#### **Internal Working Document**

# Chapter 241: Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data

(routine technical)

#### **Proposed Rule Summary of Changes**

#### I. General submission requirements

- a. References to designee or designee system are no longer specific to one designee or system (pages 3-5).
- b. Obsolete names/references are updated (pages 3-4).
- c. The term 'text' replaces 'alphanumeric' (page 4).
- d. Signed values would be reported differently (page 4).
- e. The resubmission of historical data older than one year can be approved by the MHDO (page 5).
- f. Clarification of appropriate, timely provider response to notification of data set failures (page 6).

#### II. Appendices

- a. Source document information updated. (Appendix A, pages 8-12)
- b. Version numbers eliminated and additional instruction provided. (Appendix B1, pages 13-42; Appendix C1, pages 62-88)
- c. References to obsolete standards removed. (Appendix B2, pages 43-61; Appendix C2, pages 89-110)
- d. Data element names updated. (Appendices B1-C2, pages 13-110)
- e. Data element type 'alphanumeric' now identified as 'text'; sequence numbers and dates reassigned to 'text'. (Appendix B1, pages 13-42; Appendix C1, pages 62-88)
- f. Data element mappings updated. Separate mappings to 837 Institutional (837I) and 837 Professional (837P) in outpatient data indicate mapping differences. (Appendix B2, pages 43-61; Appendix C2, pages 89-110)

\*NOTE: The above proposed changes focus more on improving data content rather than file formatting. The former have a greater impact on data quality, while the latter greatly affect data transmission and processing efficiency.

**Justification:** This proposed rule amendment adds clarifying language to the general submission requirements; updates references, data element names and types; and corrects data element mappings, in conformance to current national and industry standards.

**Rationale:** These changes are intended to give providers direction and time to implement modifications to their reporting systems by 02/1/2016. It is anticipated that these changes will allow for more useful analyses of the data by MHDO data users.

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### Rulemaking Timeline:

•		Review of draft rule changes sent to the payers & other interested parties
•		Preliminary review of rule changes by AG.'s Office
•	<u>07/16/2015</u>	Board approves initiating rule changes
•	Not mandated	Permission to <i>proceed</i> with rulemaking changes submitted to Governor's Office for approval
•	08/04/2015	MAPA forms sent to SOS/Legislative Council
•	08/12/2015	Newspaper publication date
•	<u>09/03/2015</u>	Public Hearing
•	<u>09/14/2015</u>	Deadline for comments
•	10/01/2015	MHDO Board approves <b>adoption</b> of rule changes ( <i>Board must adopt 120 days from comment period deadline</i> )
•	Not mandated	Permission to <u>finalize</u> adoption of the rule changes from the Governor's Office
•		Final review of adoption of the rule changes to the AG's Office
•		Send final adoption package to the SOS for adoption