

7. History and trend information on complaints and grievances.
8. Consumer satisfaction core measures from the consumer assessment of health plans or other satisfaction surveys.
9. Accreditation status.
10. Years of operating experience.
11. Location of plans, service area of plan by county.
12. Health plan product lines.

(b) *Health care provider.* 1. If available to the department, the following information about a physician and a health care provider specified in s. HFS 120.15 (1) shall be contained in the consumer guide and may supplement other factors such as the consumer's age, health status, mobility and financial resources as important factors consumers should consider when selecting a health care provider:

- a. Active status information.
- b. License or certification status, if applicable, including date of initial licensure or certification, credential suspensions or revocations.
- c. Medical education and training information.
- d. Specialty, board certification and recertification information.
- e. Practice information including name of practice, location, telephone number and hours spent at location.
- f. Whether the provider renders services to patients insured through medicare or medicaid.
- g. Whether the provider accepts medicare assignment.
- h. The names and addresses of facilities at which the provider has been granted privileges, if applicable.
- i. Usual and customary charges for office visits, routine tests and diagnostic work-ups, preventive measures and frequently occurring procedures.
- j. Health plan affiliations, if applicable.
- k. Volume of surgical procedures for those specific procedures where the department has determined, based on existing scientific evidence, that surgical outcomes are related to volume of procedures performed, if applicable.

L. Types of conditions treated.

2. The department shall provide consumers with information regarding how to assess the information specified in subd. 1. and what additional questions consumers may want to ask the health care provider.

(c) *Health care facility.* 1. If available to the department, the following information about a health care facility shall be contained in the consumer guide and may supplement other factors such as the consumer's age, health status, mobility and financial resources as important factors in selecting a hospital, nursing home, hospice or other health care facility:

- a. Facility type.
- b. Location.
- c. Ownership.
- d. Medicare and medicaid participation.
- e. Number and type of medical professionals on staff.
- f. Number of staffed beds.
- g. Services provided.
- h. Accreditation status.
- i. Date of last inspection by the department. *ma defined*
- j. Degree of compliance with medicare and medicaid regulations.
- k. Evaluation by consumers.
- L. Membership in professional organizations.
- m. If applicable, performance measures such as complication rates, volume of procedures, patient satisfaction and last report of facility surveys of care delivered.
- n. Years of operation.
- o. Costs.
- p. Satisfaction of clients.
- q. Measures of financial strength.
- r. Affiliations with specific physicians, clinics or hospitals.

2. The department shall provide consumers with information regarding how to assess the information specified in subd. 1. and what additional questions consumers may want to ask the health care facility.

**HFS 120.24 Hospital rate increase report.** (1) **DATA SOURCES.** The hospital rate increase report shall be based on notarized copies of notices placed in newspapers and submitted to the department by hospitals.

(2) CONTENTS. (a) The hospital rate increase report shall contain all of the following information:

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1. For each hospital that has increased its rates or charges any payer amounts exceeding its rates, the report shall list:

- a. The name of the hospital and the city in which the hospital is located.
- b. The date the increase will be effective.
- c. The resulting annualized percentage increase.
- d. The geographic area of analysis in which the hospital is located.

2. A list of hospitals that have closed since 1993.

(3) REPORT DISSEMINATION. The department shall make the report available from the department's website at no charge.

(4) SUGGESTED USE OF REPORT. Policymakers, market analysts and researchers can use the report for any of the following purposes:

- (a) To understand changes in hospital rates.
- (b) To compare rates across hospitals within and across state regions or statewide.
- (c) To project expected costs of hospitalizations.

**HFS 120.25 Uncompensated health care services report.** (1) DATA SOURCES. The uncompensated health care services report shall be based on data derived from all of the following sources:

- (a) Annual hospital plans for the provision of uncompensated health care submitted to the department by hospitals.
- (b) Fiscal surveys of hospitals conducted by the department.

(2) CONTENTS. The uncompensated health care services report shall contain all of the following information:

(a) For each hospital, the report shall list all of the following:

1. The city in which the hospital is located.
2. The type of the hospital.
3. The dollar amount of charity care provided for the most recent fiscal year.
4. The proportion of total annual gross patient revenue that constitutes the charity care.
5. The annual amount of bad debt.

