CHAPTER He-C 1500 DATA SUBMISSION AND RELEASE OF HEALTH CARE FACILITY DISCHARGE DATA

Statutory Authority: RSA 126:27

Adopt He-C 1501, previously effective 3-22-17 as He-C 1501 through He-C 1503 (Document #12139, Interim), and expired 9-18-17, to read as follows:

PART He-C 1501 DATA SUBMISSION OF HEALTH CARE FACILITY DISCHARGE DATA

He-C 1501.01 Purpose and Scope. This part contains the procedures and requirements for the submission of health care facility discharge data from health care facilities licensed in accordance with RSA 151:2, I(a) and (d) pursuant to RSA 126:25 and 27.

He-C 1501.02 Definitions.

(a) "Agent" means a person engaged under contractual agreement with the department for the performance of services pursuant to RSA 126:25.

(b) "Clinical data" means the health care, hospital and non-hospital health care facility data, and all other data collected in accordance with the rules adopted pursuant to RSA 126:27.

(c) "Commissioner" means the commissioner of the New Hampshire department of health and human services or designee.

(d) "Department" means the New Hampshire department of health and human services.

(e) "Discharge data set" means a list of data elements that are collected in accordance with He-C 1501.06 for discharges or encounters of patients who receive services from a healthcare facility.

(f) "Encounter" means any visit where a medical treatment, evaluation, or management services are provided, except those at a hospital inpatient department.

(g) "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 offices of primary care practices and rural health clinics.

(h) "Inpatient discharges" means records or data from discharges of patients who are admitted to a health care facility and are coded as "Inpatient", except when UB-04 Form Locator 04 "Type of Bill" is equal to 018x, hospital swing beds.

(i) "Insured" means the person who is subscribing or carrying the primary, secondary, or tertiary insurance plan for the patient case. This term includes "insurance subscriber".

(j) "Patient" means any person in a data set that is the subject of the activities of the claim performed by the health care provider.

(k) "Rural health clinics" means a clinic that is located in a rural area designated as a shortage area, is not a rehabilitation agency or a facility primarily for the care and treatment of mental diseases, and meets all other requirements of 42 CFR 405 and 491.

He-C 1501.03 Licensed Health Care Facilities Required to Submit Discharge Data Sets. All hospital-based health care facilities defined in He-C 1501.02(g) shall be required to submit discharge data sets for all inpatient discharges and outpatient encounters.

He-C 1501.04 Health Care Data Set Submission Description. Beginning with discharges occurring on July 1, 2022, and continuing at least quarterly thereafter, health care facilities shall submit to the department, or its agent, a completed health care discharge data set for all patients. Each health care facility shall also ensure submittal of all health care discharge data processed by any sub-contractor or other third party on its behalf.

He-C 1501.05 General Requirements for Data Set Submission.

(a) Health care facilities shall submit data to the department, or its agent, as standard health care discharge or equivalent encounter information transactions in a format compliant with the National Uniform Billing Committee's "Official UB-04 Data Specifications Manual" (2022 Edition), available as noted in Appendix A.

(b) Unless otherwise specified in He-C 1501.06, the National Uniform Billing Committee's "Official UB-04 Data Specifications Manual" (2022 Edition), available as noted in Appendix A, shall be the code source to be utilized for discharge data submission.

(c) Unless otherwise specified in He-C 1501.06, data elements shall be required as defined by the UB-04 reporting standard in the National Uniform Billing Committee's "Official UB-04 Data Specifications Manual" (2022 Edition), available as noted in Appendix A.

(d) Data submissions shall be made using the ANSI ASC X12N 837 electronic file format pursuant to 45 CFR 162.920(a).

(e) Data submissions shall be made to the department or its agent utilizing a secure protocol. E-mail attachments and paper submissions shall not be acceptable.

He-C 1501.06 Required Data Elements.

