- 1 AN ACT concerning health care service contracts.
- 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 adding Article XIXE as follows:
- 6 (215 ILCS 5/Art. XIXE heading new)
- 7 ARTICLE XIXE. HEALTH CARE SERVICES CONTRACTING
- 8 (215 ILCS 5/351E-1 new)
- 9 <u>Sec. 351E-1. Short title. This Article may be cited as</u>
- 10 <u>the Fairness in Health Care Services Contracting Law.</u>
- 11 (215 ILCS 5/351E-5 new)
- 12 <u>Sec. 351E-5. Purpose. The purpose of this Article is to</u>
- 13 provide reasonable notice of the terms and conditions of
- 14 <u>individual</u> or group health care professional or health care
- provider service contracts.
- 16 (215 ILCS 5/351E-10 new)
- 17 <u>Sec. 351E-10. Definitions.</u>
- "Company" means a person that establishes, operates, or
- 19 <u>maintains</u> a <u>network</u>, <u>panel</u>, <u>or group of health care</u>
- 20 professionals or health care providers where the
- 21 professionals or providers have entered into an agreement or
- 22 <u>contract with the company to provide health care services to</u>
- 23 <u>enrollees, beneficiaries, or insureds.</u>
- 24 "Contract" means any written agreement between a company
- 25 <u>and a health care professional or health care provider for</u>
- 26 <u>the provision of health care services.</u>
- 27 <u>"Covered services" means health care services that are</u>
- 28 <u>eligible for coverage under the company's product, policy, or</u>

- 1 <u>benefit plan.</u>
- 2 <u>"Health care professional" means a physician, dentist,</u>
- 3 podiatric physician, nurse, optometrist, physical therapist,
- 4 <u>clinical psychologist, pharmacist, or other individual or</u>
- 5 group, appropriately licensed to provide health care
- 6 <u>services</u>.
- 7 <u>"Health care provider" means any hospital, ambulatory</u>
- 8 surgical treatment center, pharmacy, long term care facility,
- 9 <u>or other facility or group, that is licensed or otherwise</u>
- 10 <u>authorized to deliver health care services. "Health care</u>
- 11 provider also includes independent practice associations and
- 12 <u>physician-hospital organizations.</u>
- 13 <u>"Health care services" means any services included in</u>
- 14 <u>furnishing to any individual medical or dental care and</u>
- 15 <u>hospitalization incident to the furnishing of medical or</u>
- 16 <u>dental care</u>, as well as the furnishing to any individual of
- 17 any other services for the purpose of preventing,
- 18 <u>alleviating</u>, <u>curing</u>, <u>or healing human illness</u>, <u>condition</u>, <u>or</u>
- 19 <u>injury</u>, including home health and pharmaceutical services and
- devices.
- 21 <u>"Material" means a fact or situation that is not merely</u>
- 22 <u>technical in nature and results or could result in a</u>
- 23 <u>substantial change in the situation.</u>
- 24 <u>"Person" means an individual, group, corporation,</u>
- 25 <u>association</u>, <u>partnership</u>, <u>limited liability company</u>, <u>sole</u>
- 26 proprietorship, or any other legal entity.
- 27 <u>"Physician" means a person licensed under the Medical</u>
- 28 Practice Act of 1987.
- 29 (215 ILCS 5/351E-15 new)
- 30 <u>Sec. 351E-15. Fairness in contracting procedures. A</u>
- 31 company shall provide a complete copy of the proposed
- 32 <u>contract with all attachments and exhibits. The health care</u>
- 33 professional or health care provider shall be allowed at

- 1 <u>least 30 days to review the complete contract before being</u>
- 2 required to sign the contract.
- 3 (215 ILCS 5/351E-20 new)
- 4 Sec. 351E-20. All products clauses. A company shall not
- 5 require a health care professional or health care provider,
- 6 as a condition of participating in one of the company's
- 7 <u>networks</u>, to sign a contract to provide services under
- 8 <u>another of the company's networks</u>. <u>Copayments</u>, <u>coinsurance</u>,
- 9 <u>deductibles</u>, and <u>covered services may vary from patient to</u>
- 10 patient within a network.
- 11 (215 ILCS 5/351E-25 new)
- 12 <u>Sec. 351E-25. Payment rates.</u>
- 13 <u>(a) A company shall make payments to a health care</u>
- 14 professional or health care provider in accordance with its
- 15 <u>contract with the professional or provider. A company may not</u>
- 16 <u>make payments under a contract to the health care</u>
- 17 professional or health care provider based upon rates agreed
- 18 <u>to by the professional or provider in another contract.</u>
- (b) A company may not reduce or attempt to reduce
- 20 payment to a professional or provider for services provided
- 21 <u>using an amount, discount, or payment reduction formula or</u>
- 22 <u>methodology that the company and the professional or provider</u>
- 23 <u>have not directly and specifically agreed upon and stated in</u>
- 24 the written contract as applying to the service in question.
- 25 (c) The company must provide a method or process that
- 26 <u>allows the professional or provider to determine the payment</u>
- 27 <u>amounts for each health care service prior to signing the</u>
- 28 <u>contract</u> and, if the health care professional or health care
- 29 <u>provider is not paid on a service by service basis, the</u>
- 30 <u>amounts payable and terms of payment under that alternative</u>
- 31 payment system.

