Virginia Regulatory Town Hall

townhall.virginia.gov

Fast Track Proposed Regulation
Agency Background Document

Agency name	Virginia Department of Health
Virginia Administrative Code (VAC) citation	12VAC5-218
Regulation title	Rules and Regulations Governing Outpatient Health Data Reporting
Action title	Amend regulation for clarity, efficiency and effectiveness following periodic review
Date this document prepared	August 6, 2013

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 14 (2010) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual.*

Brief summary

Please provide a brief summary (no more than 2 short paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes.

The State Board of Health (board) proposes to amend 12VAC5-218, Rules and Regulations Governing Outpatient Health Data Reporting by making corrections to outdated citations and to enhance the clarity of the regulations.

Statement of final agency action

Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency taking the action, and (3) the title of the regulation.

These amendments to the Rules and Regulations Governing Outpatient Health Data Reporting (12VAC5-218) were approved by the State Health Commissioner, on behalf of the board while the board was not in session, on August 28th, 2013.

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., agency, board, or person. Your citation should include a specific provision authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency/board/person's overall regulatory authority.

The regulation is promulgated under the authority of §32.1-12 and §32.17-276.6 of Chapter 7.2 of Title 32.1 of the Code of Virginia (Code). Section 32.1-12 grants the board the legal authority "to make, adopt, promulgate, and enforce such regulations necessary to carry out the provisions of Title 32.1 of the Code." Section 32.1-276.6 requires the board to promulgate regulations specifying the format for submission of the outpatient data elements that facilities are mandated to submit to the Board within that section of the Code.

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Detail the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

To fulfill the statutory mandate to review regulations and to protect the citizens of the Commonwealth**,** the Department conducted a periodic review of 12 VAC 5-218 *et seq*. Rules and Regulations Governing Outpatient Health Data Reporting pursuant to Executive Order (EO) 14 (2010). As a result of this review, the Department determined it was necessary to use the regulatory process to amend these regulations. It is necessary to amend these regulations to make corrections to outdated citations and to enhance the clarity of the regulations in order to achieve improvements that will be reasonable, prudent and will not impose an unnecessary burden on the Virginia Department of Health or the public.

Rationale for using fast track process

Please explain the rationale for using the fast track process in promulgating this regulation. Why do you expect this rulemaking to be noncontroversial?

Please note: If an objection to the use of the fast-track process is received within the 30-day public comment period from 10 or more persons, any member of the applicable standing committee of either house of the General Assembly or of the Joint Commission on Administrative Rules, the agency shall (i) file notice of the objections with the Registrar of Regulations for publication in the Virginia Register, and (ii) proceed with the normal promulgation process with the initial publication of the fast-track regulation serving as the Notice of Intended Regulatory Action.

These amendments simply update the regulations to reflect current practice. The Department does not expect that this regulatory action will be controversial.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. (Provide more detail about these changes in the "Detail of changes" section.) Please be sure to define any acronyms.

12VAC5-218-10. Definitions. Amend this section to make corrections to three definitions and remove two unnecessary definitions.

12VAC5-218-20. Reporting requirements for outpatient data elements. Amend this section to remove outdated citations and specify the format of reporting requirements. Update the data elements that are required to be reported due to statutory changes. Add language to ensure the section does not become outdated due to later publications from the National Uniform Billing Committee or the Centers for Medicare and Medicaid Services.

12VAC-218-25 Requirements of Outpatient Processed Verified Data- Create a new section. The substance of this section comes from the previous definition of Outpatient Processed Verified Data. The definition had numerous substantive requirements which were not appropriate to be located in the definitions section.

12VAC5-218-30. Options for filing format. Repeal this section.

12VAC5-218-40 Options for submission- Update for clarity of language.

12VAC5-218-50 Contact person- Update for clarity of language.

Issues

Please identify the issues associated with the proposed regulatory action, including:
1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;
2) the primary advantages and disadvantages to the agency or the Commonwealth; and
3) other pertinent matters of interest to the regulated community, government officials, and the public.
If there are no disadvantages to the public or the Commonwealth, please indicate.

The purpose of the proposed regulatory action is to comply with the Code and to remove outdated citations and update those sections which no longer reflect current practice. There are no known disadvantages to the public, the regulated entities, business entities or the Commonwealth. The advantage will be greater clarity of the regulations.

Requirements more restrictive than federal

Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.

There are no requirements in this proposal that exceed federal requirements.

Localities particularly affected

Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.

No locality will be particularly affected by the proposed regulation.

Regulatory flexibility analysis

Please describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.

The alternative regulatory methods are not applicable.

