

1 AN ACT concerning regulation.

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 changing Section 368b as follows:

6 (215 ILCS 5/368b)

7 Sec. 368b. Contracting procedures.

8 (a) A health care professional or health care provider  
9 offered a contract by an insurer, health maintenance  
10 organization, independent practice association, or physician  
11 hospital organization for signature after the effective date  
12 of this amendatory Act of the 93rd General Assembly shall be  
13 provided with a proposed health care professional or health  
14 care provider services contract including, if any, exhibits  
15 and attachments that the contract indicates are to be  
16 attached. Within 35 days after a written request, the health  
17 care professional or health care provider offered a contract  
18 shall be given the opportunity to review and obtain a copy of  
19 the following: a specialty-specific fee schedule sample based  
20 on a minimum of the 50 highest volume fee schedule codes with  
21 the rates applicable to the health care professional or health  
22 care provider to whom the contract is offered, the network  
23 provider administration manual, and a summary capitation

1 schedule, if payment is made on a capitation basis. If 50 codes  
2 do not exist for a particular specialty, the health care  
3 professional or health care provider offered a contract shall  
4 be given the opportunity to review or obtain a copy of a fee  
5 schedule sample with the codes applicable to that particular  
6 specialty. This information may be provided electronically. An  
7 insurer, health maintenance organization, independent practice  
8 association, or physician hospital organization may substitute  
9 the fee schedule sample with a document providing reference to  
10 the information needed to calculate the fee schedule that is  
11 available to the public at no charge and the percentage or  
12 conversion factor at which the insurer, health maintenance  
13 organization, preferred provider organization, independent  
14 practice association, or physician hospital organization sets  
15 its rates.

16 (b) The fee schedule, the capitation schedule, and the  
17 network provider administration manual constitute  
18 confidential, proprietary, and trade secret information and  
19 are subject to the provisions of the Illinois Trade Secrets  
20 Act. The health care professional or health care provider  
21 receiving such protected information may disclose the  
22 information on a need to know basis and only to individuals and  
23 entities that provide services directly related to the health  
24 care professional's or health care provider's decision to  
25 enter into the contract or keep the contract in force. Any  
26 person or entity receiving or reviewing such protected

1 information pursuant to this Section shall not disclose the  
2 information to any other person, organization, or entity,  
3 unless the disclosure is requested pursuant to a valid court  
4 order or required by a state or federal government agency.  
5 Individuals or entities receiving such information from a  
6 health care professional or health care provider as delineated  
7 in this subsection are subject to the provisions of the  
8 Illinois Trade Secrets Act.

9 (c) The health care professional or health care provider  
10 shall be allowed at least 30 days to review the health care  
11 professional or health care provider services contract,  
12 including exhibits and attachments, if any, before signing.  
13 The 30-day review period begins upon receipt of the health  
14 care professional or health care provider services contract,  
15 unless the information available upon request in subsection  
16 (a) is not included. If information is not included in the  
17 professional services contract and is requested pursuant to  
18 subsection (a), the 30-day review period begins on the date of  
19 receipt of the information. Nothing in this subsection shall  
20 prohibit a health care professional or health care provider  
21 from signing a contract prior to the expiration of the 30-day  
22 review period.

23 (d) As used in this subsection:

24 "Change" means an increase or decrease in the fee schedule  
25 referred to in subsection (a).

26 "Nonroutine change" means any proposed change to the fee

1 schedule except a change that is otherwise required by law,  
2 regulation, or an applicable regulatory authority or that is  
3 required as a result of changes in fee schedules,  
4 reimbursement methodology, or payment policies established by  
5 a government agency or by the American Medical Association's  
6 current procedural terminology codes, reporting guidelines,  
7 and conventions, or a change that is expressly provided for  
8 under the terms of the contract by the inclusion of or  
9 reference to a specific fee or fee schedule, reimbursement  
10 methodology, or payment policy indexing mechanism.

11 The insurer, health maintenance organization, independent  
12 practice association, or physician hospital organization shall  
13 provide all contracted health care professionals or health  
14 care providers with any changes to the fee schedule provided  
15 under subsection (a) not later than 35 days after the  
16 effective date of the changes, unless such changes are  
17 specified in the contract and the health care professional or  
18 health care provider is able to calculate the changed rates  
19 based on information in the contract and information available  
20 to the public at no charge. Beginning January 1, 2023, with  
21 respect to nonroutine changes to the fee schedule, the  
22 insurer, health maintenance organization, independent practice  
23 association, or physician hospital organization shall provide  
24 all contracted health care professionals or health care  
25 providers impacted by the nonroutine change with notice of the  
26 change at least 60 days before the effective date of the

1 change. The right to advance notice of nonroutine changes to  
2 the fee schedule may not be waived by the health care  
3 professional or health care provider.

4 ~~For the purposes of this subsection, "changes" means an~~  
5 ~~increase or decrease in the fee schedule referred to in~~  
6 ~~subsection (a).~~ This information may be made available by  
7 mail, e-mail, newsletter, website listing, or other reasonable  
8 method. For nonroutine changes, the information directing the  
9 health care professional or health care provider to the  
10 information provided by newsletter, website listing, or other  
11 reasonable method shall be provided by email or, if requested  
12 by the health care professional or health care provider, by  
13 mail. Upon request, a health care professional or health care  
14 provider may request an updated copy of the fee schedule  
15 referred to in subsection (a) every calendar quarter.

16 (e) Upon termination of a contract with an insurer, health  
17 maintenance organization, independent practice association, or  
18 physician hospital organization and at the request of the  
19 patient, a health care professional or health care provider  
20 shall transfer copies of the patient's medical records. Any  
21 other provision of law notwithstanding, the costs for copying  
22 and transferring copies of medical records shall be assigned  
23 per the arrangements agreed upon, if any, in the health care  
24 professional or health care provider services contract.

25 (Source: P.A. 93-261, eff. 1-1-04.)