## **101ST GENERAL ASSEMBLY**

# State of Illinois

# 2019 and 2020

### SB3120

Introduced 2/6/2020, by Sen. Dave Syverson

### SYNOPSIS AS INTRODUCED:

New Act

Creates the Uniform Electronic Transactions in Health Care Billing Act. Requires all health plan carriers and health care providers to exchange claims and eligibility information electronically using the companion guides, implementation guides, timelines, and standard electronic data interchange transactions for claims submissions, payments, and verification of benefits required under the Health Insurance Portability and Accountability Act in order to be compensable by the health plan carrier. Provides that no health plan carrier or health care provider may add to or modify the uniform companion guides. Provides that the Act applies to all health plan carriers. Grants the Director of Insurance the right to investigate complaints filed under the Act. Sets forth criteria for complaints filed under the Act. Requires the Department of Insurance to adopt rules, and allows the Department to establish exemptions to the Act by regulation. Defines terms. Effective immediately.

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AN ACT concerning regulation.

#### Be it enacted by the People of the State of Illinois, 2 represented in the General Assembly: 3

4 Section 1. Short title. This Act may be cited as the 5 Uniform Electronic Transactions in Health Care Billing Act.

6 Section 5. Purpose. The purpose of this Act is to 7 standardize the forms used in the billing and reimbursement of 8 health care, reduce the number of forms used, increase 9 efficiency in the reimbursement of health care through standardization, and encourage the use of and prescribe a 10 11 timetable for implementation of electronic data interchange of 12 health care expenses and reimbursement.

13 Section 10. Applicability. Except as may be otherwise specifically provided, this Act applies to all health plan 14 15 carriers.

16 Section 15. Definitions. As used in this Act:

17 "Department" means the Department of Insurance.

"Director" means the Director of Insurance. 18

"Health care provider" means a physician, a dentist, or any 19 20 other licensed health care provider who bills for services in Illinois. 21

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"Health plan carrier" means an entity subject to the 1 2 insurance laws and regulations of this State or subject to the jurisdiction of the Director that contracts or offers to 3 contract to provide, deliver, arrange for, pay for, or 4 5 reimburse any of the costs of health care services, including an accident and health insurance company, a health maintenance 6 7 organization, a limited health service organization, a dental 8 service plan corporation, a health services plan corporation, 9 or any other entity providing a plan of health insurance, 10 dental benefits, or dental health care services. "Health plan 11 carrier" includes employee or employer self-insured benefit 12 plans under the federal Employee Retirement Income Security Act of 1974. 13

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Section 20. Uniform electronic claims and eligibility transactions required.

(a) Beginning January 1, 2025, no health plan carrier is
required to accept from a health care provider eligibility for
a health plan transaction or health care claims or equivalent
encounter information transaction except as provided in this
Act.

(b) All health plan carriers and health care providers must exchange claims and eligibility information electronically using the companion guides, implementation guides, timelines, and standard electronic data interchange transactions for claims submissions, payments, and verification of benefits SB3120 - 3 - LRB101 19599 BMS 69075 b

required under the Health Insurance Portability and
 Accountability Act in order to be compensable by the health
 plan carrier.

4 Section 25. Rules; modification of guides.

5 (a) The Department shall adopt rules as necessary to 6 implement this Act and may establish exemptions to this Act by 7 regulation.

8 (b) A health plan carrier or health care provider may not 9 add to or modify the uniform companion guides adopted by the 10 Department.

Section 30. Compliance and investigations. The Director has the right to investigate complaints filed under this Act. Complaints filed under this Section must:

14 (1) be filed in writing, either on paper or 15 electronically;

16 (2) name the person that is the subject of the 17 complaint and describe the acts or omissions believed to be 18 in violation of this Act; and

19 (3) be filed within 180 days after the complainant knew 20 or should have known that the act or omission complained of 21 occurred.

The Director may prescribe additional procedures for the filing of complaints as required to satisfy the requirements of this Section. SB3120 - 4 - LRB101 19599 BMS 69075 b

Section 99. Effective date. This Act takes effect upon
 becoming law.