

SB1282



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

SB1282

Introduced 2/8/2011, by Sen. Heather A. Steans

SYNOPSIS AS INTRODUCED:

20 ILCS 2215/4-2

from Ch. 111 1/2, par. 6504-2

Amends the Illinois Health Finance Reform Act. Removes a provision prohibiting the inclusion of a patient's name, address, or Social Security number in patient claims and encounter data submitted by hospitals and ambulatory surgical treatment centers.

LRB097 05293 KTG 45347 b

A BILL FOR

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

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 claims and encounter
16 data for payment from public and private payors. This
17 system shall be based upon adoption of the uniform
18 electronic billing form pursuant to the Health Insurance
19 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,

1 health maintenance organizations, and self-funded employee
2 health plans, to accept the uniform billing form, without
3 attachment as submitted by hospitals pursuant to paragraph
4 (1) of subsection (d) above, effective January 1, 1985;
5 provided, however, nothing shall prevent all such third
6 party payors from requesting additional information
7 necessary to determine eligibility for benefits or
8 liability for reimbursement for services provided.

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

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

1 (5) By no later than January 1, 2006, the Department
2 must collect and compile claims and encounter data related
3 to surgical and invasive procedures according to uniform
4 electronic submission formats as required under the Health
5 Insurance Portability and Accountability Act. By no later
6 than January 1, 2006, the Department must collect and
7 compile from ambulatory surgical treatment centers the
8 claims and encounter data according to uniform electronic
9 data element formats as required under the Health Insurance
10 Portability and Accountability Act of 1996 (HIPAA).

11 (6) The Department shall make available on its website
12 the "Consumer Guide to Health Care" by January 1, 2006. The
13 "Consumer Guide to Health Care" shall include information
14 on at least 30 inpatient conditions and procedures
15 identified by the Department that demonstrate the highest
16 degree of variation in patient charges and quality of care.
17 By no later than January 1, 2007, the "Consumer Guide to
18 Health Care" shall also include information on at least 30
19 outpatient conditions and procedures identified by the
20 Department that demonstrate the highest degree of
21 variation in patient charges and quality care. As to each
22 condition or procedure, the "Consumer Guide to Health Care"
23 shall include up-to-date comparison information relating
24 to volume of cases, average charges, risk-adjusted
25 mortality rates, and nosocomial infection rates and, with
26 respect to outpatient surgical and invasive procedures,

1 shall include information regarding surgical infections,
2 complications, and direct admissions of outpatient cases
3 to hospitals for selected procedures, as determined by the
4 Department, based on review by the Department of its own,
5 local, or national studies. Information disclosed pursuant
6 to this paragraph on mortality and infection rates shall be
7 based upon information hospitals and ambulatory surgical
8 treatment centers have either (i) previously submitted to
9 the Department pursuant to their obligations to report
10 health care information under this Act or other public
11 health reporting laws and regulations outside of this Act
12 or (ii) submitted to the Department under the provisions of
13 the Hospital Report Card Act.

14 (7) Publicly disclosed information must be provided in
15 language that is easy to understand and accessible to
16 consumers using an interactive query system. The guide
17 shall include such additional information as is necessary
18 to enhance decision making among consumer and health care
19 purchasers, which shall include, at a minimum, appropriate
20 guidance on how to interpret the data and an explanation of
21 why the data may vary from provider to provider. The
22 "Consumer Guide to Health Care" shall also cite standards
23 that facilities meet under state and federal law and, if
24 applicable, to achieve voluntary accreditation.

25 (8) None of the information the Department discloses to
26 the public under this subsection may be made available

1 unless the information has been reviewed, adjusted, and
2 validated according to the following process:

3 (i) Hospitals, ambulatory surgical treatment
4 centers, and organizations representing hospitals,
5 ambulatory surgical treatment centers, purchasers,
6 consumer groups, and health plans are meaningfully
7 involved in providing advice and consultation to the
8 Department in the development of all aspects of the
9 Department's methodology for collecting, analyzing,
10 and disclosing the information collected under this
11 Act, including collection methods, formatting, and
12 methods and means for release and dissemination;

13 (ii) The entire methodology for collecting and
14 analyzing the data is disclosed to all relevant
15 organizations and to all providers that are the subject
16 of any information to be made available to the public
17 before any public disclosure of such information;

18 (iii) Data collection and analytical methodologies
19 are used that meet accepted standards of validity and
20 reliability before any information is made available
21 to the public;

22 (iv) The limitations of the data sources and
23 analytic methodologies used to develop comparative
24 provider information are clearly identified and
25 acknowledged, including, but not limited to,
26 appropriate and inappropriate uses of the data;

1 (v) To the greatest extent possible, comparative
2 hospital and ambulatory surgical treatment center
3 information initiatives use standard-based norms
4 derived from widely accepted provider-developed
5 practice guidelines;

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

16 (vii) Comparisons among hospitals and ambulatory
17 surgical treatment centers adjust for patient case mix
18 and other relevant risk factors and control for
19 provider peer groups, if applicable;

20 (viii) Effective safeguards to protect against the
21 unauthorized use or disclosure of hospital and
22 ambulatory surgical treatment center information are
23 developed and implemented;

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

1 and implemented;

2 (x) The quality and accuracy of hospital and
3 ambulatory surgical treatment center information
4 reported under this Act and its data collection,
5 analysis, and dissemination methodologies are
6 evaluated regularly; and

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

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

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

26 (10) By January 1, 2006, the Department must study the

1 most effective methods for public disclosure of patient
2 claims and encounter data and health care quality
3 information that will be useful to consumers in making
4 health care decisions and report its recommendations to the
5 Governor and to the General Assembly.

6 (11) The Department must undertake all steps necessary
7 under State and Federal law to protect patient
8 confidentiality in order to prevent the identification of
9 individual patient records.

10 (12) The Department must adopt rules for inpatient and
11 outpatient data collection and reporting no later than
12 January 1, 2006.

13 (13) In addition to the data products indicated above,
14 the Department shall respond to requests by government
15 agencies, academic research organizations, and private
16 sector organizations for purposes of clinical performance
17 measurements and analyses of data collected pursuant to
18 this Section.

19 (14) The Department, with the advice of and in
20 consultation with hospitals, ambulatory surgical treatment
21 centers, organizations representing hospitals,
22 organizations representing ambulatory treatment centers,
23 purchasers, consumer groups, and health plans, must
24 evaluate additional methods for comparing the performance
25 of hospitals and ambulatory surgical treatment centers,
26 including the value of disclosing additional measures that

1 are adopted by the National Quality Forum, The Joint
2 Commission on Accreditation of Healthcare Organizations,
3 the Accreditation Association for Ambulatory Health Care,
4 the Centers for Medicare and Medicaid Services, or similar
5 national entities that establish standards to measure the
6 performance of health care providers. The Department shall
7 report its findings and recommendations on its Internet
8 website and to the Governor and General Assembly no later
9 than July 1, 2006.

10 (e) (Blank).

11 (Source: P.A. 93-144, eff. 7-10-03; 94-27, eff. 6-14-05.)