6. The proportion of total annual gross patient revenue that constitutes the bad debt.
7. The total annual dollar amount of charity care and bad debt.
8. The proportion of total annual gross patient revenue that constitutes both charity care and bad debt.
9. The proportion of total nongovernmental patient revenue that constitutes the charity care.
10. The proportion of total nongovernmental patient revenue that constitutes the bad debt.
11. The proportion of total annual nongovernmental patient revenue that constitutes both charity care and bad debt.
12. The number of patients that received charity care during the most recent fiscal year.
13. The number of patients projected to receive charity care during the subsequent fiscal year.
14. The number of bad debt patient accounts during the most recent fiscal year.
15. The number of bad debt patient accounts projected for the subsequent fiscal year.
16. The total number of charity care and bad debt cases during the most recent fiscal year.
17. The total number of charity care and bad debt cases projected for the subsequent fiscal year.
18. Whether and to what extent the hospital has outstanding obligations on state loan funds, excluding fund proceeds from the Wisconsin health and educational facilities authority, during the most recent fiscal year.

(b) For each hospital with county general relief revenues greater than \$500,000 or 1% of total gross patient revenue for the most recent fiscal year, the report shall list all of the following:

1. The county in which the hospital is located.
2. The amount of general relief revenues the hospital received.
3. The proportion of total gross revenue that the general relief revenue represents.
4. The proportion of charges for general relief cases that were reimbursed by counties.

(c) A copy of the department's hospital uncompensated health care plan survey.

(d) A copy of the department's hospital fiscal survey.

(e) A glossary of terms used in the report.

(f) Brief discussions of all of the following:

1. The definition of uncompensated health care services.
2. Problems associated with measuring hospitals' charitable contributions to their communities.
3. Summary statistics pertaining to uncompensated health care services.
4. How hospitals project uncompensated health care.
5. How hospitals verify the need for charity care.
6. A list of hospitals with obligations to provide reasonable amounts of charity care.
7. How hospitals notify the public about charity care.

(3) **REPORT DISSEMINATION.** The department shall distribute a paper copy of the report at no charge to the governor, the legislature and a board-approved list of individuals and agencies. The department shall make the paper version of the report available for purchase by others. The department shall make available from the department's website an electronic version of the report at no charge.

(4) **SUGGESTED USES OF REPORT.** The uncompensated health care services report can be used in any of the following ways:

(a) By legislators and policymakers to determine the level of uncompensated health care provided in various areas of the state and, in turn, whether the burden of uncompensated health care is fairly shared by all hospitals.

(b) In conjunction with other available information, by insurance companies and other third-party payers and by business or consumer groups to determine the extent to which uncompensated health care affects hospitals' charges and hospitals' ability to provide services to a community.

(c) As a resource document for persons wishing to conduct research or seek information on uncompensated health care.

**HFS 120.26 Hospital quality indicators report.** (1) **DATA SOURCE.** The hospital quality indicators report shall be based on hospital inpatient data collected by the department under s. HFS 120.11 (5). The inpatient discharge data are reformatted by the department to be consistent with nationally recognized quality indicators.

**Note:** An example of nationally recognized quality indicators are the health care utilization project (HCUP) quality indicators.

(2) **CONTENTS.** The hospital quality indicators report shall present variations in the delivery of inpatient care at individual hospitals without identifying the individual hospitals. The purpose of the report is to promote improvements in the overall quality of hospital care by providing an analysis of the variations in care delivery across the state. Where appropriate, national comparisons serve as improvement benchmarks. Each report shall include all the following information:

- (a) A description of the report's data and the limitations in interpreting the data.

- (b) A description of nationally recognized quality indicators.
- (c) A discussion of how to interpret the analysis of the variations in care delivery across the state.
- (d) A graphical presentation of the performance of hospitals relative to the quality indicators selected for presentation in the report.

