

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
STATE COMMITTEE OF PUBLIC HEALTH  
ADMINISTRATIVE CODE**

**CHAPTER 420-12-1  
HOSPITAL DISCHARGE DATA SYSTEM**

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**420-12-1-.01**      **Definitions.**

(1) "Aggregate Data" is a set of multiple data records that are tabulated, combined, or otherwise summarized for the purpose of describing characteristics of a group of patient discharges. No individualized patient data is identifiable in Aggregate Data.

(2) "AlaHA" means the administrative offices and staff of the Alabama Hospital Association.

(3) "Advisory Council" refers to the Hospital Discharge Data Advisory Council established under Code of Ala. 1975, §22-21-410.

(4) "Department" is the Alabama Department of Public Health.

(5) "Delinquent Discharge Data Report" includes

(a) any Discharge Data Report not received by the Department within sixty (60) calendar days after the end of the quarter for which the Discharge Data is required to be reported; and

(b) any Discharge Data Report that remains uncorrected or incomplete after fifteen (15) calendar days following notification by the Department of receipt of an incomplete Discharge Data Report.

(6) "Discharge" is defined as the formal release of a patient from a hospital in either an inpatient or outpatient situation.

(7) "Discharge Data" means data regarding a patient's discharge as an inpatient or outpatient from a hospital, as required on the

UB-04 claim form, or any successor form, and on other forms that include services provided for covered inpatient and outpatient discharges.

(8) "Discharge Data Report" means a report to the Department of all Discharge Records for patients receiving inpatient or outpatient services at a particular hospital during the three (3) months immediately preceding the date of the Discharge Data, as described in this Chapter and the Hospital Discharge Data System Procedure Manual.

(9) "Discharge Record" means a record of an individual inpatient or outpatient discharge required to be reported under Code of Ala. 1975, §22-21-410, et seq., this Chapter, and the Hospital Discharge Data System Procedure Manual.

(10) "Error" means Discharge Data or Discharge Data Reports that are incomplete or inconsistent with the specifications set forth in this Chapter or the Hospital Discharge Data System Procedure Manual.

(11) "HIPAA" means the Health Insurance Portability and Accountability Act, Pub. L. 104- 191.

(12) "Hospital" means general acute care, critical access and specialized hospitals, as well as any freestanding emergency department that is separately licensed by the Department as a provider-based division of a hospital, as defined by rules of the Department and licensed pursuant to Article 2 of Chapter 21 of Title 22, Code of Ala. 1975, and that are located in this state.

(13) "Hospital Discharge Data Procedure Manual" means the procedure manual prepared and maintained by AlaHA that provides the data elements for each hospital Discharge Record to be included in the Discharge Data Report submitted to the Department, their descriptions and reporting formats, and any additional information required to be included in the Discharge Data Report.

(14) "Inpatient Discharge" includes persons who received reception and care in a hospital for a continuous period of twenty-four (24) hours or more for the purpose of giving advice, diagnosis, nursing service, or treatment bearing on the physical health of the person, including persons receiving maternity care involving labor and delivery for any period of time.

(15) "Outpatient Discharge" includes persons receiving reception and care in a hospital for a continuous period of less than twenty-four (24) hours for the purpose of giving advice, diagnosis, nursing service, or treatment bearing on the physical health of the person, excluding persons receiving maternity care involving labor and delivery. Emergency Room Discharges are included in Outpatient Discharges for purposes of these rules.

(16) "Patient Identifiers" is defined as information that reasonably could be expected to reveal the identity of a patient, including those items contained in 45 C.F.R. §164.51 4(b)(2)(i).

(17) "Processed Data" is defined as data that has been reviewed by the Department for the purpose of detecting errors, inconsistencies, and/or incomplete elements in the data set.

(18) "UB-04" is CMS Form 1450, the Uniform Hospital Billing Form, or a successor form as established by the National Uniform Billing Committee.

(19) "Verified Data" is defined as data that has been processed by the Department, reviewed and corrected by the hospital, and accepted by the Department.

