

Sen. William R. Haine

Filed: 4/11/2011

	09700SB0072sam002 LRB097 05652 RPM 54339 a
1	AMENDMENT TO SENATE BILL 72
2	AMENDMENT NO Amend Senate Bill 72, AS AMENDED, by
3	replacing everything after the enacting clause with the
4	following:
5	"Section 5. The Illinois Insurance Code is amended by
6	adding Section 356z.3b as follows:
7	(215 ILCS 5/356z.3b new)
8	Sec. 356z.3b. Facility-based physicians and providers.
9	(a) All insurers and health plans with networks of
10	physicians and providers shall report the following
11	information to the Department of Insurance:
12	(1) The reimbursement amounts per individual procedure
13	or service for all out-of-network facility-based
14	physicians and providers per hospital or ASTC.
15	(2) The reimbursement amounts per individual procedure
16	or service for all in-network facility-based physicians

1	and providers per hospital or ASTC.
2	(3) The charges of all out-of-network facility-based
3	physicians and providers per individual procedure or
4	service per hospital or ASTC.
5	(4) The charges of all in-network facility-based
6	physicians and providers per individual procedure or
7	service per hospital or ASTC.
8	The information required under this subsection (a) shall be
9	submitted based upon reimbursement amounts and charges as of
10	January 1, 2010 for services rendered from January 1, 2009
11	through December 31, 2010 and shall be submitted by October 1,
12	2011. The charges are physician or provider billed amounts and
13	shall not include discounted charges. The data shall in no way
14	identify any physician or provider or patient. The Department
15	may request additional data necessary to comply with this
16	Section.
17	The Director shall compile the data required under this
18	subsection (a) and, no later than February 1, 2012, submit a
19	written recommendation to the General Assembly for a
20	reimbursement methodology for out-of-network facility-based
21	physicians or providers.
22	(b) For purposes of this Section only "facility-based
23	physician or provider" means a physician or other provider who
24	provides radiology, anesthesiology, pathology, neonatology, or
25	emergency department services to insureds, beneficiaries, or
26	enrollees in a participating hospital or participating

09700SB0072sam002 -3- LRB097 05652 RPM 54339 a

1 ambulatory surgical treatment center.

2 Section 10. "An Act concerning insurance", approved 3 February 14, 2011, Public Act 96-1523, is amended by adding 4 Section 99 as follows:

5 (P.A. 96-1523, Sec. 99 new)
6 <u>Sec. 99. Effective date. This Act takes effect July 1,</u>
7 2012.

8 Section 999. Effective date. This Section and Section 10 9 take effect upon becoming law.".