

AN ACT in relation to health care.

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

Section 5. The Illinois Health Care Finance Reform Act is
amended by changing Section 4-2 as follows:

(20 ILCS 2215/4-2) (from Ch. 111 1/2, par. 6504-2)

Sec. 4-2. Powers and duties.

(a) (Blank).

(b) (Blank).

(c) (Blank).

(d) Uniform Provider Utilization and Charge Information.

(1) The Department of Public Health shall require that all hospitals licensed to operate in the State of Illinois adopt a uniform system for submitting patient charges for payment from public and private payors effective ~~January 1, 1985~~. This system shall be based upon adoption of the uniform electronic hospital billing form pursuant to the Health Insurance Portability and Accountability Act (UB-92) ~~or its successor form developed by the National Uniform Billing Committee~~.

(2) (Blank).

(3) 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 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.

(4) Each hospital licensed in the State shall electronically submit to the Department patient billing data for conditions and procedures required for public disclosure pursuant to paragraph (6). For hospitals, the billing data to be reported shall include all inpatient surgical cases. Billing data submitted under this Act shall not include a patient's name, address, or Social Security number.

(5) By no later than January 1, 2005, the Department must collect and compile billing data required under paragraph (6) according to uniform electronic submission formats as required under the Health Insurance Portability and Accountability Act.

(6) The Department shall make available on its website the "Consumer Guide to Health Care" by January 1, 2006. The "Consumer Guide to Health Care" shall include information on 30 conditions and procedures identified by the Department that demonstrate the highest degree of variation in patient charges and quality of care. As to each condition or procedure, the "Consumer Guide to Health Care" shall include up-to-date comparison information relating to volume of cases, average charges, risk-adjusted mortality rates, and nosocomial infection rates. Information disclosed pursuant to this paragraph on mortality and infection rates shall be based upon information hospitals have previously submitted to the Department pursuant to their obligations to report health care information under other public health reporting laws and regulations outside of this Act.

(7) Publicly disclosed information must be provided in language that is easy to understand and accessible to consumers using an interactive query system.

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

(i) Hospitals and organizations representing hospitals are meaningfully involved in the development of all aspects of the Department's methodology for collecting, analyzing, and disclosing the information collected under this Act, including collection methods, formatting, and methods and means for release and dissemination;

(ii) The entire methodology for 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 to the public;

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

(v) To the greatest extent possible, comparative hospital information initiatives use standard-based norms derived from widely accepted provider-developed practice guidelines;

(vi) Comparative hospital information and other information that the Department has compiled regarding hospitals is shared with the hospitals

under review prior to public dissemination of the information and these providers have an opportunity to make corrections and additions of helpful explanatory comments about the information before the publication;

(vii) Comparisons among hospitals adjust for patient case mix and other relevant risk factors and control for provider peer groups;

(viii) Effective safeguards to protect against the unauthorized use or disclosure of hospital information are developed and implemented;

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

(x) The quality and accuracy of hospital information reported under this Act and its data collection, analysis, and dissemination methodologies are evaluated regularly; and

(xi) Only the most basic identifying information from mandatory reports is used, and patient identifiable information is not released. The input data collected by the Department shall not be a public record under the Illinois Freedom of Information Act.

None of the information the Department discloses to the public under this Act may be used to establish a standard 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".

(10) Within 12 months after the effective date of this amendatory Act of the 93rd General Assembly, the Department must study the most effective methods for

public disclosure of patient charge data and health care quality information that will be useful to consumers in making health care decisions and report its recommendations to the Governor 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 individual patient records.

(e) (Blank).

(Source: P.A. 91-756, eff. 6-2-00; 92-597, eff. 7-1-02.)

Section 99. Effective date. This Act takes effect upon becoming law.