**Author:** Sherri L. Davidson, Ph.D., M.P.H.; Dana H. Billingsley

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#### **420-12-1-.02      Required Elements.**

(1) The minimum data set for each Discharge Record to be included in the Discharge Data Report will include the following data elements:

- (a) Patient Control Number
- (b) Type of Bill
- (c) Federal Tax Number
- (d) Statement Covers Period
- (e) Patient's Address: City, State and Zip Code
- (f) Patient's Date of Birth
- (g) Patient's Sex
- (h) Admission Date
- (i) Admission Type
- (j) Source of Admission
- (k) Patient's Status
- (l) Medical/Health Record Number
- (m) Revenue Codes

- (n) Date(s) of Service
  - (o) Unit(s) of Service
  - (p) Charges Associated with Revenue Codes
  - (q) Payer Identification
  - (r) Provider Number
  - (s) Patient's Relationship to Insured
  - (t) Certificate Number/ID Number/SSN
  - (u) Insurance Group Number
  - (v) Employment Status Code
  - (w) Insured's Employer Name
  - (x) Insured's Employer Location: Zip Code
  - (y) Principal Diagnosis Codes
  - (z) Other Diagnosis Codes
  - (aa) E Code
  - (bb) Principal Procedure Code and Date
  - (cc) Other Procedure Codes and Dates
  - (dd) Attending Physician ID Number
  - (ee) Other Physician ID Numbers
  - (ff) Patient's Social Security Number
  - (gg) Patient's Race/Ethnicity
- (2) All Inpatient Discharges are required to be reported.
- (3) All reportable Outpatient and Emergency Room Discharges are required to be reported.
- (4) All data elements reported by the hospital should be the actual values used by the hospital. No reported data elements should be encrypted or otherwise altered.
- (5) All hospitals required by Code of Ala. 1975, §22-21-410, et seq. and these rules to report Discharge Data shall designate one staff member to be responsible for reporting the required data. The Department shall be notified by the hospital, on a form

supplied by the Department, with the name, title, work address, and work telephone number of the designated staff member. The Department must be notified in writing of any change in the designated staff member within thirty (30) days of such change and receive the completed form supplying the name, title, work address, and work telephone number of the newly designated staff member within such time period.

(6) The disclosure of protected health information by a hospital pursuant to Code of Ala. 1975, §22-21-410, et seq. and this Chapter shall be recognized as a disclosure to a public health authority as required by law, pursuant to the Health Insurance Portability and Accountability Act and the Privacy Rules promulgated thereunder at 45 C.F.R. §§164.514(a) and (b).

**Author:** Sherri L. Davidson, Ph.D., M.P.H.; Dana H. Billingsley

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**420-12-1-.03 Submission Timelines.**

(1) Submission of Discharge Data Reports is required effective April 1, 2022, for the three (3) months immediately preceding and shall continue every three (3) months thereafter according to the schedule set forth in paragraph (2) below.

(2) All required Discharge Data Reports must be received by the Department every calendar quarter according to the following schedule:

Quarter	Reporting Period	Submission Due Date
Q1	January 1 - March 31	May 30
Q2	April 1 - June 30	August 29
Q3	July 1 - September 30	November 29
Q4	October 1 - December 31	Mach 1

(3) All Discharge Data Reports must be submitted via secured electronic means.

**Author:** Sherri L. Davidson, Ph.D., M.P.H.; Dana H. Billingsley

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**420-12-1-.04 Penalty Assessment.**

(1) The Department will assess a civil penalty of five cents (\$.05) per Discharge Record per day for each day the Discharge Data required to be reported is delinquent.

(2) The maximum civil penalty for a Delinquent Discharge Data Report is ten dollars (\$10) for each Discharge Record. The Department will issue a written notice of assessment of the civil penalty to any hospital that has a pending Delinquent Discharge Data Report.

(3)(a) For hospitals failing to submit any Discharge Data Reports by the submission deadline, the number of inpatient hospital Discharge Records for a particular hospital's Delinquent Discharge Data Report per quarter will be estimated by dividing the number of total inpatient discharges in the most current report on file for that hospital by four (4).

(b) The number of outpatient Discharge Records for a particular hospital's Delinquent Discharge Data Report per quarter will likewise be estimated using data from the hospital's most recent report on file with the Department.

(c) The sum of the estimates of inpatient Discharge Records and outpatient Discharge Records from (a) and (b) above will be used to calculate the penalty assessed for a Delinquent Discharge Data Report. Any positive or negative adjustments to the final estimate, up to a maximum of ten percent (10%), will be made once the actual Discharge Data Reports are received by the Department.

