

96TH GENERAL ASSEMBLY State of Illinois 2009 and 2010 SB0136

Introduced 1/30/2009, by Sen. James F. Clayborne, Jr.

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.

LRB096 04129 RPM 14170 b

1 AN ACT concerning insurance.

Be it enacted by the People of the State of Illinois, 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)
- 7 Sec. 368c. Remittance advice and procedures.
- 8 (a) A remittance advice shall be furnished to a health care 9 professional or health care provider that identifies the
- disposition of each claim. The remittance advice shall identify
- 11 the services billed; the patient responsibility, if any; the
- 12 actual payment, if any, for the services billed; and the reason
- for any reduction to the amount for which the claim was
- 14 submitted. For any reductions to the amount for which the claim
- 15 was submitted, the remittance shall identify any withholds and
- 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
- or health care provider pursuant to a contract with an insurer,
- 20 health maintenance organization, independent practice
- 21 association, or physician hospital organization in accordance
- 22 with the terms of the contract.
- 23 (b) When health care services are provided by a

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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 health care professional or health care provider shall make a good faith effort to inform the person 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. If the health care professional or health care provider has a participation contract, 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, health maintenance organization, or other entity, but not later than one year after the last date that services have been provided to the insured person. 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 this subsection (c), the health care professional or health care provider may not seek remittance from the insured person.

- 1 (Source: P.A. 93-261, eff. 1-1-04.)
- 2 Section 99. Effective date. This Act takes effect upon
- 3 becoming law.