

# Oklahoma Health Care Information System Act Statutes

Effective November 1, 2021

Oklahoma State Department of Health  
Health Care Information  
123 Robert S. Kerr Avenue  
Oklahoma City, OK, 73102

## Introduction / Background

This information has been put together as a convenient reference to the Health Care Information System Act laws and regulations. It has been taken directly from Oklahoma Statutes Title 63, which can be found on the Oklahoma State Courts Network website <http://www.oscn.net/applications/oscn/index.asp?ftdb=STOKST&level=1>.

For your information, a few definitions:

- **Laws/Statutes:** These are the laws which are passed by the legislature and often provide broad overarching guidance to implement programs and address specific items of interest. Often you will find this assigning responsibility for the implementation of a program to a particular group, a mission statement, implementation timelines, and possibly funding sources. Most of OSDH related legislation is found under Title 63, which covers Public Health and Safety.
- **Administrative Code:** These have the same effect as law and are passed by the Board of Health and then in turn are reviewed by the legislature. Here you will find the detail on how a program should be implemented, interpreted, enforced or administered. OSDH related regulation can be found under Title 310. Administrative Code can be found on the Oklahoma Secretary of State website: <https://rules.ok.gov/code>

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## Health Care Information System Act

### §63-1-115. Short title.

This act shall be known and may be cited as the "Oklahoma Health Care Information System Act".

Added by Laws 1992, c. 347, § 1, eff. Sept. 1, 1992.

### §63-1-116. Definitions.

When used in the Oklahoma Health Care Information System Act:

1. "Board" means the State Board of Health;
2. "Commissioner" means the State Commissioner of Health;
3. "Department" means the State Department of Health;
4. "Health care providers" means a hospital or related institution licensed pursuant to Section 1-702 of this title, nursing facilities licensed pursuant to Section 1-1903 of this title, physicians as specified in paragraphs 1 through 7 of subsection A of Section 725.2 of Title 59 of the Oklahoma Statutes, physical therapists, physician assistants, pharmacists, nurses and home health care providers licensed pursuant to the laws of this state;
5. "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;
6. "Public-supported provider" means any public or private entity supported in whole or in part by federal or state funds, or any health care provider contracting with the state for providing health care services including, but not limited to, Medicaid;
7. "Identifying information" means a program identifying number assigned for purposes of statistical and data analysis, which protects and maintains patient and physician anonymity. Identifying information shall remain confidential as provided in Section 1-120 of this title;
8. "Information providers" means and includes health care providers, third-party payors or public-supported providers required to report or submit information to the Division of Health Care Information pursuant to the Oklahoma Health Care Information System Act;
9. "Division" means the Division of Health Care Information; and
10. "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 Division of Health Care Information pursuant to the Oklahoma Health Care Information System Act.

Added by Laws 1992, c. 347, § 2, eff. Sept. 1, 1992.

Amended by Laws 1993, c. 332, § 15;

Laws 1994, c. 350, § 1, eff. Sept. 1, 1994;

Laws 1998, c. 389, § 3, eff. July 1, 1998;

Laws 2000, c. 52, § 5, emerg. eff. April 14, 2000.

### §63-1-117. Legislative findings – Responsibility of Oklahoma Health Care Information System.

A. As a result of rising health care costs and concerns expressed by health care providers, health care consumers, third-party payors and the general public, and as a result of public health information showing that Oklahoma has a higher death rate than the national average, the Oklahoma Legislature finds that there is an urgent need to establish and maintain, for the purposes of accurately assessing the health of the public, health care planning and cost containment, an information base for the State of Oklahoma that will facilitate ongoing analysis and evaluation of patterns and trends in the health status of Oklahomans, the utilization and costs of health care services, and the capability of the various components of the health care industry to provide needed services.

B. The Oklahoma Health Care Information System shall be responsible for the development and operation of a method for collecting, processing and disseminating health care data including, but not limited to, quality, expenditure and utilization data. It is the intent of the Legislature that a uniform set of data be periodically and routinely compiled that will make possible the ongoing analysis, comparison and evaluation of trends in the quality and delivery of health care services in this state for the purpose of effective health care planning by public and private entities, cost containment, health facility development, and improving access to and quality of care.