(4) Hospitals not submitting any Discharge Data Reports by the submission deadline will begin accruing penalties for Delinquent Discharge Data Reports on the day immediately following the date of the submission deadline and will cease accruing penalties on the day when the actual Discharge Data Reports are received by the Department or the maximum penalty of ten dollars (\$10) per Discharge Record is reached, whichever occurs first.

(5) Hospitals which do not submit corrected Discharge Data Reports within the additional fifteen (15) days allocated for error correction will accrue Delinquent Discharge Data Report penalties beginning the sixteenth day after the date of the Department's written error notification to the hospital and will cease accruing penalties on the day when the actual corrected Discharge Data Reports are received by the Department or the maximum penalty of ten dollars (\$10) per Discharge Record is reached, whichever occurs first. The State Health Officer has the authority to delay, modify, or waive any penalty imposed for failure to correct any particular data element if the failure to correct is due to force majeure or other extraordinary circumstances beyond the control of the hospital.

(6) For all 2022 discharges, the allowable error rate for Discharge Data Reports will be no more than five percent (5%). For all discharges in 2023 and subsequent years, the allowable error rate will be no more than three percent (3%). Discharge Data Reports that fall within the acceptable error rate will not be

subject to any Delinquent Discharge Data Report penalties. Hospitals that exceed the acceptable error rate will be penalized based on total errors, unless corrected within the time period provided in paragraph (5) of this rule.

(7) Upon receipt of a notice of civil penalty assessment from the Department, the hospital has the right to an informal conference with the State Health Officer. A written request for an informal conference must be received by the State Health Officer within thirty (30) calendar days of the hospital's receipt of the notice of assessment. The notice of assessment will estimate the approximate penalty per day to be assessed, based on the estimated number of Discharge Records to be contained in the Discharge Data Report, as set forth in paragraph 3 above. The notice of assessment will also state that penalties will accrue until the date that the Delinquent Discharge Data Reports are received or the maximum penalty of ten dollars (\$10) per Discharge Record is reached.

(8) Penalties will cease to accrue for hospitals requesting an informal conference with the State Health Officer until the date the conference is held. An informal conference will be held within thirty (30) days of the date of the State Health Officer's receipt of the request for an informal conference. After the informal conference or, if no conference is requested, after the time for requesting the informal conference has expired, the Department may proceed to collect any applicable civil penalty assessment.

(9) In its request for an informal conference, the hospital may request that the Department waive the civil penalty assessment. The State Health Officer may waive the penalty in cases of an act of God or other acts beyond the control of the hospital, or at the discretion of the State Health Officer, or for other reasons reasonably related to compliance with Code of Ala. 1975, §22-21-410, et seq. Waiver of the penalty is in the sole discretion of the State Health Officer.

(10) If the hospital wishes to appeal the decision of the State Health Officer following the informal conference, a written request for a hearing before an Administrative Law Judge must be sent to the State Health Officer within fifteen (15) calendar days of the State Health Officer's written decision. Such hearing is to be conducted in accordance with the requirements for contested case hearings under the Alabama Administrative Procedure Act and the Department's rules for contested cases pursuant to Chapter 420- 1-3.

(11) A hospital with unpaid civil penalties levied more than thirty (30) calendar days prior to the expiration of such hospital's license shall not be eligible to renew its license until all unpaid penalties, except for penalties subject to appeal and penalties for which payment arrangements have been made that are satisfactory to the Department, have been paid in full.

**Author:** Sherri L. Davidson, Ph.D., M.P.H.; Dana H. Billingsley  
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#### 420-12-1-.05 Processing And Verification.

(1) If errors, inconsistencies, or incomplete data elements are identified by the Department in a submitted Discharge Data Report, the Department will provide the hospital with a written and electronic notice to the hospital's designated staff member of the identified errors, inconsistencies or deficiencies. The submitting hospital shall investigate and supply the Department with complete Discharge Data to correct the identified errors, inconsistencies or deficiencies within fifteen (15) calendar days of the date of the hospital's receipt of the notice.

