

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING

October 9, 2019
10:00 a.m. Central Time
Nebraska State Office Building – Lower Level B
301 Centennial Mall South, Lincoln, Nebraska

The purpose of this hearing is to receive comments on proposed changes to Title 186, Chapter 6 of the Nebraska Administrative Code (NAC) – *Outpatient Surgical Procedures Data*. The regulations set the procedures for reporting of data by hospitals and ambulatory surgical centers. The proposed changes remove duplicative statutory language from the regulations; prescribe the format for data submissions; and update formatting.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

Interested persons may attend the hearing and provide verbal or written comments or mail, fax or email written comments, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or dhhs.regulations@nebraska.gov, respectively.

A copy of the proposed changes is available online at <http://www.sos.ne.gov>, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8417. Individuals with hearing impairments may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.

FISCAL IMPACT STATEMENT

Agency: Department of Health and Human Services	
Title:186	Prepared by: Christophe Irumva
Chapter:6	Date prepared:4/1/2019
Subject:Outpatient Surgical Procedures Data	Telephone:471-7753

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)
Increased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Increased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Indeterminable	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)

Provide an Estimated Cost & Description of Impact:

State Agency:

Political Subdivision:

Regulated Public:

If indeterminable, explain why:

EFFECTIVE DATE
6/22/05

NEBRASKA HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE

186 NAC 6

~~TITLE 186 — HEALTH REGISTRIES AND RELEASE OF INFORMATION~~

~~CHAPTER 6 — OUTPATIENT SURGICAL PROCEDURES DATA~~

~~6-001 SCOPE AND AUTHORITY: The purpose of the outpatient surgical procedures database is to provide for: (1) the collection and compilation of outpatient surgical procedure information from hospitals and ambulatory surgical centers; (2) the use and disclosure of such information for public health purposes; and (3) an annual statistical report. These regulations apply to each hospital or ambulatory surgical center within the State of Nebraska licensed under the Health Care Facility Licensure Act. The regulations set forth procedures for the reporting by hospitals and ambulatory surgical centers pursuant to Neb. Rev. Stat. §§ 81-6,111 to 81-6,119.~~

~~6-002 DEFINITIONS~~

~~Facility Portion of Billed Charges means the total charges for all services related to a claim for outpatient surgical procedures, excluding professional fees.~~

~~Department means the Department of Health and Human Services Regulation and Licensure.~~

~~Medicaid means the medical assistance program established in Neb. Rev. Stat. § 68-1018.~~

~~Medicare means Title XVIII of the federal Social Security Act, as such title existed on January 1, 2003.~~

~~Outpatient surgical procedure means a surgical procedure provided to patients who do not require inpatient hospitalization.~~

~~Primary payor means the public payor or private payor which is expected to be responsible for the largest percentage of the patient's current bill.~~

~~Private payor means any nongovernmental source of funding.~~

~~Public payor means medicaid, medicare, and any other governmental source of funding.~~

~~6-003 DATA REQUIREMENTS: Every hospital or ambulatory surgical center licensed under the Health Care Facility Licensure Act must report the following outpatient surgical and related information to the Department:~~

- ~~1. The name of the reporting facility;~~
- ~~2. The facility portion of billed charges for each patient served at the facility;~~
- ~~3. The county and state of residence by zip code for each patient served at the facility;~~

- ~~4. The primary outpatient surgical procedure performed for each patient at the facility, reported by Current Procedural Terminology (CPT) codes or Health Care Financing Administration Common Procedure Coding System (HCPCS) codes; and~~
- ~~5. The primary payor for each patient served at the facility, reported as follows:
 - ~~a. Private payors must be reported as either self-pay, commercial insurance, or workers compensation; and~~
 - ~~b. Public payors must be reported as either Medicaid, Medicare, or other governmental source.~~~~

~~The information must be reported to the Department no later than May 1 of each year for the preceding calendar year, and must be submitted in an electronic format.~~

~~**6-004 CONFIDENTIALITY AND RELEASE OF INFORMATION:** All data obtained from medical records of individual patients is for the confidential use of the Department. The information will be privileged and will not otherwise be divulged or made public in order not to disclose the identity of an individual whose medical records have been used for acquiring data. All information reported to the Department pursuant to 186 NAC 6-003 will be privileged communications, will not be discoverable or subject to subpoena, and may not be used or offered or received in evidence in any legal proceeding of any kind or character.~~

