

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 9. HEALTH CARE INFORMATION**

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 1. Definitions

310:9-1-1 [AMENDED]

Subchapter 3. Required Information

310:9-3-1 [AMENDED]

Subchapter 5. Collection and Release of Information

310:9-5-2.1 [AMENDED]

310:9-5-3 [REVOKED]

SUMMARY:

The proposed updates to 310:9 will require more rapid reporting of the hospital discharge data to the OSDH, the submission of emergency department (ED) discharge data and modernizes existing rules related to notifications and reporting. Due to the ever-increasing need for timely health care data by public health practitioners, facilities researchers, and policy makers we are proposing that discharge data providers (inpatient, outpatient surgery and ambulatory surgery center discharges) submit the required data within 45 days after the end of each calendar quarter (instead of once annually), beginning in 2020.

AUTHORITY:

Commissioner of Health, 63 O.S. § 1-104; 63 O.S. § 1-115 *et seq.*,

COMMENT PERIOD:

February 15, 2019, through March 21, 2019. Persons wishing to submit written comments may do so in person, by mail, or by email through March 21, 2019 at: Oklahoma State Department of Health, Attn: Agency Rule Liaison, Health Policy, Partnerships and Planning. 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1207, OSDHRules@health.ok.gov

PUBLIC HEARING:

Pursuant to 75 O.S. § 303 (A), the public hearing for the proposed rulemaking in this chapter shall be on March 19, 2019 at the Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1207, in room 1102 beginning at 10am. In the event of state offices closing due to inclement weather, there will be an alternate hearing date on March 21, 2019, at the same location in room 1102 beginning at 10am.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing through March 21, 2019.

COPIES OF PROPOSED RULES:

The proposed rules may be obtained for review from the contract person identified below or via the agency website at www.health.ok.gov.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., §303(D), a rule impact statement is available through the contact person

identified below or via the agency website at www.health.ok.gov.

CONTACT PERSONS:

Spencer Kusi, Agency Rule Liaison, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1207; e-mail SpencerK@health.ok.gov

INITIAL RULE IMPACT STATEMENT

(This document may be revised based on comment received during the public comment period.)

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 9. HEALTH CARE INFORMATION**

1. **DESCRIPTION:** *(a brief description of the proposed rule [75 O.S. § 303(D)(2)(a)])*

The proposed updates to 310:9 will require more rapid reporting of the hospital discharge data to the OSDH, the submission of emergency department (ED) discharge data and modernizes existing rules related to notifications and reporting.

Due to the ever-increasing need for timely health care data by public health practitioners, facilities researchers, and policy makers we are proposing that discharge data providers (inpatient, outpatient surgery and ambulatory surgery center discharges) submit the required data within 45 days after the end of each calendar quarter (instead of once annually), beginning in 2020.

Due to rising health care costs, gaps in health insurance and a higher death rate in Oklahoma than the national average, EDs are a critical data source for capturing health events that are missed through the existing Oklahoma discharge data system (inpatient, outpatient or free-standing ambulatory surgeries). The proposal adds requirements for the submission emergency department discharges within 45 days after the end of each month, beginning with calendar year 2020. This data will be used for comparative studies of healthcare services and support healthcare policy research in a variety of areas, including but not limited to: injury surveillance; marijuana poisoning surveillance; opioid overuse trends; prevention of non-fatal illnesses; emerging infections; community assessment and planning; access to health care in changing health care marketplace, trends in ED use.

2. **DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:** *(a description of the persons who most likely will be affected by the proposed rule, including classes that will bear the costs of the proposed rule, and any information on cost impacts received by the agency from any private or public entities [75 O.S. § 303(D)(2)(b)])*

Submitting facilities (hospitals and ambulatory surgery centers) may be affected by the proposed changes and vary based on internal capacity, system capabilities and vendor costs. Based on 2017 calendar year discharge data submissions only 27% of data submitters did so less than quarterly (202 of the 277 submission were done so on a quarterly or monthly basis).

Costs to facilities will vary based on internal capacity, system capabilities and vendor costs to modify or develop the ED discharge data file for submission. The OSDH adopted the current outpatient surgery data submission specifications as the format for submitting ED data in an effort to minimize work for reporting facilities.