(e) A discussion of how a hospital may obtain from the department hospital-specific information resulting from application of the nationally recognized quality indicators.

(3) **REPORT DISSEMINATION.** (a) The department shall distribute a paper copy of the report at no charge to the governor, the legislature and a board-approved list of individuals and agencies. The department shall make the paper version of the report available for purchase by others. The department shall make available from the department's website an electronic version of the report at no charge.

(b) The department may not release the identity of the individual hospitals in the report. Individual hospitals may request information from the department that allows the hospital to assess the hospital's standing relative to a group of hospitals with comparable patient volumes or state or national benchmarks.

(4) **SUGGESTED USES OF REPORT.** The report can be used in any of the following ways:

(a) By legislators and policymakers to examine the variation in indicators of hospital quality for various diagnoses and procedures and, in turn, whether the variation suggests the need for improvements in the quality of the health care delivery system.

(b) In conjunction with other available information, by commercial and public health care purchasers to determine the extent of variation in indicators of hospital quality. Contracts between health care purchasers and health plans and providers may address concerns arising from the reported indicators of quality.

(c) As a resource document for persons wishing to conduct research or seek information on hospital quality indicators.

(d) As a resource for consumers interested in learning about the expected outcomes of hospital care associated with a specific diagnostic category or a procedure.

(e) As a resource for individual hospitals that want to assess the need for quality improvement projects.

### **Subchapter V – Data Dissemination**

**HFS 120.29 Public use files.** (1) Public use data files based on information submitted by health care providers other than hospitals or ambulatory surgery centers may not permit the identification of specific patients, employers or health care providers. The department shall protect identification of patients, employers and health care providers by all necessary means, including all of the following:

- (a) The deletion of patient identifiers.
- (b) The use of calculated variables and aggregated variables.
- (c) The specification of counties as to residence rather than zip codes.
- (d) The use of 5-year categories for age rather than exact age.
- (e) Not releasing information concerning a patient's race or ethnicity, or dates of admission, discharge, procedures or visits.

(f) Masking sensitive diagnoses and procedures by use of larger diagnostic and procedure categories.

(2) Public use data files under s. 153.45 (1) (b) 2., Stats., may include only the following:

- (a) The patient's county of residence.
- (b) The payment source, by type.
- (c) The patient's age category, by 5-year intervals.
- (d) The patient's procedure code.
- (e) The patient's diagnostic code.
- (f) Charges assessed with respect to the procedure code.
- (g) The name and address of the facility in which the patient's services were rendered.
- (h) The patient's gender.
- (i) Information that contains the name of the health care provider who is an individual, if the independent review board first reviews and approves the release or if the department promulgates rules that specify the circumstances under which the independent review board need not review and approve the release.
- (j) Calendar quarters of service during which the patient visit or procedure occurred, except if the department determines the number of data records included in the public use file is too small to enable protection of patient confidentiality.
- (k) Information, other than patient-identifiable data, as defined in s. 153.50(1) (b), Stats., as approved by the independent review board.

(a)

(3) Public use data files based on information submitted by hospitals and ambulatory surgery centers may not permit the identification of specific patients or employers.

(a) The department shall protect the identification of patients and employers by all necessary means, including all of the following:

1. The deletion of patient identifiers.
2. The use of calculated variables and aggregated variables.

3. Not releasing information concerning a patient's race or ethnicity, or dates of admission, discharge, procedures or visits.

(b) The department shall suppress or mask zip code information in the public use data file when the number of persons having a given zip code is insufficient to mask their identity.

**HFS 120.30 Patient data elements considered patient-identifiable.** (1) **NONRELEASE OF PATIENT-IDENTIFIABLE DATA.** The department may not release or provide access to any data that identifies a patient, except as provided in sub. (3). The department shall protect the identity of a patient by all necessary means, including the use of calculated, masked or aggregated variables.

