



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB1903

by Rep. David R. Leitch

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-31 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that for the purpose of measuring and publicly reporting the quality, efficiency, and effectiveness of healthcare services received by medical assistance recipients, the Department of Healthcare and Family Services shall make available to certain not-for-profit corporations standardized extracts of data on the claims paid by the Department to healthcare providers for services rendered to medical assistance recipients in specific geographic areas. Sets forth the criteria a not-for-profit corporation must meet in order to qualify for such disclosure. Contains provisions concerning costs and funding; and the disclosure of certain data by managed care organizations, healthcare providers, or other companies under contract with the Department for the delivery of care to medical assistance recipients.

LRB097 09294 KTG 49429 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning public aid.

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

4 Section 5. The Illinois Public Aid Code is amended by
5 adding Section 5-31 as follows:

6 (305 ILCS 5/5-31 new)

7 Sec. 5-31. Availability of medical assistance data for
8 performance measurement.

9 (a) In General. The Department shall make available to
10 qualified entities (as described in subsection (b)) data (as
11 described in subsection (c)) for the purpose of measuring and
12 publicly reporting the quality, efficiency, and effectiveness
13 of healthcare services received by medical assistance
14 recipients.

15 (b) Qualified entities. For the purposes of this
16 subsection, a "qualified entity" is a not-for-profit
17 corporation that:

18 (1) has a primary mission of improving the quality and
19 controlling the costs of healthcare services delivered in
20 one or more geographic areas within the State;

21 (2) is governed by a board of directors that includes
22 members representing physicians, hospitals, health plans,
23 businesses, and healthcare consumers;

1 (3) has demonstrated capabilities to use healthcare
2 provider claims data and other forms of data on healthcare
3 encounters and services to produce and publicly report
4 measures of the quality, efficiency, or effectiveness of
5 healthcare services while protecting the privacy of
6 individual patients; and

7 (4) makes available confidentially, to any provider of
8 services to be identified in a public report, the measures
9 to be reported regarding that provider prior to the public
10 release of such report, and provides an opportunity for the
11 provider to identify and request corrections of errors.

12 (c) Data to be made available. The Department shall provide
13 qualified entities with standardized extracts of data on the
14 claims paid by the Department to healthcare providers for
15 services rendered to medical assistance recipients in specific
16 geographic areas and during time periods as requested by the
17 qualified entity. The Department shall enter into a contract
18 with the qualified entity for the use of this data with
19 provisions designed to ensure that the identity of medical
20 assistance recipients is protected, that the data will be used
21 solely for public reporting and for quality improvement
22 activities, and that the measures reported will be
23 statistically valid.

24 (d) Extension to insurance plans and managed care
25 organizations. To the extent that the Department contracts with
26 an insurance plan, managed care organization, healthcare

1 provider, or other company to deliver or arrange for the
2 delivery of care to medical assistance recipients and pays that
3 company on a basis other than for individual services rendered,
4 the Department shall require that such company make data on
5 individual services and encounters with healthcare providers
6 available to qualified entities in order to support measurement
7 of the quality, efficiency, and effectiveness of the healthcare
8 services they receive equivalent to what would be measured
9 through the claims data described in subsection (c).

10 (e) Costs and funding. The Department shall provide the
11 data described in subsection (c) to qualified entities on a
12 quarterly basis at no charge, but if more frequent releases of
13 data are needed, the Department may require payment of a fee
14 equal to the costs associated with the release of the
15 additional data. Companies under contract to the Department
16 shall provide the data described in subsection (d) to qualified
17 entities on a quarterly basis at no charge, but if more
18 frequent releases of data are needed, such companies may
19 require payment of a fee equal to the costs associated with the
20 release of the additional data. The Department may provide
21 funding to qualified entities to assist them in analyzing and
22 publicly reporting performance measures using the data
23 provided.