

Illinois State Mandates and Voluntary Data Submission

Purpose	The purpose of this document is to provide: • Illinois Department of Public Health (IDPH) Regulatory Information. • IDPH Hospital compliance information. • Data specifications and file layouts for inpatient and outpatient data elements • Illinois Outpatient Revenue Code Categories. • Reporting time frames. • Method of reporting compliance percentage.
State Compliance Requirements	20 ILCS 2215. Health Finance Reform Act (IL Public Act 094-0027) Illinois hospital and ambulatory surgical treatment center (ASTC) are required to submit all inpatient and outpatient encounters as defined in the state mandate. • Title 77, Section 1010.40 outlines the mandatory electronic submission of patient claims and encounter data by hospitals and ambulatory surgical treatment centers in Illinois to the Department of Public Health. Submissions are due 60 days after the end of each calendar quarter and must follow national electronic transactions and code set standards and the Department's specific data submission manual. Facilities are also responsible for reviewing Department feedback and submitting corrections to ensure data accuracy and completeness. Legislation: 20 ILCS 2215/ Illinois Health Finance Reform Act Administrative Rule: Health Care Data Collection and Submission Code • The administrative code mandates that hospitals and ambulatory surgical treatment centers must electronically submit patient claims and encounter data to the Illinois Department of Public Health. This code, established by the Health Finance Reform Act, requires submissions within 60 days after the end of each quarter, using national electronic standards, and the data is used for public health reporting, including the creation of a consumer guide to healthcare. • All data should conform to UB-04 coding requirements. All Illinois hospitals and ASTCs are held to minimum of 98% of complete data for every month and quarter. Submission of data or counts after their designated deadlines is not allowed.

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Quarterly Attestation Requirement	Quarterly Attestation Requirement: The State of Illinois Final Rules, under the above listed Acts, stipulate that every facility CEO or designee must provide a signed Affirmation Statement, due 15 days after each quarter close date. "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 any necessary corrections to data submitted to the Department have been made and that the data submitted are complete and accurate. To obtain the form and instructions to submit to IDPH please visit: Attestation Form Instructions • Any facility below the designated percentage may be subject to audit by IDPH. • Any data that IDPH determines are "questionable, inaccurate, or incomplete" may also be cause for audit. Any failures to comply with the State of Illinois reporting requirements fall under the penalties outlined in the Hospital Licensing Act (210 ILCS 85) and the Ambulatory Surgical Treatment Center Act.
Data Element Specifications	Illinois Data Element Specifications: • Hospital IL Data Element List/ Hospital Flat File Format • ASTC: IL ASC Data Element List/ ASC Flat File Format • Outpatient Category Sheet: Outpatient Category Reference Sheet
Inpatient Data Definitions	"Claims and encounter" means either a request to obtain payment, and necessary accompanying information, from a health care provider to a health plan, for health care or an inpatient stay or outpatient visit in which a claim is not generated. IHA/COMPdata's is collecting Inpatient data in accordance with mandated submission requirements documented in the acceptable file format for inpatient cases. • Acceptable File Format

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Outpatient Data Definitions

IHA/COMPdata is collecting **Outpatient Surgical (OS), Outpatient Observation Care (OC), Emergency Department (ED), and Imaging (IM) cases** in accordance with mandated submission requirements as documented in the acceptable file format for outpatient cases.

- [Acceptable File Format](#)

Outpatient Surgical (OS) – cases with surgical procedure data are to be reported according to those that were conducted in a surgical suite or invasive procedure suite, based on a specific mandated outpatient revenue code category range. The patient record must contain one specified revenue code to qualify for outpatient surgery. Patients are outpatient surgical cases if they received surgical services but were not considered inpatient. Included are patients with surgical services who stayed in Observation but were not designated as inpatient.

- **"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.

Observation Care (OC) – cases with data in Revenue Code 0762. All Bill Types remain the same. The Revenue Code units should be reported in hours only. The patient record must contain Revenue Code 0762 to qualify for inclusion in our Outpatient OC database.

- **"Observation care"** 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.

Emergency Department (ED) – cases with data in Revenue Code series 045X or 068X submitted on a patient record. All Bill Types remain the same. The patient record must contain one of the ED/Trauma Revenue Codes to qualify for inclusion in our Outpatient ED database.

- **"Emergency Department"** 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.

Imaging Services (IM) – A patient record must contain one of the following diagnostic and therapeutic imaging categories to qualify for imaging.