(2) **PROCEDURES GOVERNING RELEASE OF PATIENT-IDENTIFIABLE DATA.** (a)

Persons authorized and desiring to access patient-identifiable data under sub. (3) shall submit to the department a request for the release of the data in writing and shall include all of the following:

1. The requester's name and address.
2. The reason for the request.
3. For a person who is authorized under sub. (3) (a), (b) or (c) to receive or have access to patient-identifiable data, evidence, in writing, that indicates the authorization.
4. For an entity that is authorized under sub. (3) (e) to receive or have access to patient-identifiable data, evidence, in writing, of all of the following:
  - a. The federal or state statutory requirement to obtain the patient-identifiable data.
  - b. Any federal or state statutory requirement to uphold the patient confidentiality provisions of this chapter or patient confidentiality provisions that are more restrictive than those of this chapter; or, if the latter evidence is inapplicable, an agreement, in writing, to uphold the patient confidentiality provisions of this chapter.

**Note:** Requests should be sent to the following address: Bureau of Health Information, P. O. Box 7984, Madison, Wisconsin 53707-7984, or deliver the communications to Room 372, 1 W. Wilson Street, Madison, Wisconsin.

(b) Upon receiving a request for patient-identifiable data under par. (a), the department shall, as soon as practicable, either comply with the request or notify the requester, in writing, of all of the following:

1. That the department is denying the request in whole or in part.



2. The reason for the denial.

3. For a person who believes that he or she is authorized under sub. (3), the procedures for appealing the denial under s. 19.37(1), Stats.

(3) ACCESS TO PATIENT-IDENTIFIABLE DATA. In accordance with ss. 153.45 and 153.50, Stats., only the following persons or entities may have access to patient-identifiable data maintained by the department:

(a) A health care provider or the agent of a health care provider to ensure the accuracy of the information in the department database.

(b) An agent of the department responsible for collecting and maintaining data under this chapter and who is responsible for the patient-identifiable data in the department in order to safely store the data and ensure the accuracy of the information in the department's database.

(c) The department for any of the following purposes:

1. Epidemiological investigation purposes specified in writing.
2. Eliminating the need to maintain duplicative databases where the requesting department agent has statutory authority to collect patient-identifiable data as defined in s. 153.50(1)(b), Stats.

(d) Other entities that have a signed, notarized written agreement with the department, in accordance with the following conditions:

1. The entity has a statutory mandate for obtaining patient-identifiable data for any of the following:

- a. Epidemiological investigation purposes.
- b. Eliminating the need to maintain duplicative databases, under ss. 153.45 (2) and 153.50 (4) (e), Stats.

2. The department may review and approve specific requests by the entity for patient-identifiable data to fulfill the entity's statutory mandate. The entity's request shall include all of the following:

a. Written statutory evidence that the entity is entitled to have access to patient-identifiable data.

b. Written statutory evidence requiring the entity to uphold the patient confidentiality provisions specified in this section or stricter patient confidentiality provisions than those specified in this section. If these statutory requirements do not exist, the department shall require the entity to sign and notarize a written data use agreement to uphold the patient confidentiality provisions in this section.

**Note:** Examples of other entities include the U.S. Centers for Disease Control and cancer registries in other states.

(e) Of information submitted by health care providers that are not hospitals or ambulatory surgery centers, patient-identifiable data that contain a patient's date of birth may be released under pars. (a) to (d) only under the procedures specified in sub. (2).

(f) Notwithstanding sub. (2) and pars. (a) to (e), no employer may request the release of or access to patient-identifiable data of an employee of the employer.

(4) DATA ELEMENTS CONSIDERED PATIENT-IDENTIFIABLE. (a) For information submitted by hospitals and ambulatory surgery centers, all of the following data elements from the uniform patient billing form that identify a patient shall be considered confidential, except as stated in sub. (3):

1. Patient medical record or chart number.
2. Patient control or account number.
3. Patient date of birth.
4. Patient's employment status and occurrence and place of an auto or other accident.
5. Patient's school name, if applicable.
6. Patient's race.
7. Patient's ethnicity.
8. Patient's city of residence.
9. Date of patient's first symptom of current illness, injury or pregnancy.
10. Dates of services provided to patient.
11. Hospitalization dates related to current services provided to patient.
12. Dates patient is unable to work in current occupation.
13. Date of patient admission.
14. Date of patient discharge.
15. Date of patient's principal procedure.
16. Encrypted case identifier.
17. Insured's policy number.
18. Insured's date of birth.
19. Insured's identification number.
20. Insured's gender.

