

442.120 Ambulatory surgery and inpatient discharge abstract records; alternative data; rules; fees.

In order to provide data essential for health planning programs:

(1) The Office for Oregon Health Policy and Research may request, by July 1 of each year, each general hospital to file with the office ambulatory surgery and inpatient discharge abstract records covering all patients discharged during the preceding calendar year. The ambulatory surgery and inpatient discharge abstract record for each patient must include the following information, and may include other information deemed necessary by the office for developing or evaluating statewide health policy:

- (a) Date of birth;
- (b) Sex;
- (c) Zip code;
- (d) Inpatient admission date or outpatient service date;
- (e) Inpatient discharge date;
- (f) Type of discharge;
- (g) Diagnostic related group or diagnosis;
- (h) Type of procedure performed;
- (i) Expected source of payment, if available;
- (j) Hospital identification number; and
- (k) Total hospital charges.

(2) By July 1 of each year, the office may request from ambulatory surgery centers licensed under ORS 441.015 ambulatory surgery discharge abstract records covering all patients admitted during the preceding year. Ambulatory surgery discharge abstract records must include information similar to that requested from general hospitals under subsection (1) of this section.

(3) In lieu of abstracting and compiling the records itself, the office may solicit the voluntary submission of such data from Oregon hospitals or other sources to enable it to carry out its responsibilities under this section. If such data is not available to the office on an annual and timely basis, the office may establish by rule a fee to be charged each hospital.

(4) Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board, if the Legislative Assembly is not in session, prior to adopting the fee, and within the budget authorized by the Legislative Assembly as the budget may be modified by the Emergency Board, the fee established under subsection (3) of this section shall not exceed the cost of abstracting and compiling the records.

(5) The office may specify by rule the form in which the records are to be submitted. If the form adopted by rule requires conversion from the form regularly used by a hospital, reasonable costs of such conversion shall be paid by the office.

(6) Abstract records must include a patient identifier that allows for the statistical matching of records over time to permit public studies of issues related to clinical practices, health service utilization and health outcomes. Provision of

such a patient identifier must not allow for identification of the individual patient.

(7) In addition to the records required in subsection (1) of this section, the office may obtain abstract records for each patient that identify specific services, classified by International Classification of Disease Code, for special studies on the incidence of specific health problems or diagnostic practices. However, nothing in this subsection shall authorize the publication of specific data in a form that allows identification of individual patients or licensed health care professionals.

(8) The office may provide by rule for the submission of records for enrollees in a health maintenance organization from a hospital associated with such an organization in a form the office determines appropriate to the office's needs for such data and the organization's record keeping and reporting systems for charges and services. [Formerly 442.355; 1991 c.703 §7; 1993 c.754 §7; 1995 c.727 §23; 1997 c.683 §19; 1999 c.581 §2]

Cited from: <http://www.leg.state.or.us/ors/442.html>