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ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

TITLE 77: PUBLIC HEALTH

CHAPTER XI: ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

PART 2510

DATA COLLECTION (REPEALED)

Section

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**AUTHORITY:** Implementing Article IV and authorized by Section 2-3 of Article II of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. IV and 2-3].

**SOURCE:** Adopted and codified at 9 Ill. Reg. 12726, effective August 5, 1985; amended at 10 Ill. Reg. 18790, effective October 17, 1986; amended at 11 Ill. Reg. 1574, effective January 2, 1987; amended at 12 Ill. Reg. 6102, effective March 21, 1988; amended at 13 Ill. Reg. 334, effective December 30, 1988; amended at 14 Ill. Reg. 2078, effective January 19, 1990; amended

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at 16 Ill. Reg. 8980, effective June 3, 1992; emergency amendment at 16 Ill. Reg. 19210, effective November 25, 1992, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 2031, effective January 29, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 9700, effective June 10, 1993; amended at 17 Ill. Reg. 9896, effective June 10, 1993; emergency amendment at 17 Ill. Reg. 14112, effective August 10, 1993, for a maximum of 150 days; emergency expired on January 7, 1994; amended at 18 Ill. Reg. 5300, effective March 21, 1994; emergency amendment at 18 Ill. Reg. 14809, effective September 12, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16810, effective November 4, 1994; amended at 19 Ill. Reg. 1825, effective February 6, 1995; amended at 19 Ill. Reg. 9113, effective June 23, 1995; emergency amendment at 19 Ill. Reg. 15097, effective October 11, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16046, effective November 17, 1995; amended at 20 Ill. Reg. 4727, effective March 6, 1996; emergency amendment at 21 Ill. Reg. 3277, effective February 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 8964, effective July 1, 1997; emergency amendment at 21 Ill. Reg. 12661, effective September 2, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1325, effective December 23, 1997; amended at 25 Ill. Reg. 2017, effective January 19, 2001; repealed at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 2510.10 Purpose**

*The purpose of this Part is to insure that data are available to make valid comparisons among health care providers of prices and utilization of services provided and to support ongoing analysis of the health care delivery system so that the Illinois Health Care Cost Containment Council ("the Council") can fulfill its mandate. [20 ILCS 2215/4-1].*

**Section 2510.20 Outside Contractor**

*The Council may enter into any agreement with any corporation, association or other entity it deems appropriate to undertake the process described in Article IV of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1984 Supp., ch. 111½, pars. 6504-1 et seq.) ("The Act") for the compilation and analysis of data collected by the Council and to conduct or contract for studies on health-related questions carried out in pursuance of the purposes of Article IV. The agreement may provide for the corporation, association or entity to prepare and distribute or make available data to health care providers, health care subscribers, third-party payors, government and the general public, in accordance with the rules of confidentiality of the data and review of the Council as stated in this Part. (Ill. Rev. Stat. 1984 Supp., ch. 111½, par. 6504-2).*

**Section 2510.30 Collection and Submission of Hospital Financial Data**

- a) Each hospital under the jurisdiction of the Council shall notify the Executive

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Director of the Council in writing of the date its fiscal year ends. By July 1, 1995 and within 60 days of the effective date of any change in the fiscal year end date for a hospital, the hospital shall inform the Council or its Agent by means of a certified letter signed by the hospital chief executive officer.

