



Rep. Julie Hamos

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LRB093 20871 MKM 49322 a

1 AMENDMENT TO HOUSE BILL 4953

2 AMENDMENT NO. _____. Amend House Bill 4953 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Health Finance Reform Act is
5 amended by changing Section 4-2 as follows:

6 (20 ILCS 2215/4-2) (from Ch. 111 1/2, par. 6504-2)

7 Sec. 4-2. Powers and duties.

8 (a) (Blank).

9 (b) (Blank).

10 (c) (Blank).

11 (d) Uniform Provider Utilization and Charge Information.

12 (1) The Department of Public Health shall require that
13 all hospitals and ambulatory surgical treatment centers
14 licensed to operate in the State of Illinois adopt a
15 uniform system for submitting patient claims or encounter
16 data ~~charges~~ for payment from public and private payors.
17 This system shall be based upon adoption of the uniform
18 electronic hospital billing form pursuant to the Health
19 Insurance Portability and Accountability Act.

20 (2) (Blank).

21 (3) The Department of Insurance shall require all
22 third-party payors, including but not limited to, licensed
23 insurers, medical and hospital service corporations,
24 health maintenance organizations, and self-funded employee

1 health plans, to accept the uniform billing form, without
2 attachment as submitted by hospitals pursuant to paragraph
3 (1) of subsection (d) above, effective January 1, 1985;
4 provided, however, nothing shall prevent all such third
5 party payors from requesting additional information
6 necessary to determine eligibility for benefits or
7 liability for reimbursement for services provided.

8 (4) Pursuant to implementation dates, each hospital
9 and ambulatory surgical treatment center ~~Each hospital~~
10 licensed in the State shall electronically submit to the
11 Department patient claims or encounter ~~billing~~ data for
12 conditions and procedures required for public disclosure
13 pursuant to paragraph (6). Claims or encounter ~~For~~
14 ~~hospitals, the billing data to be reported shall include~~
15 ~~all inpatient surgical cases. Billing~~ data submitted under
16 this Act shall ~~not~~ include a patient's unique identifier,
17 race, ethnicity, and environmental coding under the
18 International Classification of Diseases, version 10, when
19 adopted and implemented by the United States Department of
20 Health and Human Services as Health Insurance Portability
21 and Accountability Act of 1996 (HIPAA) standards for
22 national implementation. Dissemination of this information
23 is subject to HIPAA and any other State and federal
24 confidentiality laws ~~name, address, or Social Security~~
25 ~~number.~~

26 (5) By no later than January 1, 2005, the Department
27 must collect and compile claims or encounter ~~billing~~ data
28 required under paragraph (6) according to uniform
29 electronic submission formats as required under the Health
30 Insurance Portability and Accountability Act. By no later
31 than January 1, 2006, the Department must collect and
32 compile from ambulatory surgical treatment centers the
33 claims or encounter data required under paragraph (6)
34 according to uniform electronic submission formats as

1 required under the Health Insurance Portability and
2 Accountability Act.

3 (6) The Department shall make available on its website
4 the "Consumer Guide to Health Care" by January 1, 2006. The
5 "Consumer Guide to Health Care" shall include information
6 on at least 30 inpatient conditions and procedures
7 identified by the Department that demonstrate the highest
8 degree of variation in patient charges and quality of care
9 and no more than 30 outpatient surgical procedures. By no
10 later than January 1, 2007, the "Consumer Guide to Health
11 Care" shall include information for both inpatient and
12 outpatient conditions and procedures. As to each condition
13 or procedure, the "Consumer Guide to Health Care" shall
14 include up-to-date comparison information relating to
15 volume of cases, average charges, risk-adjusted mortality
16 rates, and nosocomial infection rates. Information
17 disclosed pursuant to this paragraph on mortality and
18 infection rates shall be based upon information hospitals
19 and ambulatory surgical treatment centers have either (i)
20 previously submitted to the Department pursuant to their
21 obligations to report health care information under other
22 public health reporting laws and regulations outside of
23 this Act or (ii) submitted to the Department under the
24 provisions of the Hospital Report Card Act.

25 (7) Publicly disclosed information must be provided in
26 language that is easy to understand and accessible to
27 consumers using an interactive query system.

