**Section 210.3000 Quality Assessment and Improvement**

a) The licensee shall develop and implement a quality assessment and improvement program designed to meet at least the following:

1) Ongoing monitoring and evaluation of the quality and accessibility of care and services provided by the Model or under contract, including but not limited to:

A) admission of patients appropriate to the capabilities of the Model,

B) patient satisfaction,

C) costs for delivery of services, and

D) infection control;

2) Identification and analysis of problems;

3) Identification and implementation of corrective action or changes in response to problems.

b) The licensee shall afford the Department and the Board access to any materials or documents generated pursuant to the Model's quality assessment and improvement program or that otherwise relate to patient demand, utilization and satisfaction; healthcare costs; healthcare cost effectiveness; financial viability of the Model; and access to healthcare services. Reports shall not identify the patient or physician. Additionally, *the Board shall collect uniform billing data substantially the same as specified in Section 4-2(e) of the Illinois Health Finance Reform Act. A copy of the data* shall be forwarded by the Board *to the Illinois Health Care Cost Containment Council*. (Section 20 of the Act) Such information shall be used by the Department and the Board to evaluate and assess Postsurgical Recovery Care Center Models in relation to the Demonstration Program, and shall be afforded the same confidential status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure (Ill. Rev. Stat. 1991, ch. 110, pars. 1-101 et seq.) [735 ILCS 5].