IC 16-40-4

Chapter 4. Health Care Quality Indicator Data Program

IC 16-40-4-1

"Health care quality indicator data"

Sec. 1. As used in this chapter, "health care quality indicator data" means information concerning the provision of health care services that may be collected and used to measure and compare quality of health care services.

As added by P.L.95-2005, SEC.5.

IC 16-40-4-2

"Health coverage provider"

Sec. 2. As used in this chapter, "health coverage provider" means any of the following:

(1) An insurer (as defined in IC 27-1-2-3) that issues or delivers a policy of accident and sickness insurance (as defined in IC 27-8-5-1).

(2) A health maintenance organization (as defined in IC 27-13-1-19).

(3) The administrator of a program of self-insurance established, implemented, or maintained to provide coverage for health care services to the extent allowed by the federal Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.).

(4) The state Medicaid program (IC 12-15).

(5) The children's health insurance program (IC 12-17.6).

(6) The Indiana comprehensive health insurance association (IC 27-8-10).

(7) A person that is designated to maintain the records of a person described in subdivisions (1) through (6).

As added by P.L.95-2005, SEC.5.

IC 16-40-4-3

"Program"

Sec. 3. As used in this chapter, "program" refers to the health care quality indicator data program developed and implemented under sections 4 and 5 of this chapter.

As added by P.L.95-2005, SEC.5.

IC 16-40-4-4

Development of program plan

Sec. 4. The state department shall, in compliance with state and federal law, develop a plan for a health care quality indicator data program. The plan shall be completed by December 31, 2006, and include the following:

(1) A list of health care quality indicators for which data will be collected concerning health care services provided to individuals who reside or receive health care services in Indiana. The state department shall seek the assistance of health coverage providers and health care providers in developing the list under this subdivision.

(2) A methodology for health care quality indicator data collection, analysis, distribution, and use.

(3) The inclusion of data concerning ethnicity and minority status, as allowed by the individuals about whom health care quality indicator data is collected.

(4) A methodology to provide for a case mix system or other scientific criteria to develop and adjust health quality indicators, including infection rates, that may be affected by risks and variables.

As added by P.L.95-2005, SEC.5.

IC 16-40-4-5

Authorization to develop and implement program

Sec. 5. The state department of health is authorized to develop and implement a health care quality indicator program as provided for in this chapter and to include the following:

(1) Criteria listed under section 4 of this chapter.

(2) Health care quality indicator data collected from a health coverage provider or health care provider under this chapter must be obtainable from electronic records developed and maintained in the health coverage provider's or health care provider's ordinary course of business.

(3) Health coverage providers and health care providers are not required to establish or amend medical record systems or other systems to conform to the program.

As added by P.L.95-2005, SEC.5.

IC 16-40-4-6

Compliance with data collection requirements

Sec. 6. The following shall comply with the data collection requirements of the program:

(1) A health coverage provider.

(2) A health care provider.

(3) An out-of-state health coverage provider that:

(A) provides health coverage;

(B) administers health coverage provided; or

(C) maintains records concerning health coverage provided; to an individual who resides or receives health care services in

Indiana.

(4) An out-of-state health care provider that:

(A) provides health care services; or

(B) maintains records concerning health care services provided;

to an individual who resides or receives health care services in Indiana.

As added by P.L.95-2005, SEC.5.

IC 16-40-4-7

Confidentiality of information

Sec. 7. (a) Health care quality indicator data and other information collected under this chapter, or resulting from the program, from which the identity of a person, including:

(1) an individual;

(2) a health coverage provider; or

(3) a health care provider;

may be ascertained is confidential and, unless otherwise specified under state or federal law, may not be released to any person without the written consent of the identified person.

(b) Communications, including printed documents, by:

(1) an employee;

(2) an officer;

(3) a governing board member; or

(4) an agent;

of a hospital (licensed under IC 16-21) for the purpose of collecting, identifying, reviewing, or producing data for a health care quality indicator data program under this chapter are confidential. *As added by P.L.95-2005, SEC.5.*

IC 16-40-4-8

Confidentiality of financial information

Sec. 8. Financial information that:

(1) is collected under this chapter; or

(2) results from the program;

is confidential. As added by P.L.95-2005, SEC.5.

IC 16-40-4-9

Rules

Sec. 9. The state department shall adopt rules under IC 4-22-2 to implement this chapter. *As added by P.L.95-2005, SEC.5.*

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IC 16-40-4-10

Records confidential under chapter remain confidential after chapter expires

Sec. 10. Any information that is confidential under IC 16-40-5 (expired June 30, 2010) remains confidential after IC 16-40-5 expires.

As added by P.L.220-2011, SEC.318. Amended by P.L.63-2012, SEC.22.