



Rep. Margaret Croke

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10300HB5313ham001

LRB103 38443 RPS 70877 a

1 AMENDMENT TO HOUSE BILL 5313

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 5313 on page 2, by  
3 replacing lines 8 through 17 with the following

4 "(3) The network plan shall, at least every 90 days,  
5 audit ~~periodically at least 25% of~~ its provider  
6 directories for accuracy, make any corrections necessary,  
7 and retain documentation of the audit. The network plan  
8 shall submit the audit to the Department, and the  
9 Department shall make the audit publicly available  
10 ~~Director upon request~~. As part of these audits, the  
11 network plan shall contact any provider in its network  
12 that has not submitted a claim to the plan or otherwise  
13 communicated his or her intent to continue participation  
14 in the plan's network."; and

15 on page 9, by replacing lines 12 through 25 with the following:

16 "(215 ILCS 124/35 new)

1       Sec. 35. Complaint of incorrect charges.

2       (a) A beneficiary who incurs a cost for inappropriate  
3 out-of-network charges for a provider, facility, or hospital  
4 that was listed as in-network prior to the provision of  
5 services may file a complaint with the Department. The  
6 Department shall conduct an investigation of any complaint and  
7 determine a complaint is sufficient if the beneficiary was  
8 provided with inaccurate information by the network plan in  
9 the directory.

10       (b) Upon a finding of sufficiency, a network plan shall  
11 reimburse the beneficiary the amount necessary to ensure the  
12 beneficiary is held harmless for all amounts exceeding the  
13 amount the beneficiary would have paid had the services been  
14 provided in-network. All out-of-pocket costs incurred by the  
15 beneficiary shall apply toward the in-network deductible and  
16 out-of-pocket maximum."