- 1 (215 ILCS 5/351E-30 new)
- 2 <u>Sec. 351E-30. Payment responsibility. The company</u>
- 3 contracting with the health care professional or health care
- 4 provider is directly responsible for the payment to the
- 5 <u>health care professional or health care provider at the</u>
- 6 payment rates specified in the contract for any services
- 7 provided and payable under the contract. Nothing in this
- 8 Section shall prohibit the company from contracting with
- 9 <u>another person to process payments on its behalf.</u>
- 10 (215 ILCS 5/351E-35 new)
- 11 <u>Sec. 351E-35. Payment advice. A company shall provide a</u>
- 12 payment statement to a health care professional or health
- 13 <u>care provider that identifies the disposition of each claim,</u>
- including services billed, the contracted payment rates, the
- 15 <u>actual payment</u>, <u>if any</u>, <u>for the services billed</u>, <u>the reason</u>
- 16 for any payment reduction to the claim submitted, and the
- 17 reason for any denial of the claim. Nothing in this Section
- 18 requires a company to pay health care professionals and
- 19 <u>health care providers on a service by service basis.</u>
- 20 <u>Companies may enter into capitation and other payment</u>
- 21 <u>arrangements</u>. <u>Health care professionals and health care</u>
- 22 providers shall be allowed to collect any difference between
- 23 <u>the amount paid by the company and the amount due under the</u>
- 24 <u>contract between the company and the health care professional</u>
- or health care provider.
- 26 (215 ILCS 5/351E-40 new)
- 27 <u>Sec. 351E-40. Proposed changes. A company shall provide</u>
- 28 <u>a health care professional or health care provider written</u>
- 29 <u>notice of any proposed material changes to the contract and</u>
- 30 <u>shall provide the professional or provider the opportunity to</u>
- 31 <u>terminate the contract prior to the effective date of the</u>
- 32 proposed change. A company shall provide at least 90 days

1 <u>notice of any proposed change.</u>

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2 (215 ILCS 5/351E-45 new)
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- 3 <u>Sec. 351E-45. Unilateral terms prohibited. A company may</u>
- 4 <u>not require a health care professional or health care</u>
- 5 provider to accept unilateral terms concerning termination,
- 6 <u>indemnification</u>, or <u>arbitration</u>. These provisions shall all
- 7 apply equally to both the company and health care
- 8 professional or health care provider. Immediate written
- 9 <u>notice of termination may be provided when a health care</u>
- 10 professional's or provider's license has been disciplined by
- 11 <u>a State licensing board.</u>
- 12 (215 ILCS 5/351E-50 new)
- 13 <u>Sec. 351E-50. Noncovered services. A company shall</u>
- 14 <u>acknowledge that a health care professional and health care</u>
- 15 provider may bill and collect payments for noncovered
- 16 <u>services from enrollees, beneficiaries, insureds, or</u>
- 17 patients.
- 18 (215 ILCS 5/351E-55 new)
- 19 <u>Sec. 351E-55. Changing service codes.</u>
- 20 (a) A company may not change a service code (current
- 21 <u>procedural terminology (CPT), current dental terminology</u>
- 22 (CDT), ICD-9-CM, diagnosis related groups (DRGs), or other
- 23 <u>system</u>) <u>submitted</u> by the health care professional or health
- 24 <u>care provider without prior notification, consultation, and</u>
- 25 <u>agreement. The company shall determine the manner in which it</u>
- 26 <u>adjudicates claims</u>. <u>Notwithstanding the preceding</u>, the
- 27 <u>company may correct errors in submitted claims that prevent</u>
- 28 <u>the claims from being processed and adjudicated, provided</u>
- 29 that the company informs the professional or provider of the
- 30 corrections and provides the professional or provider with
- 31 the opportunity to appeal any corrections.

- 1 (b) Nothing in this Section is intended to require a
- 2 company to pay specific codes. The company may limit the
- 3 service codes it pays for based upon factors including, but
- 4 not limited to, the bundling of services and multiple
- surgeries. In any case, the company must comply with Section 5
- 6 351E-35.