Economic impact

Please identify the anticipated economic impact of the proposed new regulations or amendments to the existing regulation. When describing a particular economic impact, please specify which new requirement or change in requirement creates the anticipated economic impact.

Projected cost to the state to implement and enforce the proposed regulation, including (a) fund source / fund detail, and (b) a delineation of one-time versus on-going expenditures	Projected cost to the state is negligible.
Projected cost of the *new regulations or changes to existing regulations* on localities.	None
Description of the individuals, businesses or other entities likely to be affected by the *new regulations or changes to existing regulations*.	Virginia Health Information (VHI) and facilities performing outpatient surgical procedures across the Commonwealth.
Agency's best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than $6 million.	There are approximately 150 licensed or certified facilities required to report in the Commonwealth.
All projected costs of the *new regulations or*	These amendments will simply update outdated

***changes to existing regulations* for affected individuals, businesses, or other entities. Please be specific and include all costs. Be sure to include the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses. Specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the proposed regulatory changes or new regulations.**	citations and therefore will not have an economic impact on affected entities.
Beneficial impact the regulation is designed to produce.	Greater clarity of the regulations

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in §2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.

There are no other viable alternatives other than the proposed amendments to simplify the current regulations to be less burdensome, while also continuing to fulfill the board's statutory mandate to protect the citizens of the Commonwealth.

Periodic review/small business impact review result

If this fast-track regulation is <u>not the result</u> of a periodic review/small business of the regulation, please delete this entire section.

If this fast-track regulation <u>is</u> the result of a periodic review/small business impact review, please (1) summarize all comments received during the public comment period following the publication of the Notice of Periodic Review, and (2) indicate whether the regulation meets the criteria set out in Executive Order 14 (2010), e.g., is necessary for the protection of public health, safety, and welfare, and is clearly written and easily understandable. In addition, please include, pursuant to § 2.2-4007.1 E and F, a discussion of the agency's consideration of: (1) the continued need for the regulation; (2) the nature of complaints or comments received concerning the regulation from the public; (3) the complexity of the regulation; (4) the extent to the which the regulation overlaps, duplicates, or conflicts with federal or state law or regulation; and (5) the length of time since the regulation has been evaluated or the degree to which technology, economic conditions, or other factors have changed in the area affected by the regulation.

No comments were received from the public during the recent periodic review. There is a continued need for the regulation as it is mandated by law. The Department has not received any complaints or comments concerning the regulation from the public. The regulation is clearly written and easily understandable and the Department is confident based on this most recent review that the regulation does not overlap, duplicate or conflict with federal or state law or regulation.

Family impact

Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

The board has assessed the impact the proposed amendments will have on the institution of the family and family stability. The board anticipates no impact to the family or family stability.

Detail of changes

Please list all changes that are being proposed and the consequences of the proposed changes. If the proposed regulation is a new chapter, describe the intent of the language and the expected impact. Please describe the difference between existing regulation(s) and/or agency practice(s) and what is being proposed in this regulatory action.

*If the proposed regulation is intended to replace an emergency regulation, please list separately (1) all differences between the **pre**-emergency regulation and this proposed regulation, and (2) only changes made since the publication of the emergency regulation.*

For changes to existing regulation(s), use this chart:

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change, intent, rationale, and likely impact of proposed requirements
10. Definitions		The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise: "Board" means the State Board of Health. "Inpatient hospital" means a hospital providing inpatient care and licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1 of the Code of Virginia, a hospital licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1 of the Code of Virginia, a hospital operated by the Department of Mental Health, Mental Retardation and Substance	The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise: "Board" means the State Board of Health. ~~"Inpatient hospital" means a hospital providing inpatient care and licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1 of the Code of Virginia, a hospital licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1 of the Code of Virginia, a hospital operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services for the care and treatment of the mentally ill, or a hospital operated by the University of Virginia or Virginia Commonwealth~~

