

APPENDIX II-G

COVER SHEET FOR FINAL PROPOSAL

Notice Number 2021-130 Rule Number He-C 1501

<p>1. Agency Name &amp; Address: <b>Dept. of Health &amp; Human Services Division of Public Health Services 29 Hazen Drive Concord, NH 03301</b></p>	<p>2. RSA Authority: <u>RSA 126:27</u></p> <p>3. Federal Authority: _____</p> <p>4. Type of Action:</p> <p><input checked="" type="checkbox"/> Adopt</p> <p><input type="checkbox"/> Amendment (only if Initial Proposal was filed before 9/27/20.)</p> <p><input type="checkbox"/> Repeal</p> <p><input type="checkbox"/> Readoption</p> <p><input type="checkbox"/> Readoption w/amendment</p>
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5. Short Title: **Data Submission of Health Care Facility Discharge Data**

6. Contact person for copies and questions:

Name: **Allyson Zinno** Title: **Administrator-Administrative Rules Unit**  
Address: **Dept. of Health & Human Services** Phone #: **(603) 271-9604**  
**Administrative Rules Unit**  
**129 Pleasant Street, Brown Bldg.**  
**Concord, NH 03301**

7. The rulemaking notice appeared in the Rulemaking Register on **December 23, 2021**.

**SEE THE INSTRUCTIONS--PLEASE SUBMIT ONE COPY OF THIS COVER SHEET AND ONE COPY OF THE FOLLOWING: (optional to number correspondingly)**

8. The "Final Proposal-Fixed Text," including the cross-reference table required by RSA 541-A:3-a, II as an appendix.

9. Yes  N/A  Incorporation by Reference Statement(s) because this rule incorporates a document or Internet content by reference for which an Incorporation by Reference Statement is required pursuant to RSA 541-A:12, III.

10. Yes  N/A  The "Final Proposal-Annotated Text," indicating how the proposed rule was changed because the text of the rule changed from the Initial Proposal pursuant to RSA 541-A:12, II(d).

11. Yes  N/A  The amended fiscal impact statement because the change to the text of the Initial Proposal affects the original fiscal impact statement (FIS) pursuant to RSA 541-A:5, VI.

# NEW HAMPSHIRE DRAFTING AND PROCEDURE MANUAL

## APPENDIX II-H

### INCORPORATION BY REFERENCE STATEMENT

**\*\*PLEASE LIST THE FOLLOWING:**

1. Name of Agency. **Department of Health and Human Services (DHHS)**
2. Person who has reviewed the material to be incorporated into the agency's rules:

Name: **Chiahui Chawla** Title: **Bureau Chief**  
Address: **Dept. of Health & Human Services** Phone #: **(603) 271-4933**  
**Division of Public Health Services**  
**Public Health Statistics & Informatics**  
**29 Hazen Drive**  
**Concord, NH 03301**

3. Specific rule number where the material is incorporated: **He-C 1501.05(a), (b), and (c)**

**\*\*PLEASE ATTACH THE FOLLOWING**, numbered to correspond to the number on this sheet (a separate sheet is not required for every item):

4. The complete title of the material which is to be incorporated including the date on which the material became effective (or a document identification number) or, if the material is undated Internet content, the date the material was accessed and printed, and the title of the entity that created or promulgated the material.

**The title of the material to be incorporated is the National Uniform Billing Committee's, "Official UB-04 Data Specifications Manual" (2022 Edition).**

5. How the agency modified the text of the material incorporated, clearly identifying where amendments have been made to the text.

**Not applicable.**

6. How the material incorporated can be obtained by the public (include cost and the address of the unrelated third party which published the material, and the Internet source URL if it appears in the rule, for example if the material is Internet content only available online).

**Publisher: National Uniform Billing Committee**

**Cost: \$530-\$4,176 based on number of users**

**The incorporated document is available:**

**[https://ams.aha.org/eweb/dynamicpage.aspx?webcode=listproduct&ptc\\_code=coding%20and%20billing](https://ams.aha.org/eweb/dynamicpage.aspx?webcode=listproduct&ptc_code=coding%20and%20billing)**

7. Why the agency did not choose to reproduce the incorporated material in full in its rules. The discussion shall include more than the obvious reason that it is less expensive to incorporate by reference.

