**Section 1010.20 Definitions**

"Act" means the Health Finance Reform Act.

"Admission, Discharge and Transfer (ADT) trigger event" means messages from HL7 standard, triggered by admission (A01), Register (A04), Update (A08) and Discharge (A03).

"Affirmation statement" means a document that, when signed by a hospital or ambulatory surgical treatment center administrator or an authorized representative of a hospital or ambulatory surgical treatment center submitting data to the Department, affirms, to the best of the signer's knowledge, that any necessary corrections to data submitted to the Department have been made and that the data submitted are complete and accurate.

"Agency for Healthcare Research and Quality" or "AHRQ" means a federal agency that is a part of the U.S. Department of Health and Human Services.

"Ambulatory patient classification" or "APC" means a definition by the Centers for Medicare and Medicaid Services (CMMS) for the prospective payment system (PPS) under Medicare for hospital outpatient services. All services paid under the PPS are classified into groups called APCs. Services in each APC are similar clinically and in terms of the resources they require. A payment rate is established for each APC based on the resources involved in treatment.

"Ambulatory surgical treatment center" means a facility licensed under the Ambulatory Surgical Treatment Center Act.

"Application" means technical software tools that provide access and analysis for the syndromic surveillance data.

"Batch" means a file that transfers multiple messages together.

"CCYYMMD" means a calendar date in the format of century, year, month and day of the week, where 1 = Sunday, 2 = Monday, etc.

"CCYYMMDD" means a calendar date in the format of century, year, month and day, without separators.

"Chief complaint" means a patient’s self-reported complaint of reason for visit. It is the most complete description and may include multiple symptoms as free text summary of the patient’s own words as well as a drop-down selection of symptoms.

"Claims and encounter" means either a request to obtain payment, and necessary accompanying information, from a health care provider to a health plan, for health care or an inpatient stay or outpatient visit in which a claim is not generated.

"Cleaned claims data" means data that have passed validity tests that edit for individual element content and comparison with related elements for appropriate context within the time periods and value ranges appropriate for the data file.

"Clinical Classification Software" or "CCS" means a diagnosis and procedure categorization scheme developed by the Healthcare Cost and Utilization Project.

"Compliance percentage" means the value obtained when the number of cleaned and unduplicated claims and encounters per calendar month is divided by the reported discharge count for the same calendar month, with the dividend of this calculation multiplied by 100.

"Computed tomographic scan" or "CT scan" means a computedtomographic scan of the head and other parts of the human body.

"Consumer Guide to Health Care" means a comparative health care information report showing conditions and procedures that demonstrate the widest variation in charges and quality of care in inpatient and outpatient services provided in hospitals and ambulatory surgical treatment centers.

"Current Procedural Terminology" or "CPT" means a listing of descriptive terms and identifying codes providing a consistent and standardized language for reporting medical services and procedures performed by physicians. These codes are maintained and distributed by the American Medical Association (330 N. Wabash Ave., Suite 39300, Chicago IL 60611-5885).

"Custom dataset" means requests for specific data elements for particular research or reporting tasks. This may include specific aggregations or combinations of data values into categories or groups.

"Data submission manual" means the Department's Technical Reference for Data Submission document specifying the details of the record layout, the outpatient surgical procedure code range, specifications of identification of emergency department and observation cases and contact information for questions related to data submission.

"Data submission profile" means a set of validation and verification reports containing accumulated statistical summaries of all data submitted to the Department by the facility for each month of the current collection period. These reports contain information identifying claims and encounters that fail Departmental edits, as well as data quality statistics showing data accepted up to and including the latest submission.

"Data use agreement" means a written contract between parties that defines the care and handling of sensitive or restricted use data, including, but not limited to, the terms of the agreement, ownership of the data, security measures and access to the data, uses of the data, data confidentiality procedures, duration of the agreement, disposition of the data at the completion of the contract, and any penalties for violation of the terms of the agreement.

"De-identified" means data that do not contain directly identifiable individual patient health information as defined in HIPAA privacy regulations (Security and Privacy); or data that, through analysis by an experienced expert statistician or by the use of probability software, can be shown to have a low probability of individual identification.

"Department" or "DPH" means the Illinois Department of Public Health.

"Diagnosis Related Group" or "DRG" means a patient classification scheme that provides a means of categorizing hospital inpatients according to the resources required in treatment, developed for the Centers for Medicare and Medicaid Services for use in the Medicare Prospective Payment System.

"Diagnostic" means the process used to identify or characterize, as accurately as possible, the details of a medical condition or injury.

"Electronically submit" means that required data submission will be carried out by the transfer of appropriate files to the Department's secure web server. Physical media of any form or type will not be used in the transfer of these data.

"Emergency Department" or "ED" means the location within hospitals where persons receive initial treatment by health care professionals for conditions of an immediate nature caused by injury or illness. The person treated may or may not be admitted to the hospital as an inpatient. Services furnished to an individual who has an emergency medical condition are defined in 42 CFR 424.101.

"Emerging technology" means new approaches to the treatment of medical conditions through the use of existing machines and equipment in new and different ways or the development of new machines and equipment for a specific form of medical treatment.