28 (8) None of the information the Department discloses to
29 the public under this subsection may be made available
30 unless the information has been reviewed, adjusted, and
31 validated according to the following process:

32 (i) Hospitals, ambulatory surgical treatment
33 centers, and other entities ~~and organizations~~
34 representing hospitals and ambulatory surgical

1 treatment centers are meaningfully involved in the
2 development of all aspects of the Department's
3 methodology for collecting, analyzing, and disclosing
4 the information collected under this Act, including
5 collection methods, formatting, and methods and means
6 for release and dissemination;

7 (ii) The entire methodology for collecting
8 ~~collection~~ and analyzing the data is disclosed to all
9 relevant organizations and to all providers that are
10 the subject of any information to be made available to
11 the public before any public disclosure of such
12 information;

13 (iii) Data collection and analytical methodologies
14 are used that meet accepted standards of validity and
15 reliability before any information is made available
16 to the public;

17 (iv) The limitations of the data sources and
18 analytic methodologies used to develop comparative
19 provider information are clearly identified and
20 acknowledged, including, but not limited to,
21 appropriate and inappropriate uses of the data;

22 (v) To the greatest extent possible, comparative
23 hospital and ambulatory surgical treatment center
24 information initiatives use standard-based norms
25 derived from widely accepted provider-developed
26 practice guidelines;

27 (v-5) For ambulatory services, information is
28 provided on surgical infections and mortality for
29 selected procedures, as determined by the Department,
30 based on review by the Department of its own, local, or
31 national studies.

32 (vi) Comparative hospital and ambulatory surgical
33 treatment center information and other information
34 that the Department has compiled regarding hospitals

1 and ambulatory surgical treatment centers is shared
2 with the hospitals and ambulatory surgical treatment
3 centers under review prior to public dissemination of
4 the information and these providers have an
5 opportunity to make corrections and additions of
6 helpful explanatory comments about the information
7 before the publication;

8 (vii) Comparisons among hospitals and ambulatory
9 surgical treatment centers adjust for patient case mix
10 and other relevant risk factors and control for
11 provider peer groups;

12 (viii) Effective safeguards to protect against the
13 unauthorized use or disclosure of hospital and
14 ambulatory surgical treatment center information are
15 developed and implemented;

16 (ix) Effective safeguards to protect against the
17 dissemination of inconsistent, incomplete, invalid,
18 inaccurate, or subjective provider data are developed
19 and implemented;

20 (x) The quality and accuracy of hospital and
21 ambulatory surgical treatment center information
22 reported under this Act and its data collection,
23 analysis, and dissemination methodologies are
24 evaluated regularly; and

25 (xi) Only the most basic identifying information
26 from mandatory reports is used, and patient
27 identifiable information is not released. The input
28 data collected by the Department shall not be a public
29 record under the Illinois Freedom of Information Act.

30 None of the information the Department discloses to the
31 public under this Act may be used to establish a standard
32 of care in a private civil action.

33 (9) The Department must develop and implement an
34 outreach campaign to educate the public regarding the

1 availability of the "Consumer Guide to Health Care".

2 (10) By January 1, 2005, ~~Within 12 months after the~~
3 ~~effective date of this amendatory Act of the 93rd General~~
4 ~~Assembly,~~ the Department must study the most effective
5 methods for public disclosure of patient claims or
6 encounter charge data and health care quality information
7 that will be useful to consumers in making health care
8 decisions and report its recommendations to the Governor
9 and to the General Assembly and, by January 1, 2008, if the
10 Department has not used the data, collection of data
11 provided by ambulatory surgical treatment centers under
12 this Section shall be terminated.

13 (11) The Department must undertake all steps necessary
14 under State and Federal law to protect patient
15 confidentiality in order to prevent the identification of
16 individual patient records.

17 (12) The Department may establish rules for carrying
18 out, administering, and enforcing the provisions of this
19 Act.

20 (13) In addition to the data products indicated above,
21 the Department shall respond to requests by government
22 agencies, academic research organizations, and private
23 sector organizations for data products, special studies,
24 and analyses of data collected pursuant to this Section.
25 The Department shall determine the form in which the
26 information shall be made available and shall determine
27 reasonable fees to be charged to the agency or organization
28 requesting the data products. Use of the data must comply
29 with the Health Insurance Portability and Accountability
30 Act of 1996 (HIPAA).

31 (14) Fees collected for data products, as well as other
32 amounts that may be appropriated for the purposes of this
33 Act, shall be deposited into the Public Health Special
34 State Projects Fund, which may be used for the direct and

1 indirect costs of producing data products and for other
2 related purposes at the discretion of the Director.

3 (e) (Blank).

4 (Source: P.A. 92-597, eff. 7-1-02; 93-144, eff. 7-10-03.)

5 Section 10. The Hospital Report Card Act is amended by
6 changing Section 25 as follows:

7 (210 ILCS 86/25)

8 Sec. 25. Hospital reports.

9 (a) Individual hospitals shall prepare a quarterly report
10 including all of the following:

11 (1) Nursing hours per patient day, average daily
12 census, and average daily hours worked for each clinical
13 service area.

