

SB0332



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB0332

Introduced 2/19/2021, by Sen. Jacqueline Y. Collins

SYNOPSIS AS INTRODUCED:

215 ILCS 124/5
215 ILCS 124/25

Amends the Network Adequacy and Transparency Act. Provides that a network plan shall make available, through a directory, information about whether a provider offers the use of telehealth or telemedicine to deliver services, what modalities are used and what services via telehealth or telemedicine are provided, and whether the provider has the ability and willingness to include in a telehealth or telemedicine encounter a family caregiver who is in a separate location than the patient if the patient so wishes and provides his or her consent. Defines "family caregiver". Effective immediately.

LRB102 13548 BMS 18895 b

A BILL FOR

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 Network Adequacy and Transparency Act is
5 amended by changing Sections 5 and 25 as follows:

6 (215 ILCS 124/5)

7 Sec. 5. Definitions. In this Act:

8 "Authorized representative" means a person to whom a
9 beneficiary has given express written consent to represent the
10 beneficiary; a person authorized by law to provide substituted
11 consent for a beneficiary; or the beneficiary's treating
12 provider only when the beneficiary or his or her family member
13 is unable to provide consent.

14 "Beneficiary" means an individual, an enrollee, an
15 insured, a participant, or any other person entitled to
16 reimbursement for covered expenses of or the discounting of
17 provider fees for health care services under a program in
18 which the beneficiary has an incentive to utilize the services
19 of a provider that has entered into an agreement or
20 arrangement with an insurer.

21 "Department" means the Department of Insurance.

22 "Director" means the Director of Insurance.

23 "Family caregiver" means a relative, partner, friend, or

1 neighbor who has a significant relationship with the patient
2 and administers or assists them with activities of daily
3 living, instrumental activities of daily living, or other
4 medical or nursing tasks for the quality and welfare of that
5 patient.

6 "Insurer" means any entity that offers individual or group
7 accident and health insurance, including, but not limited to,
8 health maintenance organizations, preferred provider
9 organizations, exclusive provider organizations, and other
10 plan structures requiring network participation, excluding the
11 medical assistance program under the Illinois Public Aid Code,
12 the State employees group health insurance program, workers
13 compensation insurance, and pharmacy benefit managers.

14 "Material change" means a significant reduction in the
15 number of providers available in a network plan, including,
16 but not limited to, a reduction of 10% or more in a specific
17 type of providers, the removal of a major health system that
18 causes a network to be significantly different from the
19 network when the beneficiary purchased the network plan, or
20 any change that would cause the network to no longer satisfy
21 the requirements of this Act or the Department's rules for
22 network adequacy and transparency.

23 "Network" means the group or groups of preferred providers
24 providing services to a network plan.

25 "Network plan" means an individual or group policy of
26 accident and health insurance that either requires a covered

1 person to use or creates incentives, including financial
2 incentives, for a covered person to use providers managed,
3 owned, under contract with, or employed by the insurer.

4 "Ongoing course of treatment" means (1) treatment for a
5 life-threatening condition, which is a disease or condition
6 for which likelihood of death is probable unless the course of
7 the disease or condition is interrupted; (2) treatment for a
8 serious acute condition, defined as a disease or condition
9 requiring complex ongoing care that the covered person is
10 currently receiving, such as chemotherapy, radiation therapy,
11 or post-operative visits; (3) a course of treatment for a
12 health condition that a treating provider attests that
13 discontinuing care by that provider would worsen the condition
14 or interfere with anticipated outcomes; or (4) the third
15 trimester of pregnancy through the post-partum period.

16 "Preferred provider" means any provider who has entered,
17 either directly or indirectly, into an agreement with an
18 employer or risk-bearing entity relating to health care
19 services that may be rendered to beneficiaries under a network
20 plan.

21 "Providers" means physicians licensed to practice medicine
22 in all its branches, other health care professionals,
23 hospitals, or other health care institutions that provide
24 health care services.

25 "Telehealth" has the meaning given to that term in Section
26 356z.22 of the Illinois Insurance Code.

1 "Telemedicine" has the meaning given to that term in
2 Section 49.5 of the Medical Practice Act of 1987.

3 "Tiered network" means a network that identifies and
4 groups some or all types of provider and facilities into
5 specific groups to which different provider reimbursement,
6 covered person cost-sharing or provider access requirements,
7 or any combination thereof, apply for the same services.

8 "Woman's principal health care provider" means a physician
9 licensed to practice medicine in all of its branches
10 specializing in obstetrics, gynecology, or family practice.
11 (Source: P.A. 100-502, eff. 9-15-17.)

12 (215 ILCS 124/25)

13 Sec. 25. Network transparency.

14 (a) A network plan shall post electronically an
15 up-to-date, accurate, and complete provider directory for each
16 of its network plans, with the information and search
17 functions, as described in this Section.

18 (1) In making the directory available electronically,
19 the network plans shall ensure that the general public is
20 able to view all of the current providers for a plan
21 through a clearly identifiable link or tab and without
22 creating or accessing an account or entering a policy or
23 contract number.

24 (2) The network plan shall update the online provider
25 directory at least monthly. Providers shall notify the

1 network plan electronically or in writing of any changes
2 to their information as listed in the provider directory.
3 The network plan shall update its online provider
4 directory in a manner consistent with the information
5 provided by the provider within 10 business days after
6 being notified of the change by the provider. Nothing in
7 this paragraph (2) shall void any contractual relationship
8 between the provider and the plan.

9 (3) The network plan shall audit periodically at least
10 25% of its provider directories for accuracy, make any
11 corrections necessary, and retain documentation of the
12 audit. The network plan shall submit the audit to the
13 Director upon request. As part of these audits, the
14 network plan shall contact any provider in its network
15 that has not submitted a claim to the plan or otherwise
16 communicated his or her intent to continue participation
17 in the plan's network.

