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## HOUSE BILL NO. 887

Offered January 9, 2002

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*A BILL to amend and reenact §§ 32.1-276.4 and 32.1-276.6 of the Code of Virginia, relating to information regarding psychiatric and residential treatment beds for youths and adolescents.*

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Patrons—Hamilton and Darner

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Referred to Committee on Health, Welfare and Institutions**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 32.1-276.4 and 32.1-276.6 of the Code of Virginia are amended and reenacted as follows:**

§ 32.1-276.4. (Effective until July 1, 2003) Agreements for certain data services.

A. The Commissioner shall negotiate and enter into contracts or agreements with a nonprofit organization for the compilation, storage, analysis, and evaluation of data submitted by health care providers pursuant to this chapter and for the development and administration of a methodology for the measurement and review of the efficiency and productivity of health care providers. Such nonprofit organization shall be governed by a board of directors composed of representatives of state government, including the Commissioner, and the consumer, health care provider, and business communities. Of the health care provider representatives, there shall be an equal number of hospital, nursing home, physician and health plan representatives. The articles of incorporation of such nonprofit organization shall require the nomination of such board members by organizations and associations representing those categories of persons specified for representation on the board of directors.

B. In addition to providing for the compilation, storage, analysis, and evaluation services described in subsection A, any contract or agreement with a nonprofit, tax-exempt health data organization made pursuant to this section shall require the board of directors of such organization to:

1. Develop and disseminate other health care cost and quality information designed to assist businesses and consumers in purchasing health care and long-term care services;

2. Prepare and make public summaries, compilations, or other supplementary reports based on the data provided by health care providers pursuant to this chapter;

3. *Collect, compile and make public data that include (i) the total number of licensed and staffed inpatient acute care psychiatric beds for children and adolescents under the age of eighteen in inpatient hospitals and (ii) the total number of licensed and staffed residential treatment beds for children and adolescents under the age of eighteen in residential facilities licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1.*

34. Collect, compile, and publish Health Employer Data and Information Set (HEDIS) information or reports or other quality of care or performance information sets approved by the Board, pursuant to § 32.1-276.5, and submitted by health maintenance organizations or other health care plans;

45. Maintain the confidentiality of data as set forth in § 32.1-276.9;

56. Submit a report to the Board, the Governor, and the General Assembly no later than October 1 of each year for the preceding fiscal year. Such report shall include a certified audit and provide information on the accomplishments, priorities, and current and planned activities of the nonprofit organization;

67. Submit, as appropriate, strategic plans to the Board, the Governor, and the General Assembly recommending specific data projects to be undertaken and specifying data elements that will be required from health care providers. In developing strategic plans, the nonprofit organization shall incorporate similar activities of other public and private entities to maximize the quality of data projects and to minimize the cost and duplication of data projects. In its strategic plans, the nonprofit organization shall also evaluate the continued need for and efficacy of current data initiatives, including the use of patient level data for public health purposes. The nonprofit organization shall submit the first such strategic plan to the Board, the Governor, and the General Assembly by October 1, 1996. Such initial plan shall include recommendations for measuring quality of care for all health care providers and for funding all data projects undertaken pursuant to this chapter. The approval of the General Assembly shall be required prior to the implementation of any recommendations set forth in a strategic plan submitted pursuant to this section;

78. Competitively bid or competitively negotiate all aspects of all data projects, if feasible.

C. Except as provided in subsection A.2. of § 2.2-4345, the provisions of the Virginia Public Procurement Act (§ 2.2-4300 et seq.) shall not apply to the activities of the Commissioner authorized by

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59 this section. Funding for services provided pursuant to any such contract or agreement shall come from  
60 general appropriations and from fees determined pursuant to § 32.1-276.8.

61 § 32.1-276.6. (Effective until July 1, 2003) Patient level data system continued; reporting  
62 requirements.

63 A. The Virginia Patient Level Data System is hereby continued, hereinafter referred to as the  
64 "System." Its purpose shall be to establish and administer an integrated system for collection and  
65 analysis of data which shall be used by consumers, employers, providers, and purchasers of health care  
66 and by state government to continuously assess and improve the quality, appropriateness, and  
67 accessibility of health care in the Commonwealth and to enhance their ability to make effective health  
68 care decisions.

69 B. Every inpatient hospital shall submit to the Board patient level data as set forth in this subsection.  
70 Every general hospital, ordinary hospital, outpatient surgical hospital or other facility licensed or  
71 certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of this title and every physician  
72 performing surgical procedures in his office shall also submit to the board outpatient surgical data as set  
73 forth in this subsection. Any such hospital, facility or physician may report the required data directly to  
74 the nonprofit organization cited in § 32.1-276.4. Unless otherwise noted, patient level data elements for  
75 hospital inpatients and patients having outpatient surgery shall include, where applicable and included on  
76 standard claim forms:

- 77 1. Hospital identifier;
- 78 2. Attending physician identifier (inpatient only);
- 79 3. Operating physician identifier;
- 80 4. Payor identifier;
- 81 5. Employer identifier;
- 82 6. Patient identifier (all submissions);
- 83 7. Patient sex, race (inpatient only), date of birth (including century indicator), zip code, patient  
84 relationship to insured, employment status code, status at discharge, and birth weight for infants  
85 (inpatient only);
- 86 8. Admission type, source (inpatient only), date and hour, and diagnosis;
- 87 9. Discharge date (inpatient only) and status;
- 88 10. Principal and secondary diagnoses;
- 89 11. External cause of injury;
- 90 12. Co-morbid conditions existing but not treated;
- 91 13. Procedures and procedure dates;
- 92 14. Revenue center codes, units, and charges; and
- 93 15. Total charges.

94 C. State agencies providing coverage for outpatient services shall submit to the Board patient level  
95 data regarding paid outpatient claims. Information to be submitted shall be extracted from standard  
96 claims forms and, where available, shall include:

- 97 1. Provider identifier;
- 98 2. Patient identifier;
- 99 3. Physician identifier;
- 100 4. Dates of service and diagnostic, procedural, demographic, pharmaceutical, and financial  
101 information; and
- 102 5. Other related information.

103 The Board shall promulgate regulations specifying the format for submission of such outpatient data.  
104 State agencies may submit this data directly to the nonprofit organization cited in § 32.1-276.4.

105 *D. Inpatient hospitals and residential facilities licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of*  
106 *Title 37.1 and hospitals operated by the Department of Mental Health, Mental Retardation and*  
107 *Substance Abuse Services shall submit to the Board patient level data reflecting the demand for*  
108 *psychiatric and residential treatment bed usage by children and adolescents under the age of eighteen.*  
109 *Information to be submitted shall include:*

- 110 1. *Patient's date of birth;*
- 111 2. *Date admission was attempted; and*
- 112 3. *Reason the patient could not be admitted into the hospital or facility.*

113 *Any such hospital or facility may report the required data directly to the nonprofit organization cited*  
114 *in § 32.1-276.4. The nonprofit organization shall form a technical advisory committee consisting of*  
115 *members nominated by its Board of Directors' nominating organizations, including representation from*  
116 *the reporting hospitals and facilities, to assist in the development of a data collection tool for assessing*  
117 *the actual demand for psychiatric and residential treatment beds in the Commonwealth for children and*  
118 *adolescents under the age of eighteen.*