CHAPTER 153

HEALTH CARE INFORMATION

153.01 Definitions. In this chapter:
   (1) “Ambulatory surgery center” has the meaning given under 42 CFR 416.2.
   (2) “Board” means the board on health care information.
   (3) “Charge element” means any service, supply or combination of services or supplies that is specified in the categories for payment under the charge revenue code for the uniform billing form UB-82/HCFA-1450.
   (4) “Department” means the department of health and social services.
   (5) “Hospital” has the meaning given under s. 5033 (2).
   (6) “Office” means the office of health care information.
   (7) “Patient” means a person who receives health care services from a health care provider.
   (8) “Payer” means a third-party payer, including an insurer, as defined in s. 600.03 (27), federal, state or local government or another who is responsible for payment of a hospital charge.
   (9) “Uniform patient billing form” means, for a hospital, the uniform billing form UB-82/HCFA-1450 developed by the national uniform billing committee or, for an ambulatory surgery center, the health insurance claim form HCFA-1500.

History: 1987 c. 399.

153.05 Collection and dissemination of health care and related information. (1) In order to provide to hospitals, health care providers, insurers, consumers, governmental agencies and others information concerning hospital service utilization, charges, revenues, expenditures, mortality and morbidity rates and uncompensated health care services, and in order to provide information to assist in peer review for the purpose of quality assurance, the office shall collect, analyze and disseminate, in language that is understandable to lay persons, health care information obtained from the following data sources:
   (a) Uniform patient billing forms.
   (b) Federal medicare cost reports.
   (c) Hospital reports that include all of the following:
      1. Identification of charges in each hospital’s most recent entire fiscal year for up to 100 charge elements, as selected by the office, and identification of the increase or decrease in charges for each of these charge elements from amounts charged during the hospital’s entire fiscal year that is nearest in time to the hospital’s most recent entire fiscal year.
      2. The dollar amount of total gross and net revenue increases or decreases from each hospital’s most recent entire fiscal year.
      3. The dollar amount of gross and net revenue increases or decreases from each hospital’s most recent entire fiscal year that is attributable to the sum of increases or decreases in all charge elements.
   (d) Hospital-specific uncompensated health care services reports, plans and projections.
   (e) Final audited financial statements of hospitals that include, for a hospital’s most recent entire fiscal year, as dollar amounts, the amounts of revenue and expenditures for the hospital, in categories specified by the department by rule.
   (2) The office shall provide copies of reports published under ss. 153.10 to 153.35 at no charge to hospitals assessed under s. 153.60 (1) and, if assessed, at no charge to ambulatory surgery centers assessed under s. 153.60 (2).
   (3) Upon request of the office, state agencies shall provide health care information to the office for use in preparing reports under ss. 153.10 to 153.35.

(4) (a) Before July 1, 1990, the office, under rules promulgated by the department, shall require hospitals to use, and private-pay patients and payers who are insurers to accept, uniform patient billing forms, shall require hospitals to submit to the office the information provided on the billing forms and may require payers who are insurers to use a standard set of definitions for base data reporting under a uniform patient billing form.
   (b) Before April 1, 1992, the office, under rules promulgated by the department, may require ambulatory surgery centers to use uniform patient billing forms and other information, and, if so requiring, shall require ambulatory surgery centers to submit to the office the information provided on the billing forms using a standard set of definitions for base data reporting.

(5) The office:
   (a) Shall require hospitals to submit information regarding medical malpractice, staffing levels and patient case-mix, and expenditures related to labor relations consultants, as specified by the office.
   (b) May require hospitals to submit to the office information from sources identified under sub. (1) (a) to (e) that the office deems necessary for the preparation of reports, plans and recommendations under ss. 153.10 to 153.35 and any other reports required of the office in the form specified by the office.
   (b1) Shall require a hospital to submit to the office information from sources identified under sub. (1) (e) by the date that is 4 months following the close of the hospital’s fiscal year unless the office grants an extension of time to file the information.
   (6) If the requirements of s. 153.07 (2) are first met, the office may contract with a public or private entity that is not a
for distribution to the legislature under s. 13.172 (2), in a manner that permits comparisons among hospitals, a report setting forth all of the following for every hospital for the preceding quarter:
(a) The charges for up to 100 health care services or diagnostic-related groups selected by the office.
(b) The utilization and charge information for ambulatory surgery and other outpatient health care services selected by the office.

(2) Beginning in 1990 and annually thereafter, the office shall prepare and submit to the governor and the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) a report analyzing the relative rate of growth of health care costs in this state compared to the rest of the nation and the midwest region. The report shall include, to the extent the data are available, comparisons among this state, the rest of the nation and the midwest region of all of the following for the preceding year:
(a) Health care costs per person.
(b) Hospital revenues and expenditures per person.
(c) Changes in total hospital revenues and expenditures.
(d) Average charges for health care services provided by hospitals and for diagnostic-related groups provided by hospitals.

