**Section 2510.50 Collection of Billing Forms Information**

a) Adoption of Uniform Billing Form/HCFA 1450

 *Effective January 1, 1985, all hospitals shall adopt a uniform system for submitting patient charges for payment from public and private payors. This system shall be based upon the adoption of the Uniform Hospital Billing Form Uniform Billing 82/Health Care Financing Administration 1450 (UB-82/HCFA 1450) ("UB-82") hereinafter developed by the National Uniform Billing Committee.* Section 4-2 of the Illinois Health Finance Reform Act [20 ILCS 2215/4-2].

 AGENCY NOTE: For purposes of this Part, the terms Uniform Billing Form, Uniform Billing, and Uniform Bills each refer to the Uniform Hospital Billing Form UB-82/HCFA 1450, UB-92/HCFA 1450 and any successor forms hereinafter developed by the National Uniform Billing Committee.

b) Acceptance of Uniform Billing Form

 *Effective January 1, 1985,* *the* *Department of Insurance shall require all third-party payors, including but not limited to, licensed insurers, medical and hospital service corporations, health maintenance organizations, and self-funded employee health plans, to accept the Uniform Hospital Billing Form UB-82, without attachment; provided, however, nothing in this Chapter shall prevent all such third-party payors from requiring additional information, including but not limited to itemized bills, necessary to determine eligibility for benefits or liability for reimbursement for services provided. The Illinois Department of Public Aid shall not be required to accept the Uniform Hospital Billing Form UB-82 prior to October 1, 1985.* Section 4-2 of the Illinois Health Finance Reform Act [20 ILCS 2215/4-2].

 AGENCY NOTE: Effective October 1, 1993, Hospitals may file Uniform Billing information with the Council consistent with either the UB-82 or UB-92 formats. Effective 1 January, 1994, Hospitals must file Uniform Billing information with the Council consistent with the UB-92 format. c) Filing of Uniform Billing Information with the Council

 Extracts of Uniform Bills for inpatient services shall be prepared by hospitals according to the following regulations.

1) All hospitals may file Uniform Billing discharge data with the Council for discharges occurring during the first calendar quarter of 1985 on hard copy. Subsequent to that period, only hospitals not having data processing equipment capable of producing data in one of the acceptable magnetic formats specified in subsection (c)(2) below shall file hard copy Uniform Billing information with the Council. Such information shall be filed with the Council on a Uniform Billing Form or a facsimile of a Uniform Billing Form with the confidential fields specified in subsection (e) below deleted.

2) Data Submission Standards

A) After the first quarter of 1985, Uniform Billing data extracts shall be submitted in a magnetic format. Acceptable magnetic and electronic formats for submission of data will be determined by the Council. The Council shall make no changes to the media-acceptable standards without a minimum of 30 days notification to the affected hospitals except where errors or omissions in published standards and procedures make impossible the submission of data by the means described in the published standard. In such cases, the Council may immediately publish changes and immediately put them into effect.

B) Until January 1, 1994, the data may be submitted in records formatted as indicated in Appendix B of this Part. Physical and logical descriptions of the media, blocks and records shall be as defined and modified by the Council from time to time.

i) Beginning October 1, 1993, the data may be submitted in records formatted as indicated in Appendix D of this Part. Physical and logical descriptions of the media, blocks and records shall be as defined and modified by the Council from time to time.

ii) Effective 1 January 1994, the data shall be submitted in records formatted as indicated in Appendix D of this Part. Physical and logical descriptions of the media, blocks and records shall be as defined and modified by the Council from time to time.

C) Revisions of data originally filed on a magnetic or electronic format must be filed on a magnetic or electronic format reporting the entire logical record for each record changed.

D) For each patient, the data elements described in subsection (d) below form a record as described in the Appendices of this Part.

E) All claims transactions submitted to the Council must be covered by one or more properly completed Transmittal Forms as defined by the Council. The form shall contain at least the following information:

i) Submitter Information

 Information about the hospital name and address, hospital ID number, contact name and phone number, and other information as may be useful in identifying the submission and contacting other parties responsible for resolving errors;

ii) Batch/Record Identification

 Information regarding the means or media of submission, indication of date submitted, and other information required by the Council to process the submission;

iii) Actual Number of Discharges

 Information regarding the number of discharges occurring at the reporting hospital during a given month. The form shall be prepared and registered as required by Public Act 80-1338 as amended November 27, 1985. The Council may change the format and content of the form from time to time within limits which do not impair consistency with the content enumerated above, but in no case shall reject submissions using an obsolete form without at least 30 calendar days notice to the affected hospitals.