14 (2) Nosocomial infection rates for the facility for the
15 specific clinical procedures determined by the Department
16 by rule under the following categories:

17 (A) Surgical Class I surgical site infection, as
18 reviewed by the Advisory Committee.

19 (B) Ventilator-associated pneumonia.

20 (C) Central line-related bloodstream infections.

21 The Department shall only disclose Illinois hospital
22 infection rate data according to the current benchmarks of the
23 Centers for Disease Control's National Nosocomial Infection
24 Surveillance Program.

25 (b) Individual hospitals shall prepare annual reports
26 including vacancy and turnover rates for licensed nurses per
27 clinical service area.

28 (c) None of the information the Department discloses to the
29 public may be made available in any form or fashion unless the
30 information has been reviewed, adjusted, and validated
31 according to the following process:

32 (1) The Department shall organize an advisory

1 committee, including representatives from the Department,
2 public and private hospitals, direct care nursing staff,
3 physicians, academic researchers, consumers, health
4 insurance companies, organized labor, and organizations
5 representing hospitals and physicians. The advisory
6 committee must be meaningfully involved in the development
7 of all aspects of the Department's methodology for
8 collecting, analyzing, and disclosing the information
9 collected under this Act, including collection methods,
10 formatting, and methods and means for release and
11 dissemination.

12 (2) The entire methodology for collecting and
13 analyzing the data shall be disclosed to all relevant
14 organizations and to all hospitals that are the subject of
15 any information to be made available to the public before
16 any public disclosure of such information.

17 (3) Data collection and analytical methodologies shall
18 be used that meet accepted standards of validity and
19 reliability before any information is made available to the
20 public.

21 (4) The limitations of the data sources and analytic
22 methodologies used to develop comparative hospital
23 information shall be clearly identified and acknowledged,
24 including but not limited to the appropriate and
25 inappropriate uses of the data.

26 (5) To the greatest extent possible, comparative
27 hospital information initiatives shall use standard-based
28 norms derived from widely accepted provider-developed
29 practice guidelines.

30 (6) Comparative hospital information and other
31 information that the Department has compiled regarding
32 hospitals shall be shared with the hospitals under review
33 prior to public dissemination of such information and these
34 hospitals have 30 days to make corrections and to add

1 helpful explanatory comments about the information before
2 the publication.

3 (7) Comparisons among hospitals shall adjust for
4 patient case mix and other relevant risk factors and
5 control for provider peer groups, when appropriate.

6 (8) Effective safeguards to protect against the
7 unauthorized use or disclosure of hospital information
8 shall be developed and implemented.

9 (9) Effective safeguards to protect against the
10 dissemination of inconsistent, incomplete, invalid,
11 inaccurate, or subjective hospital data shall be developed
12 and implemented.

13 (10) The quality and accuracy of hospital information
14 reported under this Act and its data collection, analysis,
15 and dissemination methodologies shall be evaluated
16 regularly.

17 (11) Only the most basic identifying information from
18 mandatory reports shall be used, and information
19 identifying a patient, employee, or licensed professional
20 shall not be released. None of the information the
21 Department discloses to the public under this Act may be
22 used to establish a standard of care in a private civil
23 action.

24 (d) Quarterly reports shall be submitted, in a format set
25 forth in rules adopted by the Department, to the Department by
26 April 30, July 31, October 31, and January 31 each year for the
27 previous quarter. Data in quarterly reports must cover a period
28 ending not earlier than one month prior to submission of the
29 report. Annual reports shall be submitted by December 31 in a
30 format set forth in rules adopted by the Department to the
31 Department. All reports shall be made available to the public
32 on-site and through the Department.

33 (e) If the hospital is a division or subsidiary of another
34 entity that owns or operates other hospitals or related

1 organizations, the annual public disclosure report shall be for
2 the specific division or subsidiary and not for the other
3 entity.

4 (f) The Department shall disclose information under this
5 Section in accordance with provisions for inspection and
6 copying of public records required by the Freedom of
7 Information Act provided that such information satisfies the
8 provisions of subsection (c) of this Section.

9 (g) Notwithstanding any other provision of law, under no
10 circumstances shall the Department disclose information
11 obtained from a hospital that is confidential under Part 21 of
12 Article 8 of the Code of Civil Procedure.

13 (h) No hospital report or Department disclosure may contain
14 information identifying a patient, employee, or licensed
15 professional.

16 (Source: P.A. 93-563, eff. 1-1-04.)

17 Section 90. The State Finance Act is amended by adding
18 Section 5.625 as follows:

19 (30 ILCS 105/5.625 new)

20 Sec. 5.625. The Public Health Special State Projects Fund.

21 Section 99. Effective date. This Act takes effect January
22 1, 2005."