3. **DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:** *(a description of the classes of persons who will benefit from the proposed rule [75 O.S. § 303(D)(2)(c)])*

Discharge data is one of the frequently used data sources for public health initiatives and provides an effective measure to assess the disease burden and study population trends. A comprehensive approach to public health initiatives with well-defined, all encompassing data sources will allow OSDH to develop data driven, well sustained public health initiatives that can foster strong public

partnerships and support rule changes to enhance public health. Other service areas and agencies that will benefit from the enhanced Discharge data include OSDH Center for Chronic Disease Prevention and Health Promotion, OSDH Acute Disease Service, OSDH HIV/STD Services, OSDH Protective Health Services (Emergency Medical Services, Trauma Division, Injury Prevention Service), Oklahoma State Dept. of Mental Health & Substance Abuse Services, and Oklahoma Dept. of Health & Human Services.

Collection of the discharge data on a more frequent basis also supports OSDH partners' efforts to monitor and improve the state's health. For example, there are current efforts to monitor and reduce maternal morbidity through the Alliance for Innovation on Maternal Health (AIM) project. This project is being led by the University of Oklahoma Health Science Center, Office of Perinatal Quality Improvement and relies on timely discharge data to monitor and identify practices that may need to be modified to improve patient safety.

Specific public health surveillance activities that would benefit from the collection of more timely discharge data (including ED data) include but are not limited to:

- Child and adolescent injuries
- Suicide (attempts)
- Opioid use/poisoning
- Marijuana use/poisoning

4. **ECONOMIC IMPACT, COST OF COMPLIANCE AND FEE CHANGES:** *(a description of the probable economic impact of the proposed rule upon affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change [75 O.S. §303(D)(2)(d)])*

Economic impact on reporting facilities is expected to be limited. Many facilities already report at the proposed frequency. Additionally, the majority of the facilities that would be required to report ED data already submit outpatient surgery data. As a result, minimal updates/changes would be required to create the ED data file for submission.

While there are no proposed changes to the fees 310:9 does set fees for obtaining a copy of a public use data file. OSDH anticipates with the addition of a new data file type (ED) approximately \$50,000 additional fee revenue (researchers, federal government, vendors, marketing groups) to be collected annually once the program is completely implemented.

5. **COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY:** *(the probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency [75 O.S. §303(D)(2)(e)])*

The proposed rules will be implemented and enforced by existing OSDH personnel and will have little anticipated effect on state revenues.

6. **IMPACT ON POLITICAL SUBDIVISIONS:** *(a determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule [75 O.S. §303(D)(2)(f)])*

There will be no direct impact on any political subdivision as a result of implementing or enforcing this rule.

7. **ADVERSE EFFECT ON SMALL BUSINESS:** *(a determination of whether implementation of the proposed rule may have an adverse economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act [75 O.S. § 303(D)(2)(g)])*

Implementation of the proposed rule should have little to no adverse effect on small businesses as provided by the Oklahoma Small Business Regulatory Flexibility Act.

8. **EFFORTS TO MINIMIZE COSTS OF RULE:** *(an explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or nonregulatory methods or less intrusive methods for achieving the purpose of the proposed rule [75 O.S. § 303(D)(2)(h)])*

No less costly methods have been identified. Efforts to minimize the burden to facilities and internal cost included the reuse of the current outpatient surgery submission manual and layout for ED data. Additionally the OSDH is currently working to provide facilities with a method to automate the electronic submission of the discharge data instead of the current manual process of logging in and uploading a file through a secure website. This will reduce that amount of time for reporting facilities and also assist with internal processing.

9. **EFFECT ON PUBLIC HEALTH AND SAFETY:** *(a determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk [75 O.S. § 303(D)(2) (i)])*

Discharge data is one of the frequently used data sources for public health initiatives and provides an effective measure to assess the disease burden and study population trends. A comprehensive approach to public health initiatives with well-defined, all encompassing data sources will allow OSDH to develop data driven, well sustained public health initiatives that can foster strong public partnerships and support rule changes to enhance public health. Other service areas and agencies that will benefit from the enhanced Discharge data include OSDH Center for Chronic Disease Prevention and Health Promotion, OSDH Acute Disease Services, OSDH HIV/STD services, OSDH Protective Health Services (Emergency Medical Services, Trauma Division, Injury Prevention Service), Oklahoma State Dept. of Mental Health & Substance Abuse Services, and Oklahoma Dept. of Health & Human Services.