18 (4) A network plan shall provide a print copy of a
19 current provider directory or a print copy of the
20 requested directory information upon request of a
21 beneficiary or a prospective beneficiary. Print copies
22 must be updated quarterly and an errata that reflects
23 changes in the provider network must be updated quarterly.

24 (5) For each network plan, a network plan shall
25 include, in plain language in both the electronic and
26 print directory, the following general information:

1 (A) in plain language, a description of the
2 criteria the plan has used to build its provider
3 network;

4 (B) if applicable, in plain language, a
5 description of the criteria the insurer or network
6 plan has used to create tiered networks;

7 (C) if applicable, in plain language, how the
8 network plan designates the different provider tiers
9 or levels in the network and identifies for each
10 specific provider, hospital, or other type of facility
11 in the network which tier each is placed, for example,
12 by name, symbols, or grouping, in order for a
13 beneficiary-covered person or a prospective
14 beneficiary-covered person to be able to identify the
15 provider tier; and

16 (D) if applicable, a notation that authorization
17 or referral may be required to access some providers.

18 (6) A network plan shall make it clear for both its
19 electronic and print directories what provider directory
20 applies to which network plan, such as including the
21 specific name of the network plan as marketed and issued
22 in this State. The network plan shall include in both its
23 electronic and print directories a customer service email
24 address and telephone number or electronic link that
25 beneficiaries or the general public may use to notify the
26 network plan of inaccurate provider directory information

1 and contact information for the Department's Office of
2 Consumer Health Insurance.

3 (7) A provider directory, whether in electronic or
4 print format, shall accommodate the communication needs of
5 individuals with disabilities, and include a link to or
6 information regarding available assistance for persons
7 with limited English proficiency.

8 (b) For each network plan, a network plan shall make
9 available through an electronic provider directory the
10 following information in a searchable format:

11 (1) for health care professionals:

12 (A) name;

13 (B) gender;

14 (C) participating office locations;

15 (D) specialty, if applicable;

16 (E) medical group affiliations, if applicable;

17 (F) facility affiliations, if applicable;

18 (G) participating facility affiliations, if
19 applicable;

20 (H) languages spoken other than English, if
21 applicable;

22 (I) whether accepting new patients; ~~and~~

23 (J) board certifications, if applicable; ~~and~~

24 (K) use of telehealth or telemedicine, including:

25 (i) whether the provider offers the use of
26 telehealth or telemedicine to deliver services;

1 (ii) what modalities are used and what
2 services via telehealth or telemedicine are
3 provided; and

4 (iii) whether the provider has the ability and
5 willingness to include in a telehealth or
6 telemedicine encounter a family caregiver who is
7 in a separate location than the patient if the
8 patient wishes and provides his or her consent;

9 (2) for hospitals:

10 (A) hospital name;

11 (B) hospital type (such as acute, rehabilitation,
12 children's, or cancer);

13 (C) participating hospital location; and

14 (D) hospital accreditation status; and

15 (3) for facilities, other than hospitals, by type:

16 (A) facility name;

17 (B) facility type;

18 (C) types of services performed; and

19 (D) participating facility location or locations.

20 (c) For the electronic provider directories, for each
21 network plan, a network plan shall make available all of the
22 following information in addition to the searchable
23 information required in this Section:

24 (1) for health care professionals:

25 (A) contact information; and

26 (B) languages spoken other than English by

1 clinical staff, if applicable;
2 (2) for hospitals, telephone number; and
3 (3) for facilities other than hospitals, telephone
4 number.

5 (d) The insurer or network plan shall make available in
6 print, upon request, the following provider directory
7 information for the applicable network plan:

8 (1) for health care professionals:

9 (A) name;

10 (B) contact information;

11 (C) participating office location or locations;

12 (D) specialty, if applicable;

13 (E) languages spoken other than English, if
14 applicable; ~~and~~

15 (F) whether accepting new patients; ~~and~~

16 (G) use of telehealth or telemedicine, including:

17 (i) whether the provider offers the use of
18 telehealth or telemedicine to deliver services;

19 (ii) what modalities are used and what
20 services via telehealth or telemedicine are
21 provided; and

22 (iii) whether the provider has the ability and
23 willingness to include in a telehealth or
24 telemedicine encounter a family caregiver who is
25 in a separate location than the patient if the
26 patient wishes and provides his or her consent;

- 1 (2) for hospitals:
- 2 (A) hospital name;
- 3 (B) hospital type (such as acute, rehabilitation,
4 children's, or cancer); and
- 5 (C) participating hospital location and telephone
6 number; and
- 7 (3) for facilities, other than hospitals, by type:
- 8 (A) facility name;
- 9 (B) facility type;
- 10 (C) types of services performed; and
- 11 (D) participating facility location or locations
12 and telephone numbers.

13 (e) The network plan shall include a disclosure in the
14 print format provider directory that the information included
15 in the directory is accurate as of the date of printing and
16 that beneficiaries or prospective beneficiaries should consult
17 the insurer's electronic provider directory on its website and
18 contact the provider. The network plan shall also include a
19 telephone number in the print format provider directory for a
20 customer service representative where the beneficiary can
21 obtain current provider directory information.

22 (f) The Director may conduct periodic audits of the
23 accuracy of provider directories. A network plan shall not be
24 subject to any fines or penalties for information required in
25 this Section that a provider submits that is inaccurate or
26 incomplete.

1 (Source: P.A. 100-502, eff. 9-15-17; 100-601, eff. 6-29-18.)

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