Added by Laws 1992, c. 347, § 3, eff. Sept. 1, 1992.

Amended by Laws 1998, c. 389, § 4, eff. July 1, 1998;

Laws 2000, c. 332, § 1, eff. July 1, 2000.

### §63-1-118. Creation of Division of Health Care Information – Duties – Rules – Contracts – Grants and Contributions

A. The Division of Health Care Information is hereby created within the State Department of Health.

B. The Division shall:

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1. Collect from providers health care information for which the Division has established a defined purpose and a demonstrated utility that is consistent with the intent of the provisions of Section 1-117 et seq. of this title;
  2. Establish and maintain a uniform health care information system;
  3. Analyze health care data submitted including, but not limited to, geographic mapping of disease entities;
  4. Provide for dissemination of health care data to users and consumers;
  5. Provide for the training and education of information providers regarding processing and maintenance and methods of reporting required information;
  6. Be authorized to access all state agency health-related data sets and shall develop mechanisms for the receipt of health care data to the Division or its agent; provided, however, all provisions for confidentiality shall remain in place;
  7. Provide for the exchange of information with other agencies or political subdivisions of this state, the federal government or other states, or agencies thereof. The Division shall collaborate with county health departments, including the Oklahoma City-County Health Department and the Tulsa City-County Health Department, in developing city-county based health data sets;
  8. Contract with other public or private entities for the purpose of collecting, processing or disseminating health care data; and
  9. Build and maintain the data base.
- C. 1. The State Board of Health shall adopt rules governing the acquisition, compilation and dissemination of all data collected pursuant to the Oklahoma Health Care Information System Act.
2. The rules shall include, but not be limited to:
    - a. adequate measures to provide system security for all data and information acquired pursuant to the Oklahoma Health Care Information System Act,
    - b. adequate procedures to ensure confidentiality of patient records,
    - c. charges for users for the cost of data preparation for information that is beyond the routine data disseminated by the office, and
    - d. time limits for the submission of data by information providers.
- D. The Division shall adopt standard nationally recognized coding systems to ensure quality in receiving and processing data.
- E. The Division shall implement mechanisms to encrypt all personal identifiers contained in any health care data upon transmission to the State Department of Health, and all such data shall remain encrypted while maintained in the Department's database or while used by a contractor.
- F. The Division may contract with an organization for the purpose of data analysis. Any contract or renewal thereof shall be based on the need for, and the feasibility, cost and performance of, services provided by the organization. The Division shall require any data analyzer at a minimum to:
1. Analyze the information;
  2. Prepare policy-related and other analytical reports as determined necessary for purposes of this act; and
  3. Protect the encryption and confidentiality of the data.
- G. The Board shall have the authority to set fees and charges with regard to the collection and compilation of data requested for special reports, and for the dissemination of data. These funds shall be deposited in the Oklahoma Health Care Information System Revolving Fund account.
- H. The Division may accept grants or charitable contributions for use in carrying out the functions set forth in the Oklahoma Health Care Information System Act from any source. These funds shall be deposited in the Oklahoma Health Care Information System Revolving Fund.

Added by Laws 1992, c. 347, § 4, eff. Sept. 1, 1992.  
Amended by Laws 1993, c. 332, § 16;  
Laws 1998, c. 389, § 5, eff. July 1, 1998;  
Laws 2000, c. 332, § 2, eff. July 1, 2000;  
Laws 2001, c. 353, § 1, eff. Nov. 1, 2001.

### **§63-1-119. Information Collected by Division of Health Care Information – Phase-In Schedule**

- A. 1. The Division of Health Care Information within the State Department of Health shall, with the advice of the

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Health Care Information Advisory Committee and in accordance with the rules of the State Board of Health, collect health care information from information providers.

2. The information to be collected about information providers may include, but shall not be limited to:

- a. 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,
- b. service information including, but not limited to, occupancy, capacity, and special and ancillary services,
- c. physician profiles in the aggregate by clinical specialties and nursing services,
- d. 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
- e. ambulatory care data including, but not limited to, provider-specific and encounter data.