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- 7 (215 ILCS 5/351E-60 new)
- 8 Sec. 351E-60. Billing for covered services. A company
- 9 shall allow a health care professional or health care
- 10 provider to submit an initial claim for services within 6
- months, and any final claim within one year, after the date 11
- 12 services were rendered.
- 13 (215 ILCS 5/351E-65 new)
- 14 Sec. 351E-65. Recoupments. Any attempt by a company to
- 15 recoup payments shall be initiated by providing a written
- explanation of any proposed recoupment including, but not 16
- limited to, the name of the patient, the date of service, the 17
- service code, and the payment amount, the details concerning 18
- 19 the reasons for the recoupment, and an explanation of the
- provider shall be given 30 days to appeal the proposed

appeal process. A health care professional or health care

recoupment or to repay the recoupment amount. If the

- professional or provider chooses to appeal the proposed 23
- 24 recoupment and, upon appeal, the proposed recoupment is
- 25 determined to be appropriate, the professional or provider
- must pay the recoupment within 30 days of receiving the 26
- 27 notice of the final appeal's decision. If the professional or
- provider does not make any required recoupment payment within 28
- 29 these time frames, the company may offset future payments to
- 30 effectuate the recoupment. Company attempts to recoup any
- 31 payments shall be initiated within 24 months after the date
- 32 of service, except in an instance in which the health care

- 1 professional or health care provider has been convicted of
- 2 <u>insurance fraud.</u>
- 3 (215 ILCS 5/351E-70 new)
- 4 Sec. 351E-70. Silent networks. A company may rent,
- 5 <u>lease</u>, or otherwise assign its network to another person. The
- 6 company shall provide notification to the health care
- 7 professionals and health care providers when the company is
- 8 renting, leasing, or otherwise assigning its network to
- 9 <u>another person in those instances when the rental, lease, or</u>
- 10 <u>assignment will result in any material difference in how care</u>
- is approved or paid. The notification shall include the name
- 12 and address of the person renting, leasing, or otherwise
- 13 <u>utilizing the network and the procedures for submitting</u>
- 14 claims.
- 15 <u>A person renting, leasing, or otherwise utilizing a</u>
- 16 <u>company's network may rent, lease, or use either the entire</u>
- 17 <u>network or any portion thereof.</u>
- The person renting, leasing, or otherwise utilizing a
- 19 <u>company's network or any portion thereof shall agree to use</u>
- 20 the payment rates agreed to in the contracts between the
- 21 <u>company and the professionals and providers.</u>
- 22 The person renting, leasing, or otherwise utilizing a
- 23 <u>company's network or any portion thereof</u> shall comply with
- 24 <u>Sections 351E-30, 351E-35, 351E-50, 351E-60, and 351E-65,</u>
- 25 <u>which may not be waived.</u>
- 26 (215 ILCS 5/351E-75 new)
- 27 <u>Sec. 351E-75. Prohibition of waiver of requirements and</u>
- 28 prohibitions. A company contract or policy, either formal or
- 29 <u>informal, shall not contain any provision, term, condition,</u>
- 30 or procedure that limits, restricts, or otherwise waives any
- 31 of the requirements and prohibitions set forth in this
- 32 Article. Any provision purporting to make such a waiver is

- 1 <u>void and unenforceable.</u>
- 2 (215 ILCS 5/351E-80 new)
- 3 Sec. 351E-80. Employment contracts. Nothing in this
- 4 Article shall be construed to mean that a health care
- 5 professional employment contract is addressed under this
- 6 Article.
- 7 (215 ILCS 5/351E-85 new)
- 8 Sec. 351E-85. Rulemaking. The Director shall issue such
- 9 rules as he or she shall deem necessary to administer this
- 10 Article.
- 11 (215 ILCS 5/351E-90 new)
- 12 <u>Sec. 351E-90. Enforcement. The Department shall enforce</u>
- 13 the provisions of this Article pursuant to the enforcement
- 14 powers granted it by law. The Department is hereby granted
- 15 specific authority to issue a cease and desist order, impose
- 16 <u>a civil penalty, or otherwise penalize persons violating this</u>
- 17 <u>Article.</u>
- 18 (215 ILCS 5/351E-95 new)
- 19 <u>Sec. 351E-95. Applicability. This Article applies to</u>
- 20 policies and contracts amended, delivered, issued, or renewed
- 21 <u>on or after the effective date of this amendatory Act of the</u>
- 22 <u>92nd General Assembly. This Article does not diminish a</u>
- 23 <u>company's duties and responsibilities under other federal or</u>
- 24 <u>State law or rules promulgated thereunder.</u>
- 25 Section 90. The Health Maintenance Organization Act is
- amended by changing Section 4-6.5 as follows:
- 27 (215 ILCS 125/4-6.5)
- Sec. 4-6.5. Required health benefits; Illinois Insurance

- 1 Code requirements. A health maintenance organization is
- 2 subject to the provisions of <u>Article XIXE and</u> Sections
- 3 155.37, 356t, 356u, and 356z.1 of the Illinois Insurance
- 4 Code.
- 5 (Source: P.A. 92-130, eff. 7-20-01; 92-440, eff. 8-17-01;
- 6 revised 9-12-01.)
- 7 Section 99. Effective date. This Act takes effect 180
- 8 days after becoming law.

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