

Title 15: Mississippi State Department of Health

Part 2: Epidemiology

Subpart 11: Office of Communicable Diseases

Chapter 1 MISSISSIPPI STATE DEPARTMENT OF HEALTH RULES AND REGULATIONS GOVERNING REPORTABLE DISEASES AND CONDITIONS.

Subchapter 19 MISSISSIPPI HEALTHCARE DATA REGISTRY SYSTEM

Rule 1.19.1 Reporting Requirements and Procedures

1. By virtue of authority vested in it by the Mississippi Code Annotated Sections 41-63-4 or as otherwise amended, the Mississippi Department of Health does hereby adopt and promulgate the following regulations and standards for the Healthcare Data Registry System.
2. Purpose -The Mississippi State Department of Health (MSDH), acting as the state’s public health authority, is required to design and establish a registry program concerning the condition and treatment of persons seeking medical care in the state of Mississippi (“Healthcare Data Registry System”). MSDH must collect, analyze and disseminate these health care data in order to improve the quality and efficiency of medical care.
3. Reporting Responsibility-Each of the following licensed health care facilities in the state of Mississippi shall be required to report the specified health care data described in these rules and regulations:
 - A. Hospital Facilities – See Rule 1.19.3;
 - B. Ambulatory Surgical Facilities – See Rule 1.19.4 [Reserved];
 - C. Outpatient Diagnostic Imaging Centers – See Rule 1.19.5 [Reserved];
 - D. Other – See Rule 1.19.6 [Reserved];
4. Reporting Contact-In order to facilitate communication and problem solving, each reporting facility must designate a person as contact and advise the Department from time to time of any changes to such contact information. Contact information shall include the office name, telephone number, job title and name of the person assigned this responsibility to the MSDH.
5. Penalties for Not Reporting-

- A. The MSDH is authorized to assess penalties as provided by statute pursuant to Mississippi Code Annotated § 41-63-4 Paragraph (12) which states, “A person or organization who fails to supply data required under this section is liable for a civil penalty of Five Cents (5¢) for each record for each day the submission is delinquent. A submission is delinquent if the department does not receive it within thirty (30) days after the date the submission was due. If the department receives the submission in incomplete form, the department shall notify the provider and allow fifteen (15) additional days to correct the error. The notice shall provide the provider an additional fifteen (15) days to submit the data before the imposition of any civil penalty. The maximum civil penalty for a delinquent submission is Ten Dollars (\$10.00) for each record. The department shall issue an assessment of the civil penalty to the provider. The provider has a right to an informal conference with the department, if the provider requests the conference within thirty (30) days of receipt of the assessment. After the informal conference or, if no conference is requested, after the time for requesting the informal conference has expired, the department may proceed to collect the penalty. In its request for an informal conference, the provider may request the department to waive the penalty. The department may waive the penalty in cases of an act of God or other acts beyond the control of the provider. Waiver of the penalty is in the sole discretion of the department;” and
 - B. Failure of any health care facility or other person or entity covered by the “Mississippi Health Care Certification of Need Law of 1979”, Mississippi Code Annotated § 41-7-171 through § 41-7-209, to report any requested information, data or otherwise failure to report under these provisions, shall be in violation of the “Mississippi Health Care Certification of Need Law of 1979” and subject to violations provided in Mississippi Code Annotated § 41-7-209.
6. Confidentiality-Information maintained in the Mississippi Healthcare Registry Data System shall be confidential and shall not be distributed or released except with the permission of MSDH in accordance with its established policies and procedures. Violation of confidentiality requirements may be subject to severe civil and/or criminal penalties.
- A. The release of identifiable patient health information may be made by MSDH only to the facility that initially reported the identifiable information, upon the written request of such

facility. Any request by any other party for the release of identifiable information shall be reviewed by the MSDH Data Use Council (described below), and the Data Use Council may approve such request only for the purpose of public health assessment or research under such guidelines and stipulations as may be necessary to maintain confidentiality requirements.

- B. Prior to the dissemination or release of any data analysis or statistical reports concerning registry information, including any release to MSDH divisions or programs, the Data Use Council may review the methods and procedures deemed necessary to maintain the privacy and confidentiality of patient records, including the system security requirements.
- C. The MSDH shall be required to regularly monitor the physical security of the registry, to train personnel concerning the system's confidentiality standards, to limit access to the registry information solely to authorized personnel, and to implement password and encryption protections in the system.