		Abuse Services for the care and treatment of the mentally ill, or a hospital operated by the University of Virginia or Virginia Commonwealth University Health System Authority. "Nonprofit organization" means a nonprofit, tax-exempt health data organization with the characteristics, expertise and capacity to execute the powers and duties set forth for such entity in Chapter 7.2 (§ 32.1-276.2 et seq.) of Title 32.1 of the Code of Virginia and with which the Commissioner of Health has entered into a contract as required by the Code of Virginia. "Outpatient processed, verified data" means data on outpatient records that have been subjected to edits. These edits shall be applied to data elements that are on the UB-92 Billing Form, HCFA 1500 Billing Form or a nationally adopted successor billing form used by reporting entities. The edits shall have been agreed to by the board and the nonprofit organization. Outpatient records containing invalid UB-92 codes, HCFA 1500 codes, another nationally adopted billing form codes or all blank fields for any of the data elements subjected to edits shall be designated as error records. To be considered processed and verified, a complete filing of outpatient surgical procedures specified by the board submitted by a reporting entity in aggregate per calendar year quarter and that are subjected to these edits must be free of error at a prescribed rate. The overall error rate shall	~~University Health System Authority.~~ "Nonprofit organization" means a nonprofit, tax-exempt health data organization with the characteristics, expertise and capacity to execute the powers and duties set forth for such entity in Chapter 7.2 (§ 32.1-276.2 et seq.) of Title 32.1 of the Code of Virginia and with which the Commissioner of Health has entered into a contract as required by the Code of Virginia. "Outpatient processed, verified data" means data on outpatient records <u>which fulfill the requirements specified in 12VAC5-218-15</u>~~that have been subjected to edits. These edits shall be applied to data elements that are on the UB-92 Billing Form, HCFA 1500 Billing Form or a nationally adopted successor billing form used by reporting entities. The edits shall have been agreed to by the board and the nonprofit organization. Outpatient records containing invalid UB-92 codes, HCFA 1500 codes, another nationally adopted billing form codes or all blank fields for any of the data elements subjected to edits shall be designated as error records. To be considered processed and verified, a complete filing of outpatient surgical procedures specified by the board submitted by a reporting entity in aggregate per calendar year quarter and that are subjected to these edits must be free of error at a prescribed rate. The overall error rate shall not exceed 5.0%. A separate error rate shall be calculated for patient identifier, and it shall not exceed 5.0%. The error rate shall be calculated on only those fields approved by the board through the process specified in 12VAC5-218-20.~~ "Outpatient <u>surgical procedures</u>~~surgery~~" means all surgical procedures performed on an outpatient basis in a general hospital, ordinary hospital, outpatient surgical hospital or other facility licensed or certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1 of the Code of Virginia or in a physician's office <u>or oral and maxillofacial surgeon's office as defined by § 32.1-276.3 of the Code of Virginia</u>. Outpatient surgery

		not exceed 5.0%. A separate error rate shall be calculated for patient identifier, and it shall not exceed 5.0%. The error rate shall be calculated on only those fields approved by the board through the process specified in 12VAC5-218-20. "Outpatient surgery" means all surgical procedures performed on an outpatient basis in a general hospital, ordinary hospital, outpatient surgical hospital or other facility licensed or certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1 of the Code of Virginia or in a physician's office. Outpatient surgery refers only to those surgical procedure groups on which data are collected by the nonprofit organization as a part of a pilot study. "Physician" means a person licensed to practice medicine or osteopathy in the Commonwealth pursuant to Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1 of the Code of Virginia. "Physician's office" means a place (i) owned or operated by a licensed physician or group of physicians practicing in any legal form whatsoever or by a corporation, partnership, limited liability company or other entity that employs or engages physicians and (ii) designed and equipped solely for the provision of fundamental medical care, whether diagnostic, therapeutic, rehabilitative, preventive or palliative, to ambulatory patients. "Reporting entity" means every general hospital, ordinary hospital, outpatient surgical hospital or other facility licensed or certified	refers only to those surgical procedure groups on which data are collected by the nonprofit organization as a part of a pilot study. "Physician" means a person licensed to practice medicine or osteopathy in the Commonwealth pursuant to Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1 of the Code of Virginia. "Physician's office" means a place (i) owned or operated by a licensed physician or group of physicians practicing in any legal form whatsoever or by a corporation, partnership, limited liability company or other entity that employs or engages physicians and (ii) designed and equipped solely for the provision of fundamental medical care, whether diagnostic, therapeutic, rehabilitative, preventive or palliative, to ambulatory patients. "Reporting entity" means every general hospital, ordinary hospital, outpatient surgical hospital or other facility licensed or certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1 of the Code of Virginia and every physician performing surgical procedures in his office or oral and maxillofacial surgeon's office as defined by § 32.1-276.3 of the Code of Virginia. "Surgical procedure group" means at least five procedure groups, identified by the nonprofit organization designated pursuant to § 32.1-276.4 of the Code of Virginia in compliance with regulations adopted by the board, based on criteria that include, but are not limited to, the frequency with which the procedure is performed, the clinical severity or intensity, and the perception or probability of risk. The nonprofit organization shall form a technical advisory group consisting of members nominated by its board of directors' nominating organizations to assist in selecting surgical procedure groups to recommend to the board for adoption. ~~"System" means the Virginia Patient Level Data System.~~

		pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1 of the Code of Virginia and every physician performing surgical procedures in his office. "Surgical procedure group" means at least five procedure groups, identified by the nonprofit organization designated pursuant to § 32.1-276.4 of the Code of Virginia in compliance with regulations adopted by the board, based on criteria that include, but are not limited to, the frequency with which the procedure is performed, the clinical severity or intensity, and the perception or probability of risk. The nonprofit organization shall form a technical advisory group consisting of members nominated by its board of directors' nominating organizations to assist in selecting surgical procedure groups to recommend to the board for adoption. "System" means the Virginia Patient Level Data System.	Intent: To remove "Inpatient hospital" and "system" as these terms are not used in the regulations. To remove substantive requirements from the definition of outpatient processed verified data. To update the definition of "outpatient surgical procedures" to reflect the terminology utilized in the regulations and reflect the definition laid out in Code and to update the definition of "Reporting entity" to accurately reflect all entities that are required to report. Impact: Greater clarity of the regulations.
12VAC5-218-20. Reporting requirements for outpatient data elements.		Every reporting entity performing outpatient surgical procedures shall submit each patient level data element listed below for each patient for which an outpatient surgical procedure is performed and for which the data element is collected on the standard claim form utilized by the reporting entity. Most of these data elements are currently collected from a UB-92 Billing Form or HCFA 1500 Form. In the table below, the column for a field description indicates where the data element is located on the UB-92 and HCFA 1500 forms. An asterisk (*) indicates when the required	Every reporting entity performing outpatient surgical procedures shall submit each patient level data element listed below for each patient for which an outpatient surgical procedure is performed and for which the data element is collected on the standard claim form utilized by the reporting entity. Most of these data elements are currently collected from a Uniform Billing Form located in the latest publication of the Uniform Billing Manual prepared by the National Uniform Billing Committee or the Centers for Medicare and Medicaid Health Insurance Claim Form. The Uniform Billing Form and the Uniform Billing Manual are located on the National Uniform Billing Committee website: www.nubc.org. The Centers for Medicare and Medicaid Health Insurance Claim Form is available at www.cms.gov. ~~a UB-92 Billing Form or~~

		data element is either not on the UB-92 or the HCFA 1500. The instructions provided under that particular data element should then be followed. If a successor billing form to the UB-92/HCFA 1500 form is adopted nationally, information pertaining to the data elements listed below should be derived from that successor billing form. The nonprofit organization will develop detailed record layouts for use by reporting entities in reporting outpatient surgical data. This detailed record layout will be based upon the type of base electronic or paper-billing form utilized by the reporting entity. Outpatient surgical procedures reported will be those adopted by the Board of Health as referred by the nonprofit organization. The nonprofit organization may recommend changes to the list of procedures to be reported not more than annually.	~~HCFA 1500 Form.~~ Every reporting entity performing outpatient surgical procedures shall submit in an electronic data format. ~~In the table below, the column for a field description indicates where the data element is located on the UB-92 and HCFA 1500 forms. An asterisk (*) indicates when the required data element is either not on the UB-92 or the HCFA 1500. The instructions provided under that particular data element should then be followed. If a successor billing form to the UB-92/HCFA 1500 form is adopted nationally, information pertaining to the data elements listed below should be derived from that successor billing form.~~ The nonprofit organization will develop detailed record layouts for use by reporting entities in reporting outpatient surgical data. This detailed record layout will be based upon the type of base electronic or paper-billing form utilized by the reporting entity. Outpatient surgical procedures reported ~~will~~shall be those adopted by the board~~Board of Health~~ as referred by the nonprofit organization. The nonprofit organization may recommend changes to the list of procedures to be reported not more than annually. Intent: Update the references to the listed billing forms. The proposed amendments remove the field locators from the chart. VDH anticipates the proposed change will prevent the regulations from becoming outdated when changes are made to the billing forms. The language referencing the field locators is removed for this reason. Add language clarifying that the data must be submitted in electronic format. Remove data elements the board no longer has statutory authority to collect. Impact: Greater clarity of the regulations.
12VAC5-218-25 Requirements of Outpatient Processed Verified Data.			To be considered processed and verified, a complete filing of outpatient surgical procedures specified by the board submitted by a reporting entity in aggregate per calendar year quarter must be free of error at a prescribed rate. The prescribed minimum accuracy rate shall be 95% overall, with patient identifier separately calculated at 95%.