Collection of the discharge on a more frequent basis also supports OSDH partners' efforts to monitor and improve the state's health. For example, there are current efforts to monitor and reduce maternal morbidity through the Alliance for Innovation on Maternal Health (AIM) project. This project is being led by the University of Oklahoma Health Science Center, Office of Perinatal Quality Improvement and relies on timely discharge data to monitor and identify practices that may need to be modified to improve patient safety.

Availability of state level ED discharge data and promotion of ED data sets use for healthcare and public health research will benefit Oklahoma residents by identifying gaps in health care availability and accessibility to implement evidence-based programs and services to reduce state mortality rates and lower health care related costs.

Specific public health surveillance activities that would benefit from the collection of more timely discharge data (including ED data) include but are not limited to:

- Child and adolescent injuries
- Suicide (attempts)
- Opioid use/poisoning

Marijuana use/poisoning

10. **DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:** *(a determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented [75 O.S. § 303(D)(2)(j)])*

Failure to adopt these changes would result in a continued delay in the availability of hospital discharge data for use to monitor healthcare utilization, cost and outcomes. Additionally without the collection of ED data Oklahoma will continue to have an incomplete picture of important public and mental health issues such as suicide attempts, injuries, poisonings or overdoses (marijuana or opioid), childhood injuries, etc... ED data will also provide insight into access to care and cost of care.

11. **PREPARATION AND MODIFICATION DATES:** *(the date the rule impact statement was prepared and if modified, the date modified [75 O.S. § 303(D)(2)(k)])*

This rule impact statement was prepared on Friday, January 25, 2019. Modifications made subsequent to the publication of the *Notice of Rulemaking Intent* were made on: N/A

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 9. HEALTH CARE INFORMATION**

SUBCHAPTER 1. GENERAL PROVISIONS

310:9-1-1. Purpose.

The purpose of this Chapter is to establish the rules for a uniform set of health care data as established by Section 1-117 of Title 63 of the Oklahoma Statutes.

310:9-1-2. Definitions.

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Administrator" means the chief executive officer for a facility.

"Ambulatory care data" means data elements required by the Department regarding persons treated by hospitals, free-standing ambulatory surgery centers, or other health care providers, for less than 24 hours.

"Ambulatory surgery center" means a hospital-based or free-standing center providing surgery with patient stays of less than 24 hours, licensed under ~~63 O.S. Supp. 1998 Section 1-704 or~~ 63 O.S. Section 2657 et seq.

"Board" means Oklahoma State Board of Health.

"Commissioner" means the Commissioner of the Oklahoma State Department of Health.

"Committee" means the Health Care Information Advisory Committee.

"Custom Data Set" means a subset of the Public Use Data File developed by the Department on special request.

"Custom report" means a compilation or study developed by the Department on special request.

"Data element" means the specific information collected and recorded for the purpose of health care and health care service delivery. Data elements include information to identify the individual, the health care provider, the data supplier, the services provided, charges for service, payor source, medical diagnosis, medical treatment and other data as requested.

"Data file" means an electronic file containing data elements.

"Data submission manual" means a manual developed by the Department containing data elements required to be submitted by information providers.

"Data use agreement" means a document that must be submitted in order to obtain the public use data file or any anonymous patient-level data. The document assures the Department that the user will not attempt to identify or contact any person included in the data set.

"Department" means the Oklahoma State Department of Health.

"Direct Patient Identifiers" Data elements that directly identify a patient (e.g. name, SSN, etc).

"Division" means the Health Care Information Division of the Oklahoma State Department of Health.

"Facility" means hospital or ambulatory surgery center.

"Health care information system" means the system for receipt, collection, analysis, evaluation, processing, utilization and

dissemination of health care data established and maintained by the Health Care Information Division pursuant to the Oklahoma Health Care Information System Act.

"Health care provider" means hospitals, nursing facilities, ambulatory surgery centers, and any other health care provider licensed or certified by the Department or any other state agency; doctors as defined in Section 725.2 of Title 59 of the Oklahoma Statutes; or physical therapists, physician assistants, pharmacists, nurses and home health care providers licensed pursuant to the laws of this state.

"Health data" means information relating to the health status of individuals, health services delivered, the availability of health manpower and facilities, and the use and costs of resources and services to the consumer.

