96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB0468

Introduced 2/4/2009, by Rep. Jay C. Hoffman

SYNOPSIS AS INTRODUCED:

215 ILCS 5/368c

Amends the Illinois Insurance Code. Provides that when a person presents a benefits information card, if the health care professional or health care provider has a participation contract with the insurer, health maintenance organization, or other entity identified on the card, then the health care professional or health care provider shall submit its claim for services covered under the policy within the time frame specified by the insurer or other entity, but not later than one year after the last date that services have been provided to the insured person. Provides that the health care professional or health care provider may not discriminate against the insured person based upon the cause of that person's sickness or accidental injury. If the health care professional or health care provider fails to submit its claim within the time frame provided for under the Act, the health care professional or health care provider may not seek remittance from the insured person. Effective immediately.

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HB0468

1 AN ACT concerning insurance.

2 Be it enacted by the People of the State of Illinois, 3 represented in the General Assembly:

4 Section 5. The Illinois Insurance Code is amended by 5 changing Section 368c as follows:

6 (215 ILCS 5/368c)

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Sec. 368c. Remittance advice and procedures.

(a) A remittance advice shall be furnished to a health care 8 9 professional or health care provider that identifies the disposition of each claim. The remittance advice shall identify 10 the services billed; the patient responsibility, if any; the 11 12 actual payment, if any, for the services billed; and the reason 13 for any reduction to the amount for which the claim was 14 submitted. For any reductions to the amount for which the claim was submitted, the remittance shall identify any withholds and 15 16 the reason for any denial or reduction.

17 A remittance advice for capitation or prospective payment arrangements shall be furnished to a health care professional 18 19 or health care provider pursuant to a contract with an insurer, 20 organization, independent health maintenance practice 21 association, or physician hospital organization in accordance with the terms of the contract. 22

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(b) When health care services are provided by a

non-participating health care professional or health care provider, an insurer, health maintenance organization, independent practice association, or physician hospital organization may pay for covered services either to a patient directly or to the non-participating health care professional or health care provider.

(c) When a person presents a benefits information card, a 7 8 health care professional or health care provider shall make a 9 good faith effort to inform the person if the health care 10 professional or health care provider has a participation 11 contract with the insurer, health maintenance organization, or 12 other entity identified on the card. If the health care 13 professional or health care provider has a participation contract, then the health care professional or health care 14 provider shall submit its claim for services covered under the 15 16 policy within the time frame specified by the insurer, health 17 maintenance organization, or other entity, but not later than one year after the last date that services have been provided 18 to the insured person. The health care professional or health 19 20 care provider may not discriminate against the insured person based upon the cause of that person's sickness or accidental 21 22 injury. If the health care professional or health care provider 23 fails to submit its claim within the time frame provided for 24 under this subsection (c), the health care professional or 25 health care provider may not seek remittance from the insured 26 person.

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1 (Source: P.A. 93-261, eff. 1-1-04.)

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.