



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**He-C 1501 Data Submission of Health Care Facility Discharge Data**

**ADMINISTRATIVE RULES PUBLIC HEARING**

January 20, 2022

Good Afternoon. My name is Caroline Lavoie, Director of Health Information and Analytics at the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals. Thank you for the opportunity to present testimony on the draft administrative rules He-C 1501. As the project manager of the Uniform Health Facility Discharge Data System (UHFDDS) under contract with the Department of Health and Human Services (DHHS), NHHA is in constant contact with hospital members on the submission process of UHFDDS discharge data. In addition, we met with the Health Information Management Directors and other leadership within hospitals to review these draft rules and form the list of comments and recommendations I present here today.

He-C 1501.02 – Definitions:

(g) We recommend clarifying in this definition for "Health care facility" that RSA 151:2, I(a) and (d) does not include entities that are not providing hospital based inpatient or outpatient services. Those entities, specifically primary care and specialty physician practices and Rural Health Clinics, provide routine care visits to patients that are not meant to be captured in the UHFDDS system. Recommended language change (see bolded language): "Health care facility" means, in this part, a hospital-based, public or private, proprietary or not-for-profit entity providing health services licensed in accordance with RSA 151:2, I(a) and (d), **except primary care and specialty physician practices and Rural Health Clinics.**

(h) We recommend updating "Inpatient Discharges" to directly include exceptions to inpatient data submissions defined in He-C 1501.06 (c)(1) (see bolded language). "Inpatient discharges" means records or data from discharges of patients who are admitted to a health care facility and are coded as "Inpatient" **except UB-04 Form Locator 04 "Type of Bill" is equal to 018x (Hospital Swing Beds).**

He-C 1501.03 – Licensed Health Care Facilities Required to Submit Discharge Data Sets: We support the new definition, especially the addition of the term "hospital-based".

He-C 1501.04 – Health Care Data Set Submission Description: We support these rules applying to discharges beginning on July 1, 2022. Hospitals need time and resources to update their processes and systems to accommodate the changes outlined in these rules, and the July 1, 2022 date provides adequate time for these changes to occur.

He-C 1501.05 – General Requirements for Data Set Submission: We appreciate the flexibility that the generic security language in item (e) provides for hospital IT.

He-C 1501.06 - Required Data Elements:

1501.06 (a)(8)(c) "Patient Name/Identifier" - middle name should be situational (optional) as this information is not captured for many patients. We recommend changing language to "patient middle name, **if available**".

1501.06 (a)(9) "Patient Address" – We recommend adding language for standardized data entry for patients in non-traditional settings such as those residing at a house of corrections or are experiencing homelessness or those without complete address information. For example, historically for zip-codes "YYYYY" has been used for out-of-country patients and "XXXXX" used for unknown.

1501.06 (a)(18) "Condition Codes"-

(b)(1) – Condition Code 02 – We recommend adding direction on how this should be captured on a claims form. Workers Compensation situations are defined by the payer, but other situations "due to the employment environment" are more difficult to capture if it is not a straight-forward Workers Compensation injury or illness.

(b)(2) - Condition Code P1 – We recommend that this requirement be removed. DNR (Do Not Resuscitate) is not used as a condition code by hospitals. It is a diagnosis code used on inpatient stays only. Payers do not accept DNR as a condition code therefore it is not available on the claim.

1501.06 (b) We recommend the addition of clarifying language for submission guidance (see bolded language). "The health care facility shall submit information regarding primary language spoken as the health care facility has coded it. **The health care facility shall provide a reference document in .csv or spreadsheet format mapping internal codes to language. Files shall be submitted to the department's agent and shall be required:**

**(1) Upon adoption of these rules; and**

**(2) Whenever internal mapping changes occur."**

1501.06 (c) Hospitals would find it helpful to have all exclusions listed here as there are several in other areas of the rules and in this section. We recommend the following:

(c) The following shall not be submitted in the discharge data set:

(1) UB-04 Form Locator 04 "Type of Bill" is equal to 018x (Hospital Swing Beds);

(2) Professional claims, those typically billed on a CMS 1500 billed under the hospital tax ID number or other tax ID numbers except the technical component of professional claims and bundled technical/professional claim lines at Critical Access Hospitals;

(3) Lab specimen only encounters;

(4) Pre-hospital ambulance encounters;

**(5) Primary care or specialty physician practices; and**

**(6) Rural Health Clinics.**



He-C 1501.07 - Transmittal Record: We agree with the updated transmittal requirements.

He-C 1501.08 – Submission of Test Data: We support the new requirements of the test data submissions.

He-C 1501.09 – Submission Periods: We agree with and support the changes to the submission periods.

NHHA and its member hospitals stand ready to work with DHHS to fully review these administrative rules should additional work be considered. Thank you for the opportunity to present our testimony.