- b) Hospitals shall file with the Council or its Agent the hospital specific financial information on a form prescribed by the Council using definitions set forth in Appendix A of this Part no later than one hundred twenty (120) days after the end of its fiscal year. This requirement shall be deemed satisfied if the hospital files with the Council or its Agent, during the hospital's fiscal year, four consecutive reports of the Illinois Hospital and HealthSystems Association's current Quarterly Financial Data Set. The information shall be based upon audited financial statements of the appropriate corporate entity for which such statements are issued and shall be attested to by the chief executive officer of the hospital. Hospitals whose fiscal year ends after July 1, 1995, shall file the information on the form prescribed in subsection (d) below within one hundred twenty (120) days after the end of its fiscal year. Hospitals may submit the required financial data to the Council or its Agent on a quarterly basis.
- c) The hospital specific financial data collected by and furnished to the Council or designated corporation, association or entity pursuant to this Part shall not be a public record under the Freedom of Information Act [5 ILCS 140] except that total gross revenue, total deductions from gross revenue and gross inpatient revenue as defined in subsection (d) below shall be released on a hospital specific basis. *All financial data collected by the Council from publicly available sources such as the HCFA Electronic Medicare Reports is releasable by the Council on a hospital specific basis when appropriate.* (Section 4-2(c) of the Illinois Health Finance Reform Act) It is the intent of the Act and of this Part to protect the proprietary information of hospitals.
- d) Hospitals shall file hospital specific financial information on the form prescribed by the Council, including all data elements set forth in Appendix A to this Part.
- e) Nothing in this Part shall be construed so as to prohibit a hospital from using the services of an agent for the submission of financial data to the Council or its Agent, provided that the agent submits the data to the Council within 48 hours after receipt from the hospital, in the same form as it was submitted by the hospital. Hospitals using the services of an agent are not to be construed as complying with the provisions of the Illinois Health Finance Reform Act or the Illinois Administrative Code until the data are received at the Council and pass

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validity checks established by the Council.

**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

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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.

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- 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

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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

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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



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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

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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.

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- 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

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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)

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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

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reduced proportionately. Hospitals and licensed ambulatory surgical treatment centers that do not meet the data submission threshold shall not be reimbursed.

**Section 2510.55 Report of Discharges**

- a) Effective within 30 days after the effective date of this Section, each hospital shall provide, in writing to the Executive Director, a list by calendar month of the total number of hospital inpatient discharges including new born discharges for the calendar months of April 1985 through December 1986 (in the case of multiple births, each child is counted as a discharge).
- b) Effective with the filing of Uniform Billing discharge data on or after the effective date of this Section each hospital shall be required to file with each submission of data, the transmittal form as defined by the Council pursuant to the authority given in Section 2510.50(c)(2)(E).
- c) Effective beginning with calendar month January 1989, each hospital shall, within 30 calendar days following the last day of a calendar month, submit the actual total number of hospital inpatient discharges for that calendar month as defined by the Council pursuant to the authority given in Section 2510.50(c)(2)(E).
- d) A hospital may submit the actual number of hospital inpatient discharges either in conjunction with or separately from the submission of Uniform Billing discharge data as defined by the Council pursuant to the authority in Section 2510.50(c)(2)(E).
- e) Effective 30 calendar days after February 1, 2001 and beginning with calendar month January 2001, each hospital and licensed ambulatory surgical treatment center shall, within 30 calendar days following the last day of each calendar month, submit the actual total number of hospital and licensed ambulatory surgical treatment center outpatient discharges with a surgical procedure for that calendar month as defined in 77 Ill. Adm. Code 2500.20 and Section 2510.50(k)(2)(F) of this Part.
- f) All filings required in subsections (a) through (e) shall be reported using the Council's automated systems.

**Section 2510.60 Quarterly Reports**

The Council shall require and the designated corporation, association or entity, if applicable,

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shall prepare quarterly basic reports in the aggregate on health care costs and utilization and trends in Illinois. The Council shall provide these reports to the public, if requested. These shall include, but not be limited to, comparative information on average charges, total and ancillary charge components, length of stay on diagnosis specific and procedure specific cases, and number of discharges, compiled in aggregate by hospital, by licensed ambulatory surgical treatment center, by diagnosis, and by primary payor category.