"Ethnicity" means the classification of a person's ethnic background. Classification categories collected will follow the Federal Office of Management and Budget (OMB) Statistical Policy Directive Number 15, "Race and Ethnic Standards for Federal Statistics and Reporting".

"Facility" means a hospital, as defined in the Hospital Licensing Act and the University of Illinois Hospital Act, or an ambulatory surgical treatment center, as defined in the Ambulatory Surgical Treatment Center Act. For syndromic surveillance, a facility can also be a site that provides urgent care, and does not include ambulatory surgical treatment centers.

"Final closing date" means the final day, 65 days after the end of each calendar quarter, on which electronically submitted corrections and missing data are accepted for each quarterly data submission period.

"Federal Information Processing Standards" or "FIPS" means a standardized set of numeric or alphabetic codes issued by the National Institute of Standards and Technology (NIST) to ensure uniform identification of geographic entities through all federal government agencies.

"Fully populated test data" means that each field or individual element specified in each record of the file contains data values. Complete data allow the exercise of all parts of the computer program used to produce the file. This will provide more robust testing outcomes, reduce the number of test runs necessary, and improve the quality of data submissions.

"Healthcare Common Procedure Coding System" or "HCPCS" means a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT). The HCPCS was established to provide a standardized coding system for describing the specific items and services provided in the delivery of health care. HIPAA made the HCPCS mandatory for Medicare and Medicaid billings. HCPCS includes three levels of codes:

Level I consists of the American Medical Association's Current Procedural Terminology (CPT) and is numeric.

Level II codes are alphanumeric and primarily include non-physician services such as ambulance services and prosthetic devices.

Level III consists of temporary codes for emerging technologies, services and procedures.

"Healthcare Cost and Utilization Project" or "HCUP" means a group of health care databases and software tools and products created by a government and industry partnership and sponsored by AHRQ.

"Health plan" means an individual or group plan that provides, or pays the cost of, medical care. Further explanation can be found in HIPAA privacy regulations.

"HH" means clock time in hours using 24-hour time from 00 to 23 rounded to the nearest hour.

"Health Insurance Portability and Accountability Act privacy regulations" or "HIPAA privacy regulations" means regulations promulgated at 45 CFR 160 and 45 CFR 164, Subparts A and E, under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

"Health Level 7 (HL7)" means the industry standards organization (www.hl7.org) for healthcare data exchange. HL7 is a registered trademark of Health Level Seven, Inc. Reg. U.S. Pat and TM office.

"HL7 version 2.5.1" means a nationally recognized standard for electronic data exchange between systems housing health care data. HL7 version 2.5.1 defines syntax, format and standard vocabulary for HL7 messages.

"Hospital" means any institution, place, building, or agency, public or private, whether organized for profit or not for profit, that is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act, and the University of Illinois Hospital as defined in the University of Illinois Hospital Act.

"Imaging" means the technique and process used to create images of the human body or its parts or functions for clinical purposes seeking to reveal, diagnose or examine disease or injury.

"Implementation guide" means a national HL7 standard document that guides the HL7 messages for syndromic surveillance submissions defining the message and content references for electronic health record certifications.

"Initial closing date" means the date, 60 days after the end of each calendar quarter, established for all hospitals and ambulatory surgical treatment centers to electronically submit inpatient and outpatient claims and encounter data to the Department.

"Invasive" means a medical procedure that penetrates or breaks the skin or a body cavity by means of a perforation, incision, catheterization or other methods into a patient's body.

"Limited datasets" means data containing protected health information (PHI) that excludes certain direct identifiers of the individual or of relatives, employers or household members of the individual, as defined in HIPAA privacy regulations.

"Magnetic resonance imaging" or "MRI" means a technology used to visualize internal body structures by using strong magnet fields in conjunction with radio frequency fields to analyze deep soft tissue without the use of harmful radiation.

"Major Diagnostic Category" or "MDC" means a collection of DRGs for categorizing specifically defined interventions and illnesses related to an organ or a body system, not to the cause of an illness or injury.

"Mammography" means the process of utilizing low-dose X-rays to examine the human breast as a diagnostic and screening tool for the detection of cancer.

"Meaningful Use" is the original term in the Health Information Technology for Economic and Clinical Health (HITECH) Act for the exchange of health care data across systems to promote meaningful use of health information technology to improve the quality and value of American health care. Meaningful Use is the criteria cited to satisfy the CMMS final rule of the federal HITECH Act of 2009 (78 FR 5565, January 25, 2013). Meaningful Use program was later termed Promoting Interoperability.

"Minimally invasive" means a medical procedure carried out by entering the body through the skin or through a body cavity or anatomical opening, but with the smallest disturbance possible to these structures. Special medical equipment may be used, such as fiber optic cables, miniature video cameras and special surgical instruments handled via tubes inserted into the body through small openings in its surface.

"National Provider Identifier" or "NPI" means a unique identification number assigned to all health care providers to be used by all health plans. The NPI will be issued and maintained by the National Provider System.

"National Uniform Billing Committee" or "NUBC" means the group including all major national provider and payer organizations formed to develop and maintain the national standard health care uniform bill.