F) The Council may allow for the submission of claims data by Electronic Data Interchange as an optional data submission mechanism for hospitals who are equipped to participate. Using record formats as defined elsewhere in this rule and providing for transmittals to be received either physically or by facsimile, the Council may, as budget permits, identify and publish standards for compression, telecommunications rates and protocols, sign-on, file transfer and other EDI-related methodologies using such a method and applying such standards to allow hospitals and their agents to submit Uniform Billing data over telephone lines and through commercial bulletin board services as determined feasible and desirable by the Council. The Council shall develop such standards with regard to the capabilities of hospitals to use the optional method, and such capability is to be determined by a census taken prior to the implementation of any such submission mechanism. The Council shall make no changes to the EDI-related standards without a minimum of 30 days notification to the affected hospitals except where errors or omissions in published standards and procedures make impossible the submission of data by the means described in the published standard. In such cases, the Council may immediately publish changes and immediately put them into effect.

3) For quarters ending before July 1, 1992, hospitals shall file complete Uniform Billing data for 95% of all discharges within 60 calendar days after the last day of the calendar month in which the patient was discharged or died. The complete Uniform Billing data for the remaining 5% of all discharges must be filed within 180 calendar days after the last day of the calendar month in which the patient was discharged or died. Hospitals will be allowed 20 calendar days to correct any Uniform Billing data submission errors identified by the Council. For quarters beginning July 1, 1992, hospitals shall file complete Uniform Billing data for 95% of all discharges within 60 calendar days after the last day of the calendar month in which the patient was discharged or died. The complete Uniform Billing data for the remaining 5% of all discharges must be filed within 90 calendar days after the last day of the calendar month in which the patient was discharged or died. Hospitals will be allowed 20 calendar days to correct any Uniform Billing data submission errors identified by the Council.

4) Hospitals will not be required to file Uniform Billing information on patients for whom a bill is generated exclusively for the Illinois Department of Public Aid until October 1, 1985. The Illinois Department of Public Aid shall report to the Council the data listed in subsection (d) below for the discharges occurring during the period January 1, 1985, through September 30, 1985.

d) Required Uniform Billing Data

 The Council, in cooperation with the State Departments of Public Aid, Insurance, and Public Health, shall establish a system for the collection of the following information from hospitals utilizing the raw data available on the hospital Uniform Billing Form. Such data determined as necessary by the Council shall be filed for every discharge regardless of payor and shall include the Uniform Billing data fields coded according to the Council's requirements as found in the Appendices of this Part.

e) Confidential Uniform Billing Data

 The following Uniform Billing data fields have been determined to be confidential by the Council and may not under any circumstances be filed with the Council:

 Description

 Patient's Name

 Patient's Address (except zip code)

 Responsible Party Name and Address

 Insured's Name

 Insured's Certificate Number, Social Security Number, Health Insurance, Identification Number

 Employee Identification Number

 Remarks.

f) Hospital Identification Number

 The Medicaid identification number assigned by the Medical Assistance Program of the Illinois Department of Public Aid is the required hospital identification number and shall be recorded in field 5 on all Uniform Billing records filed with the Council. Hospitals not participating in the Medical Assistance Program shall immediately request a number be assigned by the Council. The request shall be made to the Executive Director.

g) Self Administered Insurance Plan Identification Number

 Self administered insurance plans and health and welfare funds may request an identification number from the Council. The request shall be made to the Executive Director. The identification number must be obtained and used if the plan or fund desires to obtain reports on its members from the Council.