**Section 2510.70 Special Studies and Analysis**

- a) In addition to the quarterly reports, the Council shall respond to requests by agencies of government and organizations in the private sector for special studies and analysis (hereafter referred to as a "compilation of data") collected pursuant to Sections 2510.30 and 2510.50 of this Part.
- b) For purposes of this Part, a compilation of data is defined as a magnetic tape, diskette, CD-ROM, cartridge, or a hard copy report containing selected non-confidential data elements.
- c) The Council shall not release any information for special studies and analysis which is not permitted to be released for other purposes by the Act. No patient identifiable information shall be released. No hospital specific financial information shall be released except as provided in Section 2510.30 of this Part. Only the information which can be released under the requirements of the Act shall be released. Special studies and analysis shall not be subject to the Freedom of Information Act.
- d) All requests for compilations of data shall be made in writing to the Executive Director. The written request shall at least contain the name, address, and telephone number of the requester; a description of the requested compilation of data; a short, plain statement of the reason for the request; the relationship of the requested compilation to a legitimate purpose; and an identification of the parties to whom data requestors intend to re-release and/or sell the requested data (or any subset thereof) and the format of such re-release or sale. A "legitimate purpose" is a purpose consistent with the intent, policies, and purposes of the Act.
- e) The Council shall review each request for a compilation of data and determine whether to approve or deny the request. The Council shall notify the public of requests made for compilations by listing the requester, and providing a short description of the request on its official meeting agenda. Such requests shall be approved only by the vote of a majority of the members of the Council who shall

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designate the form in which the information shall be made available. The approval or denial by the Council of requests for compilations of data shall be within the discretion of the Council. The Council may deny a request for a compilation of data for reasons including, but not limited to, unavailability of data; the requested compilation of data is already available from the Council or another source; the requested compilation of data would endanger patient confidentiality; or the request is not related to a legitimate purpose. No person or group may request such compilation of data concerning another person or group.

- f) The Council shall notify the requester in writing of its decision. Denial of a request shall include a brief explanation of the reason for the denial. If a request is approved, delivery of the data shall be subject to receipt by the Council of a signed confidentiality and release agreement in form and substance satisfactory to the Council.
- g) The Council shall also determine a fee to be charged to the requesting entity which will cover at a minimum the direct and indirect costs of acquiring the information and of developing and producing the data product reports or special analyses. The Council shall establish prices by rule (see subsection (g)(4)) for each category of purchasers for each product and for the various terms under which such purchasers may wish to acquire products.
  - 1) Definition of Terms
    - A) Public Release Product  
Products which the Council has determined may be released by staff without specific Council action on each order are referred to as Public Release Data Products. These products are said to be "ordered" by the customer.
    - B) Controlled Release Product  
Products which the Council has determined may not be released by staff without specific Council action on each order are to be referred to as Controlled Release Data Products. These products are said to be "applied for" by the customer.
    - C) Data Products are to be made available in units covering a time period to which the data are applicable. Orders, applications, prices and release conditions shall be specific to the unit of product concerned. Unit or product for Public DataSet, Universal DataSet,



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and Research Oriented DataSet shall be calendar quarter. Unit of product for the Patient Origin DataSet shall be calendar year.

D) Purchase

Data Products may be acquired for the single purpose and for the sole use of the ordering or applying entity. The Council filling an order or granting an application to a given entity shall be construed as giving permission for use only for the unit of product requested and, in the case of Controlled Release products, only for the purposes originally applied for. In granting such approval, the Council shall not be construed as giving permission for the ordering or applying entity to use the data released on behalf of any client, member, organization or other entity not specified in the original order or application.

2) Council Data Product Categories

A) Public Release Products

For the purposes of this Part, the Public DataSet, Patient Origin DataSet, and Custom Reports or DataSets based upon them are to be regarded as Public Release Products.

B) Controlled Release Products

For the purposes of this Part, the Universal DataSet, Research Oriented DataSet, and Custom Reports or DataSets based upon them are to be regarded as Controlled Release Products.

