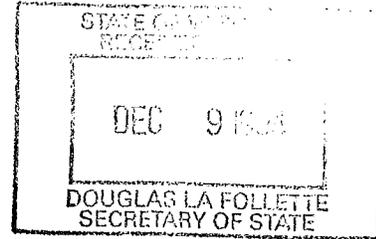


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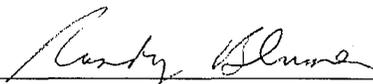
STATE OF WISCONSIN)
)
OFFICE OF THE COMMISSIONER OF INSURANCE)



I, Randy Blumer, Deputy Commissioner of Insurance and custodian of the official records of this office, certify that the attached rule-making order affecting ch. Ins 120, Wis. Adm. Code, relating to renumbering and revising the rules of the Office of Health Care Information, was issued by this office on December 9, 1994.

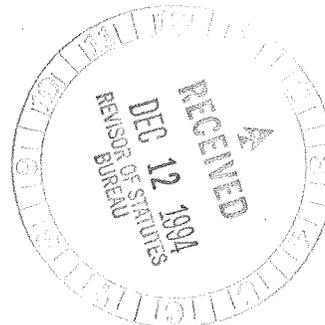
I further certify that I have compared this copy with the original on file in this office and that it is a true copy of the whole of the original.

Dated at Madison, Wisconsin, this 9th day of December 1994.



Randy Blumer
Deputy Commissioner of Insurance

47870T3



3-1-95

ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE

AND THE BOARD ON HEALTH CARE INFORMATION

REPEALING, RENUMBERING, RENUMBERING AND AMENDING AND CREATING A RULE

To repeal HSS 120.03 (9) and (14), 120.04 (4) (a) (title) and Note and (b), 120.05 (1) (title) and (2), 120.06 (2) (c), 120.07 (3), 120.08 (3) and (4), 120.11 (1) (a) (title) and (2) (title), 120.12, 120.20 (table), (2) (a) and (3) (a) to (c) and (e), 120.21 (2) (a) 8, (3) (a) and (4) (a) to (c) and (e), 120.23, 120.24 (1) (b) (intro.), (2) (title), (a) (title), (b) (title) and (3), 120.26 and subchapter III of ch. HSS 120; to renumber HSS 120.05 (title), 120.20 (title), (1) (title) and (a) (title), (2) (title) and (3) (title), 120.21 (2) (a) 9 to 18, (3) (title) and (4) (title), 120.22 (title), 120.24 (title) and (1) (title) and (b) 1 to 14 and subchapter IV (title) of ch. HSS 120; to renumber and amend HSS 120.01, 120.02, 120.03 (title), (1) to (8), (10) to (13) and (15) to (26), 120.04 (title), (1) to (3) and (4) (a), 120.05 (1), 120.06, 120.07 (title), (1) and (2), 120.08 (title), (1) and (2), 120.09, 120.10, 120.11 (title), (1) (title), (a) and (b) and (2), 120.13, subchapter II (title) of ch. HSS 120, 120.20 (1) (a), (b) and (c), (2)

(b) and (c), (3) (d) and (f) and (4) to (6), 120.21 (title), (1), (2) (title), (a) (intro.) and 1 to 7, (2) (b) and (c), (3) (b) and (c), (4) (d) and (f) and (5) to (7), 120.22 (1) to (6), 120.24 (1) (a), (2) (a) and (b) and (4), 120.25 and 120.40; and to create Ins 120.07 (3), 120.11 (2) (title) and (3), 120.20 (1) (a) 1 to 23 and (6) (b), (c), (e) and (f), 120.22 (1), 120.26 and 120.28, relating to renumbering and revising the rules of the office of health care information.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

Statutory authority: ss. 153.05 (4) (b), 153.40, 153.75 and 601.41 (3), Stats.

Statutes interpreted: ch. 153, Stats.

1993 Wisconsin Act 16 transferred the office of health care information (OHCI) from the department of health and social services (DHSS) to the office of the commissioner of insurance (OCI). OHCI's administrative rules, ch. HSS 120, Wis. Adm. Code, remained in effect. The primary purpose of this rule is to renumber OHCI's rules into the insurance code and to make the technical changes necessitated by the transfer, such as changing cross-references and substituting OCI for DHSS where applicable.

The rule also makes several substantive and organizational changes, as follows:

1. It repeals the existing definition of "hospital" that references a definition of the bureau of quality compliance in DHSS. Because this definition includes only hospital inpatient services, it conflicts with the definition of "hospital" in ch. 153, Stats., which governs OHCI. In this rule, the broader statutory definition applies.

2. It streamlines the procedure under which OHCI may release data that identify individual physicians. The current procedure is cumbersome and results in delay in responding to public requests for OHCI hospital data.

3. The procedure for noticing and holding a public hearing on proposed hospital price increases is revised to conform to statutory requirements in 1993 Wisconsin Act 104. The procedure remains substantially the same as the current one.

4. Certain of OHCI's current rules require or permit data transmission by paper documents. The use of electronic media is limited to diskettes and tape. This rule requires electronic data transmission that eliminates the use of paper, but permits transmission by modem as well as diskettes and tape.

5. OHCI's current rule includes separate subchapters on reporting requirements for hospitals and freestanding ambulatory surgery centers. This rule combines the requirements in one subchapter but does not make substantive revisions.

6. It creates a new reporting requirement for hospitals and freestanding ambulatory surgery centers. Under this rule, each of these facilities is required to report to OHCI any opening or closing of a facility, a merger of facilities, a name change or a change in the identity of the chief executive or chief administrative officer.

CHAPTER INS 120

OFFICE OF HEALTH CARE INFORMATION

SUBCHAPTER I--GENERAL PROVISIONS

Ins 120.01 AUTHORITY AND PURPOSE

Ins 120.02 APPLICABILITY

Ins 120.03 DEFINITIONS

Ins 120.04 ASSESSMENTS TO FUND THE OPERATIONS OF OHCI AND THE BOARD

Ins 120.05 UNIFORM PATIENT BILLING FORM

Ins 120.06 PATIENT CONFIDENTIALITY

Ins 120.07 RELEASE OF PHYSICIAN DATA

Ins 120.08 DATA DISSEMINATION

Ins 120.09 ADMINISTRATIVE AND TECHNICAL INFORMATION

Ins 120.10 SELECTION OF A CONTRACTOR

Ins 120.11 CIVIL LIABILITY; PENALTIES

Ins 120.13 COMMUNICATIONS ADDRESSED TO OHCI

SUBCHAPTER II--REPORTING REQUIREMENTS: HOSPITALS AND

FREESTANDING AMBULATORY SURGERY CENTERS

Ins 120.20 HOSPITAL RESPONSIBILITY TO REPORT INPATIENT DATA

Ins 120.21 RESPONSIBILITY TO REPORT AMBULATORY PATIENT SURGICAL DATA

Ins 120.22 HOSPITAL FINANCIAL DATA

Ins 120.24 DATA FOR ANNUAL SURVEY OF HOSPITALS

Ins 120.25 UNCOMPENSATED HEALTH CARE SERVICES

Ins 120.26 HOSPITAL RATE INCREASES; NOTICE AND HEARING

Ins 120.28 REPORTING STATUS CHANGES REQUIRED

SUBCHAPTER III--OTHER HEALTH CARE PROVIDER REPORTING REQUIREMENTS

Ins 120.40 OTHER HEALTH CARE PROVIDER RESPONSIBILITY TO REPORT PROFILE AND

CHARGE INFORMATION

SECTION 1. Chapter HSS 120 (title) is renumbered chapter Ins 120 (title).

SECTION 1g. Chapter HSS 120, Subchapter I (title) is renumbered chapter Ins 120, Subchapter I (title).

SECTION 1q. HSS 120.01 and 120.02 are renumbered Ins 120.01 and 120.02 and amended to read:

Ins 120.01 AUTHORITY AND PURPOSE. This chapter is promulgated under the authority of s. 153.75, Stats., to implement ch. 153, Stats. Its purpose is to provide definitions and procedures to be used by ~~the department to administer the office of health care information. The office is responsible for~~ OHCI in administering its responsibility for collecting, analyzing and disseminating information about health care providers in language that is understandable to lay persons.