21. Medicaid resubmission code.

22. Medicaid prior authorization number.

23. Patient's employer's name.

(b) For information submitted by health care providers who are not hospitals or ambulatory surgery centers, all of the following data elements shall be considered confidential, except as stated in sub. (3):

1. Data elements specified in par. (a) 1. to 3., 13. to 16., 21. and 22.

2. Whether the patient's condition is related to employment, and the occurrence and place of an auto accident or other accident.

3. Date of first symptom of current illness, of current injury or of current pregnancy.

4. First date of patient's same or similar illness, if any.

5. Dates that the patient has been unable to work in his or her current occupation.

6. Dates of receipt by patient of medical service.

7. The patient's city, town or village.

(5) METHODS FOR ENSURING CONFIDENTIALITY OF DATA IDENTIFYING PATIENTS.

(a) In this subsection, "small number" means any number that is not large enough to be statistically significant, as determined by the department.

(b) Requests for customized data from the physician office data collection including data elements other than those available in public use files require the approval of the independent review board, except in cases where the custom request has been previously authorized in administrative rule or in policies approved by the independent review board.

(c) To ensure that the identity of patients is protected when information generated by the department is released, the department shall do all of the following:

1. Aggregate any data element category containing small numbers that would allow identification of an individual patient using procedures developed by the department and approved by the board. The procedures shall follow commonly accepted statistical methodology.

2. Mask data through any of the following techniques:

a. Combining raw data elements.

b. Recoding data from individual values to category values.

**Note:** Typical techniques for recoding data from individual values to category values include replacing individual ages with 5-year age groups.

c. Removing key identifiers from the database.

d. Combining years of data to assure that breakdowns of information adequately protect against identification.

e. Using averages based on combined years of data.

**HFS 120.31 Data dissemination.** (1) DEFINITIONS. In this section: (a) "Calculated variable" means a data element that is computed or derived from an original data item or derived using another data source.

(b) "Release raw patient data" means to show, lend or give the raw patient data, or any subset thereof, to another person.

*referred* (2) INDEPENDENT REVIEW BOARD. (a) The department and the board shall work with the independent review board (IRB) created under s. 153.67, Stats., to establish policies and procedures applicable to processing requests for the release of physician office visit custom databases and custom analyses compiled by the department under this section. The IRB shall review any request under s. 153.45 (1) (c), Stats., for data elements other than those available for public use data files under 153.45 (1) (b), Stats. Unless the IRB approves a data request or unless IRB approval is not required under the rules, the department may not release the data elements.

(b) Calculated variables added to the public use physician office databases do not require approval by the IRB before the department releases them.

(c) The independent review board shall establish acceptable custom requests for physician office data or analyses that will not require repeated re-authorizations by the IRB.

(d) The independent review board shall meet as often as once a month to review policies and requests for custom data or custom analyses of the physician office data.

(e) Notwithstanding s. 15.01 (1r), Stats., the independent review board may promulgate only those rules that are first reviewed and approved by the board on health care information.

(3) RELEASE OF DATA. (a) The department may release health care provider-specific data to health care providers to whom the information relates. The department may not release any health care information prior to its review, verification and comment upon by those submitting the data in accordance with procedures described under subchapter III.

(b) The department shall provide to other entities the data necessary to fulfill their statutory mandates for epidemiological purposes or to minimize the duplicate collection of similar data elements.

(c) The department may release health care provider-specific data found in hospital and freestanding ambulatory surgery center patient databases to requesters when data review, verification and comment procedures have been followed under s. 120.11 (4).

(d) Before rereleasing individual raw patient data elements to subsequent users under this section, initial data purchasers shall receive written department approval for the initial purchaser's rerelease of data. Each initial purchaser request shall be submitted to the department in writing and shall contain all of the following information:

1. The nature of the proposed rerelease.

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state.*

2. The person and, if applicable, the entity the person is associated with to whom the data is proposed to be released to.

