## Office of Regulatory Management

## Economic Review Form

Agency name	State Board of Health
Virginia Administrative Code (VAC) Chapter	12 VAC 5-217-20
citation(s)	
VAC Chapter title(s)	Reporting Requirements for Patient Level Data Elements
Action title	Amend Regulation to Update Data Element Reporting and Conform to Item 307 (D1) of Chapter 552 of the 2021 Acts of Assembly Special Session I
Date this document prepared	April 24, 2023
Regulatory Stage (including Issuance of Guidance Documents)	Fast-Track

#### **Cost Benefit Analysis**

Complete Tables 1a and 1b for all regulatory actions. You do not need to complete Table 1c if the regulatory action is required by state statute or federal statute or regulation and leaves no discretion in its implementation.

Table 1a should provide analysis for the regulatory approach you are taking. Table 1b should provide analysis for the approach of leaving the current regulations intact (i.e., no further change is implemented). Table 1c should provide analysis for at least one alternative approach. You should not limit yourself to one alternative, however, and can add additional charts as needed.

Report both direct and indirect costs and benefits that can be monetized in Boxes 1 and 2. Report direct and indirect costs and benefits that cannot be monetized in Box 4. See the ORM Regulatory Economic Analysis Manual for additional guidance.

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

<ul><li>(1) Direct &amp;</li><li>Indirect Costs &amp;</li><li>Benefits</li><li>(Monetized)</li></ul>	The regulatory action will amend 12VAC5-217-20 by making updates clarify language used in the regulations, to make corrections to outdated citations, update the inpatient data elements, and enhance the clarity of the regulations to achieve improvements that will be reasonable, prudent, and will not impose an unnecessary burden on the Virginia Department of Health and the public.
	<b>Direct Costs</b> : There are no monetized direct costs associated with this change.
	<b>Indirect Costs</b> : There are no monetized indirect costs associated with this change.
	<b>Direct Benefits</b> : Inpatient hospitals are likely to experience a decrease in time spent towards data submission due to clearer element requirements. Hospitals will not have to resubmit their data more than once, saving time for the staff who prepare and submit the data. In FY2022, Inpatient hospitals were invoiced \$22,614 due to incorrect or incomplete data reports. The proposed changes will address discrepancies in the regulation and make it clearer, which may help reduce the cost of correction for those data submissions currently faced by inpatient hospitals.
	<b>Indirect Benefit</b> : There are no monetized indirect benefits associated with this change.
	The regulatory action will conform the provisions (12VAC5-217-20) to the requirements in Chapter 552 Item 307(D1) of the 2021 Acts of Assembly Special Session I.
	<b>Direct Costs</b> : There are no monetized direct costs associated with this change.
	<b>Indirect Costs</b> : There are no monetized indirect costs associated with this change.
	<b>Direct Benefits</b> : There are no monetized direct benefits associated with this change.
	<b>Indirect Benefit</b> : There are no monetized indirect benefits associated with this change.

(2) Present				
Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits		
	(a) \$0	(b) \$22,614		
(3) Net Monetized				
Benefit	+\$22,614			
(1) Other Center Pr	$\mathbf{C}_{1} = \mathbf{t}_{1} 0$ <b>D</b> : $\mathbf{T}_{1} = \mathbf{t}_{1} \mathbf{D}_{1} \mathbf{T}_{1} T$			
(4) Other Costs &	<b>Direct Benefits</b> : The benefit is simplifying the current regulations to be			
Benefits (Non-	less burdensome by clarifying the language used within it. This action			
Monetized)	also seeks to make the emergency regulation permanent, which ensures			
	the Board stays in compliance with the Acts of Assembly mandate.			
(5) Information				
Sources				

# Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct &	<b>Direct Costs</b> : There are no monetized direct costs associated with no			
Indirect Costs &	change.			
Benefits	change.			
(Monetized)	<b>Indirect Costs</b> : There are no monetized indirect costs associated with no change.			
	<b>Direct Benefits</b> : There are no monetized direct benefits associated with no change.			
	<b>Indirect Benefit</b> : There are no monetized indirect benefits associated with no change.			
(2) Present				
Monetized Values	Direct & Indirect Costs Direct & Indirect Benefits			
	(a)	(b)		
(3) Net Monetized Benefit				
(4) Other Costs & Benefits (Non- Monetized)	<ul> <li>Direct Cost: The direct cost of making no changes to the regulation is that the emergency regulations would expire, leaving the Board out of compliance with the Acts of Assembly mandate. Another cost of making no changes is that the regulations would not conform to the Form and Style Guide, leaving the regulations confusing and not uniform with the rest of Virginia's regulatory chapters.</li> <li>Benefits: There are no direct or indirect benefits to leaving the regulation as is.</li> </ul>			

(5) Information	
Sources	

### Table 1c: Costs and Benefits under Alternative Approach(es)

(1) Direct & Indirect Costs & Benefits (Monetized)	<ul> <li>There are no alternatives available for this regulation, as the Board is mandated to adopt the emergency regulatory language. The updates reflect the current data elements already submitted by inpatient hospitals and the style guide changes are necessary for the administration of this regulation, so no alternative was considered besides the Status Quo option.</li> <li>Direct Costs: There are no monetized direct costs associated with this change.</li> <li>Direct Benefits: There are no monetized direct benefits associated with this change.</li> <li>Indirect Benefit: There are no monetized direct benefits associated with this change.</li> </ul>				
(2) Present Monetized Values	Direct & Indirect CostsDirect & Indirect Benefits(a) \$0(b) \$0				
(3) Net Monetized Benefit	\$0				
(4) Other Costs & Benefits (Non- Monetized)	There are no non-monetized costs or benefits associated with an alternative.				
(5) Information Sources					

## **Impact on Local Partners**

Use this chart to describe impacts on local partners. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

### Table 2: Impact on Local Partners

(1) Direct & Indirect Costs & Benefits (Monetized)	<ul> <li>Direct Costs: There are no monetized direct costs for local partners associated with this change.</li> <li>Indirect Costs: There are no monetized indirect costs for local partners associated with this change.</li> <li>Direct Benefits: There are no monetized direct benefits for local partners associated with this change.</li> <li>Indirect Benefit: There are no monetized indirect benefits for local partners associated with this change.</li> </ul>				
(2) Present					
Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits			
	(a) \$0	(b) \$0			
(3) Other Costs &	The benefit to local partners is clarit	y of the data reporting elements			
Benefits (Non-	collected by VHI to be distributed at				
Monetized)	with other state agencies and local particular				
	for inpatient level data benefits those entities.				
(4) Assistance	There is no assistance required for local partners as a result of the				
	proposed changes.				
(5) Information					
Sources					

## **Impacts on Families**

Use this chart to describe impacts on families. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

## **Table 3: Impact on Families**

(1) Direct &	Families will not experience any costs or benefits of this regulatory		
Indirect Costs &	change, as the regulation applies to inpatient hospitals.		
Benefits			
(Monetized)			
(2) Present			
Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits	
	(a) \$0	(b) \$0	

(3) Other Costs & Benefits (Non- Monetized)	N/A
(4) Information Sources	N/A

## **Impacts on Small Businesses**

Use this chart to describe impacts on small businesses. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 4: Impact on S	Small Businesses
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<ul><li>(1) Direct &amp;</li><li>Indirect Costs &amp;</li><li>Benefits</li><li>(Monetized)</li></ul>	There are 102 hospitals that submitted patient level data to VHI in Q3 of 2022, none of which qualify as a small business. Therefore, no small businesses will be affected by the proposed changes.		
(2) Present			
Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits	
(3) Other Costs & Benefits (Non- Monetized)	(a) \$0	(b) \$0	
(4) Alternatives	N/A		
(5) Information Sources	N/A		

### **Changes to Number of Regulatory Requirements**

### **Table 5: Regulatory Reduction**

For each individual action, please fill out the appropriate chart to reflect any change in regulatory requirements, costs, regulatory stringency, or the overall length of any guidance documents.

Change in Regulatory Requirements

VAC Section(s) Involved	Initial Count	Additions	Subtractions	Net Change
12VAC5-217-20	30	+7	0	+7