3. The Division shall implement a demonstration project for the voluntary submission of ambulatory care data, including, but not limited to, submissions from federally qualified health centers, migrant health programs and rural health clinics as defined in Title 3 of the Federal Public Health Service Act (PL 104-299), and the Oklahoma Health Care Authority. The Division shall complete the demonstration project by January 1, 2002.

4. The Division shall establish a phase-in schedule for the collection of health care data. The phase-in schedule shall provide that prior to January 1, 1994, only data currently collected shall be required to be submitted to the Division. Thereafter, in the collection of health care data, the Division shall whenever possible utilize existing health data resources and avoid duplication in the collection of health care data.

5. Except as provided by Section 1-120 of this title and as otherwise authorized by the provisions of the Oklahoma Health Care Information System Act, the provisions of the Oklahoma Health Care Information System Act shall not be construed to lessen or reduce the responsibility of the information provider with regard to:

- a. the accuracy of the data or information submitted,
- b. liability for release of the data or information to the Division, data processor or as otherwise authorized by this section, or
- c. the preservation of confidentiality of such data or information until submitted to the Division.

B. Upon the request of the State Department of Health, every state agency, board or commission shall provide the Division of Health Care Information with the health care data and other health care information requested at no charge to the Department or the Division. Except as otherwise provided by the Health Care Information System Act for the purpose of statistical and similar reports, information which is required by state or federal law to be confidential shall not be transferred to any entity by the Division unless a separate written agreement for such transfer has been executed with the state agency, board or commission providing the information to the Division.

Added by Laws 1992, c. 347, § 5, eff. Sept. 1, 1992.  
Amended by Laws 1993, c. 332, § 17;  
Laws 1994, c. 350, § 2, eff. Sept. 1, 1994;  
Laws 1996, c. 221, § 5, eff. Nov. 1, 1996;  
Laws 1998, c. 389, § 6, eff. July 1, 1998;  
Laws 2000, c. 332, § 3, eff. July 1, 2000.

### **§63-1-120. Data – Confidential Nature – Report – Disclosure - Immunity**

A. Except as otherwise provided by Section 1-119 of this title, the individual forms, computer tapes, or other forms of data collected by and furnished to the Division of Health Care Information or to a data processor pursuant to the Oklahoma Health Care Information System Act shall be confidential and shall not be public records as defined in the Open Records Act.

B. After approval by the State Department of Health, the compilations prepared for release or dissemination from the data collected, except for a report prepared at the request of an individual data provider containing information concerning only its transactions, shall be public records. The Division shall establish a Health Care Information Advisory Committee as provided in Section 1-122 of this title, to assist with determinations related to data collection, and information to be released and disseminated to the public.

C. The confidentiality of identifying information is to be protected and the pertinent statutes, rules and regulations of the State of Oklahoma and of the federal government relative to confidentiality shall apply.

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D. Identifying information shall not be disclosed, and shall not be used for any purpose except for the creation and maintenance of anonymous medical case histories for statistical reporting and data analysis.

E. The Division or other state agency receiving information pursuant to the Oklahoma Health Care Information System Act shall be subject to the same confidentiality restrictions imposed by state or federal law as the public or private agency providing the information and is prohibited from taking any administrative, investigative or other action with respect to any individual on the basis of the identifying information. The Division data analyzer or other state agency receiving information pursuant to the Oklahoma Health Care Information System Act is further prohibited from identifying, directly or indirectly, any individual in any report of scientific research or long-term evaluation, or otherwise disclosing identities in any manner.