			The accuracy rate shall be calculated on only those fields designated in 12VAC5-218-20. Outpatient records containing invalid codes or all blank fields for any of the data elements shall be designated as error records. Intent: To remove the substantive requirements of Processed Verified data from the definitions section. Impact: Greater clarity of the regulations.
30. ~~Options for filing format.~~		Reporting entities that perform on an annual basis 100 or more of the specified outpatient surgical procedures shall submit patient level data in an electronic data format. Reporting entities performing fewer than 100 of the specified outpatient surgical procedures annually that submit patient level data directly to the board or the nonprofit organization may directly submit it in electronic data format or in hard copy. If hard copy is utilized, the reporting entity shall submit for each outpatient discharged a copy of the UB-92/HCFA 1500 and an addendum sheet for those data elements not collected on the UB-92/HCFA 1500 or nationally adopted billing form. These reporting entities performing specified outpatient surgical procedures must submit all outpatient patient level data in electronic data format by January 1, 2004.	~~Reporting entities that perform on an annual basis 100 or more of the specified outpatient surgical procedures shall submit patient level data in an electronic data format. Reporting entities performing fewer than 100 of the specified outpatient surgical procedures annually that submit patient level data directly to the board or the nonprofit organization may directly submit it in electronic data format or in hard copy. If hard copy is utilized, the reporting entity shall submit for each outpatient discharged a copy of the UB-92/HCFA 1500 and an addendum sheet for those data elements not collected on the UB-92/HCFA 1500 or nationally adopted billing form. These reporting entities performing specified outpatient surgical procedures must submit all outpatient patient level data in electronic data format by January 1, 2004.~~ Intent: Repeal an unnecessary section of the regulations. The requirement for filing format has been moved to Section 20 as it is not necessary for filing format to be a separate section. Impact: Greater clarity and accuracy of the regulations.
40. Options for submission.		Each reporting entity shall submit the outpatient patient level data to the board for processing and verification. If data is submitted in this fashion, the board will transmit it to the nonprofit organization along with any fees submitted by the	Each reporting entity shall submit outpatient level data in one of the following methods: 1. A reporting entity may submit the outpatient patient level data to the board for processing and verification. If data is submitted in this fashion, the board ~~will~~shall transmit it to the nonprofit

		reporting entity to the board for the processing and verification of such data. As an alternative to submitting the outpatient patient level data to the board, a reporting entity may submit the outpatient patient level data to the office of the nonprofit organization for processing and verification. If this alternative is chosen, the reporting entity reporting the outpatient patient level data shall notify the board and the nonprofit organization of its intent to follow this procedure. In lieu of submitting the patient level data to the board or to the nonprofit organization, a reporting entity may submit already processed, verified data to the nonprofit organization. If a reporting entity chooses this alternative for submission of patient level data, it shall notify the board and the nonprofit organization of its intent to utilize this procedure. If a reporting entity decides to change the option it has chosen, it shall notify the board of its decision 30 days prior to the due date for the next submission of patient level data.	organization along with any fees submitted ~~by the reporting entity to the board~~ for the processing and verification of such data. Fees shall not exceed $.75 per record. Fees shall not be applied to state agencies reporting data. 2. ~~As an alternative to submitting the outpatient patient level data to the board, a~~ A reporting entity may submit the outpatient patient level data along with any fees to the office of the nonprofit organization for processing and verification. If this alternative is chosen, the reporting entity ~~reporting the outpatient patient level data~~ shall notify the board and the nonprofit organization of its intent to follow this procedure. 3. ~~In lieu of submitting the patient level data to the board or to the nonprofit organization, a~~A reporting entity may submit ~~already~~ processed, verified data to the nonprofit organization. In the event that processed, verified data is submitted no fees shall be applied. If a reporting entity chooses this alternative for submission of patient level data, it shall notify the board and the nonprofit organization of its intent to utilize this procedure. If a reporting entity decides to change the option it has chosen, it shall notify the board of its decision 30 days prior to the due date for the next submission of patient level data. Intent: Clarifying language noting the cost of fees and when they are assessed. Impact: Greater clarity of the regulations.
50. Contact person.		Each reporting entity shall notify in writing the board and the nonprofit organization of the name, address, telephone number, email (where available) and fax number (where available) of a contact person. If the contact person changes, the board and the nonprofit	Each reporting entity shall notify ~~in writing~~ the board and the nonprofit organization in writing of the name, address, telephone number, email (where available) and fax number (where available) of a contact person. If the contact person changes, the board and the nonprofit organization shall be notified in writing as soon as possible of the name of the new ~~person who shall be the~~ contact person for that reporting

		organization shall be notified in writing as soon as possible of the name of the new person who shall be the contact person for that reporting entity.	entity. Intent: Clarifying language Impact: Greater clarity of the regulations.