

This rule was filed as 7 NMAC 1.23.

TITLE 7 HEALTH
CHAPTER 1 HEALTH GENERAL PROVISIONS
PART 23 DATA REPORTING REQUIREMENTS FOR THE GEOGRAPHIC ACCESS DATA
SYSTEM

7.1.23.1 ISSUING AGENCY: New Mexico Health Policy Commission.
[1/1/99; Recompiled 10/31/01]

7.1.23.2 SCOPE: This rule applies to all non-federal licensed health care facilities located in New Mexico and licensing agencies that have information pertaining to the geographic supply and distribution of health professionals and health services, including state entities licensing, certifying or registering health professionals or health services, and state entities administering programs to improve the distribution of health professionals.
[1/1/99; Recompiled 10/31/01]

7.1.23.3 STATUTORY AUTHORITY: This rule is promulgated pursuant to Sections 24-14A-3D(5) and (6); 24-14A-5; 24-14A-8A and B and 24-14A-9 of the Health Information System Act, Section 24-14A-1, NMSA 1978.
[1/1/99; Recompiled 10/31/01]

7.1.23.4 DURATION: Permanent.
[1/1/99; Recompiled 10/31/01]

7.1.23.5 EFFECTIVE DATE: January 1, 1999, unless a later date is cited at the end of a section or paragraph.
[1/1/99; Recompiled 10/31/01]
[Compiler's note: The words *or paragraph*, above, are no longer applicable. Later dates are now cited only at the end of sections, in the history notes appearing in brackets.]

7.1.23.6 OBJECTIVE: The purpose of this rule is to collect data for the geographic access data system by specifying the data reporting requirements for state health professional and facility licensing authorities, non-federal licensed health care facilities located in New Mexico and state entities administering publicly funded programs in order to improve the distribution of health professionals in rural and under-served, [sic] pursuant to the Health Information System Act, Section 24-14A-1 et seq. NMSA 1978.
[1/1/99; Recompiled 10/31/01]

7.1.23.7 DEFINITIONS: In addition to the definitions in the Health Information System Act, Section 24-14A-1 et seq. NMSA 1978, the following terms have the following meaning for purposes of this rule:

A. Amount of payment of award means the total dollar amount paid during the reporting period to or on behalf of a participant in a program designated by this rule.

B. Behavioral health or psychiatric beds (as specified by the facility) means the licensed bed capacity, as specified by the state health facility licensing authority, for hospital beds reserved for acute, residential or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted on the basis of an authorized health professional's orders and approved nursing care plans. Long-term care may include intensive supervision to persons with chronic mental illnesses, mental disorders, or other chronic or severe mental disabilities.

C. Current license expiration date means the date on which the current license issued by the state health facility licensing authority expires.

D. Current license issuance date means the date on which the current license was issued by the state health facility licensing authority.

E. Current license number means the number assigned and listed on the licensed document of each health facility licensed by the state health facility licensing authority.

F. Date first licensed in New Mexico means the date that the health care professional was initially licensed to practice in the stated profession at their current professional level in New Mexico.

G. Date of birth means the date of birth of a licensed health care professional or a participant in a

state administered program to improve the distribution of health professionals.

H. Date of graduation means the month and the year that the health care professional graduated from the health professional educational institution.

I. Dental care means preventive, restorative and/or emergency services provided by a dental health care professional.

J. Director means the director of the New Mexico health policy commission.

K. Dually certified beds means beds certified by the federal health care finance administration (HCFA) for reimbursement under both medicaid and medicare programs.

L. Emergency care means provision of emergency services, either on site or through stabilization and transport on a regular basis, to meet life, limb or function-threatening conditions.

M. Facility ID means the identification number assigned for internal control to a health facility licensed by the state health facility licensing authority.

N. Facility type means the type of a facility licensed by the state health facility licensing authority or a federal agency, including inpatient, community health or public health, laboratory, etc., as designated by the state health facility licensing authority.

O. Family planning services means provision of contraceptive/birth control and/or infertility treatment, including counseling and education by health professionals.

P. Full time equivalent means the average portion of the amount of time considered normal for working during a week. In general, this means the average number of hours worked weekly by an individual divided by forty; however, the value should not exceed one, regardless of average hours worked.

Q. Gender means the sex of the licensed health care professional.

R. Geographic access data system (GADS) means the data system developed pursuant to the Health Information Systems Act, Section 24-14A-1 et seq. NMSA 1978, to provide data and information to assist the commission, the legislature and other agencies and organizations in planning, formulating policy, administering programs and allocating resources to improve geographic access to health services.