"Hospital" means a hospital licensed under 63 O.S. ~~Supp. 1998~~ Section 1-704.

"Hospital discharge data" means data elements required by the Department regarding persons admitted to and discharged from a hospital.

"Identifying information" means information that could uniquely identify an individual.

"Information provider" means all health care providers and the third-party payor or public-supported provider as defined in Section 1-116 of Title 63 of the Oklahoma Statutes.

"Oklahoma Cooperative Annual Hospital Survey" means a voluntary annual survey of all Oklahoma hospitals regarding service and financial information.

"Public use data file" means an electronic file for public use containing data elements from the hospital discharge or ambulatory surgery data file that do not directly or indirectly identify an individual or physician.

"Standard information provider report" means a compilation of data submitted by an information provider that is generated by the Division for the information provider.

"Standard report" means a compilation or study developed to display information on selected topics, published periodically.

"Third-party data processor" means any entity that provides data processing services.

"Third-party payor" means any entity, other than a purchaser, which is responsible for payment either to the purchaser or the health care provider for health care services rendered by the health care provider.

310:9-1-3. Fees and charges.

(a) The fee for special reports shall be \$50.00 per staff hour for creating or generating reports.

(b) The fee for Public Use Data Files shall be as follows:

(1) Most Current Two (2) Years/each:

(A) Participating Hospitals \$ 0.00 - 1st copy at no charge

(B) Non-Profit/Research \$ 50.00

(C) For Profit/Commercial \$7,500.00 full data year or \$0.030/rec + \$50/hr for custom datasets

(2) Earlier Years/each:

- (A) Participating Hospitals \$ 0.00 - 1st copy at no charge
- (B) Non-Profit/Research \$50.00
- (C) For Profit/Commercial \$3,750.00 full data year or \$0.015/rec + \$50/hr for custom datasets

(c) The Department will accept cash, checks, or money orders for payment of fees. The check or money order must be made payable to the Oklahoma State Department of Health.

SUBCHAPTER 3. REQUIRED INFORMATION

310:9-3-1. Required information to be collected from information providers

(a) The Department is required by law to collect the following types of information from information providers:

- (1) Financial information including, but not limited to, consumption of resources to provide services, reimbursement, costs of operation, revenues, assets, liabilities, fund balances, other income, rates, charges, units of service, wage and salary data;
- (2) Service information including, but not limited to,
 - (A) occupancy, capacity, and special and ancillary services;
 - (B) Physician profiles in the aggregate by clinical specialties and nursing services;
 - (C) Discharge data, including but not limited to, completed discharge data sets or comparable information for each patient discharged from the facility after the effective date of this act; and
 - (D) Ambulatory care data including, but not limited to, provider-specific and encounter data.

(b) The data elements to be submitted by information providers for hospital inpatient discharges include, but are not limited to the data elements defined in the current version of the National Uniform Bill

(c) The data elements to be submitted by information providers for ambulatory surgery and emergency department patients include, but are not limited to the data elements defined in the current version of the National Uniform Bill and the CMS-1500

(d) Data file formats that will be accepted include:

- (1) XML format as defined by the Division,
- ~~(2) Standard fixed length ASCII format as defined by the Division,~~
- ~~(3)~~ (2) Other formats agreed upon by OSDH and the data provider prior to submission.

(e) Formats containing the appropriate fields without adhering to the appropriate format shall be considered unreadable and will be returned to the provider.

310:9-3-2. Data files

(a) When a data file is received from an information provider, the Department will notify ~~mail~~ the facility ~~administrator~~ ~~a letter~~ acknowledging receipt of the data. ~~A copy of this letter will be sent~~

~~either to the facility technical contact or the third party data processor who submitted the data file.~~

(b) As hospital discharge or ambulatory care data files are received by the Department, the data will be processed and checked for errors. This process will include error checking for out of range, or invalid data elements as specified in the data submission manual. Upon processing the submitted data file, the Department will send the information provider:

- (1) A standard information provider report developed from the provider's data; and
- (2) A list of errors in that information provider's data file and will request the information provider correct errors associated with their data within 30 days of receipt ~~of said letter,~~ electronically ~~or in writing,~~ to the Department.

310:9-3-3. Periodic schedule for submission of information

(a) Hospital discharge data files must be submitted to the Department within 45 days after the end of each calendar quarter, beginning calendar year 2020 by May 1 of the following calendar year.