Ins 120.02 APPLICABILITY. This chapter applies to all health care providers in ~~Wisconsin~~ this state.

SECTION 2. HSS 120.03 (title), (intro.), (1) to (8), (10) to (13) and (15) to (26) are renumbered Ins 120.03 (title), (intro.), (1) to (24) and Ins 120.03 (6), (12), (14), (15), (22) and (24), as renumbered, are amended to read:

Ins 120.03 (6) "Contractor" means a person under contract to the ~~office~~ OHCI to collect, process, analyze or store data for the purposes of this chapter.

(12) "Health maintenance organization" ~~or "HMO" means a health care plan that makes available to its participants, in consideration for predetermined periodic fixed payments, comprehensive health care services performed by providers selected by the organization~~ has the meaning specified under s. 609.01 (2), Stats.

(14) "Medical assistance" ~~or "MA" means the assistance program operated by the department~~ of health and social services under ss. 49.43 to 49.497, Stats., and chs. HSS 101 to 108.

(15) "Office" "OHCI" means the office of health care information in the office of the commissioner of insurance.

(22) "Public use data" means data from ~~the office's~~ OHCI's comprehensive discharge data base or ~~the office's~~ facility level data base that does not identify a specific patient, physician, other individual health care professional or employer ~~and is available to the general public~~. "Public use data" includes data on a magnetic tape, magnetic disk, other medium or form.

(24) "Uniform patient billing form" means, for hospital inpatient discharges, the uniform billing form ~~UB-82/HGFA-1450~~ HCFA-1450 or, for hospital outpatient discharges or freestanding ambulatory surgery center discharges, the health insurance claim form HCFA-1500 or the uniform billing form ~~UB-82/HGFA-1450~~ HCFA-1450.

SECTION 3. HSS 120.03 (9) and (14) are repealed.

SECTION 4. HSS 120.04 (title) and (1) to (3) are renumbered Ins 120.04 (title) and (1) to (3) and Ins 120.04 (title), (2) (intro.) and (a) and (3), as renumbered, are amended to read:

Ins 120.04 (title) ASSESSMENTS TO FUND THE OPERATIONS OF OHCI AND THE BOARD. (2) (intro.) ~~The office shall by~~ By October 1 of each year, OHCI shall estimate the total expenditures for ~~the office~~ itself and the board for the current state fiscal year from which ~~the office~~ it shall deduct the following:

(a) The estimated total amount of monies ~~to be received by the office~~ OHCI will receive from user fees, gifts, grants, bequests, devises and federal funds for that state fiscal year; and

(3) (a) ~~The office~~ OHCI shall annually assess hospitals and freestanding ambulatory surgery centers in order to fund the operations of the ~~office~~ OHCI and the board as authorized in s. 153.60, Stats. ~~The office~~ OHCI shall calculate net expenditures and resulting assessments separately for hospitals, as a group, and freestanding ambulatory surgery centers, as a

group, based on the collection, analysis and dissemination of information related to each group.

SECTION 5. HSS 120.04 (4) (a) (title) is repealed.

SECTION 6. HSS 120.04 (4) (a) is renumbered Ins 120.04 (4) and amended to read:

Ins 120.04 (4) PAYMENT OF ASSESSMENTS. Each hospital and each freestanding ambulatory surgery center shall pay the amount it has been assessed on or before December 1 of each year and beginning in 1991, each freestanding ambulatory surgery center shall pay the amount it has been assessed on or before December 1, of each year by check or money order payable as specified in the assessment notice. Payment of the assessment is on time if it is mailed in a properly addressed envelope to the address specified in the assessment notice, postmarked before midnight of December 1 of the year in which due, with postage prepaid, and is received by the office not more than 5 days after the prescribed date for making the payment. A payment which fails to satisfy these requirements solely because of a delay or administrative error of the U.S. postal service shall be considered to be on time.

SECTION 7. HSS 120.04 (4) (b) is repealed.

SECTION 8. HSS 120.04 (4) (a) **Note** is repealed.

SECTION 9. HSS 120.05 (title) is renumbered Ins 120.05 (title).

SECTION 10. HSS 120.05 (1) (title) is repealed.

SECTION 11. HSS 120.05 (1) is renumbered Ins 120.05 and amended to read:

Ins 120.05 UNIFORM PATIENT BILLING FORM. All hospitals and freestanding ambulatory surgery centers in Wisconsin this state shall use the uniform patient billing form for all inpatient and outpatient care provided by them, as provided in s. Ins 3.65.

SECTION 12. HSS 120.05 (2) is repealed.

SECTION 13. HSS 120.06 (1), (2) (title), (intro.), (a) and (b), (3), (4) and (5) are renumbered Ins 120.06 (1), (2) (title), (intro.), (a) and (b), (3), (4) and (5) and Ins 120.06 (1), (2) (intro.), (a) and (b), (3) (intro.), (b), (c) (intro.) and (d) (intro.), 2 and 3 and (5), as renumbered, are amended to read:

Ins 120.06 (1) NONRELEASE OF PATIENT IDENTIFIABLE DATA. No OHCI may ~~not release any~~ data that identifies a patient ~~may-be-released-by-the-office~~, except as provided in sub. (3). The ~~identification~~ identity of a patient shall be protected by all necessary means, including the use of calculated or aggregated variables.

(2) RELEASE OF PATIENT IDENTIFIABLE DATA. (intro.) A patient identifiable record obtained under ch. 153, Stats., and this chapter is not a public record under s. 19.35, Stats. ~~The-office~~ OHCI may not release any data that would permit the identification of a patient, except as specified in sub. (3): Procedures to ensure the protection of patient confidentiality shall include the following:

(a) Requests for patient identifiable data shall be made in writing to ~~the-office~~ OHCI. A request shall include the requester's name, address, reason for the request and supporting written evidence necessary to comply with sub. (3);

(b) Upon receiving a request for patient identifiable data, the ~~office~~ OHCI shall, as soon as practicable and without delay, either fill the request, as provided in sub. (3), or notify the requester in writing ~~of-the~~ office's-denial-of that OHCI is denying the request in whole or in part and, the reasons for the denial and the procedures for appealing the denial under s. 19.37 (1), Stats.

(3) ACCESS TO PATIENT IDENTIFIABLE DATA. (intro.) Only the following may have access to patient identifiable data maintained by ~~the office~~ OHCI, in accordance with s. 153.50, Stats.:

(b) ~~A health-care-provider, the agent of a health-care-provider hospital, freestanding ambulatory surgery center or physician, an agent of any of them~~ or the department commissioner of insurance to ensure the accuracy of the information in the data base;

(c) (intro.) The department of health and social services for:

(d) (intro.) Other entities that enter into a written agreement with ~~the office~~ OHCI, in accordance with the following conditions:

2. ~~The office~~ OHCI may review and approve specific requests by the entity for patient identifiable data to fulfill its statutory mandate. This review shall include the requester providing ~~the office~~ OHCI with written statutory evidence that the requester is entitled to have access to patient identifiable data from ~~the office~~ OHCI; and

3. The entity shall identify for ~~the office~~ OHCI any statutes that require it 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 entity shall agree in writing to uphold the patient confidentiality provisions in this section.

(5) AGGREGATION OF SMALL NUMBERS. (a) In this subsection, "small number" means any number that is not large enough to be statistically significant, as determined by ~~the office~~ OHCI.

(b) To ensure that the identity of patients is protected when information generated by ~~the office~~ OHCI is released, any data element category containing small numbers shall be aggregated using procedures

developed by the office OHCI and approved by the board. The procedures shall follow commonly accepted statistical methodology.

SECTION 14. HSS 120.06 (2) (c) is repealed.

SECTION 15. HSS 120.07 is repealed.

SECTION 16. Ins 120.07 is created to read:

Ins 120.07 RELEASE OF PHYSICIAN DATA. (1) DATA BASE INFORMATION.