3) Categories of Purchasers and the Terms of Payment

A) Category I: Commercial

Any corporation, association, coalition, person, entity or individual, regardless of whether that individual would also fit any of the other categories listed in this subsection (g)(3), that resells or redistributes any of the data or products (or any subset thereof) obtained from the Council for any revenue is engaged in commercial use of the data or products and shall pay for the data or products at the commercial-reselling rate. Any corporation, association, coalition, person, entity or individual seeking to obtain data or products (or any subset thereof) from the Council is presumed to be acquiring the data or products for a commercial use

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unless the requestor can prove otherwise to the satisfaction of the Council. If non-commercial use is proven to the satisfaction of the Council, the requestor shall be classified into Category II through Category V for the purpose of fee determination.

- B) **Category II: Private and For-Profit Organizations**  
Corporations, associations, coalitions, and other entities which are not chartered by State or Federal government to fulfill general or specific government functions and which function in whole or in part for the benefit of the owners, members, or sponsors of the corporation or organization shall fall into this category.
- C) **Category III: Illinois General Assembly and the Executive Office of the Governor**  
In consideration of the public information mandate of the Council and the contribution of the General Revenue Fund to the activities of the Council, this category of purchaser shall receive Council reports and data products free of charge.
- D) **Category IV: Illinois Government and Educational Institutions**  
Other units of Illinois State government, Illinois county and local government, and Illinois public and private educational institutions shall be deemed to fall into this category. An exception to this policy is that State of Illinois agencies (IDPA, IDPH, IDOI, etc.) shall receive existing data products free of charge. Other exceptions to this policy may be made when there is a working agreement between the Council and a requesting entity entered under subsection (g)(9)(B). When such an agreement is in effect, it shall govern the charge which shall be made to the requesting entity.
- E) **Category V: Non-Illinois Government, Non-Illinois Educational Institutions, All Non-Profit Organizations, and All Graduate Students**  
The Federal government, governments of other states, other political subdivisions outside of the State of Illinois, non-Illinois educational institutions, all non-profit organizations, and all graduate students requesting data for research purposes shall be deemed to fall into this category. Non-profit organizations that purchase data materials:

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- i) on behalf, either in whole or in part, or
- ii) for the substantial benefit,

of for-profit entities shall not be deemed to be included in this category. Rather, such entities will be included in Category I. Exceptions to this policy may be made when there is a working agreement between the Council and a requesting entity entered under subsection (g)(9)(B). When such an agreement is in effect, it shall govern the charge which shall be made to the requesting entity.

- F) Category VI: Hospitals  
Illinois hospitals requesting access to final edited claims information from the Council, for purposes other than the hospital review process as required by statute, rule, and agreement, may purchase this data from the Council. Prices for hospitals for these other products shall be as put forth for Category II, except in cases in which other agreements may be in place.

If such non-commercial use is proven to the satisfaction of the Council, the requestor shall be classified into Category II through Category V for the purposes of fee determination. The Council, acting upon the evidence presented and the completion of all questions on the data subscription request form, shall determine the category in which any given customer shall be placed.

- 4) Category Prices  
Customers shall pay all or part of the fees set forth in the table below in accordance with the customer's category as outlined in subsection (g)(3).

		PRICE PER QUARTER	PRICE PER YEAR
Category I – Commercial			
Product:	Public Dataset	\$3,000	\$ 9,000
Product:	Universal DataSet	\$6,000	\$18,000
Product:	DRG Analyst	\$2,400	\$ 7,200

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Category II – Private and For-Profit Organizations

Product: Public DataSet	\$2,000	\$6,000
Product: Universal DataSet	\$3,000	\$9,000
Product: DRG Analyst	\$ 800	\$2,400
Product: Quarterly Reports	\$ 100	\$ 300

Category III – Illinois General Assembly and the Executive Office of the Governor

Product: Public DataSet	Free	Free
Product: Universal DataSet	Free	Free
Product: Research Oriented DataSet	Free	Free
Product: Quarterly Reports	Free	Free

Category IV – Illinois Government and Educational Institutions

Product: Public DataSet	\$ 75	\$225
Product: Universal DataSet	\$100	\$300
Product: Research Oriented DataSet	\$200	\$600
Product: State Inpatient DataSet	---	\$400
Product: DRG Analyst	\$ 50	\$150
Product: Quarterly Reports	\$ 30	\$ 90