"Near real-time" means the timeliness of the data submitted for syndromic surveillance. Near real-time is defined in the implementation guide as data that must be submitted at least within 24 hours of the date and time of the patient’s initial encounter. Updates to a patient record must also be submitted within 24 hours of the information being added to the record. Real time data transmission, or very frequent batch data transmission, is at least hourly or <15 minutes from entry in the hospital record.

"National Institute of Standards and Technology (NIST)" means the government agency that developed the syndromic surveillance message certification tool.

"Non-invasive surgery" means a medical procedure using highly focused beams of radiation when the nature or location of the condition is not amenable to mechanical intervention.

"Observation care" or "OC" means services furnished to a person by a hospital on the hospital's premises, including use of a bed and at least periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or to determine the need for a possible admission to the hospital as an inpatient. In general, the duration of observation care services is less than 24 hours, although, in some circumstances, patients may require a second day.

"Office of the National Coordinator (ONC)" means the national agency that establishes the standard used for syndromic surveillance in the CMMS final rule of the HITECH Act of 2009.

"On-boarding" means the process for a hospital or facility to connect to DPH to test and submit syndromic surveillance messages.

"Organizational Identifier (OID)" means the registration of a facility obtained at HL7.org. This is an alternative Facility ID to the NPI for syndromic surveillance.

"Outpatient" means any health care service provided in a hospital to a patient who is not admitted to the hospital as an inpatient, or any health care service provided to a patient in a licensed ambulatory surgical treatment center. For syndromic surveillance, Emergency Department services are uniquely identified as separate from other outpatient visits.

"Outpatient surgery" means specific procedures performed on an outpatient basis in a hospital or licensed ambulatory surgical treatment center. Specific ranges of required procedure codes can be found in the Department's data submission manual.

"Patient class" means patient classification within a facility, including for example Emergency, Inpatient or Observation.

"Personal health information" or "PHI" means the information defined in HIPAA privacy regulations.

"Public Health Information Network" or "PHIN" means the Center for Disease Control's (CDC) national initiative to increase capacity of public health agencies to electronically exchange data and information across organizations and jurisdictions. The PHIN Vocabulary Access and Distribution System (VADS) standard code set values are available at https://www.cdc.gov/phin/resources /vocabulary/index.html.

"Positron emission tomography scan" or "PET scan" means a nuclear medicine imaging technology that creates a three dimensional view of functional body processes.

"Public use data" means any form of data from the Department's comprehensive discharge database or facility-level database that contains de-identified data.

"Race" means the classification of a person's racial background. Classification categories collected will follow the Federal Office of Management and Budget (OMB) Statistical Policy Directive Number 15, "Race and Ethnic Standards for Federal Statistics and Reporting".

"Raw data" means any file, individual record, or any subset thereof that contains information about an individual health care service provided to a single patient and is released by the Department in data products or custom data files.

"Reciprocal data availability" means that, if a data requester controls the discharge data or syndromic surveillance of another state, release of Illinois discharge data or syndromic surveillance to that state entity would be contingent on the availability of discharge data or syndromic surveillance from that state of comparable quantity, quality and content at a similar price point.

"Research" means a systematic investigation, including development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

"Secure file transfer protocol (SFTP)" means a network protocol for sending files securely in a protected shell for data submissions.

"Small number" means any number that is small enough to be useful in an attempt to determine the identity of a specific individual patient when used in conjunction with other elements in the data file or when the data file is linked with information from other sources. The Department considers a small number to be any cell size fewer than 10.

"Sonography" and "Ultrasonography" mean the use of sound waves at frequencies above the audible range of human hearing as a diagnostic tool for visualizing internal body structures, including tendons, muscles, joints, organs and other internal masses.

"Standard" means technical specifications for data exchange.

"Surgery" means treatment of diseases or injuries by manual and/or instrumental methods. The methods may include invasive, minimally invasive, or non-invasive procedures, depending on the condition treated and the nature of the instruments and technology used.

"Syndromic Surveillance" means a data collection process that regularly and systematically uses health-related data in near real-time to make information available on the health of a community. The information provides disease trends and detection of emerging events for surveillance.

"Therapeutic" means medical activities designed to treat or cure a disease, condition or injury.

"Uniform" means related unique data values that are combined into a smaller number of common categories.

"Uniform bill" means *the uniform electronic billing form pursuant to the Health Insurance Portability and Accountability* *Act*, which is developed as a standard instrument for use by institutions and payers in the handling of health care claims. (Section 4-2(d)(1) of the Act)

"Unique Physician Identification Number" or "UPIN" means a unique identification number assigned to all Medicare providers. The UPIN Registry is maintained by the National Heritage Insurance Company under contract from the Centers for Medicare and Medicaid Services.

"Urgent Care Services" means services defined in 42 CFR 405.400 that are furnished within 12 hours in order to avoid onset of an emergency medical condition. Urgent Care Services differs from services provided in response to an emergency medical condition because immediate care is not needed to avoid placing the health of the individual in serious jeopardy or to avoid serious impairment or dysfunction.

"Validation" means the process for healthcare systems to test and certify the syndromic messages to be correctly formatted with complete information.

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