96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB2532

Introduced 2/20/2009, by Rep. Lisa M. Dugan

SYNOPSIS AS INTRODUCED:

215 ILCS 5/355.2

from Ch. 73, par. 967.2

Amends the Illinois Insurance Code in relation to reimbursement rates. Provides that a health insurer that bases payment for benefits upon a usual or customary charge or other similar reimbursement methodology must disclose certain information. Replaces references to "customary fee" with "customary charge or other similar methodology" throughout the provision. Provides that under no circumstances shall rates paid by Medicaid or Medicare, or rates negotiated or set by the insurer or any other insurer in conjunction with their contracted providers, be used to determine usual and customary charges. Makes other changes. Effective January 1, 2010.

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HB2532

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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 355.2 as follows:

6 (215 ILCS 5/355.2) (from Ch. 73, par. 967.2)

7 Sec. 355.2. <u>Reimbursement</u> Dental coverage reimbursement
8 rates.

9 (a) A Every company that issues, delivers, amends, or renews any individual or group policy of accident and health 10 insurance on or after the effective date of this amendatory Act 11 of the 96th General Assembly 1991 that provides dental 12 insurance and bases payment for those benefits upon a usual and 13 14 customary charge or other similar reimbursement methodology fee charged by licensed dentists must disclose all of the 15 16 following:

17 (1) The frequency of the determination of the usual and
 18 customary charge or other similar methodology fee.

19 (2) A general description of the methodology used to
 20 determine <u>the</u> usual and customary <u>charge or other similar</u>
 21 <u>methodology</u> fees.

(3) The percentile <u>of the usual and customary charge or</u>
 <u>other similar methodology</u> that determines the maximum

1 <u>allowable charge upon which the benefit is based</u> benefit 2 that the company will pay for any dental procedure, if the 3 usual and customary fee is determined by taking a sample of 4 fees submitted on actual claims from licensed dentists and 5 then determining the benefit by selecting a percentile of 6 those fees.

7 (b) The disclosure must be provided upon request to all group and individual policy holders and group certificate 8 9 holders. All proposals for accident and health dental insurance 10 must notify the prospective policy holder that information 11 regarding the usual and customary charge or other similar 12 methodology fee determinations is available from the insurer. 13 All employee benefit descriptions or supplemental documents must notify the employee that information regarding 14 reimbursement rates is available from the employer. 15

16 (c) Under no circumstances shall rates paid by Medicaid or
17 Medicare, or rates negotiated or set by the insurer or any
18 other insurer in conjunction with their contracted providers,
19 be used to determine usual and customary charges.

20 <u>(d) For purposes of this Section, the usual and customary</u> 21 <u>charge is the charge for health care that is consistent with</u> 22 <u>the average rate or charge for similar services furnished by</u> 23 <u>similar providers in the geographic area in which services were</u> 24 <u>provided.</u>

25	(e) (Under	no	circu	ımstances	sł	nall	the	amount		of	
26	reimbursem	ent fo	or co	overed	expenses	be	less	than	50%	of	the	

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1	usual and customary charge, o	r simila	r reasona	ble chai	rge when
2	the usual and customary charg	e can no	t be calc	ulated,	for the
3	services provided.				
4	(f) Companies shall make t	their met	hodology	for dete	ermining
5	usual and customary charges a	available	e to the	Departme	ent upon
6	request. Such information sha	all be h	eld confi	dential	by the
7	Department.				
8	(Source: P.A. 87-587.)				
9	Section 99. Effective dat	e. This .	Act takes	effect	January

10 1, 2010.