(a) The following elements from the UB-04 reporting standard shall be submitted as follows:

(1) UB-04 Form Locator 01, "billing provider name, address and telephone number";

(2) UB-04 Form Locator 02, "pay-to name and address";

(3) UB-04 Form Locator 03a, "patient control number";

(4) UB-04 Form Locator 03b, "medical/health record number";

(5) UB-04 Form Locator 04, "type of bill";

(6) UB-04 Form Locator 05, "federal tax ID number";

(7) UB-04 Form Locator 06, "statement covers period from/through";

(8) UB-04 Form Locator 08, "patient name/identifier", which shall be divided into 4 distinct components containing:

a. Patient last name;

b. Patient first name;

c. Patient middle name, if available; and

d. Patient generational identifier suffix, if available;

(9) UB-04 Form Locator 09, “patient address street, city/town, state, 5-digit zip code, and country code” which shall be:

a. “YYYYY” 5-digit zip code for other country residents; and

b. “XXXXX” 5-digit zip code for unknown or no fixed address;

(10) UB-04 Form Locator 10, “patient birth date”;

(11) UB-04 Form Locator 11, “patient sex”;

(12) UB-04 Form Locator 12, “admission/start of care date”;

(13) UB-04 Form Locator 13, “admission hour”;

(14) UB-04 Form Locator 14, “priority (type) of admission or visit”;

(15) UB-04 Form Locator 15, “point of origin for admission or visit”;

(16) UB-04 Form Locator 16, “discharge hour;

(17) UB-04 Form Locator 17, “patient discharge status”;

(18) UB-04 Form Locator 18 through 28, “condition codes”, which shall:

a. Be submitted as recorded; and

b. Be collected, recorded, and submitted where applicable for “02” = Patient alleges the medical condition or injury causing this episode of care is due to the employment environment or events such as workers' compensation or black lung;

(19) UB-04 Form Locator 31 through 34, “occurrence codes and dates”, which shall:

a. Be submitted as recorded; and

b. Be collected, recorded, and submitted where applicable for 04 = Accident/employment related;

(20) UB-04 Form Locator 35 and 36, “occurrence span codes and dates”;

(21) UB-04 Form Locator 38, “insured date of birth, sex, and address”, if applicable;

(22) UB-04 Form Locator 39 through 41, “value codes and amounts”, which shall:

a. Be submitted as recorded; and

b. Be collected, recorded, and submitted where applicable for:

1. 54 = Newborn Birth Weight in Grams; and

2. P0 = For newborns, mother’s medical record number;

(23) UB-04 Form Locator 42, “revenue codes”;

(24) UB-04 Form Locator 44, “HCPCS or CPT/accommodation rates/HIPPS rate codes”, except the length limit shall not apply;

(25) UB-04 Form Locator 45, "service dates";

(26) UB-04 Form Locator 46, "service units";

(27) UB-04 Form Locator 47, "total charges";

(28) UB-04 Form Locator 50, "payer name – primary, secondary, tertiary", except the length limit shall not apply;

(29) UB-04 Form Locator 51, "health plan identification number – primary, secondary, tertiary";

(30) UB-04 Form Locator 56, "national provider identifier – billing provider";

(31) UB-04 Form Locator 57, "other billing provider identifier";

(32) UB-04 Form Locator 58, "insured name – primary, secondary, tertiary";

(33) UB-04 Form Locator 59, "patient's relationship to insured – primary, secondary, tertiary";

(34) UB-04 Form Locator 64, "document control number";

(35) UB-04 Form Locator 65, "employer name (of the insured)", which shall:

a. When the employer is not known, be recorded as "UNKNOWN"; and

b. When not employed, be recorded as "NA.";

(36) UB-04 Form Locator 66, "diagnosis and procedure code qualifier (ICD version indicator)";

(37) UB-04 Form Locator 67, "principal diagnosis code and present on admission indicator" which for the present on admission (POA) element shall only be recorded on inpatient discharges;

(38) UB-04 Form Locator 67A-Q, "other diagnosis codes and present on admission indicator" which for the POA element shall only be recorded on inpatient discharges;

(39) UB-04 Form Locator 69, "admitting diagnosis code";

(40) UB-04 Form Locator 70A-C, "patient's reason for visit codes";

(41) UB-04 Form Locator 72A-C, "external cause of injury (ECI) codes and present on admission indicator", which shall be reported in order for every applicable principal and other diagnoses;