h) Small Hospital Exemption

 The Council shall exempt hospitals with fewer than 50 beds licensed under the Hospital Licensing Act [210 ILCS 85] from the filing of Uniform Billing data with the Council if the Council finds that compliance would impose undue economic hardship on the hospital and if the Council determines that the data from these hospitals are not essential to its data base and its concomitant health care cost comparison efforts. In determining whether compliance will constitute an undue economic hardship the Council will consider the cost to the hospital, both in relation to initial costs to obtain the capability to generate data in this format, and the routine cost of generating such data compared to the ability of the hospital to absorb the added cost of such production. Hospitals with less than 50 beds licensed under the Hospital Licensing Act anticipating compliance to impose an undue economic hardship may file with the Council a request for an exemption. Such request must document the undue economic hardship.

i) Sample Size

 Hospitals shall file the required Uniform Billing data specified in this Part for each discharge.

j) Payment for Submission of Uniform Billing Data

 Beginning with the payment to be made after July 1, 1993, for hospital discharges occurring between July 1, 1992 and December 31, 1992, and payments thereafter, each hospital that has submitted 95% correct of all discharges shall be reimbursed at a semi-annual rate of $420. In the event that appropriations for the line item are inadequate, the payments will be reduced proportionately. Hospitals that do not meet the threshold percentage of correct discharges shall not be reimbursed.

k) Filing of Outpatient Surgical Billing Information with the Council

 Extracts of outpatient surgical billing forms shall be prepared by hospitals and licensed ambulatory surgical treatment centers according to the following regulations.

1) Beginning the first calendar quarter of 2001, all hospitals and licensed ambulatory surgical treatment centers shall file outpatient surgical billing discharge data with the Council or a corporation, association, or entity designated by the Council as defined in subsection (k)(3). Electronic submissions of data shall be encouraged. For both hospitals and licensed ambulatory surgical treatment centers unable to submit extracts in electronic format, the Council must determine an alternative method for submission of data. The alternative method that the Council has determined is to receive extracts in hard copy format. Hospitals or licensed ambulatory surgical treatment centers unable to submit such extracts electronically shall submit hard copy paper extracts of outpatient surgical billing forms. Hospitals and licensed ambulatory surgical treatment centers capable of submitting data electronically shall file with the Council using one of the acceptable magnetic formats specified in subsection (k)(2). Hospitals and licensed ambulatory surgical treatment centers unable to submit electronically shall file hard copy submissions of acceptable formats as defined in subsection (k)(2) with the Council according to the submission requirements defined in subsection (k)(3). All billing data shall have all confidential fields specified in subsection (m) below omitted before submission to the Council.

2) Data Submission Standards

A) Acceptable electronic and paper formats for submission of data can be found in Appendices F through I of this Part. The Council shall make no changes to Appendices F through I of this Part without a minimum of 30 calendar days notification to the affected hospitals and licensed ambulatory surgical treatment centers, except where errors or omissions in these appendices make impossible the submission of data.

B) Effective January 1, 2001, the data shall be submitted in records formatted as indicated in Appendices F and H of this Part or in hard copy paper extracts of outpatient surgical billing forms as indicated in Appendices G and I. Physical and logical descriptions of the media, blocks and records shall be on a 3 1/2 inch diskette or CDROM (ASCII format), 1/2 inch 9-Track Tape of 3480 cartridge. Both the 1/2 inch tape and the 3480 cartridge must be EBCDIC encoded with a blocking factor of 10. Data may also be submitted using CAPS Direct software. If paper copies of bills are submitted, confidential elements must be omitted as defined in subsection (m).

C) Revisions of data originally filed must be resubmitted in the same format as the original submission, unless otherwise agreed to by the agency, and include all required data elements for each record changed.

D) The data elements described in Appendices F through I of this Part form a record for each patient.

E) All claims transactions submitted to the Council must be labeled with at least the following information:

 Facility ID#

 Facility Name

 Facility City

 Service Bureau (if applicable)

 Indicate "outpatient"

 If appropriate, mark media "test" or "PKZip file"

 The Council may change the format and content of the label from time to time within limits that do not impair consistency with the content enumerated above, but in no case shall reject submissions using an obsolete label without at least 30 calendar days notice to the affected facilities.

F) The actual total number of hospital and licensed ambulatory surgical treatment center outpatient discharges with a surgical procedure for a calendar month, as defined in Section 2500.20, shall be reported using the Council's automated systems.

