

SB3491



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

SB3491

Introduced 2/16/2018, by Sen. Linda Holmes

SYNOPSIS AS INTRODUCED:

215 ILCS 124/3
215 ILCS 124/25

Amends the Network Adequacy and Transparency Act. Provides that the Act does not apply to an individual or group policy for dental or vision insurance. Provides that a network plan shall not be subject to any fines or penalties for information that the provider submits that is inaccurate or incomplete. Effective immediately.

LRB100 20404 LNS 35726 b

A BILL FOR

1 AN ACT concerning regulation.

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

4 Section 5. The Network Adequacy and Transparency Act is
5 amended by changing Sections 3 and 25 as follows:

6 (215 ILCS 124/3)

7 Sec. 3. Applicability of Act. This Act applies to an
8 individual or group policy of accident and health insurance
9 with a network plan amended, delivered, issued, or renewed in
10 this State on or after January 1, 2019. This Act does not apply
11 to an individual or group policy for dental or vision insurance
12 with a network plan amended, delivered, issued, or renewed in
13 this State on or after January 1, 2019.

14 (Source: P.A. 100-502, eff. 9-15-17.)

15 (215 ILCS 124/25)

16 Sec. 25. Network transparency.

17 (a) A network plan shall post electronically an up-to-date,
18 accurate, and complete provider directory for each of its
19 network plans, with the information and search functions, as
20 described in this Section.

21 (1) In making the directory available electronically,
22 the network plans shall ensure that the general public is

1 able to view all of the current providers for a plan
2 through a clearly identifiable link or tab and without
3 creating or accessing an account or entering a policy or
4 contract number.

5 (2) The network plan shall update the online provider
6 directory at least monthly. Providers shall notify the
7 network plan electronically or in writing of any changes to
8 their information as listed in the provider directory. The
9 network plan shall update its online provider directory in
10 a manner consistent with the information provided by the
11 provider within 10 business days after being notified of
12 the change by the provider. Nothing in this paragraph (2)
13 shall void any contractual relationship between the
14 provider and the plan.

15 (3) The network plan shall audit periodically at least
16 25% of its provider directories for accuracy, make any
17 corrections necessary, and retain documentation of the
18 audit. The network plan shall submit the audit to the
19 Director upon request. As part of these audits, the network
20 plan shall contact any provider in its network that has not
21 submitted a claim to the plan or otherwise communicated his
22 or her intent to continue participation in the plan's
23 network.

24 (4) A network plan shall provide a print copy of a
25 current provider directory or a print copy of the requested
26 directory information upon request of a beneficiary or a

1 prospective beneficiary. Print copies must be updated
2 quarterly and an errata that reflects changes in the
3 provider network must be updated quarterly.

4 (5) For each network plan, a network plan shall
5 include, in plain language in both the electronic and print
6 directory, the following general information:

7 (A) in plain language, a description of the
8 criteria the plan has used to build its provider
9 network;

10 (B) if applicable, in plain language, a
11 description of the criteria the insurer or network plan
12 has used to create tiered networks;

13 (C) if applicable, in plain language, how the
14 network plan designates the different provider tiers
15 or levels in the network and identifies for each
16 specific provider, hospital, or other type of facility
17 in the network which tier each is placed, for example,
18 by name, symbols, or grouping, in order for a
19 beneficiary-covered person or a prospective
20 beneficiary-covered person to be able to identify the
21 provider tier; and

22 (D) if applicable, a notation that authorization
23 or referral may be required to access some providers.

24 (6) A network plan shall make it clear for both its
25 electronic and print directories what provider directory
26 applies to which network plan, such as including the

1 specific name of the network plan as marketed and issued in
2 this State. The network plan shall include in both its
3 electronic and print directories a customer service email
4 address and telephone number or electronic link that
5 beneficiaries or the general public may use to notify the
6 network plan of inaccurate provider directory information
7 and contact information for the Department's Office of
8 Consumer Health Insurance.

9 (7) A provider directory, whether in electronic or
10 print format, shall accommodate the communication needs of
11 individuals with disabilities, and include a link to or
12 information regarding available assistance for persons
13 with limited English proficiency.

14 (b) For each network plan, a network plan shall make
15 available through an electronic provider directory the
16 following information in a searchable format:

17 (1) for health care professionals:

18 (A) name;

19 (B) gender;

20 (C) participating office locations;

21 (D) specialty, if applicable;

22 (E) medical group affiliations, if applicable;

23 (F) facility affiliations, if applicable;

24 (G) participating facility affiliations, if
25 applicable;

26 (H) languages spoken other than English, if

1 applicable;

2 (I) whether accepting new patients; and

3 (J) board certifications, if applicable.

4 (2) for hospitals:

5 (A) hospital name;

6 (B) hospital type (such as acute, rehabilitation,
7 children's, or cancer);

8 (C) participating hospital location; and

9 (D) hospital accreditation status; and

10 (3) for facilities, other than hospitals, by type:

11 (A) facility name;

12 (B) facility type;

13 (C) types of services performed; and

14 (D) participating facility location or locations.

15 (c) For the electronic provider directories, for each
16 network plan, a network plan shall make available all of the
17 following information in addition to the searchable
18 information required in this Section:

19 (1) for health care professionals:

20 (A) contact information; and

21 (B) languages spoken other than English by
22 clinical staff, if applicable;

23 (2) for hospitals, telephone number; and

24 (3) for facilities other than hospitals, telephone
25 number.

26 (d) The insurer or network plan shall make available in

1 print, upon request, the following provider directory
2 information for the applicable network plan:

3 (1) for health care professionals:

4 (A) name;

5 (B) contact information;

6 (C) participating office location or locations;

7 (D) specialty, if applicable;

8 (E) languages spoken other than English, if
9 applicable; and

10 (F) whether accepting new patients.

11 (2) for hospitals:

12 (A) hospital name;

13 (B) hospital type (such as acute, rehabilitation,
14 children's, or cancer); and

15 (C) participating hospital location and telephone
16 number; and

17 (3) for facilities, other than hospitals, by type:

18 (A) facility name;

19 (B) facility type;

20 (C) types of services performed; and

21 (D) participating facility location or locations
22 and telephone numbers.

23 (e) The network plan shall include a disclosure in the
24 print format provider directory that the information included
25 in the directory is accurate as of the date of printing and
26 that beneficiaries or prospective beneficiaries should consult

1 the insurer's electronic provider directory on its website and
2 contact the provider. The network plan shall also include a
3 telephone number in the print format provider directory for a
4 customer service representative where the beneficiary can
5 obtain current provider directory information.

6 (f) The Director may conduct periodic audits of the
7 accuracy of provider directories. A network plan shall not be
8 subject to any fines or penalties for information required in
9 this Section that a provider submits that is inaccurate or
10 incomplete.

11 (Source: P.A. 100-502, eff. 9-15-17.)

12 Section 99. Effective date. This Act takes effect upon
13 becoming law.