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201 South Grand Avenue East  
Springfield, Illinois 62763-0002

Telephone: (217) 782-2570  
TTY: (800) 526-5812

Dear Hospital Administrator,

The Public Health Program Beneficiary Employer Disclosure Law (P.A. 94-242) seeks to identify employers whose employees do not have private health insurance and receive medical care at Illinois hospitals. This law requires hospitals to report information on uncompensated care provided to identify the employer or employers of the beneficiary of this care. Each hospital must annually submit a summary report to the Department of Healthcare and Family Services (HFS) through 2008.

The law also requires the Department of Healthcare and Family Services report to include available information on cost of care provided to HFS covered beneficiaries, and to identify the employer or employers of the beneficiary of this care.

#### **Mandatory Report Component for Hospitals: Non-Public Health Access Beneficiary Component**

This year, as in the past, we are requesting hospitals to submit summary information on uncompensated care provided to those uninsured by third parties and names of employers of the beneficiaries of this care.

The following information needs to be submitted by November 1, 2007:

- A listing of de-identified uninsured patients with dates of discharge or date of service between April 1, 2006 to March 31, 2007.
- Develop and use an alpha or numeric identifier for each patient obtaining inpatient and outpatient services at the hospital that had NO third-party health insurance coverage.
- An indicator whether or not the patient is the responsible party.
- An indicator whether or not the responsible party is employed.
- The name of the employer for the patient or the responsible party. Indicate if the name of the employer is not known.
- Total charges for the encounter.

The report format and directions for completion is enclosed for your ease and consistency in creating this summary. We do request that the data file includes information for de-identified uninsured patients with dates of discharge or date of service between April 1, 2006 to March 31, 2007. NOTE: If you have already submitted your report for this time period, you do not need to complete another report.

In addition to patient data, we ask all hospitals to report the cost to charge ratio from their hospital's most recently audited financial statement. This will allow us to convert the charges to costs to conform to the statute's reporting requirements.

This year's report should only cover discharges or dates of services occurring on or after April 1, 2006 to March 31, 2007. Please ensure that patients retroactively enrolled in Medicaid are not included in this report.

The deadline for submission of this information is November 1, 2007.

## **Voluntary Report Component for Hospitals: Public Health Access Beneficiary Component**

In addition to the request for information as described above, the law also requires the HFS report to include information on cost of care provided to HFS covered beneficiaries and to identify the employer or employers of the beneficiary of the care covered by these programs.

While it is not a requirement for hospitals to report the employers of patients who are Public Health Access Program Beneficiaries, we are asking hospitals to voluntarily report data on these patients for a one-month period randomly selected by our contractor. The department recognizes and will note in public reports that the one month period selected does not represent costs across the twelve month reporting period for those hospitals participating and are used for illustration purposes only. If a hospital would agree to volunteer, the report format and directions for completion of this component are the same as for the mandatory component, with one additional indicator to show whether the patient received public assistance for medical care. The format and directions are included in the enclosure. We would appreciate your cooperation in providing this information by November 1, 2007.

### **Instructions for Submission**

The Department of Healthcare and Family Services has contracted with Dr. Dianne Rucinski at the Institute for Health Research and Policy of the University of Illinois to assist in the report preparation. If you have any questions, or if you would like the attached format in electronic form, please contact Dr. Rucinski by email [drucin@uic.edu](mailto:drucin@uic.edu) or phone (312-355-1769). Also, please let Dr. Rucinski know if you are willing to collect one month of information on patients who are on Medicaid and SCHIP, as referenced above and she or her staff will provide further instructions on this component and tell you which month to select.

All reports should be sent by email with the attached EXCEL files containing the summary information to Dr. Rucinski at the email address noted above. CSV formats may also be utilized.

Thank you very much for your assistance in fulfilling the requirements of this statute and for your ongoing commitment to providing health care to Illinois residents.

Sincerely,

Theresa Eagleson  
Medicaid Director

Enclosure (1)