S. Geographic access data system (GADS) data sources means state health professional and facility licensing agencies and boards; licensed outpatient medical facilities; and state entities administering programs to improve the distribution of health professionals.

T. Gynecological services means the provision of diagnostic and treatment services relating to the female reproductive system, including annual pelvic exams and pap smears, follow-up and outpatient treatment of abnormal findings, and diagnosis and treatment of sexually transmitted diseases, but not including family planning services.

U. Health care means any care, treatment, service or procedure to maintain, diagnose or otherwise affect an individual's physical or mental condition.

V. Health care professional means any individual licensed, certified or otherwise authorized or permitted by law to provide health care in the practice of a profession.

W. License employment classification means the employment status of a person licensed by the New Mexico state board of nursing, classified as either:

- (1) employed full-time;
- (2) employed part-time;
- (3) unemployed.

X. License number means the number assigned to a health care professional by a state health care professional licensing board or authority.

Y. License status means the type of health care professional license issued classified as:

- (1) active;
- (2) inactive

Z. Mailing address means the mailing address, including the street address or post office box number, city, state and zip code of a health facility licensed by the state health facility licensing authority.

AA. Medicaid Title XIX number means the number assigned by medicaid to the health care facility.

BB. Medicare provider certification number means the number assigned by medicare to the health care facility.

CC. Mental health services means a range of services provided by a licensed mental health care professional for the diagnosis and/or treatment of patients with behavioral, emotional or psycho-social disorders.

DD. Name of administering entity means the full name, including the applicable department, board or commission and any applicable divisional or sub-divisional descriptors, of a state agency charged with the day-to-day administration of a program designated by this rule.

EE. Name of administrator means the first name, last name and middle initial of the current administrator of a health facility licensed by the state health facility licensing authority.

FF. Name of health care professional means the first and last names and the middle initial of the health care professional.

GG. Name of hospital or facility means the name listed on the license document of each health facility licensed by the state health facility licensing authority.

HH. Name of program means the full name established by statute or customarily used in budget documents, audits and/or required reports to identify a program designated by this rule.

II. Non-public data means data submitted to the commission by a GADS data source pursuant to this rule that:

(1) has not otherwise been determined by the data source to be public data, or is not considered to be public data in accordance with the Public Records Act, Section 14-3-1 et seq. NMSA 1978 and the Open Meetings Act, Section 10-15-1 et seq. NMSA 1978; and

(2) has been determined by the commission, in consultation with the GADS data source, to be of a confidential or restricted nature.

JJ. Number of dental hygienists means the number of licensed full-time equivalent (FTE) dental hygienists practicing at the facility.

KK. Number of dentists means the number of licensed full-time equivalent (FTE) dentists practicing at the facility.

LL. Number of nurse practitioners means the number of licensed full-time equivalent (FTE) nurse practitioners practicing at the facility.

MM. Number of other advanced practice nurses means the number of full-time equivalent (FTE) nurses with advanced or specialized training, including clinical nurse specialists (CNS) and certified nurse midwives (CNM), practicing at the facility.

NN. Number of other nursing staff means the number of other licensed full-time equivalent (FTE) nursing staff, not otherwise reported, including licensed practical nurses (LPN) and certified nursing assistants (CNA) practicing at the facility.

OO. Number of other professional health personnel means the total number of other full-time equivalent (FTE) certified or licensed health professionals, not otherwise reported, providing health care at the facility, including pharmacists, dental assistants, occupational and physical therapists, podiatrists and optometrists. Not included are administrative support personnel, such as receptionists or medical record technicians.

PP. Number of physicians means the number of licensed full time equivalent (FTE) physicians, both allopathic and osteopathic, practicing at the facility.

QQ. Number of physicians' assistants means the number of licensed full-time equivalent (FTE) physicians' assistants practicing at the facility.

RR. Number of registered nurses means the number of licensed full-time equivalent (FTE) registered nurses practicing at the facility.

SS. Nursing facility capacity means the licensed bed capacity, as specified by the state health facility licensing authority, to provide care to patients with a variety of physical conditions or functional disabilities that do not require the care provided by a hospital or a skilled nursing facility, but do need supervision and support services.

TT. Obstetrical care means the provision of the full continuum of services related to pregnancy, delivery and postpartum care, including prenatal care, antepartum fetal assessment, labor and delivery professional care and postpartum care.

