

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 5 and 25 as follows:

6 (215 ILCS 124/5)

7 Sec. 5. Definitions. In this Act:

8 "Authorized representative" means a person to whom a  
9 beneficiary has given express written consent to represent the  
10 beneficiary; a person authorized by law to provide substituted  
11 consent for a beneficiary; or the beneficiary's treating  
12 provider only when the beneficiary or his or her family member  
13 is unable to provide consent.

14 "Beneficiary" means an individual, an enrollee, an  
15 insured, a participant, or any other person entitled to  
16 reimbursement for covered expenses of or the discounting of  
17 provider fees for health care services under a program in  
18 which the beneficiary has an incentive to utilize the services  
19 of a provider that has entered into an agreement or  
20 arrangement with an insurer.

21 "Department" means the Department of Insurance.

22 "Director" means the Director of Insurance.

23 "Family caregiver" means a relative, partner, friend, or

1 neighbor who has a significant relationship with the patient  
2 and administers or assists them with activities of daily  
3 living, instrumental activities of daily living, or other  
4 medical or nursing tasks for the quality and welfare of that  
5 patient.

6 "Insurer" means any entity that offers individual or group  
7 accident and health insurance, including, but not limited to,  
8 health maintenance organizations, preferred provider  
9 organizations, exclusive provider organizations, and other  
10 plan structures requiring network participation, excluding the  
11 medical assistance program under the Illinois Public Aid Code,  
12 the State employees group health insurance program, workers  
13 compensation insurance, and pharmacy benefit managers.

14 "Material change" means a significant reduction in the  
15 number of providers available in a network plan, including,  
16 but not limited to, a reduction of 10% or more in a specific  
17 type of providers, the removal of a major health system that  
18 causes a network to be significantly different from the  
19 network when the beneficiary purchased the network plan, or  
20 any change that would cause the network to no longer satisfy  
21 the requirements of this Act or the Department's rules for  
22 network adequacy and transparency.

23 "Network" means the group or groups of preferred providers  
24 providing services to a network plan.

25 "Network plan" means an individual or group policy of  
26 accident and health insurance that either requires a covered

1 person to use or creates incentives, including financial  
2 incentives, for a covered person to use providers managed,  
3 owned, under contract with, or employed by the insurer.

4 "Ongoing course of treatment" means (1) treatment for a  
5 life-threatening condition, which is a disease or condition  
6 for which likelihood of death is probable unless the course of  
7 the disease or condition is interrupted; (2) treatment for a  
8 serious acute condition, defined as a disease or condition  
9 requiring complex ongoing care that the covered person is  
10 currently receiving, such as chemotherapy, radiation therapy,  
11 or post-operative visits; (3) a course of treatment for a  
12 health condition that a treating provider attests that  
13 discontinuing care by that provider would worsen the condition  
14 or interfere with anticipated outcomes; or (4) the third  
15 trimester of pregnancy through the post-partum period.

16 "Preferred provider" means any provider who has entered,  
17 either directly or indirectly, into an agreement with an  
18 employer or risk-bearing entity relating to health care  
19 services that may be rendered to beneficiaries under a network  
20 plan.

21 "Providers" means physicians licensed to practice medicine  
22 in all its branches, other health care professionals,  
23 hospitals, or other health care institutions that provide  
24 health care services.

25 "Telehealth" has the meaning given to that term in Section  
26 356z.22 of the Illinois Insurance Code.

1 "Telemedicine" has the meaning given to that term in  
2 Section 49.5 of the Medical Practice Act of 1987.

3 "Tiered network" means a network that identifies and  
4 groups some or all types of provider and facilities into  
5 specific groups to which different provider reimbursement,  
6 covered person cost-sharing or provider access requirements,  
7 or any combination thereof, apply for the same services.

8 "Woman's principal health care provider" means a physician  
9 licensed to practice medicine in all of its branches  
10 specializing in obstetrics, gynecology, or family practice.

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

12 (215 ILCS 124/25)

13 Sec. 25. Network transparency.

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

18 (1) In making the directory available electronically,  
19 the network plans shall ensure that the general public is  
20 able to view all of the current providers for a plan  
21 through a clearly identifiable link or tab and without  
22 creating or accessing an account or entering a policy or  
23 contract number.

24 (2) The network plan shall update the online provider  
25 directory at least monthly. Providers shall notify the

1 network plan electronically or in writing of any changes  
2 to their information as listed in the provider directory,  
3 including the information required in subparagraph (K) of  
4 paragraph (1) of subsection (b). The network plan shall  
5 update its online provider directory in a manner  
6 consistent with the information provided by the provider  
7 within 10 business days after being notified of the change  
8 by the provider. Nothing in this paragraph (2) shall void  
9 any contractual relationship between the provider and the  
10 plan.

