

Title 15: Mississippi State Department of Health

Part 2: Epidemiology

Subpart 11: Office of Communicable Diseases

MISSISSIPPI STATE DEPARTMENT OF HEALTH RULES AND REGULATIONS GOVERNING REPORTABLE DISEASES AND CONDITIONS.

Rule 1.19.3 Hospital Reporting

1. Hospital Discharge Data
 - a. Purpose -A statewide Hospital Discharge Data System (HDDS) is one of the most important tools for addressing a broad range of health policy issues, including the improvement of the quality and efficiency of medical care. “Discharge data” is defined as the consolidation of complete billing, medical, and personal information describing a patient or resident, the services received, and charges billed for a single hospital stay. The requirements for the collection and submission of data as described shall also apply to those non-federal acute care hospitals located in Alabama, Arkansas, Louisiana, and Tennessee. Data submitted by these non-Mississippi hospitals shall relate exclusively to those patients who are Mississippi residents.
 - b. Reporting Required-Each reporting facility will report discharge data to the MSDH on every inpatient and outpatient discharged, to include those seen in the Emergency Department. Hospitals may submit data to MSDH directly or through the Mississippi Hospital Association (MHA) for submission to the HDDS, as specified by law. The submission of similar collected data to the Mississippi Hospital Association (MHA) shall not relieve the reporting facility of its reporting requirements to the MSDH unless written approval for such reporting methodology is provided by the MSDH.
 - c. Data Elements -The Mississippi HDDS is based on the Health Care Finance Administration (HCFA) UB-04 or the most recent version and additional selected information routinely collected by health care facilities on each patient. Data elements are listed in the HDDS policy manual.
 - d. Quality Assurance-MSDH Data Use Council will develop guidelines for quality assurance and accuracy that each reporting hospital will be required to follow.

- e. Time of Reporting and Methodology- Reporting facilities shall submit data for each calendar month based upon discharges occurring during such month. Collected data shall be submitted to the MSDH on or before the 15th day of the following month.

Questions concerning any reporting methodology or guidelines shall be reasonably addressed by the MSDH, and administrative remedies shall be available to any facility concerning any disputes.

2. Hospital Reporting of Healthcare Associated Infections and Healthcare Data via the National Healthcare Safety Network (NHSN)

- a. Purpose – CMS currently requires that all acute care hospitals, long term acute care hospitals, inpatient rehabilitation facilities and outpatient dialysis centers participating in the Prospective Payment System (PPS) report specific measures related to HAI's and infection prevention to CDC via NHSN. CMS currently publishes selected measures on the Hospital Compare website for the previous reporting year. As a mechanism of responding to specific HAI's exceeding acceptable thresholds, MSDH Department of Epidemiology will use these data to respond to specific outbreaks or aberrant events in collaboration with facilities involved. MSDH will also assist facilities to improve reporting where deficiencies are identified.
- b. Reporting Required – Any facility, including acute care hospitals, long term acute care hospitals, inpatient rehabilitation facilities and outpatient dialysis centers, required to report to NHSN by CMS shall confer NHSN viewing rights to MSDH. MSDH will not require reporting of additional measures, beyond those required by CMS.
- c. Time of Reporting – Timeliness of reporting shall be as directed by existing CMS / NHSN reporting requirements.

Source: Miss.Code Ann. §41-3-17

Rule 1.19.3 Hospital Reporting

1. Hospital Discharge Data

- a. Purpose -A statewide Hospital Discharge Data System (HDDS) is one of the most important tools for addressing a broad range of health policy issues, including the improvement of the quality and efficiency of medical care. “Discharge data” is defined as the consolidation of complete billing, medical, and personal information describing a patient or resident, the services received, and charges billed for a single hospital stay. The requirements for the collection and submission of data as described shall also apply to those non-federal acute care hospitals located in Alabama, Arkansas, Louisiana, and Tennessee. Data submitted by these non-Mississippi hospitals shall relate exclusively to those patients who are Mississippi residents.
- b. Reporting Required-Each reporting facility will report discharge data to the MSDH on every inpatient and outpatient discharged, to include those seen in the Emergency Department. Hospitals may submit data to MSDH directly or through the Mississippi Hospital Association (MHA) for submission to the HDDS, as specified by law. The submission of similar collected data to the Mississippi Hospital Association (MHA) shall not relieve the reporting facility of its reporting requirements to the MSDH unless written approval for such reporting methodology is provided by the MSDH.
- c. Data Elements -The Mississippi HDDS is based on the Health Care Finance Administration (HCFA) UB-04 or the most recent version and additional selected information routinely collected by health care facilities on each patient. Data elements are listed in the HDDS policy manual.
- d. Quality Assurance-MSDH Data Use Council will develop guidelines for quality assurance and accuracy that each reporting hospital will be required to follow.
- e. Time of Reporting and Methodology- Reporting facilities shall submit data for each calendar month based upon discharges occurring during such month. Collected data shall be submitted to the MSDH on or before the 15th day of the following month.