(b) Ambulatory surgery data files must be submitted to the Department within 45 days after the end of each calendar quarter, beginning with calendar year 2020 by March 1 of the following calendar year, ~~beginning March, 2002.~~

(c) Emergency department data files must be submitted to the Department within 45 days after the end of each month, beginning with calendar year 2020.

~~(ed)~~ The Department may grant an extension on written request from the information provider on a case-by-case basis.

SUBCHAPTER 5. COLLECTION AND RELEASE OF INFORMATION

310:9-5-1. Confidentiality

(a) All information collected from any source will remain confidential and will not be public records as defined in the Open Records Act except as provided in 63 O.S. 1998 Supp. Section 1-119. Under no circumstances shall the information in the database or any records from which this database is maintained be used for any purpose other than the compilation of aggregate data or the creation of anonymous medical case histories for statistical reporting and data analysis. Prior to release of any information, all identifying information shall be removed which might directly or indirectly reveal the identity of any person. This information may not be released voluntarily or in response to any legal process unless the Department is directed to release it by a court of competent jurisdiction, granted after application showing good cause.

(b) The Department will develop internal procedures to ensure the collection, analysis and dissemination of information is in compliance with all provisions of state and federal laws and regulations, including this Chapter.

(c) State agencies, boards and commissions are required to make information authorized under the Oklahoma Health Care Information System Act available to the Department without charge to the Department. Except as otherwise provided by the Health Care

Information System Act, information which is required by state or federal law to be confidential will not be transferred to any entity by the Department unless a separate written agreement for such transfer has been executed by the Department with the state agency, board or commission.

310:9-5-2. Release and dissemination of information

After approval by the Department, aggregate compilations prepared for release or dissemination from the data collected shall be public record. However, reports prepared at the request of an individual information provider containing information concerning only its transactions, shall not be public record.

310:9-5-2.1. Public Use Data File

(a) The Department will annually make available for purchase a Public Use Data File(s) (PUDF) containing a calendar year of record level data with anonymous case files (i.e., direct patient identifiers removed).

(b) The hospital inpatient discharge data PUDF includes the following data elements:

- (1) Record Identifier (Synthetic)
- (2) Patient state of residence
- (3) Patient zip code
- (4) Patient county of residence
- (5) Patient gender
- (6) Patient race
- (7) Patient marital status
- (8) Patient age group
- (9) Hospital ID
- (10) Hospital Type
- (11) Admission year
- (12) Admission month
- (13) Admission day of week
- (14) Discharge year
- (15) Discharge month
- (16) Discharge day of week
- (17) Length of stay in days
- (18) Type and source of admission
- (19) Patient discharge status
- (20) Payer classification
- (21) Total charges
- (22) Diagnosis Related Group (DRG)
- (23) Major Disease Category (MDC)
- (24) Birth weight group
- (25) Admitting diagnosis
- (26) External cause of injury codes (E-code)
- (27) Principal diagnosis
- (28) Other diagnosis codes
- (29) Principal procedure code
- (30) Other procedure codes
- (31) Present upon Admission (POA)

(c) The hospital outpatient surgery data PUDF includes the following data elements:

- (1) Record Identifier (Synthetic)

- (2) Patient state of residence
- (3) Patient zip code
- (4) Patient county of residence
- (5) Patient gender
- (6) Patient race
- (7) Patient marital status
- (8) Patient age group
- (9) Hospital ID
- (10) Admission year
- (11) Admission month
- (12) Admission day of week
- (13) Admission hour
- (14) Discharge year
- (15) Discharge month
- (16) Discharge day of week
- (17) Discharge hour
- (18) Length of stay in days
- (19) Type and source of admission
- (20) Patient discharge status
- (21) Total charges
- (22) External cause of injury codes (E-code)
- (23) Principal diagnosis
- (24) Other diagnosis codes
- (25) Principal procedure CPT code
- (26) Other procedure CPT codes
- (27) Payer classification
- (28) Ambulatory payment classification (APC)

(d) The ambulatory surgery center data PUDF includes the following data elements:

