DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Health Care Data Collection and Submission Code

2) Code Citation: 77 Ill. Adm. Code 1010

3)

Section Numbers:	Adopted Action:
1010.10	Repealed
1010.20	Amended
1010.40	Amended
1010.60	Amended
1010.70	Amended
1010.Appendix A	Amended
1010.Appendix B	Amended
1010.Appendix C	Amended
1010.Appendix E	Amended
1010.Appendix K	New

4) Statutory Authority: Illinois Health Finance Reform Act [20 ILCS 2215] and Sections 2310-33 and 2310-57 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310-33 and 20 ILCS 2310-57].

5) Effective Date of Rulemaking:

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? Yes

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposed Amendments Published in Illinois Register: January 27, 2012 – 36 Ill. Reg. 1009

10) Has JCAR issued a Statement of Objection to these rules? No

11) Difference(s) between proposal and final version:

The following changes were made in response to comments and suggestions of JCAR:

Section 1010.40(a)(1)(A)(iii), text in the last sentence originally reading "discharged in the third calendar quarter of 2012, beginning on July 1, 2012." was changed to read "discharged on October 1, 2012."

Section 1010.40(a)(1)(B)(iii), text in the last sentence originally reading "discharged in the third calendar quarter of 2012, beginning on July 1, 2012." was changed to read "discharged on October 1, 2012."

Section 1010.40(b)(2), text in the second sentence originally reading "third calendar quarter 2012 (July 1, 2012) discharges" was changed to read "patients discharged on October 1, 2012, ".

Section 1010.40(b)(3), text in the last sentence originally reading "third calendar quarter 2012 (July 1, 2012) discharges" was changed to read "patients discharged on October 1, 2012,".

Section 1010.60(b)(3), "analysis" was stricken and "analyses" was added.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: These rules implement the Health Finance Reform Act as amended by Public Act 97-0180, effective January 1, 2012. The Health Care Data Collection and Submission Code requires individual hospitals and ambulatory surgical treatment centers to electronically submit claims and encounter data related to inpatient discharges and selected outpatient cases. Data collected from hospitals and ambulatory surgical treatment centers are used in part to compile the "Consumer Guide to Health Care" component of the Department's Hospital Report Card web site, a report of conditions and procedures demonstrating the widest variation in charges and quality of care. National standard measures are applied to Illinois data in the development of this public report available on the Department's web site. The "Consumer Guide to Health Care" includes inpatient and outpatient data with current comparison information related to, but not limited to, volume of cases, median charges, risk-adjusted mortality rates, complications and patient safety measures. The "Consumer Guide to Health Care" includes additional information appropriate for interpretation of report content, explanation of causes of variation from provider to provider and a description of

standards that facilities meet under voluntary accreditation and state and federal law. The Department will evaluate additional methods of comparing the performance of hospitals and ambulatory surgical treatment centers using accepted national standard measures and methodologies. Data collected under PA 97-0180 shall be made available to government agencies, academic research organizations and private sector organizations for clinical performance measures and analyses. Additional data elements will allow improved analyses of health care delivery systems in Illinois while supporting the Department mission of promoting the health of the people of Illinois. The Department of Public Health Powers and Duties Law of the Civil Administration Code of Illinois authorizes the Department to establish a fee schedule for the sale of this data to requesting agencies and organizations.

16) Information and questions regarding these adopted amendments shall be directed to:

Susan Meister
Division of Legal Services
Department of Public Health
535 West Jefferson, 5th Floor
Springfield, Illinois 62761
e-mail: dph.rules@illinois.gov

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER x: HEALTH STATISTICS

PART 1010
HEALTH CARE DATA COLLECTION AND SUBMISSION CODE

Section

AUTHORITY: Implementing and authorized by the Illinois Health Finance Reform Act [20 ILCS 2215] and Sections 2310-33 and 2310-57 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-33 and 2310-57].

SOURCE: Adopted at 31 Ill. Reg. 9848, effective June 26, 2007; amended at 36 Ill. Reg. _____, effective _____.

Section 1010.10 Purpose (Repealed)

~~This Part is promulgated under the authority of Section 4-2 of the Illinois Health Finance Reform Act [20 ILCS 2215/4-2] and Section 2310-57 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-57]. Its purpose is to provide to consumers, health care providers, insurers, purchasers, governmental agencies, and~~

~~others information to make valid comparisons among health care facilities of prices and performance of services provided and to support ongoing analysis of the health care delivery system in Illinois.~~

(Source: Repealed at 36 Ill. Reg. _____, effective _____)

Section 1010.20 Definitions

~~Unless otherwise indicated, in this Part:~~

"Act" means the Health Finance Reform Act.

"Affirmation statement" means a document that, when signed by a hospital or ambulatory surgical treatment center administrator or an authorized representative of a hospital or ambulatory surgical treatment center submitting data to the Department, affirms, to the best of the signer's knowledge, that~~all of the following: That~~ any necessary corrections to data submitted to the Department have been made~~;~~ and that~~That~~ the data submitted are complete and accurate.

"~~"AHRQ" means the~~ Agency for Healthcare Research and Quality" or "AHRQ" means a federal agency that is~~,~~ a part of the U.S. Department of Health and Human Services.

"Ambulatory patient classification" or "APC" means a definition by the Centers for Medicare and Medicaid Services (CMMS) for the prospective payment system (PPS) under Medicare for hospital outpatient services. All services paid under the PPS are classified into groups called APCs. Services in each APC are similar clinically and in terms of the resources they require. A payment rate is established for each APC based on the resources involved in treatment.