153.15 Small area analysis reports. Beginning in 1990 and annually thereafter, the office shall prepare and submit to the governor and the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) reports identifying health care services or procedures provided by one or more hospitals in specific areas of the state for which the rate of utilization of the service or procedure is significantly different than the state or area average.

153.20 Uncompensated health care services report. (1) Beginning in 1990 and annually thereafter, the office shall prepare and submit to the governor and to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) a report setting forth the number of patients to whom uncompensated health care services were provided by each hospital and the total charges for the uncompensated health care services provided to the patients for the preceding year, together with the number of patients and the total charges that were projected by the hospital for that year in the plan filed under sub. (2).
(2) Beginning in 1990 and annually thereafter, every hospital shall file with the office a plan setting forth the projected number of patients to whom uncompensated health care services will be provided by the hospital and the projected total charges for the uncompensated health care services to be provided to the patients for the ensuing year.

153.25 Mortality and morbidity report. Beginning in 1990 and annually thereafter, the office shall prepare and submit to the governor and to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) reports setting forth mortality and morbidity rates for every hospital. Before the release of a report under this section, the office shall provide the physicians, hospitals or other health care providers identified in the report with the opportunity to review and comment under s. 153.40 (6).

153.30 Health care insurance report. Beginning in 1990 and annually thereafter, the office and the office of the commissioner of insurance may jointly prepare and submit to the governor and to the chief clerk of each house of the
the office receives comments after the report is released, the
report, the office shall append the comments to the report. If
identified may submit comments on the report to the office.

reabstracting studies and comparisons with information col-
review period before the data are released
other health care providers identified in the report of the
under s. 153.25, the office shall notify a physician, hospital or,
release of physician-specific data..

incomplete or incorrect information under this subsection.
beginning April 1, 1992; other health care providers shall be responsible
other data failing internal consistency checks and other
patterns inconsistent with what would be expected. The
office shall notify hospitals, ambulatory surgery centers of,
beginning April 1, 1992, other health care providers of
missing or incorrect information under this subsection.

other hospitals, ambulatory surgery centers or; beginning
April 1, 1992, other health care providers shall be responsible
for resolving the errors found by the editing under sub. (2) and
shall resubmit corrected data within 10 working days after
receiving written notification from the office of the
data. If the verification is not made on a timely basis, the
hospital or other health care provider shall submit the data
noting the lack of verification.

The office shall be responsible for assuring that appro-
appropriate editing is conducted for all submitted data to identify
systematic errors, missing data, values beyond an allowed
range, illegal codes within a range, illogical sequence of dates,
and other data failing internal consistency checks and other
patterns inconsistent with what would be expected. The
office shall notify hospitals, ambulatory surgery centers or,
beginning April 1, 1992, other health care providers of
missing or incorrect information under this subsection.

other hospitals, ambulatory surgery centers or; beginning
April 1, 1992, other health care providers shall be responsible
for resolving the errors found by the editing under sub. (2) and
shall resubmit corrected data within 10 working days after
receiving written notification from the office of the
data. If the verification is not made on a timely basis, the
hospital or other health care provider shall submit the data
noting the lack of verification.

The office shall be responsible for assuring that appro-
appropriate editing is conducted for all submitted data to identify
systematic errors, missing data, values beyond an allowed
range, illegal codes within a range, illogical sequence of dates,
and other data failing internal consistency checks and other
patterns inconsistent with what would be expected. The
office shall notify hospitals, ambulatory surgery centers or,
beginning April 1, 1992, other health care providers of
missing or incorrect information under this subsection.

other hospitals, ambulatory surgery centers or; beginning
April 1, 1992, other health care providers shall be responsible
for resolving the errors found by the editing under sub. (2) and
shall resubmit corrected data within 10 working days after
receiving written notification from the office of the
data. If the verification is not made on a timely basis, the
hospital or other health care provider shall submit the data
noting the lack of verification.

The office shall be responsible for assuring that appro-
appropriate editing is conducted for all submitted data to identify
systematic errors, missing data, values beyond an allowed
range, illegal codes within a range, illogical sequence of dates,
and other data failing internal consistency checks and other
patterns inconsistent with what would be expected. The
office shall notify hospitals, ambulatory surgery centers or,
beginning April 1, 1992, other health care providers of
missing or incorrect information under this subsection.

other hospitals, ambulatory surgery centers or; beginning
April 1, 1992, other health care providers shall be responsible
for resolving the errors found by the editing under sub. (2) and
shall resubmit corrected data within 10 working days after
receiving written notification from the office of the
data. If the verification is not made on a timely basis, the
hospital or other health care provider shall submit the data
noting the lack of verification.

