**Section 1010.40 Data Submission Requirements**

a) Inpatient and Outpatient Claims and Encounter Data

1) Hospitals and ambulatory surgical treatment centers shall electronically submit patient claims and encounter data, as outlined in this subsection (a), to the Department no later than the initial closing date, 60 calendar days after the last day of each calendar quarter. Calendar quarters shall begin on January 1, April 1, July 1, and October 1 and shall end on March 31, June 30, September 30, and December 31. Beginning no later than 45 days after the last day of each calendar quarter, hospitals and ambulatory surgical treatment centers shall begin an internal review of all quarterly data accepted by the Department. The quarterly review shall involve detailed evaluation of data quality feedback reports by facility staff with sufficient general knowledge of patient mix and services provided to allow identification of unreasonable or incomplete submission statistics.

A) Hospitals shall submit to the Department:

i) Claims and encounter data pertaining to each inpatient discharged. Production and test data shall be submitted as specified in Appendix A;

ii) Claims and encounter data pertaining to case data for each emergency department (ED) visit (wherever care is administered) and each observation case (OC) in the outpatient format specified in Appendix C; and

iii) Claims and encounter data related to diagnostic or therapeutic imaging conducted during or related to an inpatient stay that may include, but are not limited to, techniques described in Appendix K. These data may include, but are not limited to, events occurring during a visit for surgery or scheduled imaging for purposes of evaluating the need for treatment, determining the nature or extent of necessary treatment, or evaluating the outcomes of treatment. Data elements for these cases, specified in Appendix C, shall begin with the cases for patients discharged on October 1, 2012.

B) Hospitals and ambulatory surgical treatment centers shall report to the Department:

i) Information relating to any patient treated with an ambulatory surgical procedure within any of the general types of surgeries as specified in Appendix B;

ii) Claims and encounter data for each surgical or invasive procedure outlined in subsection (a)(1)(B)(i), as specified in Appendix C;

iii) Claims and encounter data related to diagnostic or therapeutic imaging that may include, but are not limited to, techniques described in Appendix K. These data may include, but are not limited to, events occurring during a visit for surgery or scheduled imaging for purposes of evaluating the need for treatment, determining the nature or extent of necessary treatment, or evaluating the outcomes of treatment. Data elements for these cases, specified in Appendix C, shall begin with the cases for patients discharged on October 1, 2012.

C) Only data consisting of the elements listed in Appendices A and C in the expanded format, as detailed in the Department's data submission manual, will be accepted.

2) Each hospital and ambulatory surgical treatment center shall electronically submit to the Department all patient claims and encounter data pursuant to this subsection (a). These submissions shall be in accordance with the uniform electronic transaction standards and code set standards adopted by the Secretary of Health and Human Services under the Social Security Act and the physical specifications, format and record layout specified in the Department's data submission manual.

3) To be considered compliant with this Section, a hospital's or ambulatory surgical treatment center's data submission shall:

A) Be submitted to the Department electronically, as specified in the data submission manual;

B) Consist of an individual facility data file; and

C) Meet the Department's minimum level of data submission compliance on or before the data submission due date. Hospitals and ambulatory surgical treatment centers shall maintain a compliance percentage of no less than 98% for each calendar month.

4) Failure to comply with this Section may subject the facility to penalties as provided in the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act.

b) Inpatient and Outpatient Report of Monthly Discharge and Outpatient Surgery Counts

1) Each hospital shall, within 30 calendar days following the last day of each calendar month, submit:

A) The actual total number of hospital inpatient discharges for that calendar month. In the case of multiple births, each child is counted as a discharge. This number shall include those inpatient cases receiving diagnostic or therapeutic imaging as defined in subsection (a)(1)(A)(iii); and

B) The actual number of hospital outpatient cases with a surgical procedure as defined in this Part for that calendar month.

2) Each hospital shall, within 30 calendar days following the last day of each calendar month, submit for each category the actual number of hospital outpatient cases with an emergency department visit, observation stay, or surgery, as defined in this Part for that calendar month. Beginning with patients discharged on October 1, 2012, each hospital shall submit the actual number of cases with an outpatient visit for diagnostic or therapeutic imaging as defined in subsection (a)(1)(B)(iii). Each patient shall be counted only once, except that imaging-only visits shall be counted separately. Outpatient surgical cases, regardless of other services, shall be counted as surgical cases. Non-surgical cases, excluding imaging-only visits, shall be counted separately as ED or OC, based on the last service received.

3) Each ambulatory surgical treatment center shall, within 30 calendar days following the last day of each calendar month, submit the actual total number of licensed ambulatory surgical treatment center outpatient cases with surgery for that calendar month as defined in this Part. Beginning with patients discharged on October 1, 2012, this count shall include the actual number of cases with a visit for diagnostic or therapeutic imaging as defined in subsection (a)(1)(B)(iii).

4) All filings required in this Section shall be reported using the Department's electronic submission systems.

5) Effective 60 days after the end of each calendar quarter, monthly reported discharge count acceptance for that calendar quarter will end. If any facility finds it necessary to change monthly reported counts after the initial closing date and before the final closing date, the facility administrator shall submit the revised monthly count with a written justification.

c) Syndromic Surveillance

Hospitals are facilities that are mandated to report and urgent care centers and other facilities providing urgent care services are recommended to report the following:

1) Facilities shall electronically submit all patient clinical encounter data, as outlined in this subsection (c), to the Department in near real-time, no later than 24 hours from the initial patient date and time of visit, and preferably within 1 hour of the encounter. Updates to the patient record shall also be submitted within these timeframes. Facilities shall submit to the Department:

A) Clinical encounter data pertaining to each Emergency Department (ED) visit. Message types for Registration, Admissions, Discharge and Update to be submitted. Production data elements are specified in Appendix L;

B) Clinical encounter data pertaining to all inpatient visits. Message types for Admission, Updates and Discharge to be submitted. Production data elements are specified in Appendix L;

C) Clinical encounter data pertaining to observation visits which may occur as a result of an ED visits or precede an inpatient admission. Production data elements are specified in Appendix L; and

D) Clinical encounter data pertaining to urgent care visits as defined in Section 1010.20.

2) Each facility shall electronically submit to the Department all patient clinical encounter data pursuant to this subsection (c). These submissions shall be in accordance with the uniform electronic transaction standards and code set standards adopted by the Office of the National Coordinator and the CMMS in accordance with the HITECH Act of 2009 and the HL7 specifications, format and record layout specified in the HL7 syndromic surveillance implementation guide version 2.0 or later as adopted by the HL7 organization.

3) To be considered compliant with this Section, a facility's data submission shall:

A) Be submitted to the Department electronically, in near real-time no later than within 24 hours of the date and time of visit.

B) Consist of batched HL7 version 2.5.1 messages.

C) Meet the Department's minimum level of data submission compliance for data quality standards for completion of elements outlined in Appendix L.

D) Be submitted for every calendar day. Any outages of data submission will need to be backfilled once issues are resolved.

E) Facilities shall provide notice one week in advance of the reporting system being offline for 24 hours or more for any reason such as system upgrade or vendor transition, if the event was planned. In the event of an unplanned system outage, hospitals shall make all possible attempts to bring the system online in a timely manner.

F) Any facility that falls out of compliance for more than seven days shall submit a resolution plan to the Department with a correction timeline of 30 days.

G) Facilities may submit data directly to the Department or through a third party acting as their agent. Providers selecting this option are responsible for ensuring that all data specifications conform to the requirements of this Part.

4) Failure to comply with this Section may subject the facility to penalties as provided in the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act.

(Source: Amended at 47 Ill. Reg. 4017, effective March 10, 2023)