"Ambulatory surgical treatment center" means a facility licensed under~~has the meaning ascribed to that term under Section 3 of~~ the Ambulatory Surgical Treatment Center Act ~~[210 ILCS 5]~~.

~~"APC" means ambulatory patient classification, as defined by the Centers for Medicare and Medicaid Services (Medicare), for the prospective payment system (PPS) under Medicare for hospital outpatient services. All services paid under the PPS are classified into groups called APCs. Services in each APC are similar clinically and in terms of the resources they require. A payment rate is established for each APC based on the resources involved in treatment.~~

~~"CCS" means Clinical Classification Software, a diagnosis and procedure categorization scheme developed by the Healthcare Cost and Utilization Project.~~

"CCYYMMD" means a calendar date in the format of century, year, month and day of the week, where 1 = Sunday, 2 = Monday, etc.

"CCYYMMDD" means a calendar date in the format of century, year, month and day, without separators.

"Claims and encounter" means either a~~of the following: A~~ request to obtain payment, and necessary accompanying information, from a health care provider to a health plan, for health care~~;~~ or an~~An~~ inpatient stay or outpatient visit in which a claim is not generated.

"Cleaned claims data" means data that have passed validity tests that edit for individual element content and comparison with related elements for appropriate context within the time periods and value ranges appropriate for the data file.

"Clinical Classification Software" or "CCS" means a diagnosis and procedure categorization scheme developed by the Healthcare Cost and Utilization Project.

"Compliance percentage" means the value obtained when the number of cleaned and unduplicated claims and encounters per calendar month is divided by the reported discharge count for the same calendar month, with the dividend of this calculation multiplied by 100.

"Computed tomographic scan" or "CT scan" means a computed tomographic scan of the head and other parts of the human body.

"Consumer Guide to Health Care" means a comparative health care information report showing conditions and procedures that demonstrate the widest variation in charges and quality of care in inpatient and outpatient services provided in hospitals and ambulatory surgical treatment centers.

"~~CPT" means~~ Current Procedural Terminology" or "CPT" means~~,~~ a listing of descriptive terms and identifying codes providing a consistent and standardized language for reporting medical services and procedures performed by physicians. These codes are maintained and distributed by the American Medical Association (515 North State Street, Chicago IL 60610).

"Custom dataset" means requests for specific data elements for particular research or reporting tasks. This may include specific aggregations or combinations of data values into categories or groups.

"Data submission manual" means the Department's Technical Reference for Data Submission document specifying the details of the record layout, the outpatient surgical procedure code range, specifications of identification of emergency department and observation cases and contact information for questions related to data submission.

"Data submission profile" means a set of validation and verification reports containing accumulated statistical summaries of all data submitted to the Department by the facility for each month of the current collection period. These reports contain information identifying claims and encounters that fail Departmental edits, as well as data quality statistics showing data accepted up to and including the latest submission.

~~"Data submission manual" means the Department's Technical Reference for Data Submission document specifying the details of the record layout, the outpatient surgical procedure code range, specifications of identification of emergency department and observation cases and contact information for questions related to data submission.~~

"Data use agreement" means a written contract between parties that defines the care and handling of sensitive or restricted use data, including, but not limited to, the terms of the agreement, ownership of the data, security measures and access to the data, uses of the data, data confidentiality procedures, duration of the agreement, disposition of the data at the completion of the contract, and any penalties for violation of the terms of the agreement.

"De-identified" means data that do not contain directly identifiable individual patient health information as defined in HIPAA privacy regulations (Security and Privacy~~: 45 CFR 164);~~, or data that, through analysis by an experienced expert statistician or by the use of probability software, can be shown to have a low probability of individual identification.

"Department" means the Illinois Department of Public Health.

~~"DRG" means~~ "Diagnosis Related Group" or "DRG" means~~,~~ a patient classification scheme that provides a means of categorizing hospital inpatients according to the resources required in treatment, developed for the Centers for Medicare and Medicaid Services for use in the Medicare Prospective Payment System.

"Diagnostic" means the process used to identify or characterize, as accurately as possible, the details of a medical condition or injury.

"Electronically submit" means that required data submission will be carried out by the transfer of appropriate files to the Department's secure web server. Physical media of any form or type will not be used in the transfer of these data.

"Emergency Department" or "ED" means the location within hospitals where persons receive initial treatment by health care professionals for conditions of an immediate nature caused by injury or illness. The person treated may or may not be admitted to the hospital as an inpatient.

"Emerging technology" means new approaches to the treatment of medical conditions through the use of existing machines and equipment in new and different ways or the development of new machines and equipment for a specific form of medical treatment.

"Ethnicity" means the classification of a person's ethnic background. Classification categories collected will follow the Federal Office of Management and Budget (OMB) Statistical Policy Directive Number 15, "Race and Ethnic Standards for Federal Statistics and Reporting".

"Facility" means a hospital, as defined in the Hospital Licensing Act and the University of Illinois Hospital Act, or an ambulatory surgical treatment center, as defined in the Ambulatory Surgical Treatment Center Act.

"Final closing date" means the final day, 65 days after the end of each calendar quarter, on which electronically submitted corrections and missing data are accepted for each quarterly data submission period.

~~"FIPS" means~~ "Federal Information Processing Standards" or "FIPS" means~~,~~ a standardized set of numeric or alphabetic codes issued by the National Institute of Standards and Technology (NIST) to ensure uniform identification of geographic entities through all federal government agencies.

"Fully populated test data" means that each field or individual element specified in each record of the file contains data values. Complete data allowallows the exercise of all parts of the computer program used to produce the file. This will provide more robust testing outcomes, reduce the number of test runs necessary, and improve the quality of data submissions.

