

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.

Outpatient Surgery Service Regions

North

East

West

Central

Southeast