- 7. Protected Health Information-The disclosure of protected health information by a reporting facility pursuant to these rules and regulations shall be recognized as a disclosure to a public health authority as required by law, pursuant to the Health Insurance Portability and Accountability Act and the Privacy Rules promulgated there under at 45 CFR Sections 164.512(a) and (b).
- 8. Data Use Council-The State Health Officer will create a Data Use Council consisting of not less than five individuals to recommend policies and procedures regarding the release of any registry data to MSDH divisions and programs, to the public, to researchers and to industry. Appointments to the Council shall be made at the sole discretion of the State Health Officer for such terms as may be established by the policies and procedures of the MSDH. MSDH divisions and programs may, with the consent of the Data Use Council, use patient abstract data to assist in fulfilling its public health mission. These data will not be re-released in any form by the program without the prior authorization of the Data Use Council. Authorization for subsequent release shall be considered only if the proposed release does not identify a patient.
- 9. Temporary Waiver of Reporting Requirement-With respect to any licensed health care facility otherwise required to report data or other information to the MSDH pursuant to these rules and regulations, the MSDH shall be authorized to temporarily waive reporting requirements due to system requirements of MSDH or the reporting facility, or in the

case of irregularities or errors involving data delivery. Any waiver of the reporting requirements must be made in writing by the MSDH and notice of the termination of any waiver shall be provided to the applicable reporting facility, at which time these Regulations shall become applicable to such facility.

10. Charges and Fees for Access to Data-Subject to the confidentiality requirements of these Regulations, the MSDH may develop reports and data analyses based upon registry data which may be released to the public. The reports may be published or disseminated for a reasonable charge, or without charge at the discretion of MSDH as outlined in the policies and procedures established by the Healthcare Data Registry System. At the time of the promulgation of these Regulations, the MSDH shall refrain from assessing any charges to reporting facilities for the collection of health care data. Nothing shall prohibit the State Board of Health from authorizing, at any future date in accordance with its statutory authority, the assessment of reasonable charges for the collection of such data, or the reporting of specified health care data to the MSDH for purposes of the registry.

11. Persons receiving encounter-level data must complete an application and submit the signed data use agreement according to policies and procedures of the Hospital Discharge Registry System. Encounter level datasets available include: Inpatient, Outpatient, and Emergency Department The following provides the cost to purchase one or many datasets by calendar year:
 - A. State Inpatient Database: \$1,450 per year of data (students \$250)
 - B. State Emergency Department Database: \$1,450 per year of data (students \$250)
 - C. Ad Hoc Data Request - Customized data requests are priced according to policies and procedures established by the Healthcare Data Registry System and are primarily on the time required to analyze the request write the query; and the time required to access, merge, validate and prepare the information for delivery.
 - D. Hospitals requesting data – The MSDH will not charge hospitals for data requests when the data they are requesting originated from their facility. All other hospital requests will follow the Ad Hoc Data Request or dataset file request fee schedule.

- E. Waiver Grants awarded to students – The MSDH may award grants to students actively involved in a school setting (High School, Undergraduate or Graduate). The grants will be in the form of a waiver for agreeing to allow the MSDH to publish their findings and methodology if the MSDH Data Use Council deems the information appropriate. Data restrictions will apply. Should the student request more than three datasets, the Ad Hoc Data Request will apply.

Source: Miss.Code Ann. §41-3-17

Rule 1.19.3 Hospital Reporting

- 1. Definitions as used in this Subchapter:
 - A. Hospital – means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment and care of individuals suffering from physical and mental infirmity, illness, disease, injury or deformity, or a place devoted primarily to providing obstetrical or other medical, surgical, or nursing care of individuals, whether or not any such place be organized or operated for profit and whether any such place be publicly or privately owned, and is licensed by the Department as a hospital. The term “hospital” does not include convalescent or boarding homes, children’s homes, homes for the aged or other like establishments where room and board only are provided, nor does it include offices or clinics where patients are not regularly kept as bed patients.
 - B. Freestanding emergency room- a facility open twenty-four (24) hours a day for the treatment of urgent and emergent medical conditions which is not located on a hospital campus.
 - C. Department – means the Mississippi State Department of Health.
 - D. Student- an individual with a full-time undergraduate or graduate enrollment status at a college or university.

- 24. 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 shall report discharge data using methods outlined in the policies and procedures established by the Healthcare Data Registry System.
- 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 HDDS no later than 75 days after the end of the calendar quarter.

3. 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.

Facility-specific data obtained from NHSN by MSDH will be used for epidemiological purposes related to prevention and surveillance and will not be disclosed to third parties by MSDH. 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