"HCPCS" means the "Healthcare Common Procedure Coding System" or "HCPCS" means, a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT). The HCPCS was established to provide a standardized coding system for describing the specific items and services provided in the delivery of health care. HIPAA made the HCPCS mandatory for Medicare and Medicaid billings. HCPCS includes three levels of codes:

Level I consists of the American Medical Association's Current Procedural Terminology (CPT) and is numeric.

Level II codes are alphanumeric and primarily include non-physician services such as ambulance services and prosthetic devices.

Level III consists of temporary codes for emerging technologies, services and procedures.

"HCUP" means the "Healthcare Cost and Utilization Project" or "HCUP" means, a group of health care databases and software tools and products created by a government and industry partnership and sponsored by AHRQ.

"Health plan" means an individual or group plan that provides, or pays the cost of, medical care. Further explanation can be found in HIPAA privacy regulations (Security and Privacy: 45 CFR 164).

"HH" means clock time in hours using 24-hour time from 00 to 23 rounded to the nearest hour.

"HIPAA" means Health Insurance Portability and Accountability Act of 1996 (110 USC 1936).

"Health Insurance Portability and Accountability Act privacy regulations" or "HIPAA privacy regulations" means regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

"Hospital" means any institution, place, building, or agency, public or private, whether organized for profit or not for profit, that is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act, and the University of Illinois Hospital as defined in the University of Illinois Hospital Act.

"Imaging" means the technique and process used to create images of the human body or its parts or functions for clinical purposes seeking to reveal, diagnose or examine disease or injury.

"Initial closing date" means the date, 60 days after the end of each calendar quarter, established for all hospitals and ambulatory surgical treatment centers to electronically submit inpatient and outpatient claims and encounter data to the Department.

"Invasive" means a medical procedure that penetrates or breaks the skin or a body cavity by means of a perforation, incision, catheterization or other methods into a patient's body.

"Limited datasets" means data containing protected health information (PHI) that excludes certain direct identifiers of the individual or of relatives, employers or household members of the individual, as defined in HIPAA privacy regulations.

"Magnetic resonance imaging" or "MRI" means a technology used to visualize internal body structures by using strong magnet fields in conjunction with radio frequency fields to analyze deep soft tissue without the use of harmful radiation.

~~"MDC" means~~ "Major Diagnostic Category" or "MDC" means~~,~~ a collection of DRGs for categorizing specifically defined interventions and illnesses related to an organ or a body system, not to the cause of an illness or injury.

"Mammography" means the process of utilizing low-dose X-rays to examine the human breast as a diagnostic and screening tool for the detection of cancer.

"Minimally invasive" means a medical procedure carried out by entering the body through the skin or through a body cavity or anatomical opening, but with the

smallest disturbance possible to these structures. Special medical equipment may be used, such as fiber optic cables, miniature video cameras~~,~~ and special surgical instruments handled via tubes inserted into the body through small openings in its surface.

"National Provider Identifier" or "NPI" means a unique identification number assigned to all health care providers to be used by all health plans. The NPI will be issued and maintained by the National Provider System.

"National Uniform Billing Committee" or "NUBC" means the group including all major national provider and payer organizations formed to develop and maintain the national standard health care uniform bill.

"Non-invasive surgery" means a medical procedure using highly focused beams of radiation when the nature or location of the condition is not amenable to mechanical intervention.

~~"NPI" means National Provider Identifier, a unique identification number assigned to all health care providers to be used by all health plans. The NPI will be issued and maintained by the National Provider System.~~

"Observation care" or "OC" means services furnished to a person by a hospital on the hospital's premises, including use of a bed and at least periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or to determine the need for a possible admission to the hospital as an inpatient. In general, the duration of observation care services does not exceed 24 hours, although, in some circumstances, patients may require a second day.

"Outpatient" means any health care service provided in a hospital to a patient who is not admitted ~~as an inpatient~~ to the hospital as an inpatient, or any health care service provided to a patient in a licensed ambulatory surgical treatment center.

"Outpatient surgery" means specific procedures performed on an outpatient basis in a hospital or licensed ambulatory surgical treatment center. Specific ranges of required procedure codes can be found in the Department's data submission manual.

"Personal~~"PHI" means personal~~ health information" or "PHI" means the information ~~as~~ defined in HIPAA privacy regulations.

"Positron emission tomography scan" or "PET scan" means a nuclear medicine imaging technology that creates a three dimensional view of functional body processes.

"Public use data" means any form of data from the Department's comprehensive discharge database or facility-level database that contains de-identified data.

"Race" means the classification of a person's racial background. Classification categories collected will follow the Federal Office of Management and Budget (OMB) Statistical Policy Directive Number 15, "Race and Ethnic Standards for Federal Statistics and Reporting".

"Raw data" means any file, individual record, or any subset thereof that contains information about an individual health care service provided to a single patient and is released by the Department in data products or custom data files.

"Reciprocal data availability" means that, if a data requester controls the discharge data of another state, release of Illinois discharge data to that state entity would be contingent on the availability of discharge data from that state of comparable quantity, quality, and content at a similar price point.

"Research" means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

"Small number" means any number that is small enough to be useful in an attempt to determine the identity of a specific individual patient when used in conjunction with other elements in the data file or when the data file is linked with information from other sources. The Department considers a small number to be any cell size fewer than 10.

"Sonography" and "Ultrasonography" mean the use of sound waves at frequencies above the audible range of human hearing as a diagnostic tool for visualizing internal body structures, including tendons, muscles, joints, organs and other internal masses.

"Surgery" means treatment of diseases or injuries by manual and/or instrumental methods. The~~Such~~ methods may include invasive, minimally invasive, or non-invasive procedures, depending on the condition treated and the nature of the instruments and technology used.

