

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact §§ 32.1-276.3 and 32.1-276.6 of the Code of Virginia, relating to health care data reporting.

[S 1091]

Approved

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-276.3 and 32.1-276.6 of the Code of Virginia are amended and reenacted as follows:

§ 32.1-276.3. (Effective until July 1, 2008) Definitions.

As used in this chapter:

"Board" means the Board of Health.

"Consumer" means any person (i) whose occupation is other than the administration of health activities or the provision of health services, (ii) who has no fiduciary obligation to a health care institution or other health agency or to any organization, public or private, whose principal activity is an adjunct to the provision of health services, or (iii) who has no material financial interest in the rendering of health services.

"Health care provider" means (i) a general hospital, ordinary hospital, outpatient surgical hospital, nursing home or certified nursing facility licensed or certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of this title; (ii) a mental or psychiatric hospital licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1; (iii) a hospital operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services; (iv) a hospital operated by the University of Virginia or the Virginia Commonwealth University Health System Authority; (v) any person licensed to practice medicine or osteopathy in the Commonwealth pursuant to Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1; or (vi) any person licensed to furnish health care policies or plans pursuant to Chapter 34 (§ 38.2-3400 et seq.), Chapter 42 (§ 38.2-4200), or Chapter 43 (§ 38.2-4300) of Title 38.2; or (vii) any person licensed to practice dentistry pursuant to Chapter 27 (§ 54.1-2700 et seq.) of Title 54.1 who is registered with the Board of Dentistry as an oral and maxillofacial surgeon and certified by the Board of Dentistry to perform certain procedures pursuant to § 54.1-2709.1. In no event shall such term be construed to include continuing care retirement communities which file annual financial reports with the State Corporation Commission pursuant to Chapter 49 (§ 38.2-4900 et seq.) of Title 38.2 or any nursing care facility of a religious body which depends upon prayer alone for healing.

"Health maintenance organization" means any person who undertakes to provide or to arrange for one or more health care plans pursuant to Chapter 43 (§ 38.2-4300 et seq.) of Title 38.2.

"Inpatient hospital" means a hospital providing inpatient care and licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of this title, a hospital licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1, a hospital operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services for the care and treatment of the mentally ill, or a hospital operated by the University of Virginia or the Virginia Commonwealth University Health System Authority.

"Nonprofit organization" means a nonprofit, tax-exempt health data organization with the characteristics, expertise, and capacity to execute the powers and duties set forth for such entity in this chapter.

"Oral and maxillofacial surgeon" means, for the purposes of this chapter, a person who is licensed to practice dentistry in Virginia, registered with the Board of Dentistry as an oral and maxillofacial surgeon, and certified to perform certain procedures pursuant to § 54.1-2709.1.

"Oral and maxillofacial surgeon's office" means a place (i) owned or operated by a licensed and registered oral and maxillofacial surgeon who is certified to perform certain procedures pursuant to § 54.1-2709.1 or by a group of oral and maxillofacial surgeons, at least one of whom is so certified, practicing in any legal form whatsoever or by a corporation, partnership, limited liability company or other entity that employs or engages at least one oral and maxillofacial surgeon who is so certified, and (ii) designed and equipped for the provision of oral and maxillofacial surgery services to ambulatory patients.

"Outpatient surgery" means all surgical procedures performed on an outpatient basis in a general hospital, ordinary hospital, outpatient surgical hospital or other facility licensed or certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of this title or in a physician's office or oral and maxillofacial surgeon's office, as defined above. Outpatient surgery refers only to those surgical procedure groups on which data are collected by the nonprofit organization as a part of a pilot study.

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57 "Physician" means a person licensed to practice medicine or osteopathy in the Commonwealth
 58 pursuant to Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1.

59 "Physician's office" means a place (i) owned or operated by a licensed physician or group of
 60 physicians practicing in any legal form whatsoever or by a corporation, partnership, limited liability
 61 company or other entity that employs or engages physicians, and (ii) designed and equipped solely for
 62 the provision of fundamental medical care, whether diagnostic, therapeutic, rehabilitative, preventive or
 63 palliative, to ambulatory patients.

64 "Surgical procedure group" means at least five procedure groups, identified by the nonprofit
 65 organization designated pursuant to § 32.1-276.4 in compliance with regulations adopted by the Board,
 66 based on criteria that include, but are not limited to, the frequency with which the procedure is
 67 performed, the clinical severity or intensity, and the perception or probability of risk. The nonprofit
 68 organization shall form a technical advisory group consisting of members nominated by its Board of
 69 Directors' nominating organizations to assist in selecting surgical procedure groups to recommend to the
 70 Board for adoption.

71 "System" means the Virginia Patient Level Data System.

72 § 32.1-276.6. (Effective until July 1, 2008) Patient level data system continued; reporting
 73 requirements.

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

80 B. Every inpatient hospital shall submit to the Board patient level data as set forth in this subsection.
 81 Every general hospital, ordinary hospital, outpatient surgical hospital or other facility licensed or
 82 certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of this title and every physician *and*
 83 *every oral and maxillofacial surgeon certified to perform certain procedures pursuant to § 54.1-2709.1*
 84 performing surgical procedures in his office shall also submit to the board outpatient surgical data as set
 85 forth in this subsection. *Every oral and maxillofacial surgeon certified to perform certain procedures*
 86 *pursuant to § 54.1-2709 shall submit to the Board outpatient surgical data as set forth in this subsection*
 87 *for only those procedures for which certification is required pursuant to § 54.1-2709.1.*

88 Any such hospital, facility ~~or~~, physician *or oral and maxillofacial surgeon, as defined in*
 89 *§ 32.1-276.3*, may report the required data directly to the nonprofit organization cited in § 32.1-276.4.
 90 Unless otherwise noted, patient level data elements for hospital inpatients and patients having outpatient
 91 surgery shall include, where applicable and included on standard claim forms:

- 92 1. Hospital identifier;
- 93 2. Attending physician identifier (inpatient only);
- 94 3. Operating physician *or oral and maxillofacial surgeon* identifier;
- 95 4. Payor identifier;
- 96 5. Employer identifier *as required on standard claims forms*;
- 97 6. Patient identifier (all submissions);
- 98 7. Patient sex, race (inpatient only), date of birth (including century indicator), zip code, patient
- 99 relationship to insured, employment status code, status at discharge, and birth weight for infants
- 100 (inpatient only);
- 101 8. Admission type, source (inpatient only), date and hour, and diagnosis;
- 102 9. Discharge date (inpatient only) and status;
- 103 10. Principal and secondary diagnoses;
- 104 11. External cause of injury;
- 105 12. Co-morbid conditions existing but not treated;
- 106 13. Procedures and procedure dates;
- 107 14. Revenue center codes, units, and charges *as required on standard claims forms*; and
- 108 15. Total charges.

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

- 112 1. Provider identifier;
- 113 2. Patient identifier;
- 114 3. Physician *or oral and maxillofacial surgeon* identifier;
- 115 4. Dates of service and diagnostic, procedural, demographic, pharmaceutical, and financial
- 116 information; and
- 117 5. Other related information.

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

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