G) Using record formats as defined in this Part, the Council will allow for the submission of outpatient surgery claims data by electronic transmission as the preferred data submission mechanism for hospitals and licensed ambulatory surgical treatment centers. The Council shall make no changes to the submission standards without a minimum of 30 calendar days notification to the affected hospitals and licensed ambulatory surgical treatment centers except where errors or omissions in Appendices F and H make impossible the submission of data.

3) From January 1, 2001 through December 31, 2002, hospitals and licensed ambulatory surgical treatment centers shall file complete and accurate outpatient surgical billing data to the Council as follows:

A) Surgical billing data for at least 60% of all discharges within 90 calendar days after the last day of the calendar month in which the patient was discharged or died for first and second quarter 2001.

B) Surgical billing data for at least 70% of all discharges within 90 calendar days after the last day of the calendar month in which the patient was discharged or died for third and fourth quarter 2001.

C) Surgical billing data for at least 80% of all discharges within 90 calendar days after the last day of the calendar month in which the patient was discharged or died for first and second quarter 2002.

D) Surgical billing data for at least 90% of all discharges within 90 calendar days after the last day of the calendar month in which the patient was discharged or died for third and fourth quarter 2002.

E) For quarters beginning with January 1, 2003, hospitals and licensed ambulatory surgical treatment centers shall file complete and accurate outpatient surgical billing data for at least 95% of all discharges within 60 calendar days after the last day of the calendar month in which the patient was discharged or died. The complete and accurate outpatient surgical billing data for the remaining 5% of all discharges must be filed within 90 calendar days after the last day of the calendar month in which the patient was discharged or died. Prior to the close of the 90 day submission period, hospitals and licensed ambulatory surgical treatment centers will be required to correct any outpatient surgical billing data submission errors identified by the Council.

l) Required Billing Data

 The Council, in cooperation with the State Departments of Public Aid, Insurance, and Public Health, shall establish a system for the collection of information for each outpatient surgery performed utilizing the raw data available on outpatient surgical billing forms submitted by hospitals and licensed ambulatory treatment centers to payors. Such data shall be filed for every outpatient surgery discharge regardless of payor and shall include the billing data fields coded according to the Council's requirements as found in Appendices F and H of this Part.

m) Confidential Billing Data

 The following billing data fields have been determined to be confidential by the Council and shall not under any circumstances be filed with the Council:

 Description

 Patient's Name

 Patient's Address (except zip code)

 Responsible Party Name and Address

 Insured's Name

 Insured's Certificate Number, Social Security Number, Health

 Insurance, Identification Number

 Employee Identification Number

 Remarks

n) Facility Identification Number

 The Medicaid identification number assigned by the Medical Assistance Program of the Illinois Department of Public Aid is the required hospital and licensed ambulatory surgical treatment center facility identification number on all outpatient surgical billing records filed with the Council. Hospitals and licensed ambulatory surgical treatment centers not participating in the Medical Assistance Program shall be issued a facility identification number by the Council.

o) Self Administered Insurance Plan Identification Number

 Self administered insurance plans and health and welfare funds may request a self administered insurance plan identification number from the Council.

p) Outpatient Provider Exemption

 Upon Council approval, exemptions from the outpatient data filing requirements of this Part may be granted if the hospital or licensed ambulatory surgical treatment center proves to the Council's satisfaction that these requirements would impose undue economic hardship and if the Council determines that the data submitted from those hospitals and licensed ambulatory surgical treatment centers are not essential to the Council's database and its concomitant health care comparison efforts.

q) Sample Size

 Hospitals and licensed ambulatory surgical treatment centers shall file the required outpatient surgical billing data specified in this Part for each outpatient surgery discharge.

r) Payment for Submission of Outpatient Billing Data

 Beginning with the payment to be made after July 2001 for ambulatory surgical discharges occurring as of January 1, 2001 and payments thereafter, each hospital and licensed ambulatory surgical treatment center that submitted complete and accurate abstracts of all outpatient surgery discharges reported each month as defined in subsection (k)(3) shall be reimbursed at a semiannual rate of $525. In the event that appropriations for the line item are inadequate, the payments will be reduced proportionately. Hospitals and licensed ambulatory surgical treatment centers that do not meet the data submission threshold shall not be reimbursed.

(Source: Amended at 25 Ill. Reg. 2017, effective January 19, 2001)