"Therapeutic" means medical activities designed to treat or cure a disease, condition or injury.

"Uniform" means related unique data values that are combined into a smaller number of common categories.

"Uniform bill" means *the uniform electronic billing form pursuant to the Health Insurance Portability and Accountability Act*, which is developed as a standard instrument for use by institutions and payers in the handling of health care claims. (Section 4-2(d)(1) of the Act)

~~"UPIN" means~~ "Unique Physician Identification Number" or "UPIN" means~~,~~ a unique identification number assigned to all Medicare providers. The UPIN Registry is maintained by the National Heritage Insurance Company under contract from the Centers for Medicare and Medicaid Services.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1010.40 Data Submission Requirements

a) Inpatient and Outpatient Claims and Encounter Data

1) Hospitals and ambulatory surgical treatment centers shall electronically submit patient claims and encounter data, as outlined in this subsection (a), to the Department no later than the initial closing date, 60 calendar days after the last day of each calendar quarter. Calendar quarters shall begin on January 1, April 1, July 1, and October 1 and shall end on March 31, June 30, September 30, and December 31. Beginning no later than 45 days after the last day of each calendar quarter, hospitals and ambulatory surgical treatment centers shall begin an internal review of all quarterly data accepted by the Department. The quarterly review shall involve detailed evaluation of data quality feedback reports by facility staff with sufficient general knowledge of patient mix and services provided to allow identification of unreasonable or incomplete submission statistics.

A) Hospitals shall submit to the Department:

i) Claims and encounter data pertaining to each inpatient discharged. Production ~~data shall be submitted in the current format~~ and test data shall be submitted as specified in Appendix A ~~starting with third quarter 2007 discharges. The transition period will encompass two complete calendar quarters of discharge data submission, third and fourth quarter 2007. The transition period shall begin on July 1, 2007, the first date of submission of third quarter discharges, and end on the closing date of fourth quarter 2007. Mandatory submission of data elements as specified in Appendix A shall begin with the submission of data for patients discharged on January 1, 2008; and~~

ii) Claims and encounter data pertaining to case data for each emergency department (ED) visit (wherever care is administered) and each observation case (OC) in the outpatient format specified in Appendix C~~, beginning with a transition submission period starting on April 1, 2008, the first day of submission of second quarter 2008 cases. This transition period shall encompass three complete calendar quarters, second, third and fourth quarter 2008, ending on the final date of submission of fourth quarter 2008 cases. Each facility shall participate in the transition period by submitting and evaluating test data as necessary to meet the requirements. Each facility shall complete at least one successful test submission of a fully populated test file prior to the beginning of the mandated submission period. Mandatory submission of ED and OC data as specified in Appendix C shall begin with the cases for patients discharged in first calendar quarter 2009, beginning on January 1, 2009.~~; and

iii) Claims and encounter data related to diagnostic or therapeutic imaging conducted during or related to an inpatient stay that may include, but are not limited to, techniques described in Appendix K. These data may include, but are not limited to, events occurring during a visit for surgery or scheduled imaging for purposes of

evaluating the need for treatment, determining the nature or extent of necessary treatment, or evaluating the outcomes of treatment. Data elements for these cases, specified in Appendix C, shall begin with the cases for patients discharged on October 1, 2012.

B) Hospitals and ambulatory surgical treatment centers shall report to the Department:

i) Information relating to any patient treated with an ambulatory surgical procedure within any of the general types of surgeries as specified in Appendix B; ~~and~~

ii) Claims and encounter data for each surgical or invasive procedure outlined in subsection (a)(1)(B)(i) of this Section, as specified in Appendix C;~~, beginning with a transition submission period encompassing two complete calendar quarters, third and fourth quarter 2007, starting on the first date of submission for third quarter discharges, July 1, 2007. This transition period will end on the final date of submission for fourth quarter 2007 discharges. During the transition period, production data will be accepted only in the current 800-byte format while testing with the new format will be accepted and evaluated. Mandatory submission of elements as specified in Appendix C and detailed in the Department's data submission manual shall begin with patients discharged in first calendar quarter 2008, beginning on January 1, 2008.~~

iii) Claims and encounter data related to diagnostic or therapeutic imaging that may include, but are not limited to, techniques described in Appendix K. These data may include, but are not limited to, events occurring during a visit for surgery or scheduled imaging for purposes of evaluating the need for treatment, determining the nature or extent of necessary treatment, or evaluating the outcomes of treatment. Data elements for these cases, specified in Appendix C, shall begin with the cases for patients discharged on October 1, 2012.

C) Only~~Hospitals and ambulatory surgical treatment centers shall report data to the Department using the current submission format as specified in the Department's data submission manual for patients discharged up to and including June 30, 2007. Beginning with the start of the transition period on July 1, 2007, production data will be accepted only in the current format with test data accepted in the new format outlined in Appendices A and C and detailed in the Department's data submission manual. The transition period shall include all patients discharged during third and fourth quarter 2007, with the transition period ending on the last date of submission of discharges for fourth quarter 2007. Throughout the transition period, test data will be accepted in the new expanded formats. Test data shall be developed to populate each variable in the expanded layout to allow full evaluation of the data file submitted. Each facility shall participate in the transition period by submitting and evaluating test data as necessary to meet the requirements. Each facility shall complete at least one successful test submission prior to the beginning of the mandated submission period. Beginning with electronic submissions received for patients discharged in first calendar quarter 2008, starting on January 1, 2008, only~~ data consisting of the elements listed in Appendices A and C in the expanded format, as detailed in the Department's data submission manual, will be accepted.