UU. Owner(s) of facility means the name of the owner(s) listed on the current license of a health facility licensed by the state health facility licensing.

VV. Pharmaceuticals means on-site dispensing of prescription medication and other pharmaceutical products.

WW. Physical location means the street address, city, county and zip code of the physical location of a health care facility licensed by the state licensing authority.

XX. Physical location of recipient means the primary business location designated by street address, city, county and zip code of an individual or an entity that has received a payment, an award, or service during the reporting period from a program designated by this rule. For licensed health professionals this is the physical location of their primary practice site. For other individuals, such as students, this is the official address recognized by the program designated by this rule.

YY. Practice/business address(es) means the full address, city, county, state and zip code of the principal current practice location of each licensed health professional and any additional practice sites listed; or the

official address, city, county, state and zip code as recognized by the health professional licensing board or authority.

ZZ. **Prenatal care** means a range of services including diagnosis, counseling, treatment and follow-up provided to pregnant women up to the onset of labor.

AAA. **Primary care services** means services that address the first level of basic or general health care for an individual's health needs.

BBB. **Professional degree(s)** means the health professional degree awarded as a consequence of completion or graduation from a health professional educational institution.

CCC. **Professional educational institution** means the name and the city, state and county of the health professional educational institution from which the health care professional graduated.

DDD. **Public data** means data submitted to the commission by a GADS data source pursuant to this rule that:

(1) has otherwise been determined by the data source to be public data, or is considered to be public data in accordance with the Public Records Act, Section 14-3-1 et seq. NMSA 1978 and the Open Meetings Act, Section 10-15-1 et seq. NMSA 1978; or

(2) has been determined by the commission, in consultation with the GADS data source, to be exempt from the access provisions of 7 NMAC 1.20 [now 7.1.20 NMAC].

EEE. **Skilled nursing capacity** means the licensed bed capacity, as specified by the state health facility licensing authority, to provide non-acute medical and nursing services, therapy and social services under the supervision of a licensed registered nurse on a 24-hour basis.

FFF. **Specialties** means certain branches or sub-divisions of a health professional discipline relating to specific services, as certified in accordance with standards specified by a board, association or agency recognized as competent within each health professional group in which a health professional is specially trained.

GGG. **State general fund funding** means the total dollar amount appropriated from the state general fund for the reporting period for activities of a program designated by this rule.

HHH. **Status of recipient** means the status during the reporting period of any person who has a current service obligation incurred in the course of participation in a program designated by this rule, classified as either:

- (1) in service;
- (2) cash repayment;
- (3) default;
- (4) deferred - education/training;
- (5) deferred - other;
- (6) obligation completed;
- (7) obligation resolved in other manner

III. **Substance abuse services** means a range of services to patients with alcoholism, drug dependency, or other substance abuse disorders. May include screening and diagnosis, detoxification, individual and group counseling, self-help support groups, alcohol and drug education, rehabilitation, remedial education and vocational training services and aftercare.

JJJ. **Swing bed capacity** means the licensed bed capacity, as specified by the state health facility licensing authority, for hospital or other facility beds which may be used for either skilled nursing care or general medical surgical care according to the presenting needs of the patient population.

KKK. **Telephone number of facility** means the phone number, including the area code, of a health facility licensed by the state health facility licensing authority.

LLL. **Total expenditures by eligible health professional discipline** means the total dollar amount directly expended during the reporting period by a program designated by this rule, subtotaled by each health profession approved for participation according to the terms and conditions of the program or administering entity.

MMM. **Total licensed bed capacity** means the total licensed bed capacity for the facility, as specified by the state health facility licensing authority, for hospital or other facility beds.

NNN. **Total number of individuals by eligible health professional discipline** means the total number of individuals who participated during the reporting period in a program designated by this rule, subtotaled by each health profession approved for participation according to the terms and conditions of the program or administering entity.

OOO. **Total program funding** means the total dollar amount during the reporting period available for or allocated to activities, including administration, of a program designated by this rule.

PPP. **Twenty four-hour coverage** means the provision of health care services on a 24-hour basis, 7 days a week, 365 days a year.

QQQ. Unit of service(s) by health profession means a specific quantifiable measure of impact in terms of outcomes and output mutually agreed upon by the commission and a program designated by this rule, subtotaled by each health profession approved for participation according to the terms and conditions of the program or administering entity.

RRR. Urgent care means provision of health care of an urgent or immediate nature on a routine or regular basis.

