

VIRGINIA ACTS OF ASSEMBLY -- 2009 SESSION

CHAPTER 652

An Act to amend and reenact § 32.1-276.6 of the Code of Virginia, relating to patient level data system; reporting requirements.

[H 2462]

Approved March 30, 2009

Be it enacted by the General Assembly of Virginia:

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

§ 32.1-276.6. Patient level data system continued; reporting requirements.

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

B. Every inpatient hospital shall submit to the Board patient level data as set forth in this subsection. Every 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 and every physician and every oral and maxillofacial surgeon certified to perform certain procedures pursuant to § 54.1-2709.1 performing surgical procedures in his office shall also submit to the board outpatient surgical data as set forth in this subsection. Every oral and maxillofacial surgeon certified to perform certain procedures pursuant to § 54.1-2709 shall submit to the Board outpatient surgical data as set forth in this subsection for only those procedures for which certification is required pursuant to § 54.1-2709.1.

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

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

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

1. Provider identifier;
2. Patient identifier;
3. Physician or oral and maxillofacial surgeon identifier;
4. Dates of service and diagnostic, procedural, demographic, pharmaceutical, and financial information; and
5. Other related information.

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