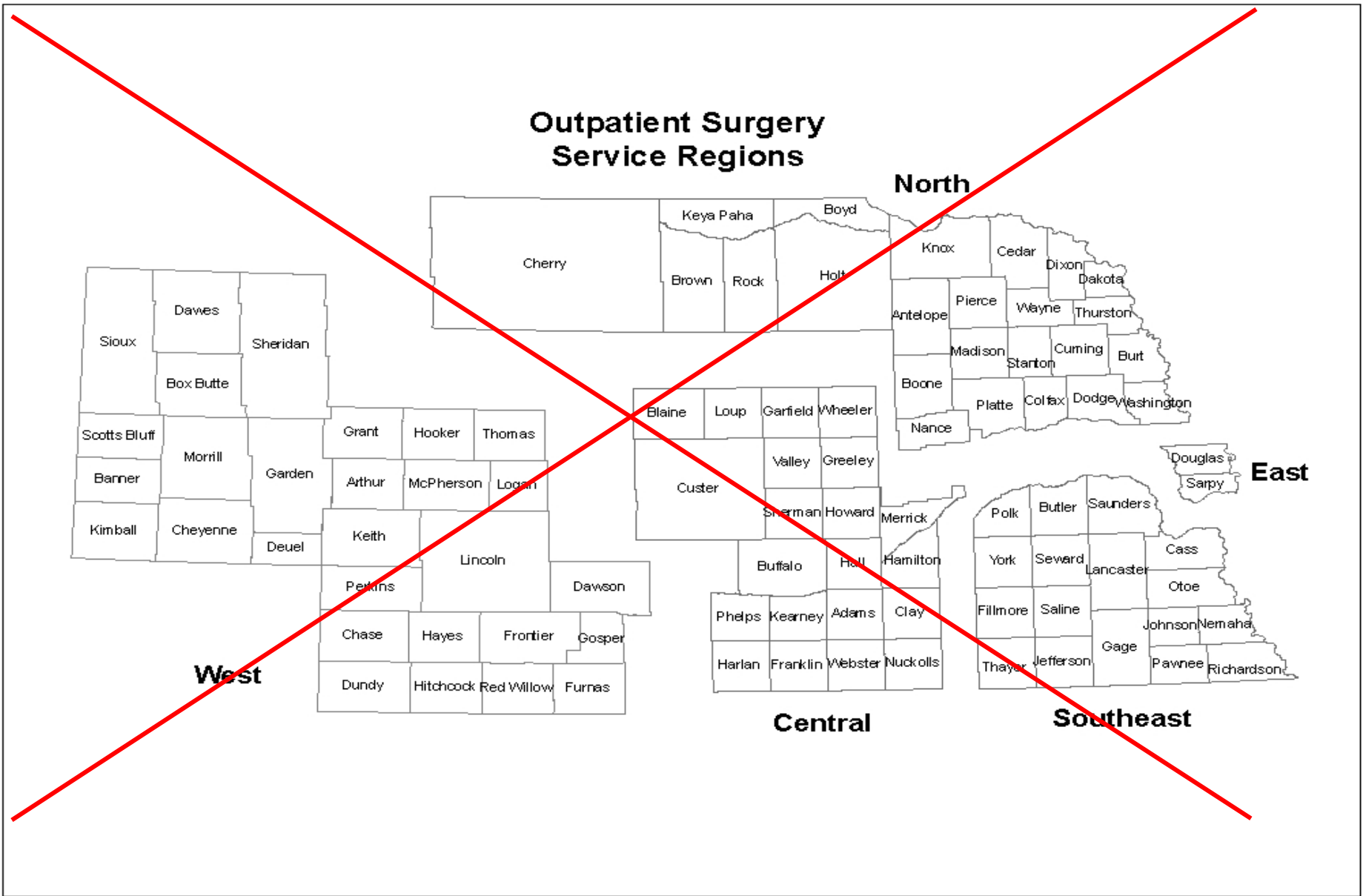
~~**6-005 ANNUAL STATISTICAL REPORT:** The Department will publish an annual statistical report from information collected under 186 NAC 6-003, which will include:~~