SSS. Use of payment means the specific purpose for which a payment or award has been made by a program designated by this rule to a local entity, including community based health facilities or political subdivisions, during the reporting period. Payment purposes are classified as either:

- (1) continuing health professional education;
- (2) housing;
- (3) malpractice insurance;
- (4) moving expenses;
- (5) practice development and/or maintenance;
- (6) professional development education;
- (7) retention bonus;
- (8) salary and benefits;
- (9) other incentives to recruit and/or retain a health professional.

TTT. X-ray diagnostic services means technical services provided on-site through the means of radiological equipment and testing procedures for the purpose of identifying presenting or potential diseases or health risk factors. (Does not include services of a physician to order and/or to analyze/interpret results from these procedures.)

[1/1/99; Recompiled 10/31/01]

7.1.23.8 DATA REPORTING SCHEDULE FOR GEOGRAPHIC ACCESS DATA SYSTEM DATA SOURCES:

A. Data reporting by state health professional and facility licensing agencies or boards.

(1) All state health professional and facility licensing agencies and boards shall submit quarterly the specified data elements in a record layout agreed upon with the commission, according to the following schedule:

<u>Reporting Period</u>	<u>Report Due to Commission</u>
January 1 - March 31	April 30
April 1 - June 30	July 31
July 1 - Sept. 30	October 31
October 1 - Dec. 31	January 31 of the following year

(2) Data from state health professional and facility licensing agencies and boards shall be collected in phases consisting of specified health professions and types of health facilities.

(3) The first phase of data collection shall be carried out as follows:

(a) The first phase of data collection from state health professional licensing boards and agencies shall consist of entities responsible for the licensing or certification of allopathic physicians, allopathic physician assistants, dentists, dental hygienists and all levels of nursing.

(b) The first phase of data collection from state health facility licensing agencies shall consist of general and special hospitals.

(c) Data from the groups designated for the first phase shall be due beginning April 30, 1999.

(4) In subsequent phases of data collection, the commission may require state health professional and facility licensing agencies to begin submitting, in accordance with section 8.1.1 [now Paragraph (4) of Subsection A of 7.1.23.8 NMAC] of this rule data pertaining to other health professions and types of health facilities. The commission shall provide 90 days notice prior to the due date for data submission for data collected during the ordinary course of business and 180 days notice for all other required data.

B. Data reporting by licensed outpatient medical facilities: All facilities licensed by the state facility licensing authority as 1) "diagnostic treatment centers," 2) "limited diagnostic and treatment centers" and receiving funds under the Rural Primary Health Care Act or classified as a federally qualified health center or equivalent and 3) "rural health clinics" shall annually submit by April 30, beginning in 1999, the specified data elements for the preceding calendar year in a record layout agreed upon with the commission.

C. Data reporting by state entities administering programs to improve the distribution of health professionals: All state entities administering programs to improve the distribution of health professionals

shall annually submit by October 1, beginning in 1999, the specified data elements for the preceding state fiscal year in a record layout agreed upon with the commission.
[1/1/99; Recompiled 10/31/01]

7.1.23.9 DATA REPORTING BY STATE HEALTH PROFESSIONAL LICENSING AGENCIES AND BOARDS:

A. All state health professional licensing agencies or boards, as required by the commission pursuant to 7 NMAC 1.23.8.1 [now Subsection A of 7.1.23.8 NMAC] and established pursuant to Chapter 61 NMSA 1978, excluding 61-13-1 to 61-13-17 (nursing home administrators) and 61-14-1 to 61-14-20 (veterinary medicine) shall submit the following data elements in a record layout agreed upon with the commission for each of the designated health care professionals licensed by the agency or board:

- (1) name of health care professional;
- (2) license number;
- (3) date of birth;
- (4) gender;
- (5) professional educational institution;
- (6) date of graduation;
- (7) professional degree(s);
- (8) specialties;
- (9) date first licensed in New Mexico;
- (10) license employment classification;
- (11) license status;
- (12) practice business address(es);
- (13) any additional data, consistent with the purpose of this rule, that is customarily collected by the

agency or board in its ordinary course of operation, and as specified by the commission with at least 90 days notice prior to submission date.

B. The commission may require any other agency or board licensing or certifying health professionals to submit specified health data pursuant to the Health Information System Act 24-14A-4.3, consistent with the purpose of this rule, that is customarily collected by the agency or board in its ordinary course of operation. The commission shall provide at least 90 days notice prior to the submission date.