3. A statement from the initial purchaser that evidences all of the following:

a. The initial purchaser's understanding that the individual data elements cannot be rereleased until the initial purchaser receives written authorization to do so from the department.

b. The initial purchaser's agreement to distribute the department's confidentiality and data use agreement to subsequent users of the data.

(e) 1. Upon receipt of an initial purchaser's request to rerelease individual raw data elements to subsequent users containing all of the information in par. (d), the department shall review the request and determine whether to permit the rerelease. Prior to departmental approval of the rerelease, the department must have also received a signed and notarized data use agreement form from the subsequent user. If the department approves the rerelease, the department shall send a letter authorizing rerelease to the requesting initial purchaser. The department shall also send a copy of the letter to the proposed subsequent user.

2. The department shall include a copy of the pertinent sections of ch. 153, Stats., and this chapter that prohibit the rerelease of individual data elements without department permission and that indicate the penalty for noncompliance with ch. 153, Stats., and this chapter. ~~And~~

(f) Under no circumstances other than those specified in this paragraph may an individual obtain, use or release raw patient data. An initial data purchaser may do any of the following:

1. Release the raw patient data to a staff person under his or her direct supervision without requiring the recipient to file a separate data use agreement.

2. Release the raw patient data to another individual who works in the same organization, provided that the recipient also completes and returns to the department a data use agreement.

3. Rerelease the data to a subsequent user only after following the procedures specified in par. (d).

(g) If the department denies a request for rerelease of individual data elements, the department shall provide written notification of the denial and the department's reason for the denial to the person making the request.

(h) The department shall not authorize any of the following:

1. A blanket rerelease of individual data elements.

2. Rerelease of confidential data elements unless the initial and subsequent data users meet applicable statutory guidelines for release of confidential elements.

(i) The department shall maintain a list of all authorized initial and subsequent users of data.

(j) 1. Persons who acquire data without the department's permission shall forfeit all future access to department data under this chapter.

2. Persons inappropriately using data covered by this chapter shall be subject to penalties under ch. 153, Stats., and this chapter.

(k) The department may not sell or distribute databases of information from health care providers who are not hospitals or ambulatory surgery centers that are able to be linked with public use data files unless first approved by the independent review board.

(4) CUSTOM REPORTS. (a) *Custom-designed reports.* The department may review and approve specific requests for custom-designed reports and do any of the following:

1. Release custom-designed reports, including those that identify individual health care providers, from the hospital and free-standing ambulatory surgery databases. If the department receives a request for release of physician-identified data used in the development of a custom-designed report from the physician office data collection, the department shall seek approval for the release of the data from the independent review board unless similar requests have been previously authorized by the IRB under sub. (2) (c).

2. Release health care provider-specific risk-adjusted and unadjusted data from the hospital and freestanding ambulatory surgery center patient databases used to prepare custom reports as long as individual patients are not identifiable and when data review, verification and comment procedures have been followed under ss. 120.11 (5) (d) and (6) (e) and s. 120.12 (4).

(b) *Requesting custom datasets containing only public-use data elements.* 1. Persons requesting custom datasets containing only public-use data from the department shall define the elements needed in the dataset.

2. The department shall determine whether it will comply with the request.

a. If the department approves the request, the requester shall either complete, sign and notarize a department data use agreement form or have a current signed and notarized department data use form filed with the department.

b. If the department denies the request, the department shall notify the requester in writing of the reason for the denial.

(c) *Requesting datasets containing zip code information.* 1. Persons requesting custom datasets containing zip code information shall work with the department to define the desired elements for the dataset.

2. Custom data requests may include zip code data from the physician office data collection only if the department has approval from the IRB to include zip code data and does any of the following:

a. Withholds other potentially identifying elements.

b. Determines that the dataset's population density is sufficient to mask the identities of individual persons.

c. Groups other potentially identifying data elements to provide sufficient population density to protect the identities of individual persons.

d. Adds multiple years of data to protect the identities of individual persons.