(42) UB-04 Form Locator 74, "principal procedure code and date";

(43) UB-04 Form Locator 74A-E, "other procedure codes and dates";

(44) UB-04 Form Locator 76, "attending provider name and identifiers";

(45) UB-04 Form Locator 77, "operating physician name and identifiers";

(46) UB-04 Form Locator 78 and 79, "other provider (individual) names and identifiers";

(47) UB-04 Form Locator 80, "remarks"; and

(48) UB-04 Form Locator 81A-D, “code-code field”, which shall:

a. Be submitted as recorded; and

b. Be collected, recorded, and submitted for 81 which means race and ethnicity.

(b) The health care facility shall submit information to the department regarding primary language spoken as the health care facility has coded it in spreadsheet format, mapping internal codes to the language.

(c) Whenever health care facility internal mapping changes occur, the health care facility shall submit to the department an updated spreadsheet initially required in (b) above.

(d) 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 practices; and

(6) Rural health clinics.

He-C 1501.07 Transmittal Record. With each submission of data, a transmittal record shall also be supplied that contains the following information:

(a) Submitting health care facility name;

(b) Submitting health care facility tax ID number;

(c) Submitting health care facility Medicare provider number;

(d) If different from submitting health care facility, the name and address of the location where discharges in the submitted records occurred;

(e) File name;

(f) Contact person name;

(g) Contact person telephone number;

(h) Contact person e-mail address;

(i) Date processed;

(j) Time processed;

(k) Submission date; and

(l) Explanatory notes to assist with processing of the file.

He-C 1501.08 Submission of Test Data.

(a) Each health care facility shall submit to the department, or its agent, a test data submission for the purpose of determining compliance with required data submission standards.

(b) Each test data submission shall contain one month's worth of discharges.

(c) Test data submission shall be required:

(1) Upon adoption of these rules; and

(2) Whenever a facility changes systems or processes.

He-C 1501.09 Submission Periods.

(a) The submission period for health care facilities submission of data sets shall be monthly or quarterly.

(b) Monthly data set submissions shall be made no later than 2 months after the end of each data submission period, as follows:

(1) March 31, for those patients discharged in January;

(2) April 30, for those patients discharged in February;

(3) May 31, for those patients discharged in March;

(4) June 30, for those patients discharged in April;

(5) July 31, for those patients discharged in May;

(6) August 31, for those patients discharged in June;

(7) September 30, for those patients discharged in July;

(8) October 31, for those patients discharged in August;

(9) November 30, for those patients discharged in September;

(10) December 31, for those patients discharged in October;

(11) January 31, for those patients discharged in November; and

(12) February 28, for those patients discharged in December.

(c) Quarterly data set submissions shall be made no later than 2 months after the end of each data submission period, as follows:

(1) May 31, for those patients discharged between January 1 and March 31;

(2) August 31, for those patients discharged between April 1 and June 30;

(3) November 30, for those patients discharged between July 1 and September 30; and

(4) February 28, for those patients discharged between October 1 and December 31.

(d) Health care facilities shall notify the department or its agent, in writing, when additional time is required to file a submission.

He-C 1501.10 Non-Compliant Data Submission.

(a) Each health care facility shall be notified when data submissions do not meet the standards described in this rule, including the specific file and the data elements that do not meet the standards.

(b) Each health care facility notified of a non-compliant data submission shall respond within 30 days of the notification by making the changes necessary to meet the standards and resubmit the entire data submission.

APPENDIX A: Incorporation by Reference Information

Rule	Title	Publisher; How to Obtain; and Cost
He-C 1501.05(a), (b), and (c)	National Uniform Billing Committee's, "Official UB-04 Data Specifications Manual" (2022 Edition)	Publisher: National Uniform Billing Committee Cost: $530-$4,176 based on number of users The incorporated document is available at: https://ams.aha.org/eweb/dynamicpage.aspx?webcode=listproduct&ptc_code=coding%20and%20billing

APPENDIX B

Rule	Specific State Statute the Rule Implements
He-C 1501	RSA 126:25; RSA 126:27