- X-Ray
- CT scan
- Mammography (diagnostic or screening)
- Echocardiogram
- Sonography
- Ultrasonography
- PET Scans
- MRI (with and without contrast)
- Nuclear Medicine

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Illinois Outpatient Revenue Code Category:

Illinois State Mandated Reporting Effective 10/1/12	
Outpatient Surgery	
036X – Operating Room Services	
0481 – Cardiac Cath Lab	
049X – Ambulatory Surgical Care	
0511 – Pain Management	
0723 – Circumcision	
075X – GI Services (endo/colo suite, etc.)	
079X – Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)	
Observation Care	
0762 – Observation Room	
Emergency Dept.	
045X – Emergency Room	
068X – Trauma Response	
Imaging	
032X – Radiology Diagnostic	
0340, 0341, 0343, 0349 – Nuclear Medicine	
035X – CT scan	
040X – Other Imaging Services	
0483 – Echocardiogram Sonography	
061X - MRI	

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Illinois Voluntary Data Submission Elements

Illinois Hospital Association instituted voluntary outpatient and swing bed data reporting to help our members meet their organizational needs.

This data expansion will include the following data sets:

- All outpatient data, including diagnostics, labs, rehabilitation, oncology, mental health, dialysis, and any other service provided on an outpatient basis.
- Inpatient swing beds.

The following UB bill types are ONLY applicable for voluntary outpatient and swing bed data submission: 18X, 71X, 72X, 74X, 75X, 76X, 77X, 78X, 79X, 84X, and 89X. (X values = 0, 1, 7, or 8). Bill type 2, 3, or 4 will be accepted for only voluntary data – Diagnostics (DX) and other (OTH).

Below is the Illinois voluntary revenue code category list:

Illinois Voluntary Revenue Code Category (Signed Agreement Must be in place to submit data)	
Diagnostics	
030X – Laboratory	
031X – Laboratory Pathology	
046X – Pulmonary Function	
048X (except 0481 and 0483) – Cardiology Diagnostics	
073X – EKG/ECG (Electrocardiogram	
074X – EEG (Electroencephalography)	
086X – MEG (Magnetoencephalography)	
092X – Other Diagnostic Services	
All Other Outpatient	
All Other Revenue Codes	
Inpatient Swing Bed	
Based on Bill Type 180 or 181, not by Revenue Code	

To initiate your voluntary submission process please contact COMPdata.

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Reporting Time Frames

Time frames are developed according to data reporting requirements set forth in the Illinois Health Finance Act and the amendment in Public Act 094-027. These data reporting requirements detail the data submission requirements for Illinois hospitals and ambulatory surgical treatment centers (ASTCs):

Time frames for data submission are as follows:

- 45 Days After Physical End of Quarter – Facilities must begin reviewing accuracy and correcting errors in data from files already submitted for the applicable quarter.
- 60 Days After Physical End of quarter – Last day for data file submission
- 5 Additional Days – to make CORRECTIONS ONLY to data that were sent on the 60th day.

Time frames for discharge case count reporting are as follows:

- No Later Than 30 Days After Physical End of **Month**.
- 60 Days After Physical End of Quarter – Last day to make CORRECTIONS to total count ONLY.
 - Numbers are frozen after this date.

If the patient was admitted as an *inpatient* because of an outpatient service, the patient is considered an *inpatient* admission.

For detailed information see: Illinois Registry Section 1010.50 Common Data Verification, Review, and Comment Procedures.

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Counting Method

Facilities must report a Monthly Case Count (numeric figure) for each inpatient case and outpatient service category. These counts represent the patient volume for those services for any given month and are used to calculate your facility's compliance percentage.

"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.

Data Coordinators must provide separate monthly case counts for each of the following:

Inpatient:

- Claims and encounter data pertaining to each inpatient discharged.
- Numeric number count of all inpatient cases.

Outpatient Surgery (OS):

- Information relating to any patient treated with an ambulatory surgical procedure within any of the general types of surgeries.
- Claims and encounter data pertaining to case data for each emergency department (ED) visit (wherever care is administered) and each observation case (OC), Imaging (IM) in the outpatient.
- Numeric number count of all outpatient cases as defined by the revenue code category list.

Outpatient Revenue Hierarchy Counting Method:

- Each outpatient case is counted ONLY ONCE.
- Revenue code counting hierarchy is listed in the table below from left to right.
- The first should include all Outpatient Surgical (OS) cases, as calculated previously, regardless of whether they include ED, OC, or IM services.
- The second count should include all Outpatient Observation Care (OC) records, regardless of whether they also contain Emergency Department.
- The third count should include all Emergency Department (ED) or Imaging (IM) records or that contain no OS or OC services.
- The fourth count should include all Imaging (IM) records that contain no OS, OC, or ED. IM counts are for patients who have Imaging Services ONLY.

Revenue Code Categories	Revenue Code Counting Hierarchy			
	OS	OC	ED	IM
OS	X			
OS & OC	X			
OS & ED	X			
OS & IM	X			
OS & OC & ED & IM	X			
OC		X		
OC & ED		X		
OC & IM		X		
OC & ED & IM		X		
ED			X	
ED & IM			X	
IM				X