F. Except as otherwise authorized by the Oklahoma Health Care Information System Act, identifying information submitted to the Division which would directly or indirectly identify any person shall not be disclosed by the Division either voluntarily or in response to any legal process, unless directed to by a court of competent jurisdiction, granted after application showing good cause therefor with notice of the hearing to the Division. In assessing good cause the court shall only grant such application if it seeks to challenge the statistical efficacy of a finding made by the Division or alleges a violation of confidentiality by the Division. Such application shall then be granted only when the public interest and the need for disclosure outweighs the injury to the person, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

G. Any person who submits or receives data as required or authorized by the Oklahoma Health Care Information System Act shall be immune from liability in any civil action for any action taken as required by the provisions of the Oklahoma Health Care Information System Act. This immunity is in addition to any other immunity for the same or similar acts to which the person is otherwise entitled.

H. Any person who violates the confidentiality provisions of this section shall be punishable by a fine of Five Thousand Dollars (\$5,000.00).

**Added by Laws 1992, c. 347, § 6, eff. Sept. 1, 1992.**  
**Amended by Laws 1993, c. 332, § 18;**  
**Laws 1994, c. 350, § 3, eff. Sept. 1, 1994;**  
**Laws 1998, c. 389, § 7, eff. July 1, 1998;**  
**Laws 2001, c. 353, § 2, eff. Nov. 1, 2001.**

### **§63-1-121. Issuance of Reports.**

The State Department of Health shall issue reports no less than annually which may include recommendations to the Oklahoma Legislature for any change in the statutes needed to further the purposes of the Oklahoma Health Care Information System Act. The initial report shall be submitted by January 1, 1993. The initial report shall include but not be limited to an implementation schedule for the development and completion of the health care information system and the status of compliance with the health care information and data submission requirements of the Division. The system shall be fully functional and operative by January 1, 1995. Subsequent reports may include plans for expanding the uniform data base to other medical providers including, but not limited to, all licensed health care professionals or entities providing health care services.

**Added by Laws 1992, c. 347, § 7, eff. Sept. 1, 1992.**  
**Amended by Laws 1993, c. 332, § 19;**  
**Laws 1998, c. 389, § 8, eff. July 1, 1998.**

### **§63-1-122. Appointment of Health Care Information Advisory Committee – Membership - Duties.**

A. The State Commissioner of Health shall appoint a Health Care Information Advisory Committee to advise and assist the Division of Health Care Information with determinations related to data elements to be collected, reporting requirements, and the release and dissemination of information to the public.

B. The membership of the Health Care Information Advisory Committee shall include, but not be limited to, the Administrator of the Oklahoma Health Care Authority, or a designee and the presidents of the following organizations, or their designees:

1. The Oklahoma State Chamber of Commerce;
2. The Oklahoma Hospital Association;
3. The Oklahoma State Medical Association;
4. The Oklahoma Osteopathic Association;
5. The Oklahoma AFL-CIO;
6. A statewide health care consumer coalition;
7. The Association of Oklahoma Life Insurance Companies;
8. The Oklahoma Health Care Association;
9. The Oklahoma Pharmaceutical Association;

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10. The Oklahoma Dental Association;
11. The Oklahoma State Chiropractic Association;
12. The Oklahoma Optometric Association;
13. The Oklahoma Physical Therapy Association;
14. The Oklahoma Podiatric Medical Association;
15. The Oklahoma Psychological Association; and
16. The Oklahoma Association of Home Care.

C. For voting purposes, a majority of the members in attendance at a meeting shall be able to take action on behalf of the Advisory Committee.

D. The Division, with the approval of the Commissioner, may appoint health care data technical advisory committees as needed and appropriate to 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.

The Health Care Information Advisory Committee and any technical advisory committees established pursuant to this section shall provide information and assistance to any legislative committee or task force requesting such information or assistance.

**Added by Laws 1992, c. 347, § 8, eff. Sept. 1, 1992.**

**Amended by Laws 1993, c. 332, § 20;**

**Laws 1994, c. 350, § 4, eff. Sept. 1, 1994;**

**Laws 1997, c. 238, § 4, eff. Nov. 1, 1997;**

**Laws 1998, c. 389, § 9, eff. July 1, 1998;**

**Laws 2001, c. 353, § 3, eff. Nov. 1, 2001.**

### **§63-1-123.1. Transfer of Powers, Duties, Functions, Personnel and Responsibilities of Oklahoma Health Care Authority.**

Effective July 1, 1998, all powers, duties, functions, personnel and responsibilities vested in the Oklahoma Health Care Authority for operation of the Oklahoma Health Care Information Systems Act shall be transferred to the State Department of Health.