OHCI shall release to any requester data from its comprehensive discharge data base or facility level data base, but may not release any information that identifies a specific patient, physician, other health professional or employer. OHCI shall protect the confidentiality of a physician's identity by all necessary means, including the use of calculated or aggregated variables.

(2) PHYSICIAN PROFILE DATA. OHCI shall release physician profile data collected under s. Ins 120.40 (2) (a) to any requester.

(3) BILLING AND PAID CLAIM DATA; OPPORTUNITY FOR PHYSICIAN REVIEW.

(a) Release of data required. OHCI shall release data collected from uniform patient billing forms or other billing forms and paid claims information subject to the conditions specified in pars. (b) to (d). A request shall be in writing and shall include the physician's name or Wisconsin physician license number.

(b) Opportunity for physician review required. The following procedures apply, except as provided in pars. (c) and (d):

1. Upon receipt of a request, OHCI shall notify each identified physician of the request by 1st class mail, using the last known address on file with the department of regulation and licensing.

2. The notice shall include all of the following:

a. A statement that the enclosed request is urgent and that the physician has 15 calendar days from the date the notice was postmarked to notify OHCI that he or she intends to review the requested data before release.

b. Instructions on how the physician may obtain the data.

c. A cover letter informing the physician that OHCI will not provide further notice of the right to review if it receives subsequent requests for the same data.

3. If a physician files a timely request to review data before release, OHCI shall promptly mail the data to the physician. If, within 30 calendar days after the date the mailing is postmarked, the physician submits written comments on the data to OHCI, OHCI shall include the comments with the data released to the requester.

4. If no requests to review the data have been received by the deadline specified in subd. 2. a, OHCI shall release the data to the requester.

5. If OHCI receives comments from a physician after the deadline specified in subd. 3, it shall retain the comments and provide them to any person that submits a subsequent request for the same data.

(c) Release to physician. The procedure specified in par. (b) does not apply if the requester is a physician requesting his or her own data.

(d) Release without physician review. If any of the following conditions apply, OHCI shall release the requested data without offering the physician the opportunity for comment after the requester executes a written agreement with OHCI that the data will not be re-released to any other person:

1. The requester is the department of health and social services for the purposes specified in s. 153.50, Stats.

2. The request is for aggregated or nonidentifiable patient care data and the requester is a payer responsible for payment of the charges for that care.

SECTION 17. HSS 120.08 (title), (1) and (2) are renumbered Ins 120.08 (title), (1) and (2) and amended to read:

Ins 120.08 DATA DISSEMINATION. (1) ~~The office~~ OHCI shall prepare quarterly and annual reports as specified in ss. 153.10 to 153.35, Stats. ~~The office, and~~ shall make these reports available to the public at a charge which meets the cost of printing, copying and mailing a report to the requester.

(2) In addition to the reports under sub. (1), ~~the office~~ OHCI shall respond to requests by individuals, agencies of government and organizations in the private sector for public use data, data to fulfill statutory mandates for epidemiological purposes or to minimize the duplicate collection of similar data elements, and information that identifies a physician pursuant to s. Ins 120.07. The board shall designate the form in which the data for these requests shall be made available. ~~The office~~ OHCI shall charge the requester the total actual and necessary cost of producing the requested data.

SECTION 18. HSS 120.08 (3) and (4) are repealed.

SECTION 19. HSS 120.09 is renumbered Ins 120.09 and amended to read:

Ins 120.09 Administrative and technical information. ~~The office~~ OHCI shall conduct throughout the state a series of training sessions for data submitters to explain its policies and procedures and to provide assistance in implementing the requirements of ch. 153, Stats. and this chapter.

SECTION 20. HSS 120.10 is renumbered Ins 120.10 and Ins 120.10 (1) (a) to (c), (2) (a), (b) 1, (c) and (3), as renumbered, are amended to read:

Ins 120.10 (1) (a) A person, a trust, a multiple employer trust, a multiple employer welfare association, ~~a third-party~~ an employe benefit plan administrator or a labor organization that purchases health benefits, which provides health care benefits or services for more than 500 of its full-time equivalent employes, or members in the case of a labor organization, either through an insurer or by means of a self-funded program of benefits;

(b) An insurer that writes accident and health insurance and is among the 20 leading insurers for either group or individual accident and health insurance, as specified in the market shares table of the most recent annual Wisconsin insurance report of the state commissioner of insurance. "Major purchaser, payer or provider of health care services" does not include an insurer that writes only disability income insurance;

(c) A trust, a multiple employer trust, a multiple employer welfare association or a ~~third-party~~ an employee benefit plan administrator, including an insurer, that administers health benefits for more than 29,000 individuals; or

(2) ELIGIBLE CONTRACTORS. (a) If the board decides under s. 153.05 (6), Stats., to designate a contractor for the provision of data processing services for ~~the office~~ OHCI, including the collection, analysis and dissemination of health care information, the contractor shall be a public or private organization that does not have a potential conflict with the purposes of ~~the office~~ OHCI as specified under s. 153.05 (1), Stats.

(b) 1. A major purchaser, payer or provider of health care services in ~~Wisconsin~~ this state, except as provided in par. (c);

(c) The department of health and social services is exempt from the requirement under par. (b) regarding eligibility to contract and may offer a bid if the board decides to bid the contract for services under s. 153.07 (2), Stats., and this section.

(3) CONFIDENTIALITY. ~~The office~~ OHCI may grant the contractor authority to examine confidential materials and perform other specified functions ~~authorized by the office~~. The contractor shall comply with all confidentiality requirements established under this chapter. The release of confidential information by the contractor without ~~the~~ OHCI's written consent

~~of-the-office~~ shall constitute grounds for ~~the-office~~ OHCI to terminate any agreement-between-the-contractor-and-the-office the contract.

SECTION 21. HSS 120.11 (title) and (1) (title) are renumbered Ins 120.11 (title) and (1) (title) and amended to read:

Ins 120.11 (title) CIVIL LIABILITY; PENALTIES. (1) (title) CIVIL LIABILITY.

SECTION 22. HSS 120.11 (1) (a) (title) is repealed.

SECTION 23. HSS 120.11 (1) (a) is renumbered Ins 120.11 (1) and amended to read:

Ins 120.11 (1) In accordance with s. 153.85, Stats., whoever violates the patient confidentiality provisions defined in s. HSS Ins 120.06 shall be liable to the patient for actual damages and costs, plus exemplary damages of up to \$1,000 for a negligent violation and up to \$5,000 for an intentional violation.

SECTION 24. HSS 120.11 (1) (b) is renumbered Ins 120.11 (2) (a) and amended to read:

(2) (a) Criminal. In accordance with s. 153.90 (1), Stats., whoever intentionally violates s. HSS Ins 120.06 may be fined not more than \$10,000 or imprisoned for not more than 9 months or both.

SECTION 25. HSS 120.11 (2) (title) is repealed.

SECTION 26. Ins 120.11 (2) (title) is created to read:

Ins 120.11 (2) (title) PENALTIES.

SECTION 27. HSS 120.11 (2) is renumbered Ins 120.11 (2) (b) and amended to read:

(2) (b) Forfeitures. 1. In accordance with s. 153.90 (2), Stats., whoever violates ch. 153, Stats. or this chapter, except ~~for s. HSS-120.04 or 120.06~~ as provided in subd. 2, shall forfeit not more than \$100 for each violation. Except as stated in s. 153.90 (2), Stats., each day of a violation

constitutes a separate offense. This subdivision does not apply to a violation of the patient confidentiality requirements of s. Ins 120.06.

2. A hospital or freestanding ambulatory surgery center that does not comply with s. Ins 120.04 (4) is subject to a forfeiture of \$25 for each day after December 31 that the assessment is not paid, subject to a maximum forfeiture equal to the amount of the assessment due or \$500, whichever is greater.

SECTION 28. Ins 120.11 (3) is created to read:

Ins 120.11 (3) RIGHT TO HEARING. A person that receives an order of forfeiture under sub. (2) has the right to a hearing under ch. Ins 5 before the commissioner of insurance, as provided in s. 601.62 (3) (a), Stats.

Note: A petition for hearing shall be filed as provided in s. Ins 5.17 (6).