- ~~1. The 20 most frequently performed outpatient surgical procedures by type of procedure;~~
- ~~2. The total number of persons served for each procedure identified in 186 NAC 6-005 item 1;~~
- ~~3. The total number of persons served by county and state of residence and by region of service for all procedures performed, cumulatively; and~~
- ~~4. The average billed charges for the procedures identified in 186 NAC 6-005 item 1 by county and state of residence.~~

~~The Department will use the Outpatient Surgery Service Regions (map attached) for the purpose of aggregating and reporting information.~~

~~**6-006 FAILURE TO REPORT:**~~

- ~~**6-006.01** The Department will impose a late fee after May 1 for failure to report pursuant to 186 NAC 6-003 of \$50 per day, to a maximum of \$1000.~~
- ~~**6-006.02** At the discretion of the Department a late fee may be waived on a case-by-case basis upon a showing of good cause.~~



TITLE 186 HEALTH REGISTRIES AND RELEASE OF INFORMATION

CHAPTER 6 OUTPATIENT SURGICAL PROCEDURES DATA

001. SCOPE AND AUTHORITY. The regulations set the procedures for reporting by hospitals and ambulatory surgical centers pursuant to Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 81-6,111 to 81-6,119.

002. DEFINITIONS. Definitions set out in Neb. Rev. Stat. §§ 81-6,111 to 81-5,119 apply to this chapter.

003. DATA REQUIREMENTS. Every hospital or ambulatory surgical center licensed under the Health Care Facility Licensure Act must report outpatient surgical and related information to the Department as required by Neb. Rev. Stat. § 81-6,114.

003.01 DATA FORMAT. The information must be submitted in an electronic format that meets the requirements of Attachment 1.

004. CONFIDENTIALITY AND RELEASE OF INFORMATION. All information reported pursuant to this chapter is subject to the confidentiality requirements set out in Neb. Rev. Stat. §§ 81-6,115 through 81-6,117.

005. FAILURE TO REPORT. A late fee of \$50 per day, to a maximum of \$1000 may be imposed for failure to report.

ATTACHMENT 1

Nebraska Hospitals and Ambulatory Surgery Centers Data Dictionary.
This precise format is necessary.
Please follow the instructions for preparing the data.

REQUIRED	VARIABLE NAME	VARIABLE LABEL OR CODE	DATA TYPE	LENGTH	Row one of the text file may have the field names as column headings but should not have a case record.
1	Facility	Hospital or Ambulatory Surgery Center name. Full name of Hospital or Ambulatory Surgery Center	Char	35	Column A, repeat for each record
2	State License	License number issued by Nebraska DHHS alpha-numeric Example ASC099	NUM		Column B, repeat for each record
3	License	The national provider identifier number. It is an alpha-numeric consisting of 10 characters	NUM	10	Column C, repeat for each record
4	Charges	Facility portion of billed charges associated with primary procedure performed. Facility portion of billed charges should not include professional fees. 18 digits numeric unsigned 15 positions for whole dollar, 1 position for decimal and 2 positions for cents.	NUM	18	Column C, no \$ sign, no comma separator, numeric only, use decimal point and "00" if whole dollar charge. No need for leading zeroes.
5	County	County Name (Residence)	CHAR	35	Column D, leave blank if unknown
6	State	Patient State Code (Residence). Two letters postal code of the state name	CHAR	2	Column E, two letter postal code only - ALL CAPS
7	ZIP5	5-Digit patient zip code (Residence). 5-Digits numeric zip code	NUM	5	Column F, 5-Digit only
8	PROC	Primary outpatient surgical procedure performed for each patient encounter at the facility, reported by Current Procedural Terminology (CPT) codes or Health Care Financing Administration Common Procedure Coding System (HCPCS) codes Procedure codes. Refer to CPT or HCPCS coding manual.	CHAR	5	Column G, alpha-numeric
9	DATE	The date the procedure was performed MM/DD/YYYY	NUM	10	Column I, exactly this format, use "/", not "-", use leading zeroes. Use four digit year.