- (1) Record Identifier (Synthetic)
- (2) Patient state of residence
- (3) Patient zip code
- (4) Patient county of residence
- (5) Patient gender
- (6) Patient race
- (7) Patient marital status
- (8) Patient age group
- (9) Facility ID
- (10) Admission year
- (11) Admission month
- (12) Admission day of week
- (13) Admission hour
- (14) Discharge year
- (15) Discharge month
- (16) Discharge day of week
- (17) Discharge hour
- (18) Length of stay in days
- (19) Total charges
- (20) Principal diagnosis
- (21) Other diagnosis codes
- (22) Principal procedure CPT code
- (23) Other procedure CPT codes

(24) Payer Classification
(25) Ambulatory payment classification (APC)
(e) The hospital emergency department data PUDF includes the following data elements:

- (1) Record Identifier (Synthetic)
- (2) Patient state of residence
- (3) Patient zip code
- (4) Patient county of residence
- (5) Patient gender
- (6) Patient race
- (7) Patient marital status
- (8) Patient age group
- (9) Hospital ID
- (10) Admission year
- (11) Admission month
- (12) Admission day of week
- (13) Admission hour
- (14) Discharge year
- (15) Discharge month
- (16) Discharge day of week
- (17) Discharge hour
- (18) Length of stay in days
- (19) Type and source of admission
- (20) Patient discharge status
- (21) Total charges
- (22) External cause of injury codes (E-code)
- (23) Principal diagnosis
- (24) Other diagnosis codes
- (25) Principal procedure CPT code
- (26) Other procedure CPT codes
- (27) Payer classification
- (28) Ambulatory payment classification (APC)

(ef) Entities requesting the PUDF must sign and complete the Data Use Agreement. The completed Data Use Agreement must be included with the request.

310:9-5-2.2. Custom data sets

The Department will compile custom data sets (CDS) based on the data elements contained in the PUDF.

- (1) Requests for CDS must be made in writing to the Department using the Special Request Form.
- (2) Entities requesting custom data sets from the PUDF must sign and complete the Data Use Agreement. The signed Data Use Agreement must be included with the request.
- (3) The application fee must be received by the Department with the request.

310:9-5-3. Standard information provider reports [REVOKED]

~~After the information provider's data is processed, the information provider will receive a standard report that will include summary information regarding the information provider's facility and aggregate comparative information.~~

310:9-5-4. Standard reports

- (a) The charge for standard reports will be reproduction costs that are based on the Department's fee schedule.
- (b) Standard reports may not be published or sold by another entity without written consent of the Department.
- (c) Standard reports will include, but are not limited to, aggregate information regarding:
 - (1) Patterns and trends in the health status of Oklahomans;
 - (2) Utilization, costs and outcomes; and
 - (3) Capacity of the various components of the health care industry to provide needed services.

310:9-5-5. Custom reports

- (a) Requests for custom reports are handled on a case-by-case basis. The Department reserves the right to refuse any request for a custom report that could threaten the confidentiality of an individual.
- (b) All custom reports, except reports prepared at the request of an individual information provider containing information concerning only its transactions, are public record.
- (c) Requests for custom reports must be made in writing to the Department using the Special Request Form.
- (d) Special reports may not be published or sold without written consent of the Department.
- (e) The application fee must be received by the Department with the request.

310:9-7-1. Committee appointment

The Commissioner shall appoint a Health Care Information Advisory Committee to advise and assist the Department.

310:9-7-2. Membership

The membership of the Committee shall include, but not be limited to, the presidents, or their designees, of the Oklahoma State Chamber of Commerce, the Oklahoma Hospital Association, the Oklahoma State Medical Association, the Oklahoma Osteopathic Association, the Oklahoma AFL-CIO, a statewide health care consumer coalition, the Oklahoma Health Care Association, the Association of Oklahoma Life Insurance Companies, the Oklahoma Health Care Association, the Oklahoma Pharmaceutical Association, the Oklahoma Dental Association, the Joint Chiropractic Association of Oklahoma, the Oklahoma Optometric Association, the Oklahoma Physical Therapy Association, the Oklahoma Podiatric Medical Association, the Oklahoma Psychological Association, the Oklahoma Nurses Association, Community Health Care Centers, Inc., and the Oklahoma Association of Home Care.

310:9-7-3. Duties

The Committee shall:

- (1) Advise and assist the Health Care Information Division with determinations related to data elements to be collected, reporting requirements, and the release and dissemination of information to the public.
- (2) Assist in the development of implementation methods and in the interpretation and evaluation of the data received pursuant to the Oklahoma Health Care Information System Act.