[1/1/99; Recompiled 10/31/01]

7.1.23.10 DATA REPORTING BY THE STATE HEALTH FACILITY LICENSING AUTHORITY FOR ALL LICENSED HEALTH CARE FACILITIES IN NEW MEXICO: The state health facility licensing authority shall submit to the commission the following data elements, in a record layout agreed upon with the commission, for each of the designated health facilities licensed by the authority.

- A.** facility ID;
- B.** current license number;
- C.** medicare provider certification number;
- D.** medicaid Title 19 number;
- E.** name of administrator;
- F.** name of facility;
- G.** telephone number of facility;
- H.** business address of facility;
- I.** mailing address;
- J.** facility type;
- K.** owner(s) of facility;
- L.** current license issuance date;
- M.** current license expiration date;
- N.** nursing facility capacity;
- O.** skilled nursing capacity;
- P.** dually certified beds;
- Q.** behavioral health or psychiatric beds;
- R.** swing bed capacity;

- S. total licensed bed capacity; [and]
- T. any additional data, consistent with the purpose of this rule, that is customarily collected by the authority in its ordinary course of operation, as specified by the commission with at least 90 days notice prior to the submission date.

[1/1/99; Recompiled 10/31/01]

7.1.23.11 DATA REPORTING BY EACH FACILITY LICENSED BY THE STATE HEALTH FACILITY LICENSING AUTHORITY AS A “DIAGNOSTIC TREATMENT CENTER,” “LIMITED DIAGNOSTIC AND TREATMENT CENTER,” OR “RURAL HEALTH CLINIC”: Each facility licensed by the state facility licensing authority as a 1) “diagnostic treatment center,” 2) “limited diagnostic and treatment center” and receiving funds under the Rural Primary Health Care Act or classified as a federally qualified health center or equivalent or 3) “rural health clinic” shall submit the following data elements in a record layout agreed upon with the commission.

- A. facility ID;
- B. current license number;
- C. name of administrator;
- D. name of facility;
- E. telephone number of facility;
- F. business address of facility;
- G. mailing address;
- H. facility type;
- I. owner(s) of facility;
- J. types of services available:
 - (1) primary care services;
 - (2) laboratory diagnostic services;
 - (3) x-ray diagnostic services;
 - (4) emergency care;
 - (5) urgent care;
 - (6) 24-hour coverage
 - (7) family planning services;
 - (8) gynecological service;
 - (9) obstetrical care;
 - (10) prenatal care;
 - (11) dental care;
 - (12) mental health services;
 - (13) substance abuse services;
 - (14) pharmaceutical services.
- K. Average number of hours per week that services are available:
 - (1) primary care services;
 - (2) laboratory diagnostic services;
 - (3) x-ray diagnostic services;
 - (4) emergency care;
 - (5) urgent care;
 - (6) family planning services;
 - (7) gynecological services;
 - (8) obstetrical care;
 - (9) prenatal care;
 - (10) dental care;
 - (11) mental health services;
 - (12) substance abuse services;
 - (13) pharmaceuticals;
- L. number of physicians;
- M. number of dentists;
- N. number of dental hygienists;

- O. number of physicians' assistants;
- P. number of nurse practitioners;
- Q. number of other advanced practice nurses;
- R. number of registered nurses;
- S. number of other nursing staff;
- T. number of other professional health personnel;
- U. Any additional data, consistent with the purpose of this rule, that is customarily collected by the facility in its ordinary course of operation, as specified by the commission with at least 90 days notice prior to the submission date.

[1/1/99; recompiled 10/31/01]

7.1.23.12 DATA REPORTING BY STATE ENTITIES ADMINISTERING PROGRAMS TO IMPROVE DISTRIBUTION OF HEALTH PROFESSIONALS: All state entities administering health professional recruitment and retention programs specifically intended to improve the distribution of health professionals in the state shall submit the following data in a record layout agreed upon with the commission, except as expressly prohibited by federal law:

A. Data requirements for individual financial incentive programs: All state entities administering programs providing financial payments in exchange for service in a designated area shall report the following:

- (1) name of administering entity;
- (2) name of program;
- (3) total program funding;
- (4) state general fund funding;
- (5) name of recipient;
- (6) date of birth of recipient;
- (7) health profession of recipient;
- (8) license number;
- (9) amount of payment of award;
- (10) physical location of recipient;
- (11) status of recipient;
- (12) total number of individuals by eligible health professional discipline;
- (13) total expenditures by eligible health professional discipline;

B. Data requirements for programs providing community based financial payments: All state entities administering programs providing financial payments to local entities, including community based health facilities and political subdivisions, shall report the following:

