



Rep. Angelo Saviano

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09600HB5527ham002

LRB096 20211 RPM 39166 a

1 AMENDMENT TO HOUSE BILL 5527

2 AMENDMENT NO. _____. Amend House Bill 5527 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Uniform Prescription Drug Information Card
5 Act is amended by changing Section 15 as follows:

6 (215 ILCS 138/15)

7 Sec. 15. Uniform prescription drug information cards
8 required.

9 (a) A health benefit plan that issues a card or other
10 technology and provides coverage for prescription drugs or
11 devices and an administrator of such a plan including, but not
12 limited to, third-party administrators for self-insured plans
13 and state-administered plans shall issue to its insureds a card
14 or other technology containing uniform prescription drug
15 information. The uniform prescription drug information card or
16 other technology shall specifically identify and display the

1 following mandatory data elements on the front of the card:

2 (1) BIN number;

3 (2) Processor control number if required for claims
4 adjudication;

5 (3) Group number;

6 (4) Card issuer identifier;

7 (5) Cardholder ID number; and

8 (6) Cardholder name.

9 The uniform prescription drug information card or other
10 technology shall specifically identify and display the
11 following mandatory data elements on the back of the card:

12 (1) Claims submission names and addresses; and

13 (2) Help desk telephone numbers and names.

14 (b) A new uniform prescription drug information card or
15 other technology shall be issued by a health benefit plan upon
16 enrollment and reissued upon any change in the insured's
17 coverage that affects mandatory data elements contained on the
18 card.

19 (c) Notwithstanding subsections (a) and (b) of this
20 Section, a discounted health care services plan administrator
21 providing discounts on prescription drugs or devices shall
22 issue to its beneficiaries a card containing the following
23 mandatory data elements:

24 (1) an Internet website for beneficiaries to access
25 up-to-date lists of preferred providers;

26 (2) a toll-free help desk number for beneficiaries and

1 providers to access up-to-date lists of preferred
2 providers and additional information about the discounted
3 health care services plan;

4 (3) the name or logo of the provider network;

5 (4) a BIN number;

6 (5) a group number;

7 (6) a cardholder ID number;

8 (7) the cardholder's name or a space to permit the
9 cardholder to print his or her name, if the cardholder pays
10 a periodic charge for use of the card;

11 (8) a processor control number, if required for claims
12 adjudication; and

13 (9) a statement that the plan is not insurance.

14 (d) As used in this Section, "discounted health care
15 services plan administrator" means any person, partnership, or
16 corporation, other than an insurer, health service
17 corporation, limited health service organization holding a
18 certificate of authority under the Limited Health Service
19 Organization Act, or health maintenance organization holding a
20 certificate of authority under the Health Maintenance
21 Organization Act that arranges, contracts with, or administers
22 contracts with a provider whereby insureds or beneficiaries are
23 provided an incentive to use health care services provided by
24 health care services providers under a discounted health care
25 services plan in which there are no other incentives, such as
26 copayment, coinsurance, or any other reimbursement

1 differential, for beneficiaries to utilize the provider.
2 "Discounted health care services plan administrator" also
3 includes any person, partnership, or corporation, other than an
4 insurer, health service corporation, limited health service
5 organization holding a certificate of authority under the
6 Limited Health Service Organization Act, or health maintenance
7 organization holding a certificate of authority under the
8 Health Maintenance Organization Act that enters into a contract
9 with another administrator to enroll beneficiaries or insureds
10 in a preferred provider program marketed as an independently
11 identifiable program based on marketing materials or member
12 benefit identification cards.

13 (Source: P.A. 91-777, eff. 1-1-01.)

14 Section 10. The Uniform Health Care Service Benefits
15 Information Card Act is amended by changing Section 15 as
16 follows:

17 (215 ILCS 139/15)

18 Sec. 15. Uniform health care benefit information cards
19 required.

20 (a) A health benefit plan that issues a card or other
21 technology and provides coverage for health care services
22 including prescription drugs or devices also referred to as
23 health care benefits and an administrator of such a plan
24 including, but not limited to, third-party administrators for

1 self-insured plans and state-administered plans shall issue to
2 its insureds a card or other technology containing uniform
3 health care benefit information. The health care benefit
4 information card or other technology shall specifically
5 identify and display the following mandatory data elements on
6 the card:

7 (1) processor control number, if required for claims
8 adjudication;

9 (2) group number;

10 (3) card issuer identifier;

11 (4) cardholder ID number; and

12 (5) cardholder name.

13 (b) The uniform health care benefit information card or
14 other technology shall specifically identify and display the
15 following mandatory data elements on the back of the card:

16 (1) claims submission names and addresses; and

17 (2) help desk telephone numbers and names.

18 (c) A new uniform health care benefit information card or
19 other technology shall be issued by a health benefit plan upon
20 enrollment and reissued upon any change in the insured's
21 coverage that affects mandatory data elements contained on the
22 card.

23 (d) Notwithstanding subsections (a), (b), and (c) of this
24 Section, a discounted health care services plan administrator
25 shall issue to its beneficiaries a card containing the
26 following mandatory data elements:

1 (1) an Internet website for beneficiaries to access
2 up-to-date lists of preferred providers;

3 (2) a toll-free help desk number for beneficiaries and
4 providers to access up-to-date lists of preferred
5 providers and additional information about the discounted
6 health care services plan;

7 (3) the name or logo of the provider network;

8 (4) a group number, if necessary for the processing of
9 benefits;

10 (5) a cardholder ID number;

11 (6) the cardholder's name or a space to permit the
12 cardholder to print his or her name, if the cardholder pays
13 a periodic charge for use of the card;

14 (7) a processor control number, if required for claims
15 adjudication; and

16 (8) a statement that the plan is not insurance.

17 (e) As used in this Section, "discounted health care
18 services plan administrator" means any person, partnership, or
19 corporation, other than an insurer, health service
20 corporation, limited health service organization holding a
21 certificate of authority under the Limited Health Service
22 Organization Act, or health maintenance organization holding a
23 certificate of authority under the Health Maintenance
24 Organization Act that arranges, contracts with, or administers
25 contracts with a provider whereby insureds or beneficiaries are
26 provided an incentive to use health care services provided by

1 health care services providers under a discounted health care
2 services plan in which there are no other incentives, such as
3 copayment, coinsurance, or any other reimbursement
4 differential, for beneficiaries to utilize the provider.

5 "Discounted health care services plan administrator" also
6 includes any person, partnership, or corporation, other than an
7 insurer, health service corporation, limited health service
8 organization holding a certificate of authority under the
9 Limited Health Service Organization Act, or health maintenance
10 organization holding a certificate of authority under the
11 Health Maintenance Organization Act that enters into a contract
12 with another administrator to enroll beneficiaries or insureds
13 in a preferred provider program marketed as an independently
14 identifiable program based on marketing materials or member
15 benefit identification cards.

16 (Source: P.A. 92-106, eff. 1-1-02.)".