AN ACT to amend 153.05 (8) (b), 153.46 (1) (c) (intro.), 153.50 (3) (b) 1. and 153.50 (6) (a); and to create 153.46 (7), 153.46 (8), 153.50 (1) (b) 1r. and 153.50 (6) (am) of the statutes; relating to: collection of health care information.

Analysis by the Legislative Reference Bureau

Generally, this bill makes various changes to the collection, analysis, and dissemination of data by an entity that is under contract to collect, analyzed, and disseminate health care information of hospitals and ambulatory surgery centers (entity).

Currently, the entity collects claims information, and the bill requires hospitals and ambulatory surgery centers to submit to the entity all data elements specified by the entity that are contained in the applicable American National Standards Institute 837 format used for electronic data interchange or in a successor format specified by the entity.

Under current law, the entity is required to release data, after verification, comment, and review, in formats including custom-designed reports containing parts of public use data files of information submitted by hospitals and ambulatory surgery centers. Those custom-designed reports currently may include a patient’s zip code only if another requirement to protect patient identity is satisfied. The bill also allows the custom-designed reports to contain census tract or block groups of the U.S. Bureau of the Census if one of those same requirements to protect patient identity is satisfied.

Under current law, the Department of Health Services or the entity may not require a health care provider to submit a patient’s street address. The bill requires
SENATE BILL 628

a hospital or ambulatory surgery center to submit a patient’s street address as directed by the entity. The entity, however, may only use the street address to create a calculated variable or to convert to the corresponding census tract and block group and then must destroy the street address information.

The bill allows the entity to fulfill requirements to distribute reports by providing an electronic copy, unless a paper copy is specifically requested. The bill requires the entity to notify Wisconsin-licensed physicians who appear in submitted data that they have the opportunity to review that submitted data. The bill also exempts from the definition of “patient-identifiable data” the patient’s race or ethnicity.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 153.05 (8) (b) of the statutes is amended to read:

153.05 (8) (b) Unless sub. (13) applies, the entity under contract under sub. (2m) (a) shall collect, analyze, and disseminate, in language that is understandable to laypersons, claims information and other health care information, as adjusted for case mix and severity, under the provisions of this subchapter, from hospitals and ambulatory surgery centers. In addition to the information required to be submitted under sub. (1) (b), hospitals and ambulatory surgery centers shall submit for each patient to the entity under contract under sub. (2m) (a) all data elements specified by the entity that are contained in the applicable American National Standards Institute 837 format used for electronic data interchange or in a successor format specified by the entity. Data from hospitals and ambulatory surgery centers may be obtained through sampling techniques in lieu of collection of data on all patient encounters, and data collection procedures shall minimize unnecessary duplication and administrative burdens.

SECTION 2. 153.46 (1) (c) (intro.) of the statutes is amended to read:

153.46 (1) (c) (intro.) Custom-designed reports containing portions of the data under par. (b). Reports under this paragraph may include the patient’s zip code or
U.S. bureau of the census census tract or block group only if at least one of the
following applies:

SECTION 3. 153.46 (7) of the statutes is created to read:

153.46 (7) Any required distributions of reports by the entity under contract
under s. 153.05 (2m) (a) may be fulfilled by providing an electronic copy of the report,
unless the requesting person specifically requests a paper copy.

SECTION 4. 153.46 (8) of the statutes is created to read:

153.46 (8) The entity under contract under s. 153.05 (2m) (a) shall notify each
physician with a license from this state who appears in the facility-submitted data
that the physician has the opportunity to review that data. The entity may fulfill this
notification requirement by providing a notice on the entity’s Internet site and
providing a procedure to make a request to the entity to review the data. The
physician review process shall occur concurrently with the facility review process.

SECTION 5. 153.50 (1) (b) 1r. of the statutes is created to read:

153.50 (1) (b) 1r. “Patient-identifiable data” does not include data elements
that identify a patient’s race or ethnicity.

SECTION 6. 153.50 (3) (b) 1. of the statutes is amended to read:

153.50 (3) (b) 1. The patient’s name and street address, except as provided
under sub. (6) (am).

SECTION 7. 153.50 (6) (a) of the statutes is amended to read:

153.50 (6) (a) The department or entity under contract under s. 153.05 (2m) (a)
may not require a health care provider submitting health care information under
this subchapter to include the patient’s name, street address or social security
number, and the department may not require a health care provider submitting
health care information under this subchapter to include the patient’s street address.

**SECTION 8.** 153.50 (6) (am) of the statutes is created to read:

153.50 (6) (am) Hospitals or ambulatory surgery centers shall submit the patient’s street address to the entity under contract under s. 153.05 (2m) (a) as directed by the entity. The entity may only use the street address to create a calculated variable that does not identify a patient’s address or to convert the data element to the corresponding U.S. bureau of the census census tract and block group. The entity shall destroy the street address information upon the creation of the variable or upon the conversion to the census tract and block group.