The office shall be responsible for assuring that appro-
appropriate editing is conducted for all submitted data to identify
systematic errors, missing data, values beyond an allowed
range, illegal codes within a range, illogical sequence of dates,
and other data failing internal consistency checks and other
patterns inconsistent with what would be expected. The
office shall notify hospitals, ambulatory surgery centers or,
beginning April 1, 1992, other health care providers of
missing or incorrect information under this subsection.

other hospitals, ambulatory surgery centers or; beginning
April 1, 1992, other health care providers shall be responsible
for resolving the errors found by the editing under sub. (2) and
shall resubmit corrected data within 10 working days after
receiving written notification from the office of the
data. If the verification is not made on a timely basis, the
hospital or other health care provider shall submit the data
noting the lack of verification.

The office shall be responsible for assuring that appro-
appropriate editing is conducted for all submitted data to identify
systematic errors, missing data, values beyond an allowed
range, illegal codes within a range, illogical sequence of dates,
and other data failing internal consistency checks and other
patterns inconsistent with what would be expected. The
office shall notify hospitals, ambulatory surgery centers or,
beginning April 1, 1992, other health care providers of
missing or incorrect information under this subsection.

other hospitals, ambulatory surgery centers or; beginning
April 1, 1992, other health care providers shall be responsible
for resolving the errors found by the editing under sub. (2) and
shall resubmit corrected data within 10 working days after
receiving written notification from the office of the
data. If the verification is not made on a timely basis, the
hospital or other health care provider shall submit the data
noting the lack of verification.
153.65 Health Care Information

### 153.65 Provision of special information; user fees.
The office may provide, upon request from a person, a data compilation or a special report based on the information collected by the office under ss. 153.05 (1), (3), (4) (b), (5), (7), (8) or (10). The office shall establish user fees for the provision of these compilations or reports, payable by the requester, which shall be sufficient to fund the actual necessary and direct cost of the compilation or report. All moneys collected under this section shall be credited to the appropriation under s. 20.435 (1) (hi).

**History:** 1987 a. 399.

### 153.75 Rule making.

1. Following approval by the board, the department shall promulgate the following rules:
   - Providing procedures to ensure the protection of patient confidentiality under s. 153.50.
   - Establishing procedures under which hospitals and health care providers are permitted to review and verify patient-related information prior to its submission to the office.
   - Regarding the scope of health care information required under s. 153.05 (8) from health care providers other than hospitals and ambulatory surgery centers, defining the term “health care provider” for this purpose and for purposes of s. 153.45 (1) (b) and specifying forms to be used to collect the information.
   - Determining the diagnostic-related groups or up to 100 charge elements, based on those most frequently used by hospitals in the aggregate, for purposes of the reports under ss. 153.05 (1) (c) and 153.10 (1) (a).
   - Implementing requirements for use of uniform patient billing forms and other information under s. 153.05 (4).
   - Governing the release of physician-specific and employer-specific data under s. 153.45 (3).
   - Establishing criteria for the publication and contents of a notice under s. 153.05 (10).
   - Defining the term “major purchaser, payer or provider of health care services” for the purposes of s. 153.05 (6).
   - Regarding the scope and implementation of the reporting requirements under s. 153.35.
   - Specifying the categories for reporting revenue and expenditures under s. 153.05 (1) (e).
   - Establishing methods and criteria for assessing hospitals and ambulatory surgery centers under s. 153.60.
   - Defining the term “uncompensated health care services” for the purposes of ss. 153.05 (1) (d) and 153.20.

2. With the approval of the board, the department may promulgate all of the following rules:
   - Exempting certain classes of health care providers from providing all or portions of the data required under this chapter.
   - Establishing forms of data verification which may be required under s. 153.40 (5).
   - Providing for the efficient collection, analysis and dissemination of health care information which the office may require under this chapter.

**History:** 1987 a. 399; 1989 a. 18

### 153.85 Civil liability.

Any person violating s. 153.50 or rules promulgated under s. 153.75 (1) (a) is 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.

**History:** 1987 s. 399.

### 153.90 Penalties.

1. Whoever intentionally violates s. 153.50 or rules promulgated under s. 153.75 (1) (a) may be fined not more than $10,000 or imprisoned for not more than 9 months or both.

2. Any person who violates this chapter or any rule promulgated under the authority of this chapter, except ss. 153.50 and 153.75 (1) (a), as provided in s. 153.85 and sub. (1), shall forfeit not more than $100 for each violation. Each day of violation constitutes a separate offense, except that no day in the period between the date on which a request for a hearing is filed under s. 227.44 and the date of the conclusion of all administrative and judicial proceedings arising out of a decision under this section constitutes a violation.

3. The department may directly assess forfeitures under sub. (2). If the department determines that a forfeiture should be assessed for a particular violation or for failure to correct the violation, the department shall send a notice of assessment to the alleged violator. The notice shall specify the alleged violation of the statute or rule and the amount of the forfeiture assessed and shall inform the alleged violator of the right to contest the assessment under s. 227.44.

**History:** 1987 a. 399; 1989 a. 18