Questions concerning any reporting methodology or guidelines shall be reasonably addressed by the MSDH, and administrative remedies shall be available to any facility concerning any disputes.

2. Hospital Reporting of Healthcare Associated Infections and Healthcare Data via the National Healthcare Safety Network (NHSN)

- a. Purpose – CMS currently requires that all acute care hospitals, long term acute care hospitals, inpatient rehabilitation facilities and outpatient dialysis centers participating in the Prospective Payment System (PPS) report specific measures related to HAI's and infection prevention to CDC via NHSN. CMS currently publishes selected measures on the Hospital Compare website for the previous reporting year. As a mechanism of responding to specific HAI's exceeding acceptable thresholds, MSDH Department of Epidemiology will use these data to respond to specific outbreaks or aberrant events in collaboration with facilities involved. MSDH will also assist facilities to improve reporting where deficiencies are identified.
- b. Reporting Required – Any facility, including acute care hospitals, long term acute care hospitals, inpatient rehabilitation facilities and outpatient dialysis centers, required to report to NHSN by CMS shall confer NHSN viewing rights to MSDH. MSDH will not require reporting of additional measures, beyond those required by CMS.
- c. Time of Reporting – Timeliness of reporting shall be as directed by existing CMS / NHSN reporting requirements.

Source: Miss.Code Ann. §41-3-1

Appendix A

List of Reportable Diseases and Conditions

Class 2: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases.

Chlamydia trachomatis, genital infection	Mumps
Dengue	M. tuberculosis Infection (positive TST or positive IGRA****)
Ehrlichiosis	Noncholera vibrio disease
Enterococcus, invasive infection***, vancomycin resistant	Poisonings*(including elevated blood lead levels**)
Gonorrhea	Rocky Mountain spotted fever
Hepatitis (acute, viral only) Note - Hepatitis A requires Class 1 Report	Rubella (including congenital)
Hepatitis B infection in pregnancy	Salmonellosis
Legionellosis	Shigellosis
Listeriosis	Spinal Cord Injuries
Lyme disease	Streptococcus pneumoniae, invasive infection***
Malaria	Tetanus
Meningitis other than Meningococcal or Haemophilus influenzae	Trichinosis
	Viral Encephalitis in horses and raticies

*Reports for poisonings shall be made to Mississippi Poison Control Center,
UMMC 1-800-222-1222

**Elevated Blood Levels should be reported to the MSDH Lead Program at 601-576-7447.
Blood lead levels (venous) of >10 µg/dL

***Specimen obtained from a normally sterile site.

****TST-tuberculin skin test; IGRA-Interferon-Gamma Release Assay (to include size of TST
in millimeters and numerical results of IGRA testing).

Except for rabies, and equine encephalitis, diseases occurring in animals are not required to be reported to the MSDH.

Class 2: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases.

Chlamydia trachomatis, genital infection	Mumps
Dengue	M. tuberculosis Infection (positive TST or positive IGRA****)
Ehrlichiosis	Noncholera vibrio disease
Enterococcus, invasive infection***, vancomycin resistant	Poisonings*(including elevated blood lead levels**)
Gonorrhea	Rocky Mountain spotted fever
Hepatitis (acute, viral only) Note - Hepatitis A requires Class 1 Report	Rubella (including congenital)
Hepatitis B infection in pregnancy	Salmonellosis
Legionellosis	Shigellosis
Listeriosis	Spinal Cord Injuries
Lyme disease	Streptococcus pneumoniae, invasive infection***
Malaria	Tetanus
Meningitis other than Meningococcal or Haemophilus influenzae	Trichinosis
	Viral Encephalitis in horses and raticies

*Reports for poisonings shall be made to Mississippi Poison Control Center,
UMMC 1-800-222-1222

**Elevated Blood Levels should be reported to the MSDH Lead Program at 601-576-7447.
Blood lead levels (venous) of >10 µg/dL

***Specimen obtained from a normally sterile site.

****TST-tuberculin skin test; IGRA-Interferon-Gamma Release Assay (to include size of TST
in millimeters and numerical results of IGRA testing).

Except for rabies, and equine encephalitis, diseases occurring in animals are not required to be reported to the MSDH.