

90 - 590 MAINE HEALTH DATA ORGANIZATION

Chapter 630: UNIFORM SYSTEM FOR REPORTING BASELINE INFORMATION AND RESTRUCTURING OCCURRENCES FOR MAINE HOSPITALS AND PARENT ENTITIES

Summary: This Chapter contains the provisions for filing and specifies the information to be submitted to the Maine Health Data Organization regarding baseline information and major structural changes relevant to the restructuring of hospitals and their parent entities in Maine.

The provisions include:

Identifying those persons required to file baseline and restructuring information;

Establishing requirements for the format, content and schedule for filing baseline and restructuring information reports; and

Specifying compliance provisions.

1. Definitions.

For purposes of this chapter, the following terms shall have the following meanings:

- A. Affiliate of or affiliated with. "Affiliate of or affiliated with" refers to a person or entity who directly or indirectly controls or is controlled by, or is under common control with, the person specified.
- B. Affiliated company. "Affiliated company" means any health care provider or health care facility that is or will be effectively controlled by, or merged into, any of the following: the party initiating the restructuring, any subsidiary of said party, or any entity that will be created by or in conjunction with the restructuring.
- C. Baseline information. "Baseline information" means corporate organizational information including locations of affiliate or subsidiary entities as of a specified date.
- D. Health care facility. "Health care facility" means a public or private, proprietary or not-for-profit entity or institution providing health services including but not limited to, a radiological facility licensed under 22 M.R.S.A., chapter 160, a health care facility licensed

under 22 M.R.S.A., chapter 405 or certified under chapter 405-D, an independent radiological service center, a federally qualified health center, a rural health clinic, or a rehabilitation agency certified or otherwise approved by the Division of Licensing and Certification within the Department of Health and Human Services, a home health care provider licensed under 22 M.R.S.A., chapter 419, a residential care facility licensed under 22 M.R.S.A., chapter 1665, a hospice provider licensed under 22 M.R.S.A., chapter 1681, a retail store drug outlet licensed under 32 M.R.S.A., chapter 117, a state institution and mental health facility as defined under 34-B M.R.S.A., chapter 1.

- E. Hospital. "Hospital" means any acute care institution required to be licensed pursuant to 22 M.R.S.A., chapter 405.
 - F. MHDO. "MHDO" means the Maine Health Data Organization.
 - G. M.R.S.A. "M.R.S.A." means Maine revised statutes Annotated.
 - H. Parent entity. A "parent entity" means the person, organization or corporation that has control, directly or indirectly through majority ownership, affiliation, contract or membership of a hospital and/or any affiliated health care facility. A parent entity may be an individual hospital or, as a parent of a health care facility, considered a health care facility.
 - I. Person. "Person" means any individual, partnership, group practice, trust, estate, corporation, including associations, joint stock companies, cooperative, government or governmental subdivision or agency or other legal entity recognized by state law that is providing health care services.
 - J. Subsidiary. "Subsidiary" means a health care facility corporation, partnership, group practice, association or similar organization that is majority controlled or owned either directly or indirectly by a parent company.
2. Schedule and format for filing baseline information.

Every hospital and parent entity must file baseline information no later than ninety days from the effective date of these rules, as follows:

- A. A current organizational chart or charts depicting the organizational structure and relationships, in terms of ownership, control, and membership, and the individual corporate tax status, tax

identification number, and functional description, among the persons and health care facilities owned by or affiliated with the hospital and parent entity.

B. Hospitals must file, in addition to the chart described in section 2 (A):

1. A chart depicting the organizational structure, location and relationship of separate health service delivery sites or treatment centers that are not located in the same municipality as the hospital; and

2. For all physicians employed or owned by the hospital, the physician's name and, where applicable, the department of the hospital or the name of the group practice with which the physician is associated.

3. Restructuring.

The occurrences of structural or organizational changes that must be reported to the MHDO are the following:

A. Acquisitions. The buy out or takeover of one person, health care facility, hospital, and/or parent entity by another hospital or parent entity.

B. Consolidation. The dissolution of two or more hospitals or parent entities followed by the creation of a totally new entity.

C. Mergers. The joinder of two or more hospitals or the absorption of one hospital or parent entity by another.

D. Reorganization. The change in the operations of a hospital or parent entity or an addition to or increase in the types of health care services offered.

4. Content of the concise restructuring information narrative to be filed with the MHDO.

A. A cover sheet showing the names and addresses of the entities involved in the restructuring, the type of restructuring activity, and the name of a representative from the facility authorized to disclose and sign the restructuring documents.

- B. An organizational chart or charts depicting the organizational structure and relationships, in terms of ownership, control, corporate status and membership, among the persons, health care facilities, hospitals, and/or parent entities included in the restructuring; and
 - C. For hospitals, in addition to information required in this section (A and B):
 - 1. A chart depicting the organizational structure, location, tax status, tax identification number, functional description, and relationship of separate health service delivery sites or treatment centers; and,
 - 2. A statement ensuring that the clinical and quality data submitted to the MHDO, as required under 22 M.R.S.A. sections 8704 (4), 8708, and 8708-A, will be filed separately, either coded or by batch, for every inpatient/acute care institution regardless of its location or licensure and for each separate outpatient site that is not located in the same municipality as the parent hospital.
5. Schedule and requirements for filing the concise restructuring information narrative.

Every hospital or parent entity must file with the MHDO the restructuring information for the preceding six month period as described in section 4 on January 1st and July 1st of each calendar year. If structural or organizational changes do not occur during the preceding sixth month period, the hospital or parent entity shall notify the MHDO via e-mail that restructuring information will not be filed.

6. Public access.

Information collected, processed and/or analyzed under this rule shall be subject to public release in accordance with Code of Maine Rules, 90-590, Chapter 120: Release of Data to the Public. The MHDO may initiate studies and/or analyses of restructuring information submitted and merge it with clinical and financial data as defined in 22 M.R.S.A. §8708, sub-§6.

7. Compliance.

The failure to file baseline and/or restructuring information in accordance with the provisions of this Chapter may be considered a violation under 22 M.R.S.A. §8705-A.

STATUTORY AUTHORITY: 22 M.R.S.A. §§8701, 8704, 8705-A, 8708, 8708-A, and 8710.

EFFECTIVE DATE:

January 27, 1987 (as "Review And Approval Of Hospital Restructuring")

REPEALED AND REPLACED:

May 17, 2000 (as "Uniform System for Reporting Baseline Information and Restructuring Occurrences Relevant to the Delivery and Financing of Health Care in Maine")

AMENDED:

October 9, 2006