(2) Discharge Data Reports with identified errors, inconsistencies or incomplete data elements must be corrected and resubmitted within the fifteen (15) day period specified in paragraph (1) above, or they will be considered delinquent and subject to the penalties prescribed in Code of Ala. 1975, §22-21-417 and this Chapter.

(3) After the quarterly data have been computerized, edited, updated, and determined by the Department to be the final data set for that quarter, each submitting hospital may elect to review its own quarterly data set during the fifteen (15) days following the Department's determination that the data set is final. Absent the receipt of additional corrections and/or revisions from the hospitals at the end of the fifteen (15)-day period, the quarterly data is considered verified. If additional corrections and/or revisions are received from the hospitals, the quarterly data is considered verified once those corrections and/or revisions have been made by the Department.

(4) The same procedure set forth in paragraph (3) above shall be used for verification of the final data set at the close of each calendar year. Upon verification of the final data set at the close of each year, AlaHA or its contractual agent shall submit to the State Health Planning and Development Agency ("SHPDA") such annual patient origin data as is required to be submitted to SHPDA under existing law.

**Author:** Sherri L. Davidson, Ph.D., M.P.H.; Dana H. Billingsley  
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**420-12-1-.06      Hospital Discharge Data Advisory Council.**

## (1) General

(a) The Advisory Council shall assist in developing rules and standards necessary to implement the requirements of Code of Ala. 1975, §22-21-410, et seq., to review and serve as consultants to the Department on all matters related to any reports, studies, or publications authorized thereunder, and to serve as consultants to the Department on matters relating to the protection, collection, and dissemination of Discharge Data.

1. The Department, upon consultation and approval of the Council, shall establish and maintain processes and systems necessary for the protection, collection, and dissemination of the Discharge Data.

2. The Department, after consultation and with the approval of the Council, shall adopt all rules necessary to implement the provisions of Code of Ala. 1975, §22-21-410, et seq.

(b) The Advisory Council shall review and approve any amendments to the rules and regulations, or policies and procedures, governing hospital Discharge Data reporting.

(c) All meetings of the Advisory Council shall be announced in advance and conducted pursuant to the provisions of the Open Meetings Act, Code of Ala. 1975, §36-25A-1, et seq.

(d) A quorum for purposes of conducting Advisory Council business shall be seven (7) of the appointed members of the Advisory Council.

(e) All meetings shall require personal attendance of the members of the Advisory Council for purposes of determining whether a quorum is present and conducting business.

(f) The Advisory Council may appoint a technical advisory committee, which may or may not be comprised of members of the Advisory Council.

(g) The Advisory Council shall meet at least annually, but may meet more often as needed to carry on the business of the Council.

## (2) Composition and Term

(a) The Advisory Council shall be composed of the following members:

1. Seven (7) hospital representatives appointed by AlaHA, including at least one representative of a rural hospital, one representative of an urban hospital, one representative of a governmental hospital, one representative of a not-for-profit hospital, one representative of a pediatric hospital, and one representative of a for-profit hospital;
2. Two (2) physicians appointed by the Medical Association of the State of Alabama;
3. One (1) member appointed by Blue Cross Blue Shield of Alabama;
4. One (1) consumer appointed by the Governor;
5. The Commissioner of the Alabama Medicaid Agency, or his or her designee;
6. The Executive Director of the State Health Planning and Development Agency, or his or her designee; and
7. The State Health Officer, or his or her designee, who shall serve as chair of the Advisory Council, without a vote, except where there is a tie vote of the voting members of the Council.

(b) The Council shall reflect the diversity of gender, race, and geographical areas of the state.

(c) The State Health Officer shall divide the members into two equal groups. The members of the first group shall be appointed for an initial term of two (2) years. The members of the second group shall be appointed for an initial term of four (4) years. Thereafter, the term of office of each member shall be for four (4) years.

(d) A member may serve two (2) consecutive terms and shall serve until a successor is appointed. If a vacancy occurs, the original appointing authority shall fill the vacancy for the remainder of the unexpired term.

(e) Members shall not receive a salary or per diem allowance for serving as members of the Council.

**Author:** Sherri L. Davidson, Ph.D., M.P.H.; Dana H. Billingsley

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**420-12-1-.07      Data Availability.**

(1) The State Health Officer has the authority to delay the release of any particular data element(s) to the public if it is determined that the quality or completeness of the information received by the Department is not acceptable.