**The information is subject to copyright restrictions.**

**NEW HAMPSHIRE DRAFTING AND PROCEDURE MANUAL**

**\*\*PLEASE SIGN THE FOLLOWING:**

I, the adopting authority,\* certify that the text of the material which the agency is incorporating by reference in these rules has been reviewed by this agency. To the best of my knowledge and belief, this agency has complied with the requirements of RSA 541-A:12, IV and Section 3.12 of Chapter 4 of the Drafting and Procedure Manual for Administrative Rules. I further certify that the agency has the capability and the intent to enforce the material incorporated into the rules, as identified above.

Date: 3/11/22

Signature: Lori A. Shibinette

Name: Lori A. Shibinette

Title: Commissioner

\*("Adopting authority" is the official empowered by statute to adopt the rule, or a member of the group of individuals empowered by statute to adopt the rule.)

Notice Number 2021-130

Rule Number He-C 1501

<p>1. Agency Name &amp; Address: <b>Dept. of Health &amp; Human Services Division of Public Health Services 29 Hazen Drive Concord, NH 03301</b></p>	<p>2. RSA Authority: <u>RSA 126:27</u></p> <p>3. Federal Authority: _____</p> <p>4. Type of Action:</p> <p>Adoption <u>X</u></p> <p>Repeal _____</p> <p>Readoption _____</p> <p>Readoption w/amendment _____</p>
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5. Short Title: **Data Submission of Health Care Facility Discharge Data**

6. (a) Summary of what the rule says and of any proposed amendments:

**He-C 1501 identifies the processes and procedures for the submission of health care facility discharge data from health care facilities licensed in accordance with RSA 151:2, I(a) and (d).**

**The Department of Health and Humans Services (Department) is proposing to adopt He-C 1501, formerly He-C 1501 through He-C 1503, which expired as interim rules on September 18, 2017. He-C 1504 was also an interim rule that expired on September 18, 2017 and is not being included in this package. The Department will be moving forward with rulemaking at a later date. The proposed changes to He-C 1501, formerly He-C 1501 through He-C 1503, as compared to the expired rules, include:**

- **Updating the rule for better clarity and program integrity and reorganizing the structure of the rule so that the expired He-C 1501 through He-C 1503 become He-C 1501 to group all discharge data submission requirements into one part;**
- **Updating He-C 1501.01 on purpose and scope to remove reference to the release of health care facility discharge data;**
- **Updating He-C 1501.02, formerly He-C 1502.01, on definitions by:**
  - **Adding the definitions of “discharge data set” and “encounter”;**
  - **Amending the definitions of “health care facility” and “inpatient discharges”, formerly “inpatient acute care discharges”; and**
  - **Deleting the definitions of “acute care hospital”, “cell size”, “confidential data”, “confidential research data set”, “data”, “data set”, “database”, “direct patient identifiers”, “disclosure”, “element”, “freestanding hospital emergency facility”, “health care data”, “health care practitioner”, “indirect patient identifier”, “limited use research data set”, principal investigator”, “provided by law”, “public use data set”, “release”, “specialty hospital”, “statistical table”, and “walk-in urgent care center”;**
- **Updating He-C 1501.03, formerly He-C 1503.01, on licensed health care facilities required to submit discharge data sets to specify that all hospital-based health care facilities are required to submit discharge datasets for all inpatient discharges and outpatient encounters;**
- **Updating He-C 1501.04, formerly He-C 1503.02, on health care data set submission description by updating terminology to coincide with new definitions and updating the time when discharge data shall start being submitted to the Department;**