3. If the department determines the request is reasonable, the department shall present the request to the IRB along with proposed remedies to assure confidentiality. If the IRB approves the request, the department may approve the request. The department may not release complete zip code data in the physician office data collection without IRB authorization.

<sup>b</sup>a. If the department approves the request, the requester shall either complete, sign and notarize a department data use agreement form or have a current signed and notarized department data use form filed with the department.

<sup>c</sup>b. If the department denies the request, the department shall notify the person making the request in writing of the reasons for the denial.

(d) *Requesting datasets containing patient-identifiable elements.* 1. Persons requesting datasets containing patient-identifiable elements shall do all of the following:

a. Work with the department to define the elements for the dataset.

b. Provide the department written statutory evidence that the requester is entitled to have access to the data.

c. Identify any statutes requiring the requester to uphold the patient confidentiality provisions specified in this subchapter or stricter patient confidentiality provisions than those specified in this subchapter. If these statutory requirements do not exist, the department shall require the requester to agree in writing to uphold the patient confidentiality provisions in this subchapter.

<sup>a</sup>2. The department shall determine whether it will comply with the request.

<sup>b</sup>a. If the department approves the request, the requester shall either complete, sign and notarize a department data use agreement form or have a current signed and notarized department data use form filed with the department.

<sup>c</sup>b. If the department denies the request, the department shall notify the requester in writing of the reason for the denial.

(e) *Requesting custom analyses.* 1. The requester and the department shall determine the level of specificity of data elements to be provided in the department's analysis.

**Note:** A major concern of the Department is to preserve patient data confidentiality. As the geographic unit of requested information becomes smaller, i.e., specific zip codes, it becomes harder to preserve patient privacy. Therefore, in those instances where persons request information disaggregated to the level of zip code and the population of patients in the zip code is small enough to identify individual persons, the Department will use the procedures in sub. (4) (c) 2. to preserve patient privacy.

<sup>a</sup>2. The department shall determine whether it will comply with the request.

<sup>b</sup>a. If the department approves the request, the requester shall either complete, sign and notarize a department data use agreement form or have a current signed and notarized department data use form filed with the department.

b. If the department denies the request, the department shall notify the requester in writing of the reason for the denial.

(5) DEPARTMENT CHARGES FOR CUSTOM-DESIGNED REPORTS AND CUSTOM ANALYSES OF DATA. (a) If, upon request, the department initiates preparation of custom-designed reports or custom analyses that are based on information collected by the department, the department shall charge fees, payable by the requester.

(b) The fees charged by the department under par. (a) shall be commensurate with the actual necessary and direct costs associated with the data collection, analyses, compilation and dissemination of the report or analyses. In calculating its costs, the department shall take into account all of the following:

1. Type of data.
2. Record count and computer time required.
3. Access fees for computer time.
4. Staff time expended to process the request.
5. Handling and shipping charges.

(c) Custom data requests that require IRB approval shall be paid in advance of the department's processing of the request.

(6) PUBLIC USE DATA FILE REQUESTS. (a) In addition to the reports under ss. HFS 120.20 (3) and (4) and 120.29, the department shall respond to requests by individuals, agencies of government and organizations in the private sector for public use data files, data to fulfill statutory mandates for epidemiological purposes or to minimize the duplicate collection of similar data elements, and information that identifies a physician. The board shall designate the manner in which the data for these requests shall be made available. The department shall charge persons requesting the data fees that are commensurate with the actual and necessary direct costs of producing the requested data.

(b) Excepting directories resulting from information reported under ss. 120.13 (2) and (3) and 120.14, the department shall not identify specific patients, employers or health care providers who are individuals in any public use data file released by the department. Prior to the release of a public use data file, the department shall protect the identification of specific patients, employers and health care providers who are individuals by all necessary means, including the deletion of patient identifiers and the use of calculated variables and aggregate variables.



The rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register as provided in s. 227.22 (2), Stats.

Wisconsin Department of Health and  
Family Services

Dated: May 15, 2000

By: \_\_\_\_\_

Joseph Leraan  
Secretary

SEAL: