



Rep. Theresa Mah

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10200HB4941ham001

LRB102 22842 BMS 37092 a

1 AMENDMENT TO HOUSE BILL 4941

2 AMENDMENT NO. _____. Amend House Bill 4941 by replacing
3 everything after the enacting clause with the following:

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

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

23 (b) The fee schedule, the capitation schedule, and the
24 network provider administration manual constitute
25 confidential, proprietary, and trade secret information and
26 are subject to the provisions of the Illinois Trade Secrets

1 Act. The health care professional or health care provider
2 receiving such protected information may disclose the
3 information on a need to know basis and only to individuals and
4 entities that provide services directly related to the health
5 care professional's or health care provider's decision to
6 enter into the contract or keep the contract in force. Any
7 person or entity receiving or reviewing such protected
8 information pursuant to this Section shall not disclose the
9 information to any other person, organization, or entity,
10 unless the disclosure is requested pursuant to a valid court
11 order or required by a state or federal government agency.
12 Individuals or entities receiving such information from a
13 health care professional or health care provider as delineated
14 in this subsection are subject to the provisions of the
15 Illinois Trade Secrets Act.

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

1 prohibit a health care professional or health care provider
2 from signing a contract prior to the expiration of the 30-day
3 review period.

4 (d) As used in this subsection:

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

7 "Nonroutine change" means any proposed change to the fee
8 schedule except a change that is otherwise required by law,
9 regulation, or an applicable regulatory authority or that is
10 required as a result of changes in fee schedules,
11 reimbursement methodology, or payment policies established by
12 a government agency or by the American Medical Association's
13 current procedural terminology codes, reporting guidelines,
14 and conventions, or a change that is expressly provided for
15 under the terms of the contract by the inclusion of or
16 reference to a specific fee or fee schedule, reimbursement
17 methodology, or payment policy indexing mechanism.

18 The insurer, health maintenance organization, independent
19 practice association, or physician hospital organization shall
20 provide all contracted health care professionals or health
21 care providers with any changes to the fee schedule provided
22 under subsection (a) not later than 35 days after the
23 effective date of the changes, unless such changes are
24 specified in the contract and the health care professional or
25 health care provider is able to calculate the changed rates
26 based on information in the contract and information available

1 to the public at no charge. Beginning January 1, 2023, with
2 respect to nonroutine changes to the fee schedule, the
3 insurer, health maintenance organization, independent practice
4 association, or physician hospital organization shall provide
5 all contracted health care professionals or health care
6 providers impacted by the nonroutine change with notice of the
7 change at least 60 days before the effective date of the
8 change. The right to advance notice of nonroutine changes to
9 the fee schedule may not be waived by the health care
10 professional or health care provider.

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

23 (e) Upon termination of a contract with an insurer, health
24 maintenance organization, independent practice association, or
25 physician hospital organization and at the request of the
26 patient, a health care professional or health care provider

1 shall transfer copies of the patient's medical records. Any
2 other provision of law notwithstanding, the costs for copying
3 and transferring copies of medical records shall be assigned
4 per the arrangements agreed upon, if any, in the health care
5 professional or health care provider services contract.
6 (Source: P.A. 93-261, eff. 1-1-04.)".