SECTION 29. HSS 120.12 is repealed.

SECTION 30. HSS 120.13 is renumbered Ins 120.13 and amended to read:

Ins 120.13 (title) COMMUNICATIONS ADDRESSED TO OHCI. (1) FORMAT. All written information or communications submitted by or on behalf of a health care provider to ~~the office~~ OHCI shall be signed by the individual health care professional or the chief executive officer of the facility or the designee of the individual health care professional or the chief executive officer of the facility.

(2) TIMING. ~~Except as stated in ss. HSS 120.07-(3)-(b) and 120.08 (3), all~~ All written communications, including documents, reports and information required to be submitted to ~~the office~~ OHCI shall be submitted by 1st class or registered mail or by delivery in person. The date of submission is the day the written communication is postmarked or delivered in person.

Note: Send all communications, except the actual payment of assessments under s. HSS Ins 120.04 (3), to the ~~Director~~, Office of Health

Care Information, P. O. Box 309 7984, Madison, Wisconsin 53701-0309
53707-7984, or deliver them to ~~1-West-Wilson, Room-272~~ 121 East Wilson Street,
Madison, Wisconsin.

SECTION 31. Chapter HSS 120, subchapter II (title) is repealed.

SECTION 32. Chapter Ins 120, subchapter II (title) is created to read:

CHAPTER INS 120

SUBCHAPTER II (title)--REPORTING REQUIREMENT: HOSPITALS AND
FREESTANDING AMBULATORY SURGERY CENTERS

SECTION 33. HSS 120.20 (title), (1) (title) and (a) (title) are
renumbered Ins 120.20 (title), (1) (title) and (a) (title).

SECTION 34. HSS 120.20 (1) (a) is renumbered Ins 120.20 (1) (a)
(intro.) and amended to read:

Ins 120.20 (1) (a) (intro.) Each hospital shall report to the office
OHCI information on all inpatient discharges from the hospital, using the data
elements available on uniform patient billing forms. The data shall include
~~the elements listed in Table 120.20.~~ all of the following elements:

SECTION 35. HSS 120.20 (table) is repealed.

SECTION 36. Ins 120.20 (1) (a) 1 to 23 are created to read:

Ins 120.20 (1) (a) 1. Patient control number, if applicable.

2. Type of bill.

3. Federal tax number of the hospital.

4. Encrypted case identifier.

5. Patient zip code.

6. Patient date of birth.

7. Patient sex.

8. Date of admission.

9. Type of admission.

10. Source of admission.

11. Patient status.
12. Date of discharge.
13. Race and ethnicity.
14. Condition codes, if applicable.
15. Patient medical record or chart number.
16. Adjusted total charges and components of those charges.
17. Primary and secondary sources of payments.
18. Insured's policy number.
19. Principal and other diagnoses.
20. Principal and other procedures, if applicable.
21. Date of principal procedure, if applicable.
22. Attending physician license number.
23. Other physician license number, if applicable.

SECTION 37. HSS 120.20 (1) (b) and (c) are renumbered Ins 120.20 (1) (b) and (c) and Ins 120.20 (1) (b) (intro.) and 2 and (c) (intro.) and 3, as renumbered, are amended to read:

Ins 120.20 (1) (b) Each hospital shall ~~prepare-for-submission~~ submit to the ~~office~~ OHCI an extract of the uniform patient billing form containing data elements specified in this subsection. The information reported on each extract shall include the following:

2. Aggregations of revenue related data elements, except that hospitals are not required to report the total charges for a patient that had accumulated a hospital stay of more than 100 calendar days. The aggregations will be specified in a technical manual issued by the ~~office~~ OHCI.

(c) After collection of each full calendar year of data, the ~~office~~ OHCI shall analyze the completeness and accuracy of the reporting and usefulness of each data element. Based on this analysis, the ~~office~~ OHCI may recommend to the board for its approval changes in the rules to provide that:

3. New data elements defined by the office OHCI be added to the uniform patient billing form.

SECTION 38. HSS 120.20 (2) (title) is renumbered Ins 120.20 (2) (title).

SECTION 39. HSS 120.20 (2) (a) is repealed.

SECTION 40. HSS 120.20 (2) (b) and (c) are renumbered Ins 120.20 (2) (a) and (b) and amended to read:

Ins 120.20 (2) (a) Data The data required under sub. (1) shall be submitted to the office OHCI within 45 calendar days after the end of each calendar quarter. Calendar quarters shall begin on January 1 and end on March 31, begin on April 1 and end on June 30, begin on July 1 and end on September 30, and begin on October 1 and end on December 31. ~~For discharges occurring in calendar year 1989, data for each calendar quarter shall be submitted to the office within 60 calendar days following the end of a calendar quarter. For discharges occurring in calendar year 1990 and in subsequent calendar years, the data shall be submitted within 45 calendar days following the end of a calendar quarter.~~

(b) An extension of the time limits specified under par. (a) may be granted by the office OHCI only when need for additional time is adequately justified by the hospital. Adequate justification may include, but is not limited to, a strike, fire, natural disaster or delay due to data system conversion. A request for an extension shall be submitted in writing to the office OHCI at least 10 calendar days prior to the date that the data are due. An extension may be granted for up to 30 calendar days.

SECTION 41. HSS 120.20 (3) (title) is renumbered Ins 120.20 (3) (title).

SECTION 42. HSS 120.20 (3) (a) to (c) and (e) are repealed.

SECTION 43. HSS 120.20 (3) (d) and (f) are renumbered Ins 120.20 (3)

(a) and (b) and amended to read:

Ins 120.20 (3) (a) ~~Beginning with 1991 calendar year data, all hospitals~~ Each hospital shall submit ~~information on electronic media~~ the data required under sub. (1) electronically in accordance with physical specifications, format and record layout prescribed in a technical manual issued by ~~the office~~ OHCI.

(b) ~~The office~~ OHCI shall provide consultation to a hospital upon written request of the hospital to enable it to submit data according to ~~office~~ OHCI specifications.

SECTION 44. HSS 120.20 (4) and (5) are renumbered Ins 120.20 (4) and (5) and Ins 120.20 (4), as renumbered, is amended to read:

Ins 120.20 (4) REVIEW OF DATA BY HOSPITALS PRIOR TO DATA SUBMISSION. As stated in s. 153.40, Stats., prior to submitting data to ~~the office, a~~ OHCI, each hospital shall review the data. The review shall consist of checks for accuracy and completeness which are designed by ~~the office~~ OHCI or designed by the hospital and approved by ~~the office~~ OHCI.

SECTION 45. HSS 120.20 (6) (title) and (a) are renumbered Ins 120.20 (6) (title) and (a) and amended to read:

Ins 120.20 (6) (title) REVIEW OF DATA BY OHCI AND HOSPITALS AFTER DATA SUBMISSION. (a) ~~The office~~ OHCI shall check the accuracy and completeness of all submitted data. ~~All errors or probable errors shall be recorded on paper for each patient discharge. Acceptable data submissions shall be integrated into the case level data base. Unacceptable data or tapes shall be returned to the hospital with a paper copy of the information for revision and resubmission.~~

SECTION 46. HSS 120.20 (6) (b) to (e) are renumbered Ins 120.20 (6) (d), (g), (h) and (i), respectively, and pars. (d), (h) and (i), as renumbered, are amended to read:

Ins 120.20 (6) (d) All data resubmissions and revisions required as a result of the checks performed under pars. (a) to (c) shall be corrected and resubmitted to ~~the office~~ OHCI within 10 working days after a hospital's receipt of the unacceptable data.

(h) After receipt of data revisions and additional records, the ~~office~~ OHCI shall aggregate each hospital's data and shall send a written copy to the hospital. Each hospital shall review the aggregated data for accuracy and completeness and shall supply ~~to the office~~ OHCI within 10 working days after receipt of the data any corrections or additions to the data at the patient discharge level.

(i) Within the same 10-working day period under par. ~~(d)~~ (h), the chief executive officer or designee of each hospital shall submit to the ~~office~~ OHCI a signed statement, affirming that the data ~~submitted to the office~~ have been verified pursuant to subs. (4) and (5); that any corrections to the data have been made; and that the data are accurate and complete to the best of his or her knowledge.

