



Rep. Bob Morgan

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10300HB4789ham001

LRB103 36280 RPS 71495 a

1 AMENDMENT TO HOUSE BILL 4789

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 4789 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by  
5 changing Section 355.4 and by adding Section 355d as follows:

6 (215 ILCS 5/355.4)

7 Sec. 355.4. Provider notification of network plan changes.

8 (a) As used in this Section:

9 "Contracting entity" means any person or company that  
10 enters into direct contracts with providers for the delivery  
11 of dental services in the ordinary course of business,  
12 including a third-party administrator and a dental carrier.

13 "Dental carrier" means a dental insurance company, dental  
14 service corporation, dental plan organization authorized to  
15 provide dental benefits, or a health insurance plan that  
16 includes coverage for dental services.

1 (b) No dental carrier may automatically enroll a provider  
2 in a leased network without allowing any provider that is part  
3 of the dental carrier's provider network to choose to not  
4 participate by opting out.

5 (c) Any contract entered into or renewed on or after the  
6 effective date of this amendatory Act of the 103rd General  
7 Assembly that allows the rights and obligations of the  
8 contract to be assigned or leased to another insurer shall  
9 provide for notice that informs each provider in writing via  
10 ~~certified~~ mail 60 days before any scheduled assignment or  
11 lease of the network to which the provider is a contracted  
12 provider. To be in compliance with this Section, the  
13 notification must provide the specific URL address where the  
14 following are located: ~~include~~ all contract terms, a policy  
15 manual, a fee schedule, and a statement that the provider has  
16 the right to choose not to participate in third-party access.  
17 The notification must also provide instructions for how the  
18 provider may obtain a copy of those materials.

19 (d) A dental carrier that leases or assigns its network  
20 shall not cancel a network participating dentist's contractual  
21 relationship or otherwise penalize a network participating  
22 dentist in any way based on whether or not the dentist accepts  
23 the terms of the assignment or lease. Before accepting the  
24 terms of an assignment or lease agreement as described in this  
25 Section, any provider who receives notification of an  
26 impending assignment or lease must be given the option to

1 contract directly with the entities proposing to gain access  
2 to the provider's network.

3 (e) The provisions of this Section do not apply:

4 (1) if access to a provider network contract is  
5 granted to a dental carrier or an entity operating in  
6 accordance with the same brand licensee program as the  
7 contracting entity; or

8 (2) to a provider network contract for dental services  
9 provided to beneficiaries of the State employee group  
10 health insurance program or the medical assistance program  
11 under the Illinois Public Aid Code.

12 (Source: P.A. 103-24, eff. 1-1-24.)

13 (215 ILCS 5/355d new)

14 Sec. 355d. Denials of claims submitted after prior  
15 authorization.

16 (a) In this Section:

17 "Dental carrier" means an insurer, dental service  
18 corporation, insurance network leasing company, or any company  
19 that offers individual or group policies of accident and  
20 health insurance that provide coverage for dental services.

21 "Prior authorization" means any written communication that  
22 is verifiable, whether through issuance or letter, facsimile,  
23 email, or similar means, indicating that a specific procedure  
24 is, or multiple procedures are, covered under the patient's  
25 dental plan and reimbursable at a specific amount, subject to

1 applicable coinsurance and deductibles, and issued in response  
2 to a request submitted by a dentist using a format prescribed  
3 by the dental carrier.

4 (b) Beginning on the effective date of this amendatory Act  
5 of the 103rd General Assembly, a dental carrier shall not deny  
6 any claim subsequently submitted for procedures specifically  
7 included in a prior authorization unless at least one of the  
8 following circumstances applies for each procedure denied:

9 (1) benefit limitations, such as annual maximums and  
10 frequency limitations, that were not applicable at the  
11 time of the prior authorization are reached due to  
12 utilization after issuance of the prior authorization;

13 (2) the documentation for the claim provided by the  
14 person submitting the claim clearly fails to support the  
15 claim as originally authorized;