2) Each hospital and ambulatory surgical treatment center shall electronically submit to the Department all patient claims and encounter data pursuant to this subsection (a). These submissions shall be in accordance with the uniform electronic transaction standards and code set standards adopted by the Secretary of Health and Human Services under the Social Security Act ~~(42 USC 1320d-2)~~ and the physical specifications, format and record layout specified in the Department's data submission manual. ~~Ambulatory surgical treatment centers that are unable to electronically submit data shall submit required data in the specified format on 3.5-inch diskette or CD-ROM disc through the closing date of submission for second quarter 2008 discharges. Beginning with patients discharged for third quarter 2008, starting on July 1, 2008, ambulatory surgical treatment centers shall electronically submit all data to the Department.~~

3) To be considered compliant with this Section, a hospital's or ambulatory surgical treatment center's data submission shall:

A) Be submitted to the Department electronically, as specified in the data submission manual;

B) Consist of an individual facility data file; and

C) Meet the Department's minimum level of data submission compliance on or before the data submission due date. ~~:i)~~ Hospitals and ambulatory surgical treatment centers shall maintain a compliance percentage of no less than 98% for each calendar month ~~beginning with the calendar month of July 2007~~.

~~ii) Ambulatory surgical treatment centers shall maintain a compliance percentage of no less than 90% during the period beginning with calendar month of July 2007. Beginning with the calendar month of April 2008, ambulatory surgical treatment centers shall maintain a monthly compliance percentage of no less than 95%. Thereafter, beginning with the calendar month of April 2009, ambulatory surgical treatment centers shall maintain a monthly compliance percentage of no less than 98%.~~

4) Failure to comply with this Section may subject the facility to penalties as provided in the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act.

b) Inpatient and Outpatient Report of Monthly Discharge and Outpatient Surgery Counts

1) Each hospital shall, within 30 calendar days following the last day of each calendar month, submit:

A) The actual total number of hospital inpatient discharges for that calendar month. In the case of multiple births, each child is counted as a discharge. This number shall include those inpatient cases receiving diagnostic or therapeutic imaging as defined in subsection (a)(1)(A)(iii); and

B) The actual number of hospital outpatient cases with a surgical procedure as defined in this Part for that calendar month.

2) EachEffective beginning with calendar month April 2008, each hospital shall, within 30 calendar days following the last day of each calendar month, submit for each category the actual number of hospital outpatient cases with an emergency department visit, observation stay, or surgery,surgical procedure as defined in this Part for that calendar month. Beginning with patients discharged on October 1, 2012, each hospital shall submit the actual number of cases with an outpatient visit for diagnostic or therapeutic imaging as defined in subsection (a)(1)(B)(iii) Each patient shall be counted only once, except that imaging-only visits shall be counted separately. Outpatient surgical cases, regardless of other services, shall be counted as surgical cases. Non-surgical cases, excluding imaging-only visits, shall may be counted as combined ED and OC or separately as ED orand OC, based on . Patients receiving both services should be counted only once in both counting methods: as combined ED and OC in the combined method or counted as OC (the last service received) in the separate method.

3) Each licensed ambulatory surgical treatment center shall, within 30 calendar days following the last day of each calendar month, submit the actual total number of licensed ambulatory surgical treatment center outpatient cases with surgerya surgical procedure for that calendar month as defined in this Part. Beginning with patients discharged on October 1, 2012, this count shall include the actual number of cases with a visit for diagnostic or therapeutic imaging as defined in subsection (a)(1)(B)(iii).

4) All filings required in this Section shall be reported using the Department's electronic submission systems.

5) Effective 60 days after the end of each calendar quarter, monthly reported discharge count acceptance for that calendar quarter will end. If any facility finds it necessary to change monthly reported counts after the initial closing date and before the final closing date, the facility administrator shall submit the revised monthly count shall be submitted by the facility administrator with a written justification.

c) Content and quality of new data elements collected as noted in Appendices A and C will be monitored for completeness and accuracy during the transition period and the first two quarters of mandated submission. This data will be released in

~~public reports and data products when appropriate levels of data quality and quantity are attained.~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1010.60 Data Dissemination

a) The Department will provide facilities the opportunity to review the Consumer Guide to Health Care (Guide) prior to public release. The entire report will be made available to each facility on the Department's secure web server for review before publication. This review period will end 15 working days after the availability date of the review material. During the review period, each facility may submit written comments concerning its report content to the Department. Comments shall be submitted on facility letterhead and shall be signed by the administrator or designee. All comments received by the Department will be kept on file. No comments will be accepted after the end of the review period and no changes to the content of the Guide will be accepted. If any facility or the Department finds erroneous or incomplete data in the Guide, these data will be identified and footnoted prior to publication. If the Department makes an error in the preparation or presentation of the Guide, the error will be corrected.

b) Limited Data Product and Report requests approved by the Department shall result in the creation of the minimum necessary data set from the population of data elements available to the requester and accompanying data use agreement covering access, usage, distribution and confidentiality of the data.

1) The Department will charge fees to the requesting entity for providing access to data files or producing studies, data products or analyses of ~~such~~ data. A schedule of fees for standard and custom datasets and products according to category of purchaser is presented in Section 1010.70 of this Part. In determining fees, the Department will consider all of the following:

A) Type of data and specified usage;

B) Record count and computer time required;

C) Access fees for computer time;

D) Staff time expended to process the request; and

E) Handling and shipping charges.