10	PAYERCD	Payer Code 1 – Medicare 2 – Medicaid 3 – Commercial Insurance 4 – Self Pay 5 – Other Government 6 – Workers Compensation	CHAR	2	Column H. One digit of number. No insurance name, please.
11	GENDER	Gender of the patient Male = M Female = F Unknown = U	CHAR	1	Column J, one letter only
12	AGE	Age of the patient in years at the time of procedure. If less than 1 year, age = 0	NUM	3	Column K, numbers only
OPTIONAL					
13	DOB	Date of patient birth MM/DD/YY	NUM	10	Column L, exactly this format, use "/" not "-", use leading zeroes. Use four digit year.
14	DIAG1	Primary ICD-10 Diagnosis Code Diagnosis Codes. Refer to ICD-10-CM coding manual	CHAR/NUM	7	Column M, ICD Code only 1st character is alpha (not U); 2nd & 3rd characters are numeric; 4th, 5th & 6th characters can be any combination of alpha & numeric; 7th character (extension character) can be alpha or numeric
15	DIAG2	Secondary ICD-10 Diagnosis Code Diagnosis codes. Refer to ICD-10-CM coding manual	CHAR/NUM	7	Column N, ICD Code only 1st character is alpha (not U); 2nd & 3rd characters are numeric; 4th, 5th & 6th characters can be any combination of alpha & numeric; 7th character (extension character) can be alpha or numeric
16	DIAG3	Tertiary ICD-10 Diagnosis Code Diagnosis codes. Refer to ICD-10-CM coding manual	CHAR/NUM	7	Column O, ICD Code only 1st character is alpha (not U); 2nd & 3rd characters are numeric; 4th, 5th & 6th characters can be any combination of alpha & numeric; 7th character (extension character) can be alpha or numeric

17	DIAG4	Fourth ICD-10 Diagnosis Code Diagnosis codes. Refer to ICD-10-CM coding manual	CHAR/NUM	7	Column P, ICD Code only 1st character is alpha (not U); 2nd & 3rd characters are numeric; 4th, 5th & 6th characters can be any combination of alpha & numeric; 7th character (extension character) can be alpha or numeric
18	DIAG5	Fifth ICD-10 Diagnosis Code Diagnosis codes. Refer to ICD-10-CM coding manual	CHAR/NUM	7	Column Q, ICD Code only 1st character is alpha (not U); 2nd & 3rd characters are numeric; 4th, 5th & 6th characters can be any combination of alpha & numeric; 7th character (extension character) can be alpha or numeric
19	DIAG6	Sixth ICD-10 Diagnosis Code Diagnosis codes. Refer to ICD-10-CM coding manual	CHAR/NUM	7	Column R, ICD Code only 1st character is alpha (not U); 2nd & 3rd characters are numeric; 4th, 5th & 6th characters can be any combination of alpha & numeric; 7th character (extension character) can be alpha or numeric
20	DIAG7	Seventh ICD-10 Diagnosis Code Diagnosis codes. Refer to ICD-10-CM coding manual	CHAR/NUM	7	Column S, ICD Code only 1st character is alpha (not U); 2nd & 3rd characters are numeric; 4th, 5th & 6th characters can be any combination of alpha & numeric; 7th character (extension character) can be alpha or numeric

21	DIAG8	Eight ICD-10 Diagnosis Code Diagnosis codes. Refer to ICD-10-CM coding manual	CHAR/NUM	7	Column T, ICD Code only 1st character is alpha (not U); 2nd & 3rd characters are numeric; 4th, 5th & 6th characters can be any combination of alpha & numeric; 7th character (extension character) can be alpha or numeric
22	DIAG9	Ninth ICD-10 Diagnosis Code Diagnosis codes. Refer to ICD-10-CM coding manual	CHAR/NUM	7	Column U, ICD Code only 1st character is alpha (not U); 2nd & 3rd characters are numeric; 4th, 5th & 6th characters can be any combination of alpha & numeric; 7th character (extension character) can be alpha or numeric
23	DIAG10	Tenth ICD-10 Diagnosis Code Diagnosis codes. Refer to ICD-10-CM coding manual	CHAR/NUM	7	Column V, ICD Code only 1st character is alpha (not U); 2nd & 3rd characters are numeric; 4th, 5th & 6th characters can be any combination of alpha & numeric; 7th character (extension character) can be alpha or numeric
24	E-CODE	E-code External cause of Injury and poisoning (E-code) Refer to ICD-10-CM coding manual	CHAR/NUM	7	Column W, E-Code only 1st character is alpha (not U); 2nd & 3rd characters are numeric; 4th, 5th & 6th characters can be any combination of alpha & numeric; 7th character (extension character) can be alpha or numeric