Category V – Non-Illinois Government, Non-Illinois Educational Institutions, All Non-Profit Organizations, and All Graduate Students

Product: Public DataSet		
Non-Profit	\$1,500	\$4,500
Non-IL Gov/Ed	\$ 300	\$ 900
Grad Students	\$ 20	\$ 60
Product: Universal DataSet		
Non-Profit	\$2,000	\$6,000
Non-IL Gov/Ed	\$ 400	\$1,200
Grad Students	\$ 25	\$ 75

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Product: Research Oriented DataSet		
Non-Profit	\$ 500	\$1,500
Non-IL Gov/Ed	\$ 50	\$ 150
Product: State Inpatient DataSet		
Non-Profit	---	\$800
Non-IL Gov/Ed	---	\$800
Grad Students	---	\$200
Product: DRG Analyst		
Non-Profit	\$600	\$1,800
Non-IL Gov/Ed	\$200	\$ 600
Grad Students	\$ 15	\$ 45
Product: Quarterly Reports		
Non-Profit	\$75	\$225
Non-IL Gov/Ed	\$70	\$210
Grad Students	\$10	\$ 30

- 5) Use for Additional Purpose Requires Additional Approval and Fee  
The prices and discounts set forth in this Part pertain to all applications for use as specified in the data subscription request form. A purchaser having once paid the appropriate fee for a particular use must re-apply for use for any other purpose and make payment as shown in this Part for the additional use.
- 6) Revisions in Pricing  
The Council will, from time to time, examine and may modify the prices set forth in this Part. All data products for the discharge time periods 1987 and beyond shall be priced according to this Part.
- 7) Payment Terms  
Payment by check or money order is required at the time the order or application is filed with the Council. The Council shall refund payments to applicants to which the Council votes not to release the data which were applied for.
- 8) Council Not Required to Perform Studies  
While this Part allows for applicants to request specific file formats and report layouts, the Council shall not accept applications to provide such

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unless it deems that it is in the best interest of the Council to do so, and analysis shall be provided by the Council only when appropriate.

9) Special Data Request Fee Structure

Data requests accepted by the Council will be processed as follows:

A) Simple Requests

These are "no fee" inquiries that take less than three hours to complete, are reasonable in length and can be retrieved by staff from existing reports on their computers. Subject to other resource constraints, such requests shall be completed for consumers for personal use and for commercial entities as a one-time report.

B) Complex Requests

These are "for fee" inquiries that exceed guidelines for Simple Requests, require programmer time to extract the information requested and are subject to other resource constraints. A \$50 non-refundable application fee must be submitted with each application. The \$50 application fee will be deducted from the final cost of the data should the applicant agree to accept IHCCCC's charge proposal. The Council may grant exceptions to this policy when there is a working agreement between the Council and a requesting entity. When such an agreement is in effect, it shall govern the charge which shall be made to the requesting entity. The charges for compiling the data will be based on the resources required to produce the request and are based on the table below.

Resources	Hours/Units	Cost Per Hour
Programming	1-5	\$100
Research	1	\$62
Administrative	1	\$25
Media*	1	\$12
CPU Usage**	1	\$320

\*Media: 1 unit=diskettes, CD-ROM, cartridge, tape

\*\*CPU: 1 unit=CPU seconds to process 1 quarter of data (approximately 0.75 million records)

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- h) Basis of Charge for Other Services and Products of the Council
  - 1) Seminars, Colloquia, and Other Meetings  
In order to offset the costs of presenting informational programs to the public and to Council constituencies, the Council may charge a fee to participants covering the reasonable costs of presentation materials and equipment, guest presenters expenses, travel expenses of Council Staff, and meeting facilities. At the request of participants, the Council may also negotiate group rates for accommodations and amenities at such meetings and pass the cost and overhead along to participants in the fee charged for attendance.
  - 2) DRG Analyst  
All categorical prices shall apply to this product.
  - 3) Other Services and Products  
To the extent that the General Assembly appropriates to the Council from the Special Studies Revolving Fund moneys sufficient to perform other services and provide other products not conflicting with the intent of the Health Finance Reform Act and this Chapter XI, the Council may provide such products and services for a fee. The fees to be assessed shall be reasonable in view of the value of services performed, shall be collected by methods and procedures approved by the Executive Director, and shall cover the full cost of providing the goods and services.