2) All requests for data files, data products, aggregations or reports containing limited data elements shall be made in writing to the Department using Department~~Departmental~~ forms. All data obtained from the Department shall be used solely for the purpose identified by the requesting entity and for use by the requesting entity. The scope and term of this usage will be detailed in a data use agreement specific to each request. Use of the data for any other purpose shall require a separate and specific written request, approval, and data use agreement.

3) When the Department prepares facility-specific data, reports~~reporting~~ or comparative analyses~~analysis is prepared by the Department~~ for public release, affected facilities will be given the opportunity to review and comment on the data, studies or reports and their content prior to release to the public. Facilities will be provided access to the entire report on the Department's secure web server for review prior to publication. The review period will end 15 working days after the availability date of the review material. While no changes to previously submitted data will be accepted, the Department will accept written comments and explanations from facilities during the review period. The Department will keep these comments and explanations on file and, as appropriate and reasonable, will incorporate them into the text description of the published report, study or analysis~~analyses~~. If a Department~~Departmental~~ error is found in the publication, the error will be corrected.

c) De-identified Data Files and Reports

1) Public use data files, reports and studies based on information submitted by hospitals and ambulatory surgical treatment centers shall contain de-identified data and shall comply with State and federal law, including, but not limited to, the Gramm-Leach-Bliley Act and the HIPAA privacy regulations ~~(Security and Privacy: 45 CFR 164)~~.

2) All requests for public use files or special compilations, reports, studies or analyses derived from public use files shall be made in writing to the Department. The release of data related to an approved public use data request shall not require a detailed data request form or comprehensive data use agreement. However, each request will be evaluated and, if

necessary, will require~~accompanied by~~ a signed ~~or agreed to~~ data use agreement appropriate to the content of the data requested. The data use agreement will include, but not be limited to, restrictions on patient identification and sale or release of the data to third parties.

d) Patient Confidentiality and Data Security

1) *Patient name, address,* any part of the *Social Security number, unique patient identifier based on the last four digits of the patient's Social Security number, or any other data that the Department believes could be used to determine the identity of an individual patient shall be stored and processed in the most secure manner possible.* (Section 4-2(d)(4) of the Act) Only authorized staff will have access to these data, with all computers and databases secured by password. Only computers located in controlled Department work sites will allow access to these data.

2) Patient name, address, and any part of the Social Security number will not be released publicly. These data may be used to link discharge data with other data sets internal or external to the Department, with linkage results released under guidelines of appropriate Department controls. The patient name, address, and any part of the Social Security number will not be released as part of these linkage results. The Department will evaluate any request for access to any or all of these three specific identifiers by authorized staff of other Illinois State agencies, local health departments, or approved research project participants individually. Evaluation criteria include need and security of patient confidentiality. The unique patient identifier may be released to State agencies, local health departments and approved data requesters using appropriate guidelines.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1010.70 Data Customer Categories and Data Product Fee Schedule

This Section establishes customer categories, data product descriptions, and data product fees. The release of any patient level or small number data by the Department shall be contingent on the approval of the request and execution of an appropriate data use agreement.

a) Customer categories are established as follows:

1) Category I: Resellers

A) Any corporation, association, coalition, person, entity or individual that redistributes in any form any of the data or products (or any subset of the data or products~~thereof~~) obtained from the Department for any revenue is engaged in reselling of the data or products and shall pay for the data or products at the reseller rate.

B) All redistribution shall be restricted to de-identified data as defined by HIPAA privacy regulations ~~(Security and Privacy: 45 CFR 164)~~.

2) Category II: Commercial, Private, For-Profit Organizations and Non-Illinois State and Local Government Entities

A) Any corporation, association, coalition, person, entity or individual that functions in whole or in part for the benefit of the owners, members, or sponsors of the corporation or organization seeking to obtain data or products (or any subset thereof) from the Department is presumed to be acquiring the data or products for a commercial use;~~.~~

B) Any non-profit organization that purchases data materials on behalf of, either in whole or in part, or receives payment from, for-profit organizations for work done is presumed to be acquiring the data or products for a commercial use;~~.~~

C) Non-Illinois state and local government data release will be contingent on reciprocal data availability; and~~.~~

D) The Department will waive established data fees to non-Illinois government entities when entering into data sharing agreements for exchange of data of similar content. Discharge data received from non-Illinois data sources will be accepted in lieu of the fees shown in Appendix I. This waiver of fees will be contingent upon the non-Illinois entity waiving any fees charged, with acceptance of Illinois data in lieu of payment.

3) Category III: Federal government, educational institutions, all non-profit organizations, and college students enrolled in non-Illinois educational institutions, including:

A) The federal government;~~.~~

B) Other non-state or local political subdivisions outside of the State of Illinois that are not covered under Category II; and~~.~~

C) All educational institutions (Illinois and non-Illinois), all non-profit organizations, and all college students enrolled in non-Illinois educational institutions.

4) Category IV: Illinois General Assembly, Executive Office of the Governor, State of Illinois Constitutional Officers, Agencies of Illinois State Government, Illinois county and local government, and college students enrolled in Illinois educational institutions.

b) The following data products are available at rates established by the Department:

1) Standard datasets are defined sets of data elements consisting of the minimum necessary group of elements for a specific request identified from the list of elements available to each category of requester.

A) Research Oriented Dataset (RODS) containing data elements listed in Appendix D of this Part.

B) Universal Dataset (UDS) containing data elements listed in Appendix E of this Part.

C) State Inpatient Dataset (SIDS) containing elements derived for the purposes of the HCUP, Appendix F of this Part.

D) State Ambulatory Surgery Dataset (SASDS) containing elements derived for the purposes of the HCUP, Appendix G of this Part.

E) Revenue Code Dataset (RCDS), a supplement to datasets A through D containing data elements listed in Appendix H of this Part.

