

Sen. Susan Garrett

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	09400HB2343sam002 LRB094 05025 BDD 46618 a
1	AMENDMENT TO HOUSE BILL 2343
2	AMENDMENT NO Amend House Bill 2343 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 <u>claims and encounter</u>
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

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

8 (4) <u>By no later than 60 days after the end of each</u> 9 <u>calendar quarter, each Each</u> hospital licensed in the State 10 shall electronically submit to the Department <u>inpatient</u> 11 <u>and outpatient claims and encounter</u> patient billing data 12 <u>related to surgical and invasive procedures collected</u> 13 <u>under paragraph (5)</u> for <u>each patient.</u>

By no later than 60 days after the end of each calendar 14 15 quarter, each ambulatory surgical treatment center licensed in the State shall electronically submit to the 16 Department outpatient claims and encounter data collected 17 under paragraph (5) for each patient, provided however, 18 that, until July 1, 2006, ambulatory surgical treatment 19 20 centers who cannot electronically submit data may submit 21 data by computer diskette. conditions and procedures required for public disclosure pursuant to paragraph (6). 22 For hospitals, the <u>claims and encounter</u> billing data to be 23 reported shall include all inpatient surgical cases. 24 25 Claims and encounter Billing data submitted under this Act 26 shall not include a patient's name, address, or Social 27 Security number.

(5) By no later than <u>January 1, 2006</u> January 1, 2005,
the Department must collect and compile <u>claims and</u>
<u>encounter billing</u> data <u>related to surgical and invasive</u>
<u>procedures</u> required under paragraph (6) according to
uniform electronic submission formats as required under
the Health Insurance Portability and Accountability Act.
By no later than January 1, 2006, the Department must

1 <u>collect and compile from ambulatory surgical treatment</u>
2 <u>centers the claims and encounter data according to uniform</u>
3 <u>electronic data element formats as required under the</u>
4 <u>Health Insurance Portability and Accountability Act of</u>
5 <u>1996 (HIPAA).</u>

(6) The Department shall make available on its website 6 7 the "Consumer Guide to Health Care" by January 1, 2006. The 8 "Consumer Guide to Health Care" shall include information 9 at least 30 inpatient conditions and procedures on 10 identified by the Department that demonstrate the highest degree of variation in patient charges and quality of care. 11 By no later than January 1, 2007, the "Consumer Guide to 12 Health Care" shall also include information on at least 30 13 outpatient conditions and procedures identified by the 14 Department that demonstrate the highest degree of 15 variation in patient charges and quality care. As to each 16 condition or procedure, the "Consumer Guide to Health Care" 17 shall include up-to-date comparison information relating 18 19 to volume of cases, average charges, risk-adjusted 20 mortality rates, and nosocomial infection rates and, with 21 respect to outpatient surgical and invasive procedures, shall include information regarding surgical infections, 22 complications, and direct admissions of outpatient cases 23 to hospitals for selected procedures, as determined by the 24 Department, based on review by the Department of its own, 25 26 local, or national studies. Information disclosed pursuant 27 to this paragraph on mortality and infection rates shall be based upon information hospitals and ambulatory surgical 28 29 treatment centers have either (i) previously submitted to 30 the Department pursuant to their obligations to report 31 health care information under this Act or other public health reporting laws and regulations outside of this Act 32 or (ii) submitted to the Department under the provisions of 33 the Hospital Report Card Act. 34

(7) Publicly disclosed information must be provided in 1 language that is easy to understand and accessible to 2 consumers using an interactive query system. The guide 3 4 shall include such additional information as is necessary to enhance decision making among consumer and health care 5 purchasers, which shall include, at a minimum, appropriate 6 guidance on how to interpret the data and an explanation of 7 why the data may vary from provider to provider. The 8 "Consumer Guide to Health Care" shall also cite standards 9 that facilities meet under state and federal law and, if 10 applicable, to achieve voluntary accreditation. 11

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

(i) Hospitals, ambulatory surgical treatment 16 17 centers, and organizations representing hospitals, 18 ambulatory surgical treatment centers, purchasers, consumer groups, and health plans are meaningfully 19 20 involved in providing advice and consultation to the 21 Department in the development of all aspects of the 22 Department's methodology for collecting, analyzing, and disclosing the information collected under this 23 24 Act, including collection methods, formatting, and methods and means for release and dissemination; 25

(ii) The entire methodology for <u>collecting</u>
collection and analyzing the data is disclosed to all
relevant organizations and to all providers that are
the subject of any information to be made available to
the public before any public disclosure of such
information;

(iii) Data collection and analytical methodologies
 are used that meet accepted standards of validity and
 reliability before any information is made available

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to the public;

2 (iv) The limitations of the data sources and 3 analytic methodologies used to develop comparative 4 provider information are clearly identified and 5 acknowledged, including, but not limited to, 6 appropriate and inappropriate uses of the data;

7 (v) To the greatest extent possible, comparative
8 hospital <u>and ambulatory surgical treatment center</u>
9 information initiatives use standard-based norms
10 derived from widely accepted provider-developed
11 practice guidelines;

(vi) Comparative hospital <u>and ambulatory surgical</u> 12 13 treatment center information and other information 14 that the Department has compiled regarding hospitals 15 and ambulatory surgical treatment centers is shared with the hospitals and ambulatory surgical treatment 16 centers under review prior to public dissemination of 17 information and these providers have an 18 the 19 opportunity to make corrections and additions of 20 helpful explanatory comments about the information 21 before the publication;

22 (vii) Comparisons among hospitals <u>and ambulatory</u> 23 <u>surgical treatment centers</u> adjust for patient case mix 24 and other relevant risk factors and control for 25 provider peer groups<u>, if applicable</u>;

(viii) Effective safeguards to protect against the
 unauthorized use or disclosure of hospital <u>and</u>
 <u>ambulatory surgical treatment center</u> information are
 developed and implemented;

30 (ix) Effective safeguards to protect against the 31 dissemination of inconsistent, incomplete, invalid, 32 inaccurate, or subjective provider data are developed 33 and implemented;

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(x) The quality and accuracy of hospital and

1 <u>ambulatory surgical treatment center</u> information 2 reported under this Act and its data collection, 3 analysis, and dissemination methodologies are 4 evaluated regularly; and

5 (xi) Only the most basic hospital or ambulatory surgical treatment center identifying information from 6 mandatory reports is used. Information regarding a 7 8 hospital or ambulatory surgical center may be released regardless of the number of employees or health care 9 professionals whose data are reflected in the data for 10 the hospital or ambulatory surgical treatment center 11 as long as no specific information identifying an 12 13 employee or a health care professional is released. identifying information from mandatory reports is 14 15 used, and <u>Further</u>, patient identifiable information is not released. The input data collected by the 16 Department shall not be a public record under the 17 Illinois Freedom of Information Act. 18

19 None of the information the Department discloses to the 20 public under this Act may be used to establish a standard 21 of care in a private civil action.

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

25 (10) By January 1, 2006, Within 12 months after the 26 effective date of this amendatory Act of the 93rd General 27 Assembly, the Department must study the most effective 28 methods for public disclosure of patient claims and 29 encounter charge data and health care quality information 30 that will be useful to consumers in making health care 31 decisions and report its recommendations to the Governor 32 and to the General Assembly.

(11) The Department must undertake all steps necessary
 under State and Federal law to protect patient

confidentiality in order to prevent the identification of 1 individual patient records. 2 3 (12) The Department must adopt rules for inpatient and outpatient data collection and reporting no later than 4 5 January 1, 2006. 6 (13) In addition to the data products indicated above, the Department shall respond to requests by government 7 agencies, academic research organizations, and private 8 sector organizations for purposes of clinical performance 9 measurements and analyses of data collected pursuant to 10 11 this Section. (14) The Department, with the advice of and in 12 consultation with hospitals, ambulatory surgical treatment 13 centers, organizations representing hospitals, 14 15 organizations representing ambulatory treatment centers, purchasers, consumer groups, and health plans, 16 must evaluate additional methods for comparing the performance 17 of hospitals and ambulatory surgical treatment centers, 18 including the value of disclosing additional measures that 19 20 are adopted by the National Quality Forum, The Joint 21 Commission on Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care, 22 the Centers for Medicare and Medicaid Services, or similar 23 24 national entities that establish standards to measure the performance of health care providers. The Department shall 25 26 report its findings and recommendations on its Internet website and to the Governor and General Assembly no later 27 than July 1, 2006. 28 29 (e) (Blank). 30 (Source: P.A. 92-597, eff. 7-1-02; 93-144, eff. 7-10-03.) 31 Section 99. Effective date. This Act takes effect upon 32 becoming law.".