SECTION 47. Ins 120.20 (6) (b), (c), (e) and (f) are created to read:

Ins 120.20 (6) (b) If OHCI determines the data to be unacceptable, OHCI may return the unacceptable data to the hospital, and the hospital shall resubmit the required data.

(c) OHCI shall edit submitted data and record all errors or probable errors for each inpatient discharge and submit the errors to the hospital.

(e) Acceptable data submissions shall be integrated into the case level data base.

(f) The process specified in pars. (a) to (d) may be performed as many times as necessary for OHCI to determine that the data are accurate and complete.

SECTION 48. HSS 120.21 (title) and (1) are renumbered Ins 120.21 (title) and (1) and Ins 120.21 (title) and (1) (intro.), as renumbered, are amended to read:

Ins 120.21 (title) RESPONSIBILITY TO REPORT AMBULATORY PATIENT SURGICAL DATA. (1) (intro.) Each hospital and each freestanding ambulatory surgery center shall report to the office OHCI information relating to any outpatient ambulatory patient surgical procedure falling within the following general types, as required by the department OHCI:

SECTION 49. HSS 120.21 (2) (title) and (a) (intro.) and 1 to 7 are renumbered Ins 120.21 (2) (title) and (a) (intro.) and 1 to 7 and Ins 120.21 (2) (a) (intro.) and 1 to 3, as renumbered, are amended to read:

Ins 120.21 (2) (a) (intro.) Each hospital and each freestanding ambulatory surgery center shall report information on specific outpatient ambulatory patient discharges required under sub. (1) from a hospital outpatient department or, a hospital-affiliated ambulatory surgery center, as described in 42 CFR 416.120, or a freestanding ambulatory surgery center, using the data elements available on the uniform patient billing form.

1. Patient For hospitals, patient control number, if applicable;
2. Type For hospitals, type of bill;
3. Federal tax number of the hospital or freestanding ambulatory surgery center;

SECTION 50. HSS 120.21 (2) (a) 8 is repealed.

SECTION 51. HSS 120.21 (2) (a) 9 to 18 are renumbered Ins 120.21 (2) (a) 8 to 17.

SECTION 52. HSS 120.21 (2) (b) and (c) are renumbered Ins 120.21 (2) (b) and (c) and Ins 120.21 (2) (b) and (c) (intro.) and 3, as renumbered, are amended to read:

120.21 (2) (b) Each hospital and each freestanding ambulatory surgery center shall prepare-for-submission submit to the-office OHCI an extract of the uniform patient billing form containing data elements specified in this subsection. The information to be reported on each data element shall be specified in a technical manual issued by ~~the-office~~ OHCI.

(c) (intro.) After collection of each full calendar year of data, the ~~office~~ OHCI shall analyze the completeness and accuracy of the reporting and usefulness of each data element. Based on this analysis, ~~the-office~~ OHCI may recommend to the board for its approval changes in the rules to provide that:

3. New data elements defined by ~~the-office~~ OHCI be added to the uniform patient billing form.

SECTION 53. HSS 120.21 (3) (title) is renumbered Ins 120.21 (3) (title).

SECTION 54. HSS 120.21 (3) (a) is repealed.

SECTION 55. HSS 120.21 (3) (b) and (c) are renumbered Ins 120.21 (3) (a) and (b) and amended to read:

Ins 120.21 (3) (a) Outpatient Within 45 calendar days after the end of each calendar quarter, each hospital and each freestanding ambulatory surgery center shall submit to OHCI the surgical data shall-be-submitted-to the-office-on-a-quarterly-basis specified in sub. (2) for all ambulatory patient discharges ~~For discharges-occurring-in-calendar-year-1990,-data-for each-calendar-quarter-shall-be-submitted-to-the-office-within-60-calendar-days following-the-end-of-a-calendar-quarter.-For discharges-occurring-in-calendar year-1991-and-in-subsequent-calendar-years,-the-data-shall-be-submitted-within 45-calendar-days-following-the-end-of-a-calendar-quarter.~~

(b) An extension of the time limits specified under par. ~~(b)~~ (a) may be granted by ~~the office~~ OHCI only when need for additional time is adequately justified by the hospital or freestanding ambulatory surgery center. Adequate justification may include, but is not limited to, a strike, fire, natural disaster or delay due to data system conversion. A request for an extension shall be submitted in writing to ~~the office~~ OHCI at least 10 calendar days prior to the date that the data are due. An extension may be granted for up to 30 calendar days.

SECTION 56. HSS 120.21 (4) (title) is renumbered Ins 120.21 (4) (title).

SECTION 57. HSS 120.21 (4) (a) to (c) and (e) are repealed.

SECTION 58. HSS 120.21 (4) (d) and (f) are renumbered Ins 120.21 (4) (a) and (b) and amended to read:

Ins 120.21 (4) (a) ~~Beginning with 1992 calendar year data, all hospitals~~ Each hospital and each freestanding ambulatory surgery center shall submit ~~outpatient~~ ambulatory patient surgical data ~~on electronic media~~ electronically with physical specifications, format and record layout prescribed in a technical manual issued by ~~the office~~ OHCI.

~~(b) The office shall provide consultation to a hospital upon~~ Upon written request ~~of the~~ by a hospital or freestanding ambulatory surgery center, OHCI shall provide consultation to enable ~~it~~ the requester to submit ~~outpatient~~ ambulatory patient surgical data according to ~~office~~ OHCI's specifications.

SECTION 59. HSS 120.21 (5) and (6) are renumbered Ins 120.21 (5) and (6) and Ins 120.21 (5) (title) and (intro.) and (6), as renumbered, are amended to read:

Ins 120.21 (5) (title) REVIEW OF AMBULATORY PATIENT SURGICAL DATA PRIOR TO SUBMISSION. As provided under s. 153.40, Stats., prior to submitting

outpatient ambulatory patient surgical data to the ~~office~~, a OHCI, each hospital or freestanding ambulatory surgery center shall review the data. The review shall consist of checks for accuracy and completeness which are designed by the ~~office~~ OHCI or designed by the hospital or freestanding ambulatory surgery center and approved by the ~~office~~ OHCI.

(6) (title) VERIFICATION OF AMBULATORY PATIENT SURGICAL RECORD DATA BY PHYSICIAN PRIOR TO SUBMISSION. (a) The surgeon performing the principal procedure shall verify, within a calendar month after an outpatient ambulatory patient is discharged from the hospital or freestanding ambulatory surgery center, that the patient's principal and secondary diagnoses and the primary and secondary surgical procedures were as specified in the patient's medical record. The diagnoses and procedures shall be as defined in the uniform patient billing form manual. The physician shall use the procedures under par. (b) to fulfill this requirement.

(b) A hospital or freestanding ambulatory surgery center, with its medical staff, shall establish appropriate procedures and mechanisms to ensure verification by a physician. As provided under s. 153.40, Stats., if verification is not made on a timely basis for each calendar quarter, the hospital or freestanding ambulatory surgery center shall submit the outpatient ambulatory patient surgical data noting the lack of verification by the physician.

SECTION 60. HSS 120.21 (7) (title) and (a) are renumbered Ins 120.21 (7) (title) and (a) and amended to read:

Ins 120.21 (7) (title) REVIEW OF AMBULATORY PATIENT SURGICAL DATA AFTER SUBMISSION. (a) The ~~office~~ OHCI shall check the accuracy and completeness of all submitted outpatient ambulatory patient surgical data. ~~All errors or probable errors shall be recorded on paper for each outpatient discharge. Acceptable data submissions shall be integrated into the case level.~~

~~data-base. Unacceptable data or tapes shall be returned to the hospital with a paper copy of the information for revision and resubmission.~~

SECTION 61. HSS 120.21 (7) (b) to (e) are renumbered Ins 120.21 (7) (d), (g), (h) and (i) and amended to read:

Ins 120.21 (7) (d) All data resubmissions and revisions required as a result of the checks performed in pars. (a) to (c) shall be corrected and resubmitted to the office OHCI within 10 working days after a hospital's facility's receipt of the unacceptable data.