2) The Department will evaluate requests for custom datasets and make the determination of complex or simple based on details of the request.

A) Complex dataset: a subset of RODS, UDS, SIDS or SASDS (with or without RCDS) that contains the majority of significant data elements, or an intricate aggregation or report that includes many significant data elements and compound relationships.

B) Simple dataset: a subset of RODS, UDS, SIDS or SASDS (without RCDS) that contains a small number of significant data elements, or a straightforward aggregation or report that includes few significant data elements and no, or a single, relationship.

c) Standard data product fees by category are set forth in Appendix I of this Part. In addition to standard data product fees, the Department will assess data request processing and data product preparation fees as follows:

1) The Department will assess a non-refundable data request application fee of $100. The application fee shall be applied to the final cost of approved and completed data products.

2) The Department will assess fees for the costs of preparing requested data products, including, but not limited to, programming, research, administrative, media and shipping as described in Appendix J of this Part. The minimum charge will be one unit per resource factor, with additional units as necessary for more complicated requests.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1010.APPENDIX A Uniform Inpatient Discharge Data

Data elements affected by implementation of the ICD-10 coding scheme on October 1, 2013 (or as stipulated by CMMS) are noted when necessary and appropriate.

~~**Header Data**~~

~~1. Hospital ID (federal tax identification number/Department assigned/NPI)~~

~~2. Facility name and address (in the header record for verification)~~

~~3. Facility city~~

~~4. Facility zip code~~

~~5. Contact person~~

~~6. Telephone number~~

~~7. Period covered: first day~~

~~8. Period covered: last day~~

Detail Data

1. Hospital identifier (federal tax identification number/Department assigned/NPI)
2. Patient account number
3. Discharge time (HH)
4. Patient zip code and Plus 4
5. Patient birth date (MMDDCCYY)
6. Patient sex
7. Admission date (MMDDYY) and time (HH)
8. Type of admission

9. Source of admission

10. Patient discharge status

11. Type of bill

12. Total patient charges and components of charges (by revenue code, units of service and charges)

13. Primary payer ID and health plan name

14. Secondary and tertiary payer ID and health plan name (required when present)

15. Principal and secondary diagnosis codes, when present (up to 25 per data record and up to 50 with record pagination when necessary)

    ICD-9 codes required: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

    ICD-10 codes required: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

16. Principal and secondary procedure codes and dates (MMDDYY), when present (up to 25 per data record and up to 50 with record pagination when necessary)

    ICD-9 codes required: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

    ICD-10 codes required: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

17. Attending clinician ID number/NPI

18. Other clinician ID number/NPI (up to two~~2~~ required when present)

19. Patient race (according to OMB guidelines)

20. Patient ethnicity (according to OMB guidelines)

21. Patient county code (five~~5~~ digits: state and county codes for Illinois and border state residents (FIPS code))

22. Diagnosis present at admission for each diagnosis

23. External cause of injury codes (required when present)

    ICD-9 Ecodes: three required if available: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

    ICD-10 Ecodes: eight required if available: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

24. Newborn birth weight value code and birth weight in grams

25. Admitting diagnosis code

    ICD-9 code required: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

    ICD-10 code required: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

26. Do not resuscitate indicator (entered in first 24 hours of stay)

27. Prior stay occurrence code and prior stay from and through dates (required when present)

28. Operating clinician ID number/NPI (required when surgical procedures present as a component of treatment)

29. Accident state abbreviation (required when present)

30. Condition employment related (required when present)

31. Accident employment related occurrence code and date of accident (required when present)

32. Crime victim occurrence code and date of crime (required when present)

33. Statement covers period (from and through [discharge date] dates)

34. Insurance group numbers (up to three~~3~~ required when present)

35. Page number and total number of pages

36. Diagnoses code version qualifier ~~(9=ICD-9, ICD-10 not yet implemented)~~

ICD-9 indicator required = 9: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

ICD-10 indicator required = 0: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

37. Condition code indicating patient admitted directly from this facility's emergency room/department

38. Patient name (first, middle, last, suffix)

39. Patient address (PO Box or street address, apartment number, city and state)

40. Unique patient identifier based on the last four digits of patient Social Security number

41. Primary insured's unique identifier (beneficiary/policy #)

42. Any element or service adopted for use by the the National Uniform Billing Committee pursuant to Section 4-2(d)(14) of the Act. Elements or services would be added as a submission requirement accompanied by sufficient notification to all submitting facilities and health care systems. Notice would be provided no less than 90 days in advance of the submission requirement.

~~**Trailer Data**~~

~~1. Hospital identifier (Federal tax identification number/Department assigned/NPI)~~

~~2. Number of physical records in the file excluding header and trailer~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1010.APPENDIX B Ambulatory ~~Surgical~~ Categories ~~Reported by CPT Procedure Codes~~

1. Surgeries on the integumentary system
2. Surgeries on the musculoskeletal system
3. Surgeries on the respiratory system
4. Surgeries on the cardiovascular system
5. Surgeries on the hemic and lymphatic systems
6. Surgeries on the mediastinum and diaphragm
7. Surgeries on the digestive system
8. Surgeries on the urinary system
9. Surgeries on the male genital system
10. Intersex surgery
11. Surgeries on the female genital system
12. Surgeries on the female reproductive system
13. Surgeries on the endocrine system
14. Surgeries on the nervous system
15. Surgeries on the eye and ocular adnexa
16. Surgeries on the auditory system
17. Emergency department visits
18. Diagnostic imaging

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1010.APPENDIX C Ambulatory Surgical Data Elements

Data elements affected by implementation of ICD-10 coding scheme October 1, 2013 (or as stipulated by CMMS) are noted when necessary and appropriate.

