**Section 240.100 Required Information and Reports**

a) The HMO shall maintain a membership file that identifies the name, date of enrollment, date of birth, sex, and address for each enrollee.

b) The following material changes to an Application for a Certificate of Authority shall be submitted to the Department:

1) Changes in medical group, hospital, skilled nursing home or other medically related agreements which may affect the availability and accessibility of health care services to enrollees shall be communicated in writing to the Department no later than thirty days after the execution of such changes or termination of such agreements.

2) Personnel changes in the Chief Administrative Officer or Medical Director positions shall be reported to the Department in writing upon the termination and commencement of such employment. A resume for the new appointees shall accompany each notice of appointment.

3) Termination of any benefit or service by the HMO shall be reported to the Department within 48 hours by telephone and confirmed in writing within five working days.

4) Changes in the HMO's medical record, quality assessment and utilization review plans shall be submitted no later than thirty days after the adoption of the new plan.

5) Changes in the contracts concerning the information required in Section 240.50 (d) of this Part shall be filed with the Department at least thirty (30) days prior to entering into the revised Contracts.

c) The HMO shall report to the Department semi-annually on or before the first day of September and the first day of March the results of the self evaluation activities regarding medical record review, quality assessment monitoring and utilization review. In accordance with Sections 8-2101 and 8-2102 of the Code of Civil Procedure (Ill. Rev. Stat. 1985, ch. 110, pars. 8-2101 and 8-2102), these records and reports shall be used solely for the purpose of evaluating and improving the quality of care rendered to enrollees through the HMO, and shall therefore *not be admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency or person.*

d) The HMO shall protect the confidentiality of its members from public disclosure of confidential medical information; however, the Department shall not be precluded from completing medical record reviews or obtaining information as allowed in this Part and the Act. The HMO and all contracted providers shall make available to the Department books, records and information regarding the provision of health care services to enrollees. In accordance with Sections 8-2101 and 8-2102 of the Code of Civil Procedure (Ill. Rev. Stat. 1985, ch. 110, pars. 8-2101 and 8-2102), these books, records and information shall be used solely for the purpose of evaluating and improving the quality of care rendered to enrollees through the HMO, and shall *not be admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency or person.*