(g) Outpatient Ambulatory patient records data resubmitted by hospitals and freestanding ambulatory surgery centers shall be grouped with the appropriate amendments or additions. Additional outpatient ambulatory patient records data from the same calendar quarter as the revised data may be submitted with the revised data.

(h) After receipt of data revisions and additional records, the office OHCI shall aggregate each hospital's facility's data and shall send a written copy to the hospital facility. Each hospital facility shall review the aggregated data for accuracy and completeness and shall supply ~~to the office~~ OHCI within 10 working days after receipt of the data any corrections or additions to the data at the patient discharge level.

(i) Within the same 10-working day period under par. (d) ~~(h)~~, the chief executive officer or designee of each hospital or freestanding ambulatory surgery center shall submit to the office OHCI a signed statement affirming that the data submitted ~~to the office~~ have been verified pursuant to subs. (5) and (6) ~~that~~ any corrections to the data have been made and that the data are accurate and complete to the best of his or her knowledge.

SECTION 62. Ins 120.21 (7) (b), (c), (e) and (f) are created to read:

Ins 120.21 (7) (b) If OHCI determines the data to be unacceptable,

OHCI may return the unacceptable data to the facility, and the facility shall resubmit the required data.

(c) OHCI shall edit submitted data and record all errors or probable errors for each ambulatory patient discharge and submit the errors to the facility.

(e) Acceptable data submissions shall be integrated into the case level data base.

(f) The process specified in pars. (a) to (d) may be performed as many times as necessary for OHCI to determine that the data are accurate and complete.

SECTION 63. HSS 120.22 (title) is renumbered Ins 120.22 (title).

SECTION 64. HSS 120.22 (1) is renumbered Ins 120.22 (1m) and Ins 120.22 (1m) (a) (intro.), as renumbered, is amended to read:

Ins 120.22 (1m) (a) (intro.) All hospitals shall report financial data to ~~the office~~ OHCI in accordance with this section and with OHCI instructions ~~from the office~~ that are based on guidelines from the 2nd edition (1990) of the Audits of Providers of Health Care Services published by the American institute of certified public accountants, generally accepted accounting principles and the national annual survey of hospitals conducted by the American hospital association.

SECTION 65. Ins 120.22 (1) is created to read:

Ins 120.22 (1) DEFINITION. In this section, "mental health institute" has the meaning given in s. 51.01 (12), Stats.

SECTION 66. HSS 120.22 (2) to (6) are renumbered Ins 120.22 (2) to (6) and Ins 120.22 (2), (3) (a) 1 and 3, (b) 1 and 3, (4), (5) and (6), as renumbered, are amended to read:

Ins 120.22 (2) SOURCE OF DATA. (a) Except for ~~the department-operated~~ state mental health institutes, each hospital shall submit to ~~the office~~ OHCI

an extract of the data requested by ~~the office~~ OHCI from its final audited financial statements. If the data requested ~~does~~ do not appear on the audited financial statements, the hospital shall gather the data from medicare cost reports, notes to the financial statements or other internal hospital financial records. A hospital does not have to alter the way it otherwise records its financial data in order to comply with this section.

(b) A ~~department-operated-state~~ mental health institute shall submit to ~~the office~~ OHCI an extract of the data requested by ~~the office~~ OHCI from either its audited or unaudited financial statements. Data from audited financial statements shall be used if they are available. If the data requested ~~does~~ do not appear on the financial statements, the hospital shall gather the data from medicare cost reports, notes to the financial statements or other internal hospital financial records.

(3) (a) 1. Except for a ~~department-operated-state~~ mental health institute, each hospital shall submit data specified under sub. (1) (b).

3. A ~~department-operated-state~~ mental health institute shall submit at least the dollar amounts for the items under sub. (1) (b) that are available from the state fiscal system.

(b) 1. Except for a ~~department-operated-state~~ mental health institute or a county-owned psychiatric or alcohol and other drug abuse hospital, each hospital shall submit data specified under sub. (1) (c).

3. ~~Department-operated-state-mental~~ Mental health institutes and county-owned psychiatric or alcohol and other drug abuse hospitals are not required to submit any data specified under sub. (1) (c).

(4) SUBMISSION SCHEDULE. (a) Due date. For each fiscal year, a hospital shall annually submit to ~~the office~~ OHCI, no later than 120 calendar days following the close of the hospital's fiscal year, the dollar amounts of the financial data, as specified in this section.

1. Except as provided in subd. 2, ~~the office~~ OHCI may grant an extension of a deadline specified in this section for submission of hospital financial data only when need for additional time is adequately justified by a hospital. Adequate justification may include, but is not limited to, a strike, fire, natural disaster or delay due to data system conversion. A request for an extension shall be submitted in writing to ~~the office~~ OHCI at least 10 calendar days prior to the date that the data are due. An extension for adequate justification may be granted for up to 30 calendar days.

2. ~~The office~~ OHCI may grant an extension of a deadline specified in this section for submission of hospital financial data by a department-operated-state mental health institute for up to 90 calendar days upon written request.

(5) FORMAT FOR DATA SUBMISSION. Each hospital shall submit to ~~the office~~ OHCI the financial data specified in this section in a format provided by ~~the office~~ OHCI.

(6) (title) REVIEW OF DATA BY OHCI AND HOSPITALS AFTER DATA SUBMISSION. (a) ~~The office~~ OHCI shall check the accuracy and completeness of all submitted financial data. Unacceptable data shall be returned to the hospital that submitted it with information for revision and resubmission if ~~the office~~ OHCI has contacted the hospital and has determined that the data cannot be corrected by telephone. Data returned to the hospital shall be resubmitted to ~~the office~~ OHCI within 10 working days after the hospital's receipt of the unacceptable data.

(b) After ~~the office~~ OHCI has made any revisions under par. (a) in the data for a particular hospital, ~~the office~~ OHCI shall send to the hospital a ~~written~~ copy of all data variables submitted by that hospital to ~~the office~~ OHCI or subsequently corrected by ~~the office~~ OHCI. The hospital shall review

the data for accuracy and completeness and shall supply to ~~the office~~ OHCI within 10 working days after receipt of the data any corrections to the data.

(c) Within the same 10-working day period under par. (b), the chief executive officer or designee of each hospital shall submit to ~~the office~~ OHCI a signed statement affirming that any corrections to the data have been made, and that the data are accurate and complete to the best of his or her knowledge.

SECTION 67. HSS 120.23 is repealed.

SECTION 68. HSS 120.24 (title) and (1) (title) are renumbered Ins 120.24 (title) and (1) (title).

SECTION 69. HSS 120.24 (1) (a) is renumbered Ins 120.24 (1) (a) (intro.) and amended to read:

Ins 120.24 (1) (a) (intro.) ~~All-hospitals~~ By December 7 of each year, each hospital shall submit to the office OHCI, in the format specified by OHCI, the following data requested by the department for OHCI and the American hospital association's association for the annual survey of hospitals, as required by this section.

SECTION 70. HSS 120.24 (1) (b) (intro.) is repealed.

SECTION 71. HSS 120.24 (1) (b) 1 to 14 are renumbered Ins 120.24 (1) (a) 1 to 14.

SECTION 72. HSS 120.24 (2) (title), (a) (title) and (b) (title) are repealed.

SECTION 73. HSS 120.24 (2) (a) and (b) are renumbered Ins 120.24 (1) (b) and (c) and amended to read:

Ins 120.24 (1) (b) ~~Each hospital by December 7th of each year shall submit to the office the information required under this section. The office OHCI may change the due date. If the office changes the due date, the office~~

specified in par. (a) (intro.) and if it does so, it shall notify each hospital of the change at least 30 days before the data are due.

(c) ~~The office~~ OHCI may grant an extension of a deadline specified in this section only when need for additional time is adequately justified by a hospital. Adequate justification may include, but is not limited to, a ~~strike~~ strike, fire, natural disaster or delay due to data system conversion. A request for an extension shall be submitted in writing ~~to the office~~ at least 10 calendar days prior to the date that the data are due. An extension for adequate justification may be granted for up to 30 calendar days.