~~**Header Data**~~

~~1. Facility identifier (federal tax identification number/Department assigned/NPI)~~

~~2. Facility name and address (in the header record for verification)~~

~~3. Facility city~~

~~4. Facility zip code~~

~~5. Contact person~~

~~6. Telephone number~~

~~7. Period covered: first day~~

~~8. Period covered: last day~~

~~9. Surgical site identifier (Department assigned)~~

Detail Data

1. Facility identifier (Federal tax identification number/Department assigned/NPI)

2. Surgical site identifier (Department assigned)

3. Patient account number

4. Patient zip code and Plus 4

5. Patient birth date (MMDDCCYY)

6. Patient sex

7. Date (MMDDYY) and time (HH) of visit

8. Time (HH) of discharge

9. Type of admission/visit

10. Source of admission/visit

11. Patient discharge status

12. Type of bill

13. Total patient charges and components of those charges (revenue codes, HCPCS codes with modifiers, date of service, units of service and charges)

14. Primary payer ID and health plan name

15. Secondary and tertiary payer ID and health plan name (required when present)

16. Principal and secondary diagnosis codes, when present (up to 25 per data record and up to 50 with record pagination when necessary)

    ICD-9 codes required: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

    ICD-10 codes required: discharges on and after October 1, 2013 (or first date of revised CMMS acceptance of ICD-10 codes)

17. Principal and secondary procedure codes and dates (MMDDYY), when present (up to 25 per data record and up to 50 with record pagination when necessary); only the values of the CPT coding scheme will be accepted as procedure codes for outpatient data submissions

18. Attending clinician ID number/NPI

19. Operating clinician ID number/NPI

20. Other clinician ID number/NPI (up to 2 required when present)

21. Patient race (according to OMB guidelines)

22. Patient ethnicity (according to OMB guidelines)

23. External cause of injury codes (required when present)

ICD-9 Ecodes: three required if available: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

ICD-10 Ecodes: eight required if available: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

24. Patient county code (5 digits: state and county codes for Illinois and border state residents (FIPS code))

25. Patient reason for visit (diagnosis codes up to three~~3~~ required when present)

26. Accident state abbreviation (required when present)

27. Condition employment related (required when present)

28. Accident employment related occurrence code and date of accident (required when present)

29. Crime victim occurrence code and date of crime (required when present)

30. Page number and total number of pages of this claim

31. Insurance group number (up to three~~3~~ required when present)

32. Diagnoses code version qualifier ~~(9=ICD-9, ICD-10 not yet implemented)~~

ICD-9 indicator required = 9: current discharges through discharges of September 30, 2013 (or last date of CMMS acceptance of ICD-9 codes)

ICD-10 indicator required = 0: discharges on and after October 1, 2013 (or first date of CMMS acceptance of ICD-10 codes)

33. Statement covers period (from and through [discharge date] dates)

34. Patient name (first, middle, last, suffix)

35. Patient address (PO Box or street address, apartment number, city and state)

36. Unique patient identifier based on the last four digits of patient Social Security number

37. Primary insured's unique identifier (beneficiary/policy #)

38. Any element or service adopted for use by the National Uniform Billing Committee pursuant to Section 4-2(d)(14) of the Act. Elements or services would be added as a submission requirement accompanied by sufficient notification to all submitting facilities and health care systems. Notice would be provided no less than 90 days in advance of the submission requirement.

~~**Trailer Data**~~

~~1. Facility identifier (federal tax identification number/Department assigned/NPI)~~

~~2. Surgical site identifier (Department assigned)~~

~~3. Number of physical records in file excluding header and trailer~~

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1010.APPENDIX E Universal Dataset (UDS) Data Elements

1. Facility identifier (federal tax identification number/Department assigned/NPI)
2. Patient sex
3. Admission/visit type
4. Admission/visit source
5. Length of stay (in whole days) (inpatient only)
6. Patient discharge status
7. Principal diagnosis code and up to 14 secondary codes
8. Principal procedure code and up to 9 secondary codes
9. DRG (or successor category grouping) code inpatient/APC outpatient
10. MDC (or successor) code inpatient/body system outpatient
11. Total charges
12. Room/board charges (inpatient only)
13. Ancillary charges
14. Anesthesiology charges
15. Pharmacy charges
16. Radiology charges
17. Clinical lab charges
18. Labor/delivery charges (inpatient only)
19. Operating room charges

20. Oncology charges

21. Other charges

22. Combined bill indicator (inpatient only)

23. Primary health plan type

24. Secondary health plan type

25. Tertiary health plan type

26. Patient county

27. Patient planning area

28. Patient Health Service Area

29. Hospital Health Service Area

30. Patient age (in whole years or days if less than one year)

31. Admission date (CCYYMMD)

32. Patient zip code (zip may be masked when hospital/zip cell size less than 10)

33. Newborn birth weight in grams

34. Do Not Resuscitate (DNR) (inpatient only)

35. Hospitalization employment related

36. Admitting diagnosis code

37. Diagnosis present at admission for each diagnosis code (inpatient only)

38. Ecodes (when present)

39. Number of days between admission and primary procedure (inpatient only) (if present)

40. Row ID (when necessary: provides linkage to Revenue Code Dataset)

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 1010.APPENDIX K Diagnostic and Therapeutic Imaging Categories

1. X-Ray

2. CT Scan

3. Mammography (diagnostic or screening)

4. Sonography

5. Ultrasonography

6. PET Scans

7. MRI (with and without contrast)

8. Nuclear Medicine

(Source: Added at 36 Ill. Reg. _____, effective _____)