

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 33—Hospital and Ambulatory Surgical Center Data Disclosure

PROPOSED AMENDMENT

19 CSR 10-33.010 Reporting Patient Abstract Data by Hospitals, Ambulatory Surgical Centers, and Abortion Facilities. The department is amending the title of the rule; subsection (2)(B); sections (6), (10) and (14); and the Purpose statement.

PURPOSE: This amendment adds abortion facilities to the types of facilities required to report patient abstract data to the department.

*PURPOSE: This rule establishes procedures for reporting patient abstract data for inpatients and outpatients by hospitals, [and] ambulatory surgical centers, **and abortion facilities** to the Department of Health and Senior Services and for the management and dissemination of this data.*

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(2) Data which meet the completeness, validity, and consistency criteria in subsections (2)(C) and (D) of this rule shall be submitted to the department or to an association or related organization with which the department has a binding agreement to obtain data on a quarterly basis according to the Data Reporting Schedule in Table 1, included herein. Data shall be considered to be submitted when received by the department or the association or related organization prior to the close of business on the scheduled due date. Requests for extensions shall be submitted to the department at least ten (10) working days prior to the due date as listed in Table 1. Extensions to the submittal schedule may be granted for a maximum of thirty (30) calendar days. The facility shall separately request each additional thirty (30) calendar day extension.

Table 1 – Data Reporting Schedule

Quarter	Period of Patient Encounter (Discharge Date)	Date Due
1 st	January 1 – March 31	June 1
2 nd	April 1 – June 30	September 1
3 rd	July 1 – September 30	December 1
4 th	October 1 – December 31	March 1 of the following year

(B) The patient abstract data shall include the data elements and conform to the specifications listed in the document entitled “Patient Abstract System File Specifications” dated [October 27, 2014] **October 24, 2017**, which is incorporated by reference in this rule and is available at the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 or on the department’s website at <http://health.mo.gov/data/pdf/paslayout.pdf>], *for all records with a discharge date of October 1, 2015 or later*. This rule does not incorporate any subsequent amendments or additions. The patient abstract data shall be submitted electronically through the department’s online system or by any other mutually agreed upon method. The Department of Health and Senior Services, Bureau of Health Care Analysis and Data Dissemination may be contacted by mail at PO Box 570, Jefferson City, MO 65102-0570 or by telephone at (573) 751-6272.

(6) The department may develop and publish reports pertaining to individual hospitals, [and] ambulatory surgical centers, **and abortion facilities**. The reports may include information on charges [*and quality of care indicators*]. The reports and the data they contain shall be public information and may be released on electronic media. The department shall make the reports and data available for a reasonable charge based on incurred costs.

(10) The department may release patient abstract data to a public health authority to assist the agency in fulfilling its public health mission. Public health authorities shall follow the same guidelines used by the department when releasing summary reports based on record-level data. Record-level data shall not be rereleased in any form by the public health authority without the prior authorization of the department. Authorization for subsequent release of the data shall be considered only if the proposed release does not identify a patient, physician, or provider. The following data elements permit identification of a patient, physician, or provider, and shall not be rereleased by a public health authority: patient name; patient Social Security number; any datum which applies to fewer than three (3) patients, physicians, or providers; physician number; provider number; and a quantity figure if one (1) hospital, [*or*] ambulatory surgical center, **or abortion facility** contributes more than sixty percent (60%) of the amount. However, the department may authorize contact with the patient, physician, or provider based upon the information supplied. The physician and provider that provided care to a patient shall be informed by the public health authority of any proposed contact with a patient.

(14) The coinvestigator shall follow the same guidelines used by the department when releasing summary reports based on record-level data. Record-level data released to the coinvestigator shall not be rereleased in any form by the coinvestigator without the prior authorization of the department. Authorization for subsequent release of record-level data or summary reports shall be considered only if the proposed release does not identify a patient, physician, or provider. The following data elements permit identification of a patient, physician, or provider, and are not to be rereleased by a coinvestigator: patient name; patient Social Security number; any datum which applies to fewer than three (3) patients, physicians, or providers; physician number; provider number; and a quantity figure if one (1) hospital, [*or*] ambulatory surgical center, **or abortion facility** contributes more than sixty percent (60%) of the amount.

AUTHORITY: section 192.667, RSMo Supp. [2013] 2017. Emergency rule filed Nov. 4, 1992, effective Nov. 14, 1992, expired March 13, 1993. Emergency rule filed March 4, 1993, effective March 14, 1993, expired July 11, 1993. Original rule filed Nov. 4, 1992, effective June 7, 1993. Emergency amendment filed April 1, 1993, effective April 11, 1993, expired Aug. 8, 1993. Emergency amendment filed Aug. 10, 1993, effective Aug. 20, 1993, expired Nov. 18, 1993. Amended: Filed April 1, 1993, effective Dec. 9, 1993. Amended: Filed May 15, 1998, effective Nov. 30, 1998. Emergency amendment filed March 1, 2001, effective April 1, 2001, expired Jan. 10, 2002. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Rescinded and readopted: Filed Jan. 29, 2015, effective Sept. 30, 2015.*

**Original authority: 192.667, RSMo 1992, amended 1993, 1995.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*