed hearing officer must be filed at least three (3) business days prior to the hearing date. The State Health Officer who appointed the hearing officer shall then consider the assertion of conflict or bias, and shall issue a written opinion prior to the commencement of the hearing.
14. Hearing Record. A stenographic record of the hearing shall be made by a reporter chosen by the hearing officer. No transcript or other record of the proceeding shall be required to be maintained by the Department unless (i) required by statute or other rule, (ii) ordered by the hearing officer, or (iii) agreed in writing by all of the parties.
15. Remedies for Non-compliance with Rules. If a respondent shall fail to fully comply with the requirements of the hearing officer's policies and procedures or other rulings, the hearing officer shall be authorized to impose fines in an amount not to exceed \$500 per occurrence and such other remedies as may be deemed appropriate by the hearing officer for the effective administration of those duties and responsibilities assigned to such officer.
16. Appeals. Any person adversely affected by a decision of the Department shall have a right to appeal the decision through an appropriate and timely court action against the Department and/or its agents, consistent with applicable laws and jurisdictional requirements. Unless applicable law provides a longer period of time in which to assert any appeal, no appeal of a decision of the Department shall be taken unless it is filed with a court having jurisdiction within thirty (30) days of the date of the Department's decision.

118.03 HOSPITAL REPORTING

1. Purpose -A statewide Hospital Discharge Data System (HDDS) is one of the most important tools for addressing a broad range of health policy issues, including the improvement of the quality and

efficiency of medical care. “Discharge data” is defined as the consolidation of complete billing, medical, and personal information describing a patient or resident, the services received, and charges billed for a single hospital stay. The requirements for the collection and submission of data as described shall also apply to those non-federal acute care hospitals located in Alabama, Arkansas, Louisiana, and Tennessee. Data submitted by these non-Mississippi hospitals shall relate exclusively to those patients who are Mississippi residents.

2. Reporting Required-Each reporting facility will report discharge data to the MSDH on every inpatient and outpatient discharged, to include those seen in the Emergency Department. Hospitals may submit data to MSDH directly or through the Mississippi Hospital Association (MHA) for submission to the HDDS, as specified by law. The submission of similar collected data to the Mississippi Hospital Association (MHA) shall not relieve the reporting facility of its reporting requirements to the MSDH unless written approval for such reporting methodology is provided by the MSDH.
3. Data Elements -The Mississippi HDDS is based on the Health Care Finance Administration (HCFA) UB-04 or the most recent version and additional selected information routinely collected by health care facilities on each patient. Data elements are listed in the HDDS policy manual.
4. Quality Assurance-MSDH Data Use Council will develop guidelines for quality assurance and accuracy that each reporting hospital will be required to follow.
5. Time of Reporting and Methodology- Reporting facilities shall submit data for each calendar month based upon discharges occurring during such month. Collected data shall be submitted to the MSDH on or before the 15th day of the following month.

Questions concerning any reporting methodology or guidelines shall be reasonably addressed by the MSDH, and administrative remedies shall be available to any facility concerning any disputes.

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5. Penalties for Not Reporting-
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civil penalty of Five Cents (5¢) for each record for each day the submission is delinquent. A submission is delinquent if the department does not receive it within thirty (30) days after the date the submission was due. If the department receives the submission in incomplete form, the department shall notify the provider and allow fifteen (15) additional days to correct the error. The notice shall provide the provider an additional fifteen (15) days to submit the data before the imposition of any civil penalty. The maximum civil penalty for a delinquent submission is Ten Dollars (\$10.00) for each record. The department shall issue an assessment of the civil penalty to the provider. The provider has a right to an informal conference with the department, if the provider requests the conference within thirty (30) days of receipt of the assessment. After the informal conference or, if no conference is requested, after the time for requesting the informal conference has expired, the department may proceed to collect the penalty. In its request for an informal conference, the provider may request the department to waive the penalty. The department may waive the penalty in cases of an act of God or other acts beyond the control of the provider. Waiver of the penalty is in the sole discretion of the department;” and

- b. Failure of any health care facility or other person or entity covered by the “Mississippi Health Care Certification of Need Law of 1979”, Mississippi Code Annotated § 41-7-171 through § 41-7-209, to report any requested information, data or otherwise failure to report under these provisions, shall be in violation of the “Mississippi Health Care Certification of Need Law of 1979” and subject to violations provided in Mississippi Code Annotated § 41-7-209.
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11. Persons receiving encounter-level data must complete an application and submit the signed data use agreement to the MSDH-DUC with their order. Encounter level datasets available include: Inpatient, Outpatient, and Emergency Department. The following table provides the cost to purchase one or many datasets by calendar year. (Example: Dataset = Inpatient for Year = 2010 and Discharges = <50,000. The total cost = \$1,200).

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14. Hearing Record. A stenographic record of the hearing shall be made by a reporter chosen by the hearing officer. No transcript or other record of the proceeding shall be required to be maintained by the Department unless (i) required by statute or other rule, (ii) ordered by the hearing officer, or (iii) agreed in writing by all of the parties.
15. Remedies for Non-compliance with Rules. If a respondent shall fail to fully comply with the requirements of the hearing officer's policies and procedures or other rulings, the hearing officer shall be authorized to impose fines in an amount not to exceed \$500 per occurrence and such other remedies as may be deemed appropriate by the hearing officer for the effective administration of those duties and responsibilities assigned to such officer.
16. Appeals. Any person adversely affected by a decision of the Department shall have a right to appeal the decision through an appropriate and timely court action against the Department and/or its agents, consistent with applicable laws and jurisdictional requirements. Unless applicable law provides a longer period of time in which to assert any appeal, no appeal of a decision of the Department shall be taken unless it is filed with a court having jurisdiction within thirty (30) days of the date of the Department's decision.

118.03 HOSPITAL REPORTING

1. Purpose -A statewide Hospital Discharge Data System (HDDS) is one of the most important tools for addressing a broad range of health policy issues, including the improvement of the quality and

efficiency of medical care. "Discharge data" is defined as the consolidation of complete billing, medical, and personal information describing a patient or resident, the services received, and charges billed for a single hospital stay. The requirements for the collection and submission of data as described shall also apply to those non-federal acute care hospitals located in Alabama, Arkansas, Louisiana, and Tennessee. Data submitted by these non-Mississippi hospitals shall relate exclusively to those patients who are Mississippi residents.

2. Reporting Required-Each reporting facility will report discharge data to the MSDH on every inpatient and outpatient discharged, to include those seen in the Emergency Department. Hospitals may submit data to MSDH directly or through the Mississippi Hospital Association (MHA) for submission to the HDDS, as specified by law. The submission of similar collected data to the Mississippi Hospital Association (MHA) shall not relieve the reporting facility of its reporting requirements to the MSDH unless written approval for such reporting methodology is provided by the MSDH.
3. Data Elements -The Mississippi HDDS is based on the Health Care Finance Administration (HCFA) UB-04 or the most recent version and additional selected information routinely collected by health care facilities on each patient. Data elements are listed in the HDDS policy manual.
4. Quality Assurance-MSDH Data Use Council will develop guidelines for quality assurance and accuracy that each reporting hospital will be required to follow.
5. Time of Reporting and Methodology- Reporting facilities shall submit data for each calendar month based upon discharges occurring during such month. Collected data shall be submitted to the MSDH on or before the 15th day of the following month.

Questions concerning any reporting methodology or guidelines shall be reasonably addressed by the MSDH, and administrative remedies shall be available to any facility concerning any disputes.