SECTION 74. HSS 120.24 (3) is repealed.

SECTION 75. HSS 120.24 (4) is renumbered Ins 120.24 (2) and amended to read:

Ins 120.24 (2) (title) REVIEW OF DATA BY OHCI AND HOSPITALS AFTER SUBMISSION. (a) ~~The office~~ OHCI shall check the accuracy and completeness of all submitted data. Unacceptable data shall be returned to the hospital that submitted it with information for revision and resubmission if ~~the office~~ OHCI has contacted the hospital and has determined that the data cannot be corrected by telephone. Data returned to the hospital shall be resubmitted to ~~the office~~ OHCI within 10 working days after the hospital's receipt of the unacceptable data.

(b) After ~~the office~~ OHCI has made any revisions under par. (a) in the data for a particular hospital, ~~the office~~ it shall send ~~to~~ the hospital a written copy of all data variables submitted by that hospital to ~~the office~~ OHCI or subsequently corrected by ~~the office~~ OHCI. The hospital shall review the data for accuracy and completeness and shall supply ~~to the office~~ OHCI within 10 working days after receipt of the data any corrections to the data.

(c) Within the same 10-working day period under par. (b), the chief executive officer or designee of each hospital shall submit to ~~the office~~ OHCI

a signed statement affirming that any corrections to the data have been made, and that the data are accurate and complete to the best of his or her knowledge.

SECTION 76. HSS 120.25 is renumbered Ins 120.25 and Ins 120.25 (1) (intro.), (c) (intro.) and (d) 5, (2) and (3), as renumbered, are amended to read:

Ins 120.25 (1) (intro.) Every hospital shall annually submit to the office OHCI a ~~written~~ plan for providing uncompensated health care services as ~~required under sub. (2)~~ in the format prescribed by OHCI. The plan shall include at least the following elements:

(c) (intro.) The number of patients obtaining uncompensated health care services from the hospital in its most recently completed fiscal year, and the total accrued charges for those services, as determined by:

(d) 5. A rationale for the hospital's projections under subds. 1 to 4, considering the hospital's total patients and total accrued charges for the most recently completed fiscal year; and

(2) SUBMISSION SCHEDULE. (a) Due date. ~~For each fiscal year, a hospital shall annually submit to the office,~~ Each hospital shall submit the plan required under sub. (1) no later than 120 calendar days following the close of the hospital's its fiscal year, an uncompensated health care plan in accordance with sub. (1) and in a format prescribed by the office.

(b) Extension of submittal date. ~~The office OHCI may grant an extension of a deadline specified in this section for submission of hospital uncompensated health care data only when need for additional time is adequately justified by a hospital. Adequate justification may include, but is not limited to, a strike, fire, natural disaster or delay due to data system conversion. A request for an extension shall be submitted in writing to the-~~

office at least 10 calendar days prior to the date that the data are due. An extension for adequate justification may be granted for up to 30 calendar days.

(3) HILL-BURTON UNCOMPENSATED SERVICES PROGRAM REQUIREMENTS. Any hospital that has a current obligation or obligations under 42 CFR Pt. 124 shall annually report to the office OHCI on the same date as provided in sub. (2) the date or dates the obligation or obligations went into effect, the amount of the total federal assistance believed to be under obligation at the hospital and the date or dates the obligation or obligations will be satisfied.

SECTION 77. HSS 120.26 is repealed.

SECTION 78. Ins 120.26 is created to read:

Ins 120.26 HOSPITAL PRICE INCREASES; NOTICE AND HEARING. (1) PURPOSE.

This section implements s. 153.08, Stats.

(2) DEFINITIONS. In this section:

(a) "Annualized percentage" means an estimate of the percentage increase in a hospital's gross revenue due to a price increase in charges for patient services for the 12-month period beginning with the effective date of the price increase.

(b) "Change in the consumer price index" means the percentage increase or decrease in the consumer price index, as defined in s. 16.004 (8) (e) 1, Stats.

(c) "Class 1 notice" means the publication of a notice at least once in the official newspaper designated under s. 985.04 or 985.05, Stats., or in a newspaper likely to give notice to interested persons in the area where the hospital is located.

(d) "Reportable price increase" means a change in a hospital's prices that will cause the hospital's gross revenue from patient services for the 12-month period following the effective date of the price changes to exceed the change in the consumer price index for the 12-month period ending on

December 31 of the preceding year over the 12-month period ending on December 31 of the year prior to the preceding year.

(3) NOTICE AND HEARING REQUIRED. (a) Before a hospital implements a reportable price increase, it shall publish a class 1 notice of the proposed price increase and hold a public hearing as provided in this section.

(b) When computing the change in a hospital's gross revenue from patient services for purposes of determining whether a proposed price increase is reportable, a hospital shall include any additional revenue attributable to a price increase, whether reportable or not, within the 12-month period preceding the effective date of the proposed price increase.

(4) TYPES OF NOTICES. (a) Separate notices. A hospital may publish separate class 1 notices of the public hearing and proposed price increases as follows:

1. A notice of public hearing, published at least 30 calendar days but no earlier than 45 calendar days before the proposed price increase will take effect.

2. A notice of the proposed price increase, published at least 10 calendar days before the increase will take effect.

(b) Combined notice. A hospital may publish a combined class 1 notice of the public hearing and proposed price increase at least 30 days before the increase will take effect but no earlier than 45 calendar days before the date of the public hearing.

(5) CONTENTS OF NOTICES. (a) Required format. Each notice under sub. (4) shall include a boldface heading printed in capital letters of not less than 18-point type. The text of the notice shall be printed in not less than 10-point type. Any numbers printed in the notice shall be expressed as numerals.

(b) Notice of public hearing. A notice under sub. (4) (a) 1 shall include, at a minimum, all of the following in the following order:

1. A heading entitled, "NOTICE OF PUBLIC HEARING ON PROPOSED HOSPITAL PRICE INCREASE FOR (name of hospital)."

2. The address of the hospital.

3. The beginning and ending dates of the hospital's fiscal year.

4. The total anticipated amount of the price increase, expressed as an annualized percentage.

5. The date, time and place of the hearing.

6. A notice that the location of the hearing is accessible to persons with disabilities.

7. The name, address and telephone number of a hospital representative who may be contacted for further information.

(c) Notice of price increase. A notice under sub. (4) (a) 2 shall include, at a minimum, all of the following in the following order:

1. A heading entitled, "NOTICE OF PROPOSED HOSPITAL PRICE INCREASE FOR (name of hospital)."

2. The address of the hospital.

3. The beginning and ending dates of the hospital's fiscal year.

4. The total anticipated amount of the price increase, expressed as an annualized percentage.

5. The date the price increase will take effect.

6. The effective date of the hospital's last reportable price increase and the amount of that increase, expressed as an annualized percentage.

7. The name of each charge element listed in table Ins 120.26 (5) for which the hospital proposes to increase the price. A hospital may, but need not, include any charge element for which no price increase is proposed. For

each charge element listed, the hospital shall include the following information, formatted as follows:

- a. Current per unit price.
- b. Proposed per unit price.
- c. Amount of the price change between subd. 7. a and b.
- d. Percentage of the price change between subd. 7. a and b.
8. An explanation of the reason for the proposed price increase.

(d) Combined notice of proposed price increase and public hearing. A combined notice under sub. (4) (b) shall include, at a minimum, all of the following in the following order:

1. A heading entitled, "NOTICE OF PROPOSED HOSPITAL PRICE INCREASE AND PUBLIC HEARING FOR (name of hospital)."
2. The address of the hospital.
3. The beginning and ending dates of the hospital's fiscal year.
4. The total anticipated amount of the price increase, expressed as an annualized percentage.
5. The date the price increase will take effect.
6. The effective date of the hospital's last reportable price increase and the amount of that increase, expressed as an annualized percentage.
7. The date, time and place of the hearing.
8. A notice that the location of the hearing is accessible to persons with disabilities.
9. The name, address and telephone number of a hospital representative who may be contacted for further information.
10. A list of charge elements and information about them, formatted as required under par. (c) 7.