16 (3) if, after the issuance of the prior authorization,  
17 new procedures are provided to the patient or a change in  
18 the condition of the patient occurs such that the prior  
19 authorized procedure would no longer be considered  
20 medically necessary based on the prevailing standard of  
21 care;

22 (4) if, after the issuance of the prior authorization,  
23 new procedures are provided to the patient or a change in  
24 the condition of the patient occurs such that the prior  
25 authorized procedure would, at that time, require  
26 disapproval pursuant to the terms and conditions for

1 coverage under the plan for the patient in effect at the  
2 time the prior authorization was used; or

3 (5) the claim was denied by a dental carrier due to one  
4 of the following reasons:

5 (A) another payor is responsible for the payment;

6 (B) the dentist has already been paid for the  
7 procedures identified on the claim;

8 (C) the claim was submitted fraudulently or the  
9 prior authorization was based in whole or material  
10 part on erroneous information provided to the dental  
11 carrier; or

12 (D) the person receiving the procedure was not  
13 eligible for the procedure on the date of service and  
14 the dental carrier did not know, and with the exercise  
15 of reasonable care could not have known, that person's  
16 eligibility status.

17 A dental carrier shall not recoup a claim solely due to a  
18 loss of coverage of a patient or ineligibility if, at the time  
19 of treatment, the dental carrier erroneously confirmed  
20 coverage and eligibility, but had sufficient information  
21 available to the dental carrier indicating that the patient  
22 was no longer covered or was ineligible for coverage.

23 (c) The provisions of this Section may not be waived by  
24 contract. Any contractual arrangement in conflict with the  
25 provisions of this Section or that purports to waive any  
26 requirement of this Section is null and void.

1 Section 10. The Limited Health Service Organization Act is  
2 amended by changing Section 4003 as follows:

3 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

4 Sec. 4003. Illinois Insurance Code provisions. Limited  
5 health service organizations shall be subject to the  
6 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
7 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
8 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 355.2,  
9 355.3, 355b, 355d, 356q, 356v, 356z.4, 356z.4a, 356z.10,  
10 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a,  
11 356z.32, 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,  
12 356z.54, 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68,  
13 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,  
14 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,  
15 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.  
16 Nothing in this Section shall require a limited health care  
17 plan to cover any service that is not a limited health service.  
18 For purposes of the Illinois Insurance Code, except for  
19 Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited  
20 health service organizations in the following categories are  
21 deemed to be domestic companies:

22 (1) a corporation under the laws of this State; or

23 (2) a corporation organized under the laws of another  
24 state, 30% or more of the enrollees of which are residents

1 of this State, except a corporation subject to  
2 substantially the same requirements in its state of  
3 organization as is a domestic company under Article VIII  
4 1/2 of the Illinois Insurance Code.

5 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
6 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.  
7 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,  
8 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
9 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
10 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
11 eff. 1-1-24; revised 8-29-23.)

12 Section 15. The Voluntary Health Services Plans Act is  
13 amended by changing Section 10 as follows:

14 (215 ILCS 165/10) (from Ch. 32, par. 604)

15 Sec. 10. Application of Insurance Code provisions. Health  
16 services plan corporations and all persons interested therein  
17 or dealing therewith shall be subject to the provisions of  
18 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
19 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,  
20 355d, 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v,  
21 356w, 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a,  
22 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
23 356z.13, 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22,  
24 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32,

1 356z.33, 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,  
2 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62,  
3 356z.64, 356z.67, 356z.68, 364.01, 364.3, 367.2, 368a, 401,  
4 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)  
5 and (15) of Section 367 of the Illinois Insurance Code.

6 Rulemaking authority to implement Public Act 95-1045, if  
7 any, is conditioned on the rules being adopted in accordance  
8 with all provisions of the Illinois Administrative Procedure  
9 Act and all rules and procedures of the Joint Committee on  
10 Administrative Rules; any purported rule not so adopted, for  
11 whatever reason, is unauthorized.

12 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
13 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.  
14 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,  
15 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
16 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.  
17 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
18 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
19 103-551, eff. 8-11-23; revised 8-29-23.)".