- (1) name of administering entity;
- (2) name of program;
- (3) total program funding;
- (4) state general fund funding;
- (5) name of recipient;
- (6) physical location of recipient;
- (7) amount of payment of award;
- (8) use of payment;

C. Data requirements for programs providing services to community based entities or professionals: All state entities administering programs providing services to community based health facilities or directly to support or assist health professionals to improve the distribution of health professionals in New Mexico, shall report the following:

- (1) name of administering entity;
- (2) name of program;
- (3) total program funding;
- (4) state general fund funding;
- (5) total expenditures for direct service(s);
- (6) name(s) of sites receiving services;
- (7) physical location of recipient;
- (8) units of service(s) by health profession;

[1/1/99; Recompiled 10/31/01]

7.1.23.13 HEALTH CARE SURVEYS: The commission may utilize surveys of licensed health care professionals and/or the administrators of licensed health care facilities to gather data, consistent with the purpose of this rule. GADS data sources shall participate in the survey process upon request of the commission. The surveys shall be undertaken in consideration of the following factors:

A. Coordination among state agencies: If feasible, the commission shall coordinate its survey efforts with other state agencies that have regulatory authority over health professionals and facilities to avoid redundant reporting requirements.

B. Burden on survey populations: Where feasible, the commission shall limit redundant requests of the survey target populations by coordinating survey efforts with other public and private entities, to ease any burden imposed by multiple survey efforts.

[1/1/99; Recompiled 10/31/01]

7.1.23.14 STATUS OF DATA: All data and health information collected pursuant to this rule shall become the property of the commission upon receipt.

[1/1/99; Recompiled 10/31/01]

7.1.23.15 ACCESS TO GEOGRAPHIC ACCESS DATA SYSTEM DATA: Access to GADS data shall be as follows:

A. Access to public data:

(1) Internet access: All public data submitted to the commission pursuant to this rule may be made accessible, as determined to be appropriate by the commission, to any person through the health data system internet site.

(2) Requests made directly to the commission: Requests made directly to the commission for public data shall be subject to the provisions of 7 NMAC 1.20.14 [now 7.1.20.14 NMAC]. The commission may assess fees for preparing the requested data and reports, as specified in 7 NMAC 1.20.15 [now 7.1.20.15 NMAC].

B. Access to non-public data: Access to all non-public data submitted to the commission pursuant to this rule shall be in accordance with 7 NMAC 1.20 [now 7.1.20 NMAC] unless other provisions for release are made upon the expressed written authority of the designated administrator of the data source.

[1/1/99; Recompiled 10/31/01]

7.1.23.16 ELECTRONIC REPORTING REQUIREMENTS: As of January 1, 2000, all GADS data sources shall submit the required quarterly or annual data by electronic media (such as computer tape, cartridge or diskette) or by direct electronic transmission, per the record layout and instruction provided by the commission.

[1/1/99; Recompiled 10/31/01]

7.1.23.17 MODIFICATION OR EXEMPTION FROM REPORTING COMPLIANCE:

A. Upon written application to the director, the director may grant a GADS data source a 1) modification in reporting requirements or 2) temporary exemption, not to exceed two reporting quarters or one year, whichever is less, from the schedule required by 7 NMAC 1.23.8 [now 7.1.23.8 NMAC]. Temporary exemption from reporting does not excuse the GADS data source from reporting the data from the exempted period. Upon resumption of the regular reporting schedule the GADS data source shall promptly report data for the exempted period. A modification or exemption shall be granted only when the data source makes reasonable showing that compliance would require unreasonable costs, would be unduly burdensome given the particular circumstances of the data source, or is not feasible due to no fault of the data source. In requesting a modification, the data source must also make a reasonable showing that it will effectuate the purposes of this rule through alternatives means. The GADS data source may appeal the director's decision to the commission, which shall make a final determination on the request.

B. Modifications to the specificity of any required data field may be directed by the health policy commission to accommodate updates in technology, public policy needs or as otherwise deemed necessary by the commission to fulfill the intent of this rule.

[1/1/99; Recompiled 10/31/01]

7.1.23.18 PENALTIES FOR RULE VIOLATION: Failure to comply with any of the reporting

requirements in this rule may result in injunctive relief and a civil penalty not to exceed \$1,000 per violation, as provided by the Health Information System Act, Section 24-14A-1 et seq. NMSA 1978.
[1/1/99; Recompiled 10/31/01]

HISTORY OF 7.1.23 NMAC: [RESERVED]