- **Updating He-C 1501.05, formerly He-C 1503.03, on general requirements for data set submissions by making minor substantive changes for clarification purposes and updating citations;**
- **Updating He-C 1501.06, formerly He-C 1503.04, on required data elements to align with the UB-04 reporting standards, amending the requirement for submission of information regarding the primary language spoken by the patient for which the discharge data set is created, and identifying those data elements that are not required for submission;**
- **Updating He-C 1501.07, formerly He-C 1503.06, on transmittal record by amending the information that is required in a transmittal record for each data submission;**
- **Updating He-C 1501.08, formerly He-C 1503.07, on submission of test data by amending the process to submit test data;**
- **Updating He-C 1501.09, formerly He-C 1503.08, on submission periods for the monthly or quarterly submission reporting of discharge data;**
- **Readopting and renumbering the previously effective He-C 1503.12 as He-C 1501.10 on non-compliant data submission; and**
- **Deleting He-C 1503.09 on monthly submission, He-C 1503.10 on automated submission, and He-C 1503.11 on submission compliance based on amendments made to other sections of the proposed rules.**

6. (b) Brief description of the groups affected:

**The proposed rule affects those entities collecting discharge data or statistical information obtained from health care facilities in accordance with RSA 126:25.**

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

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

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Allyson Zinno** Title: **Administrator- Administrative Rules Unit**  
 Address: **Dept. of Health and Human Services** Phone #: **(603) 271-9604**  
**Administrative Rules Unit** Fax#: **(603) 271-5590**  
**129 Pleasant Street, 2<sup>nd</sup> Floor** E-mail: [Allyson.E.Zinno@dhhs.nh.gov](mailto:Allyson.E.Zinno@dhhs.nh.gov)  
**Concord, NH 03301**

TTY/TDD Access: Relay NH 1-800-735-2964  
or dial 711 (in NH)

**The proposed rules may be viewed and downloaded at:**

<http://www.dhhs.nh.gov/oos/aru/comment.htm>

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **Thursday, January 27, 2022**

Fax

E-mail

Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Thursday, January 20, 2022 at 1:00pm**

Place: **DHHS Brown Bldg., Auditorium, 129 Pleasant St., Concord, NH**

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # 21:131 , dated December 3, 2021

**1. Comparison of the costs of the proposed rule(s) to the existing rule(s):**

Not applicable, as the existing interim rules expired in September 2017.

**2. Cite the Federal mandate. Identify the impact on state funds:**

No federal mandate, no impact on state funds.

**3. Cost and benefits of the proposed rule(s):**

The proposed rules establish the processes and procedures for the submission of discharge data from health care facilities licensed under RSA 151:2, I(a) and (d). RSA 126:25 establishes a system for the collection of certain health care data, including health facility discharge data. To the extent that the proposed rules implement this statute, any cost is attributable to statute and not to the rules. The Department of Health and Human Services notes that while the previous rules expired in 2017, there proposed rules are not expected to result in any new costs compared to the expired rules.

**A. To State general or State special funds:**

None.

**B. To State citizens and political subdivisions:**

None.

**C. To independently owned businesses:**

None.

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

**The proposed rule modifies an existing program or responsibility, but does not mandate any fees, duties or expenditures on the political subdivisions of the state, and therefore does not violate Part I, Article 28-a of the N.H. Constitution.**

**Legis. Intent.** These rules expired in 2017. The JLCAR may have questions about enforcement of the expired rule in violation of RSA 541-A:22. However, RSA 126:29 has a civil penalty of \$100 per day for each day of noncompliance by a health care facility so the agency can enforce the compliance.

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.

**Edit.** No annotations are required in a fixed text document.

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. “YYYYYY” 5-digit zip code for other country residents; and
  - b. “XXXXXX” 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**

<b>Rule</b>	<b>Title</b>	<b>Publisher; How to Obtain; and Cost</b>
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: <a href="https://ams.aha.org/eweb/dynamicpage.aspx?webcode=listproduct&amp;ptc_code=coding%20and%20billing">https://ams.aha.org/eweb/dynamicpage.aspx?webcode=listproduct&amp;ptc_code=coding%20and%20billing</a>

**APPENDIX B**

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