**Section 2510.80 Confidentiality**

- a) All steps necessary under State and Federal law to protect patient confidentiality shall be undertaken by the Council to prevent the identification of individual patient records. The Council will assure the confidentiality of patient records when gathering and submitting data to the Council or designated corporation, association or entity.
- b) Information filed with the Council or designated corporation, association or entity by hospitals or licensed ambulatory surgical treatment centers pursuant to this Part shall be privileged and confidential, and shall not be disclosed in any manner unless otherwise permitted or required by law. The foregoing includes, but shall not be limited to, disclosure, inspection or copying under the Freedom of Information Act [5 ILCS 140], the State Records Act [5 ILCS 160] and Section 404(1) of the Illinois Insurance Code [215 ILCS 5/404(1)]. However, the

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prohibitions stated in this Section shall not apply to the quarterly reports of the Council or the provider data verification process provided for under the Act and pursuant to Section 2510.60 of this Part and those data elements specified in Section 2510.30(d) of this Part.

**Section 2510.85 Format of the Financial Data Report**

- a) The Council or its Agent shall develop and distribute, on or near the fiscal year end date of record at the Council, a personal computer program which will allow hospitals to respond to questions asked by the computer program regarding the reported elements defined in this Part, as well as any other elements which hospitals or their agents volunteer to submit. The answers to these questions, entered by hospitals from the personal computer keyboard, edited by the appropriate software, and recorded on a computer diskette, when returned to the Council or its Agent and satisfying validity edits, constitute compliance with applicable provisions of the Illinois Health Finance Reform Act and with the provisions of this Part for all hospitals other than those permitted to file a paper form. The diskette distributed to hospitals shall be sent by certified mail to the Chief Financial Officer of the hospital. The final report will be submitted to the Council or its Agent by mail under cover of an attestation signed by the Chief Executive Officer of the hospital. This form will be provided by the Council or its Agent in the package containing the diskette.
- b) Hospitals which do not have personal computer equipment capable of operating under the MS, PC, or DR DOS operating systems, and so attesting to the Council or its Agent, will be permitted to file the financial report on paper on the condition that the hospital submits an attestation form provided by the Council, signed by the Chief Executive Officer of the hospital and sent to the Council or its Agent. Upon receipt of such an attestation, the Council or its Agent will provide the hospital Chief Financial Officer with a paper form for completion of the report by way of certified mail.

**Section 2510.90 Provider Review**

- a) Prior to the close of a quarter, the Council shall provide a copy of that quarter's data, upon request of the hospitals and licensed ambulatory surgical treatment centers, at no charge. The requested data shall be provided in an electronic or paper format that is compatible to that submitted by the hospital or licensed ambulatory surgical treatment center. The medium shall include all complete and accurate data.



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- b) During the period in which review of a closed quarter's data is conducted, the Council shall provide hospitals and licensed ambulatory surgical treatment centers with either a machine readable or paper aggregation of their data, together with derived elements for review. Hospitals and licensed ambulatory surgical treatment centers shall have 10 business days after the date of the receipt of the data to review and file comments with the Council. Following closure of a quarter's submission time frame, the data submitted by hospitals and licensed ambulatory surgical treatment centers shall not be subject to change. However, errors in Council-derived fields shall be open for change in accordance with conditions and practice established between hospitals, licensed ambulatory surgical treatment centers and the Council.
  
- c) Hospitals and licensed ambulatory surgical treatment centers shall be assessed a charge if they elect to use the Council-derived data elements for a purpose other than verification of the accuracy of the Council's data reports and releases. This charge shall be the same as that established in Section 2510.70 of this Part.