



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB1529

Introduced 2/15/2011, by Rep. Lou Lang

SYNOPSIS AS INTRODUCED:

215 ILCS 5/355.3 new
215 ILCS 5/368d

Amends the Illinois Insurance Code. Provides that dental insurance plans must list in the fee schedule attached to the contract every Code on Dental Procedures and Nomenclature (CDT) code upon which the plan imposes a capped fee and the dollar amount of the capped fee. Provides that any CDT code not so listed shall not be subject to any fee cap, and the provider may balance bill the patient. Provides that dental insurance plans must highlight any changes in subsequent contract terms or conditions and shall have the original plan administrator notify the enrolled dentist and allow the dentist sufficient time to respond. Provides that no recoupment or offset may be requested or withheld from future payments 366 or more days after the original payment is made. Provides that no contract between an insurer and a health care professional or health care provider may provide for recoupments in violation of the provision concerning recoupment.

LRB097 09778 RPM 49922 b

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 368d and by adding Section 355.3 as follows:

6 (215 ILCS 5/355.3 new)

7 Sec. 355.3. Dental plans; contracting.

8 (a) Every company that issues, delivers, amends, or renews
9 any individual or group policy of accident and health insurance
10 on or after the effective date of this amendatory Act of the
11 97th General Assembly that provides dental insurance must list
12 in the fee schedule attached to the contract every American
13 Dental Association's Code on Dental Procedures and
14 Nomenclature (CDT) code upon which the plan imposes a capped
15 fee and the specific dollar amount of the capped fee.

16 (b) Any CDT code not listed in the contract as prescribed
17 in subsection (a) of this Section shall not be subject to any
18 fee cap. In such cases, the provider may balance bill the
19 patient.

20 (c) Every company that issues, delivers, amends, or renews
21 any individual or group policy of accident and health insurance
22 on or after the effective date of this amendatory Act of the
23 97th General Assembly that provides dental insurance must

1 highlight any changes in subsequent contract terms or
2 conditions, including changes in reimbursement, and shall have
3 the original plan administrator notify the enrolled dentist and
4 allow the dentist sufficient time to review, renegotiate, or
5 terminate the contract.

6 (215 ILCS 5/368d)

7 Sec. 368d. Recoupments.

8 (a) A health care professional or health care provider
9 shall be provided a remittance advice, which must include an
10 explanation of a recoupment or offset taken by an insurer,
11 health maintenance organization, independent practice
12 association, or physician hospital organization, if any. The
13 recoupment explanation shall, at a minimum, include the name of
14 the patient; the date of service; the service code or if no
15 service code is available a service description; the recoupment
16 amount; and the reason for the recoupment or offset. In
17 addition, an insurer, health maintenance organization,
18 independent practice association, or physician hospital
19 organization shall provide with the remittance advice a
20 telephone number or mailing address to initiate an appeal of
21 the recoupment or offset.

22 (b) It is not a recoupment when a health care professional
23 or health care provider is paid an amount prospectively or
24 concurrently under a contract with an insurer, health
25 maintenance organization, independent practice association, or

1 physician hospital organization that requires a retrospective
2 reconciliation based upon specific conditions outlined in the
3 contract.

4 (c) No recoupment or offset may be requested or withheld
5 from future payments 366 or more days after the original
6 payment is made. No contract between an insurer and a health
7 care professional or health care provider may provide for
8 recoupments in violation of this Section.

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