11 (3) The network plan shall audit periodically at least  
12 25% of its provider directories for accuracy, make any  
13 corrections necessary, and retain documentation of the  
14 audit. The network plan shall submit the audit to the  
15 Director upon request. As part of these audits, the  
16 network plan shall contact any provider in its network  
17 that has not submitted a claim to the plan or otherwise  
18 communicated his or her intent to continue participation  
19 in the plan's network.

20 (4) A network plan shall provide a print copy of a  
21 current provider directory or a print copy of the  
22 requested directory information upon request of a  
23 beneficiary or a prospective beneficiary. Print copies  
24 must be updated quarterly and an errata that reflects  
25 changes in the provider network must be updated quarterly.

26 (5) For each network plan, a network plan shall

1 include, in plain language in both the electronic and  
2 print directory, the following general information:

3 (A) in plain language, a description of the  
4 criteria the plan has used to build its provider  
5 network;

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

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

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

20 (6) A network plan shall make it clear for both its  
21 electronic and print directories what provider directory  
22 applies to which network plan, such as including the  
23 specific name of the network plan as marketed and issued  
24 in this State. The network plan shall include in both its  
25 electronic and print directories a customer service email  
26 address and telephone number or electronic link that

1 beneficiaries or the general public may use to notify the  
2 network plan of inaccurate provider directory information  
3 and contact information for the Department's Office of  
4 Consumer Health Insurance.

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

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

13 (1) for health care professionals:

14 (A) name;

15 (B) gender;

16 (C) participating office locations;

17 (D) specialty, if applicable;

18 (E) medical group affiliations, if applicable;

19 (F) facility affiliations, if applicable;

20 (G) participating facility affiliations, if  
21 applicable;

22 (H) languages spoken other than English, if  
23 applicable;

24 (I) whether accepting new patients; ~~and~~

25 (J) board certifications, if applicable; ~~and~~

26 (K) use of telehealth or telemedicine, including,

1           but not limited to:

2                   (i) whether the provider offers the use of  
3                   telehealth or telemedicine to deliver services to  
4                   patients for whom it would be clinically  
5                   appropriate;

6                   (ii) what modalities are used and what types  
7                   of services may be provided via telehealth or  
8                   telemedicine; and

9                   (iii) whether the provider has the ability and  
10                   willingness to include in a telehealth or  
11                   telemedicine encounter a family caregiver who is  
12                   in a separate location than the patient if the  
13                   patient wishes and provides his or her consent;

14           (2) for hospitals:

15                   (A) hospital name;

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

18                   (C) participating hospital location; and

19                   (D) hospital accreditation status; and

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

21                   (A) facility name;

22                   (B) facility type;

23                   (C) types of services performed; and

24                   (D) participating facility location or locations.

25           (c) For the electronic provider directories, for each  
26           network plan, a network plan shall make available all of the



1 following information in addition to the searchable  
2 information required in this Section:

3 (1) for health care professionals:

4 (A) contact information; and

5 (B) languages spoken other than English by  
6 clinical staff, if applicable;

7 (2) for hospitals, telephone number; and

8 (3) for facilities other than hospitals, telephone  
9 number.

10 (d) The insurer or network plan shall make available in  
11 print, upon request, the following provider directory  
12 information for the applicable network plan:

13 (1) for health care professionals:

14 (A) name;

15 (B) contact information;

16 (C) participating office location or locations;

17 (D) specialty, if applicable;

18 (E) languages spoken other than English, if  
19 applicable; ~~and~~

20 (F) whether accepting new patients; and ~~-~~

21 (G) use of telehealth or telemedicine, including,  
22 but not limited to:

23 (i) whether the provider offers the use of  
24 telehealth or telemedicine to deliver services to  
25 patients for whom it would be clinically  
26 appropriate;

1                   (ii) what modalities are used and what types  
2                   of services may be provided via telehealth or  
3                   telemedicine; and

4                   (iii) whether the provider has the ability and  
5                   willingness to include in a telehealth or  
6                   telemedicine encounter a family caregiver who is  
7                   in a separate location than the patient if the  
8                   patient wishes and provides his or her consent;

9                   (2) for hospitals:

10                   (A) hospital name;

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

13                   (C) participating hospital location and telephone  
14                   number; and

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

16                   (A) facility name;

17                   (B) facility type;

18                   (C) types of services performed; and

19                   (D) participating facility location or locations  
20                   and telephone numbers.

21                   (e) The network plan shall include a disclosure in the  
22                   print format provider directory that the information included  
23                   in the directory is accurate as of the date of printing and  
24                   that beneficiaries or prospective beneficiaries should consult  
25                   the insurer's electronic provider directory on its website and  
26                   contact the provider. The network plan shall also include a

1 telephone number in the print format provider directory for a  
2 customer service representative where the beneficiary can  
3 obtain current provider directory information.

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

9 (Source: P.A. 100-502, eff. 9-15-17; 100-601, eff. 6-29-18.)

10 Section 99. Effective date. This Act takes effect upon  
11 becoming law.