(2) The Department may release limited data sets and create reports for public release using any available processed and verified aggregate Discharge Data. For purposes of this rule, processed and verified aggregate Discharge Data is intended to mean de-identified, zip-code aggregated level data. The Department may also conduct studies and publish information based upon the Discharge Data received, provided the studies and published information do not include information in a form which could be used to identify any patient or violate HIPAA. All properly processed and verified Discharge Data and information released by the Department must satisfy the requirements for public disclosure under Code of Ala. 1975, §22-21-410, et seq., this Chapter, and applicable federal law.

(3) A contractual agent of the Department or of AlaHA may receive any record necessary, together with any needed patient identifiers, to carry out its contractual duties. This includes any organization contracted with the Department or AlaHA to provide editing, quality control, database management services, or research for the Department or AlaHA. Any such contractual agent must agree in writing to establish and maintain appropriate controls to protect the confidentiality of the data or records received and must agree to return or destroy any such data or records at the termination of the contract.

(4) Discharge Data with de-identified, zip-code aggregated level data files will be made available for public release by the Department upon receipt of an application for such data and a signed data use agreement binding the requester to the terms of use and confidentiality provisions of Code of Ala. 1975, §22-21-410, et seq. and this Chapter. The Department shall develop the application form and data use agreement with the assistance of the Council.

(5) The Department maintains a proprietary interest in all files it provides to the public, and such files are made available solely for use by the requester and may not be given or sold to another entity. No aggregated data files will be made available for public release until twelve (12) months following the close of the applicable calendar year.

(6) Any requests respecting the release of Discharge Data and zip-code aggregated level data files shall be addressed by the Council.

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#### **420-12-1-.08      Confidential Information.**

(1) All information reported to the Department pursuant to Code of Ala. 1975, §22-21-410, et seq., and this Chapter is not available for release until it has been processed and verified by the Department.

(2) Discharge Data that has been processed and verified may be released by the Department pursuant to the provisions of 45 C.F.R. §§164.514(b) or (e), as applicable, provided, also, that such data satisfies the requirements for public disclosure under Code of Ala. 1975, §22-21-410, et seq., this Chapter, and any other applicable federal law.

(3) In no event may patient identifiers be released to the public at any time. The Department shall not publicly release Discharge Data or other information in any form which could reasonably be expected to reveal the identity of any patient. Reports and studies prepared and released by the Department based upon Discharge Data shall not include any specific information or combination of information which could be used to identify any patient.

(a) To maintain patient confidentiality, data files and/or reports released to the public must, at a minimum, meet the following criteria:

1. Patient name, address, and city must be deleted.
2. The month and day of all dates must be deleted.
3. All zip code areas having a population under 20,000 must have no more than the first three digits shown. Zip code areas having a population of 20,000 or more must have no more than the first five digits shown.
4. For patients over 89 years of age, the year of birth must be deleted, and the actual patient age may not be shown.
5. Information that reasonably could be expected to reveal the identity of a patient, including those items contained in 45 C.F.R. §164.514(b)(2)(i), must be

deleted. Limited data sets must exclude the direct identifiers of the individual patient or of relatives, employers, or household members of the individual patient enumerated in 45 C.F.R. §164.514(e) (2).

(4) The Department may conduct studies and publish information based upon the de-identified, zip-code aggregated level Discharge Data, provided the studies and published information do not include information in a form which could be used to identify any patient or violate HIPAA.

(5) Individual patient data submitted to the Department by a hospital shall not constitute a public record and shall at all times remain confidential and privileged from discovery. The release of identifiable patient health information may be made only to the hospital that initially reported the identifiable information, upon the written request of the hospital.

(6) Any agency of the State of Alabama receiving confidential hospital Discharge Data or Discharge Data Reports containing such confidential information shall agree in writing to follow all confidentiality restrictions of the Department concerning use of such data.

(7) Discovery of patient specific information from original sources is not precluded where the information is otherwise non privileged and discoverable under applicable law.

(8) The State Health Officer may use or authorize use of this data for purposes that are necessary to provide for or protect the health of the population and as permitted by law.

**Author:** Sherri L. Davidson, Ph.D., M.P.H.; Dana H. Billingsley

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