

1 AMENDMENT TO HOUSE BILL 2202

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 2202, AS AMENDED,  
3 by replacing everything after the enacting clause with the  
4 following:

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

7 (20 ILCS 2215/4-2) (from Ch. 111 1/2, par. 6504-2)

8 Sec. 4-2. Powers and duties.

9 (a) (Blank).

10 (b) (Blank).

11 (c) (Blank).

12 (d) Uniform Provider Utilization and Charge Information.

13 (1) The Department of Public Health shall require  
14 that all hospitals licensed to operate in the State of  
15 Illinois adopt a uniform system for submitting patient  
16 charges for payment from public and private payors  
17 ~~effective-January-17-1985~~. This system shall be based  
18 upon adoption of the uniform electronic hospital billing  
19 form pursuant to the Health Insurance Portability and  
20 Accountability Act (UB-92) ~~---or---its---successor---form~~  
21 ~~developed-by-the-National-Uniform-Billing-Committee~~.

22 (2) (Blank).

1           (3) The Department of Insurance shall require all  
2 third-party payors, including but not limited to,  
3 licensed insurers, medical and hospital service  
4 corporations, health maintenance organizations, and  
5 self-funded employee health plans, to accept the uniform  
6 billing form, without attachment as submitted by  
7 hospitals pursuant to paragraph (1) of subsection (d)  
8 above, effective January 1, 1985; provided, however,  
9 nothing shall prevent all such third party payors from  
10 requesting additional information necessary to determine  
11 eligibility for benefits or liability for reimbursement  
12 for services provided.

13           (4) Each hospital licensed in the State shall  
14 electronically submit to the Department patient billing  
15 data for conditions and procedures required for public  
16 disclosure pursuant to paragraph (6). For hospitals, the  
17 billing data to be reported shall include all inpatient  
18 surgical cases. Billing data submitted under this Act  
19 shall not include a patient's name, address, or Social  
20 Security number.

21           (5) By no later than January 1, 2005, the  
22 Department must collect and compile billing data required  
23 under paragraph (6) according to uniform electronic  
24 submission formats as required under the Health Insurance  
25 Portability and Accountability Act.

26           (6) The Department shall make available on its  
27 website the "Consumer Guide to Health Care" by January 1,  
28 2006. The "Consumer Guide to Health Care" shall include  
29 information on 30 conditions and procedures identified by  
30 the Department that demonstrate the highest degree of  
31 variation in patient charges and quality of care. As to  
32 each condition or procedure, the "Consumer Guide to  
33 Health Care" shall include up-to-date comparison  
34 information relating to volume of cases, average charges,

1 risk-adjusted mortality rates, and nosocomial infection  
2 rates. Information disclosed pursuant to this paragraph  
3 on mortality and infection rates shall be based upon  
4 information hospitals have previously submitted to the  
5 Department pursuant to their obligations to report health  
6 care information under other public health reporting laws  
7 and regulations outside of this Act.

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

11 (8) None of the information the Department  
12 discloses to the public under this subsection may be made  
13 available unless the information has been reviewed,  
14 adjusted, and validated according to the following  
15 process:

16 (i) Hospitals and organizations representing  
17 hospitals are meaningfully involved in the  
18 development of all aspects of the Department's  
19 methodology for collecting, analyzing, and  
20 disclosing the information collected under this Act,  
21 including collection methods, formatting, and  
22 methods and means for release and dissemination;

23 (ii) The entire methodology for collection and  
24 analyzing the data is disclosed to all relevant  
25 organizations and to all providers that are the  
26 subject of any information to be made available to  
27 the public before any public disclosure of such  
28 information;

29 (iii) Data collection and analytical  
30 methodologies are used that meet accepted standards  
31 of validity and reliability before any information  
32 is made available to the public;

33 (iv) The limitations of the data sources and  
34 analytic methodologies used to develop comparative

1 provider information are clearly identified and  
2 acknowledged, including, but not limited to,  
3 appropriate and inappropriate uses of the data;

4 (v) To the greatest extent possible,  
5 comparative hospital information initiatives use  
6 standard-based norms derived from widely accepted  
7 provider-developed practice guidelines;

8 (vi) Comparative hospital information and  
9 other information that the Department has compiled  
10 regarding hospitals is shared with the hospitals  
11 under review prior to public dissemination of the  
12 information and these providers have an opportunity  
13 to make corrections and additions of helpful  
14 explanatory comments about the information before  
15 the publication;

16 (vii) Comparisons among hospitals adjust for  
17 patient case mix and other relevant risk factors and  
18 control for provider peer groups;

19 (viii) Effective safeguards to protect against  
20 the unauthorized use or disclosure of hospital  
21 information are developed and implemented;

22 (ix) Effective safeguards to protect against  
23 the dissemination of inconsistent, incomplete,  
24 invalid, inaccurate, or subjective provider data are  
25 developed and implemented;

26 (x) The quality and accuracy of hospital  
27 information reported under this Act and its data  
28 collection, analysis, and dissemination  
29 methodologies are evaluated regularly; and

30 (xi) Only the most basic identifying  
31 information from mandatory reports is used, and  
32 patient identifiable information is not released.  
33 The input data collected by the Department shall not  
34 be a public record under the Illinois Freedom of

1 Information Act.

2 None of the information the Department discloses to  
3 the public under this Act may be used to establish a  
4 standard of care in a private civil action.

5 (9) The Department must develop and implement an  
6 outreach campaign to educate the public regarding the  
7 availability of the "Consumer Guide to Health Care".

8 (10) Within 12 months after the effective date of  
9 this amendatory Act of the 93rd General Assembly, the  
10 Department must study the most effective methods for  
11 public disclosure of patient charge data and health care  
12 quality information that will be useful to consumers in  
13 making health care decisions and report its  
14 recommendations to the Governor and to the General  
15 Assembly.

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

20 (e) (Blank).

21 (Source: P.A. 91-756, eff. 6-2-00; 92-597, eff. 7-1-02.)

22 Section 99. Effective date. This Act takes effect upon  
23 becoming law."