**Added by Laws 1998, c. 389, § 10, eff. July 1, 1998.**



**Oklahoma Administrative Code and Register  
Office of Administrative Rules**

**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.

Added at 16 Ok Reg 2451, eff 6-25-99

**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. 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. 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.

Added at 16 Ok Reg 2451, eff 6-25-99;  
Amended at 18 Ok Reg 2472, eff 6-25-01;  
Amended at 37 Ok Reg 3, eff 8-1-19 (emergency);  
Amended at 37 Ok Reg 1356, eff 9-11-20

(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 - 1<sup>st</sup> 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.

Added at 16 Ok Reg 2451, eff 6-25-99;  
Amended at 19 Ok Reg 376, eff 11-19-01 (emergency);  
Amended at 19 Ok Reg 2657, eff 7-11-02;  
Amended at 27 Ok Reg 2506, eff 7-25-10

## 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) 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.

Added at 16 Ok Reg 2451, eff 6-25-99;  
Amended at 18 Ok Reg 2472, eff 6-25-01;  
Amended at 18 Ok Reg 3589, eff 8-22-01 (emergency);  
Amended at 19 Ok Reg 376, eff 11-19-01 (emergency);  
Amended at 19 Ok Reg 2657, eff 7-11-02;  
Amended at 26 Ok Reg 2000, eff 6-25-09;  
Amended at 37 Ok Reg 3, eff 8-1-19 (emergency);  
Amended at 37 Ok Reg 1356, eff 9-11-20

### 310:9-3-2. Data files

(a) When a data file is received from an information provider, the Department will notify the facility acknowledging receipt of the data.

(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 electronically to the Department.

Added at 16 Ok Reg 2451, eff 6-25-99;  
Amended at 18 Ok Reg 2472, eff 6-25-01;  
Amended at 37 Ok Reg 3, eff 8-1-19 (emergency);

Amended at 37 Ok Reg 1356, eff 9-11-20

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

(a) Hospital discharge data files must be submitted to the Department within 60 days after the end of each calendar quarter, beginning calendar year 2020.

(b) Ambulatory surgery data files must be submitted to the Department within 60 days after the end of each calendar quarter, beginning with calendar year 2020.

(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.

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

Added at 16 Ok Reg 2451, eff 6-25-99;  
Amended at 18 Ok Reg 2472, eff 6-25-01;  
Amended at 37 Ok Reg 3, eff 8-1-19 (emergency);  
Amended at 37 Ok Reg 1356, eff 9-11-20

## **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.

Added at 16 Ok Reg 2451, eff 6-25-99

### **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.

Added at 16 Ok Reg 2451, eff 6-25-99

### **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

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- (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)

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

Added at 18 Ok Reg 2472, eff 6-25-01;  
Amended at 19 Ok Reg 376, eff 11-19-01 (emergency);  
Amended at 19 Ok Reg 2657, eff 7-11-02;  
Amended at 26 Ok Reg 2000, eff 6-25-09;  
Amended at 26 Ok Reg 3001, eff 8-27-09;  
Amended at 37 Ok Reg 3, eff 8-1-19 (emergency);  
Amended at 37 Ok Reg 1356, eff 9-11-20

### 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.

Added at 18 Ok Reg 2472, eff 6-25-01

### 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.

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(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.

Added at 16 Ok Reg 2451, eff 6-25-99

### **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.

Added at 16 Ok Reg 2451, eff 6-25-99;  
Amended at 18 Ok Reg 2472, eff 6-25-01

## **Subchapter 7. Health Care Information Advisory Committee**

### **310:9-7-1. Committee appointment**

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

Added at 16 Ok Reg 2451, eff 6-25-99

### **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.

Added at 16 Ok Reg 2451, eff 6-25-99

### **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.

Added at 16 Ok Reg 2451, eff 6-25-99