11. An explanation of the reason for the proposed price increase.

Ins 120.26 (5) (table)
HOSPITAL CHARGE ELEMENTS

ROOM AND BOARD -- PRIVATE	CORONARY CARE
General classification	General classification
Medical/surgical/gynecology	Myocardial infarction
Obstetrics	INCREMENTAL NURSING CHARGE RATE
Pediatric	General classification
Psychiatric	Nursery
Hospice	Intensive care
Detoxification	Coronary care
Oncology	OTHER IMAGING SERVICES
Other	Mammography, excluding physician fees
ROOM AND BOARD -- SEMIPRIVATE TWO BED	EMERGENCY ROOM
General classification	General classification--based on
Medical/surgical/gynecology	highest volume, excluding physician
Obstetrics	fees
Pediatric	LABOR ROOM/DELIVERY
Psychiatric	General classification
Hospice	Labor
Detoxification	Delivery
Oncology	Circumcision
Other	Birthing center
NURSERY	Other
General classification	PSYCHIATRIC/PSYCHOLOGICAL TREATMENTS
Newborn	General classification
Premature	Electroshock treatment
Neonatal intensive care unit	Milieu therapy
Other	Play therapy
INTENSIVE CARE	Other
General classification	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
Surgical	General classification
Medical	Rehabilitation
Pediatric	Day care
Psychiatric	Night care
Post intensive care unit	Individual therapy
Burn care	Group therapy
Trauma	Family therapy
Other	Biofeedback
	Testing
	Other

(6) AFFIDAVIT OF PUBLICATION. A hospital that publishes any notice under sub. (5) shall require the newspaper in which it is published to furnish the hospital with an affidavit of publication attached to a copy of the notice clipped from the paper. The affidavit shall state the name of the newspaper and the date of publication and shall be signed by the editor, publisher, printer or proprietor, or by the printer or proprietor's lead worker or

principal clerk. Within 14 calendar days after the hospital receives the affidavit of publication, it shall transmit to OHCI the affidavit with the notice clipped from the newspaper attached.

(7) CONDUCTING A PUBLIC HEARING. (a) Location. No sooner than 15 calendar days after a notice is published under sub. (4) and no later than 15 calendar days before the effective date of the proposed price increase, a public hearing under this section shall be held in accordance with the procedure specified in s. 153.08 (2) (b), Stats., at a location that is accessible to persons with disabilities.

(b) Responsibilities of presider. The person presiding shall do all of the following:

1. Introduce any hospital staff and board members present.
2. Outline the proposed price increase, its expected impact on health care costs, any expected improvement in the local health care delivery system resulting from the increase and any other issue relating to the proposed increase.
3. Permit members of the public to present oral or written testimony or both and, if necessary, ask questions of a presenter whose comments are not clear or understandable.
4. Close the public hearing at the time specified in the notice of hearing, if any. If no closing time was specified in the notice of hearing, the presider shall close the hearing no earlier than one hour after the end of the last testimony by a member of the public.

(c) Recording minutes. 1. The hospital shall record accurate minutes of the public hearing, which shall include the total number of the hospital's management staff, the total number of members of the hospital's governing board and the total number of members of the public in attendance, the total number of members of the public who presented oral and written testimony and a

summary of both the oral and written testimony and any responses to the testimony by the hospital's representatives.

2. The hospital shall provide OHCI with a copy of the minutes within 10 calendar days after the date of the public hearing.

SECTION 80. Ins 120.28 [preceding subchapter III (title)] is created to read:

Ins 120.28 REPORTING STATUS CHANGES REQUIRED. (1) In this section, "facility" means a hospital or freestanding ambulatory surgery center.

(2) A facility shall report to the office any of the following within 45 days after the event occurs:

- (a) The opening of a new facility.
- (b) The closing of the facility.
- (c) The merger of two or more facilities.
- (d) A change in the name of the facility.
- (e) A change of the facility's address.
- (f) A change in the identity of the chief executive officer or chief administrative officer of the facility.
- (g) A change in the beginning and ending dates of the facility's fiscal year.

SECTION 81. Chapter HSS 120, subchapter III is repealed.

SECTION 82. Chapter HSS 120, subchapter IV (title) is renumbered chapter Ins 120, subchapter III (title).

SECTION 83. HSS 120.40 is renumbered Ins 120.40 and Ins 120.40 (1) (d) and (2) (a) (intro.), (b) and (c), (3) and (4), as renumbered, are amended to read:

Ins 120.40 (1) (d) Nurse anesthetists licensed under s. 441.06, Stats., and certified by either the council of certification of nurse

~~anethetists~~ anesthetists or the council on recertification of nurse
~~anethetists~~ anesthetists;

(2) (a) (intro.) Following the consultation required under par. (c),
~~the-office~~ OHCI may require each health care provider under sub. (1) to report
to ~~the-office~~ OHCI, as specified under subs. (3) and (4), the following
historical profile and qualification information:

(b) Charge information. Following the consultation required under
par. (c), ~~the-office~~ OHCI may require each health care provider specified in
sub. (1) to report to ~~the-office~~ OHCI the ~~ususal~~ usual and customary charges
for frequently occurring procedures.

(c) Required consultation. ~~The-office~~ OHCI shall consult with each
applicable health care provider group under sub. (1), through a technical
advisory committee or trade association, before ~~the-office~~ OHCI collects data
directly from that health care provider group.

(3) SOURCE OF DATA. (a) (title) Wisconsin department of regulation
and licensing. The information requested about each health care provider in
this section shall be obtained through data already contained in the data base
maintained by the ~~Wisconsin~~ department of ~~regaltien~~ regulation and licensing.
If the information requested in sub. (2) is not available from the department
of regulation and licensing, or if the information is not available at the
desired time interval, ~~the-office~~ OHCI shall require the health care provider
to submit that information directly to ~~the-office-or-the-office's~~ OHCI or its
designee in a format prescribed by ~~the-office~~ OHCI.

(b) Health care provider. If a health care provider specified in sub.
(1) is not in the data base maintained by the department of ~~regaltien~~
regulation and licensing, ~~the-office~~ OHCI shall require the health care
provider to submit the information in sub. (2) directly to ~~the-office-or-the~~
~~office's~~ OHCI or its designee in a format prescribed by ~~the-office~~ OHCI.

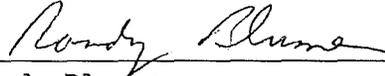
(4) SUBMISSION SCHEDULE. (a) Due date. ~~The office~~ OHCI shall require that information requested under sub. (2) be submitted at least on a biennial basis according to a schedule developed by ~~the office.~~ ~~The office~~ OHCI. OHCI may require that the requested information be submitted on an annual basis according to a schedule developed by ~~the office~~ OHCI.

(b) Extension of submittal date. ~~The office~~ OHCI may grant an extension of a deadline specified in this section for submission of health care provider information only when need for additional time is adequately justified by a health care provider specified in sub. (1). Adequate justification may include, but is not limited to, a strike, fire, natural disaster or delay due to data system conversion. A request for an extension shall be submitted in writing to ~~the office~~ OHCI at least 10 calendar days prior to the date that the data are due. An extension for adequate justification may be granted for up to 30 calendar days. Health care providers who have been granted an extension shall submit their data directly to the ~~office~~ OHCI.

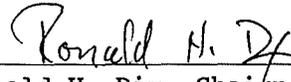
Note: Health care providers who are required to send their information directly to ~~the office~~ OHCI should use the following address: Office of Health Care Information, P. O. Box 309 7984, Madison, Wisconsin 53701-0309 53707-7984, or deliver the communications to Room-272,--1-West ~~Wilson~~ 121 East Wilson Street, Madison, Wisconsin.

SECTION 83. EFFECTIVE DATE. This rule will take effect on the first day of the first month after publication, as provided in s. 227.22 (2) (intro.), Stats.

Dated at Madison, Wisconsin, this 9th day of December 1994.



Randy Blumer
Deputy Commissioner of Insurance



Ronald H. Dix, Chairperson
Board on Health Care Information