



Sen. James A. DeLeo

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09600HB5527sam001

LRB096 20211 RPM 40024 a

1 AMENDMENT TO HOUSE BILL 5527

2 AMENDMENT NO. _____. Amend House Bill 5527 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Uniform Prescription Drug Information Card
5 Act is amended by changing Section 15 as follows:

6 (215 ILCS 138/15)

7 Sec. 15. Uniform prescription drug information cards
8 required.

9 (a) A health benefit plan that issues a card or other
10 technology and provides coverage for prescription drugs or
11 devices and an administrator of such a plan including, but not
12 limited to, third-party administrators for self-insured plans
13 and state-administered plans shall issue to its insureds a card
14 or other technology containing uniform prescription drug
15 information. The uniform prescription drug information card or
16 other technology shall specifically identify and display the

1 following mandatory data elements on the front of the card:

2 (1) BIN number;

3 (2) Processor control number if required for claims
4 adjudication;

5 (3) Group number;

6 (4) Card issuer identifier;

7 (5) Cardholder ID number; and

8 (6) Cardholder name.

9 The uniform prescription drug information card or other
10 technology shall specifically identify and display the
11 following mandatory data elements on the back of the card:

12 (1) Claims submission names and addresses; and

13 (2) Help desk telephone numbers and names.

14 (b) A new uniform prescription drug information card or
15 other technology shall be issued by a health benefit plan upon
16 enrollment and reissued upon any change in the insured's
17 coverage that affects mandatory data elements contained on the
18 card.

19 (c) Notwithstanding subsections (a) and (b) of this
20 Section, a discounted health care services plan administrator
21 providing discounts on prescription drugs or devices shall
22 issue to its beneficiaries a card containing the following
23 mandatory data elements:

24 (1) an Internet website for beneficiaries to access
25 up-to-date lists of preferred providers;

26 (2) a toll-free help desk number for beneficiaries and

1 providers to access up-to-date lists of preferred
2 providers and additional information about the discounted
3 health care services plan;

4 (3) the name or logo of the provider network;

5 (4) a group number;

6 (5) a cardholder ID number;

7 (6) the cardholder's name or a space to permit the
8 cardholder to print his or her name, if the cardholder pays
9 a periodic charge for use of the card;

10 (7) a processor control number, if required for claims
11 adjudication; and

12 (8) a statement that the plan is not insurance.

13 (d) As used in this Section, "discounted health care
14 services plan administrator" means any person, partnership, or
15 corporation, other than an insurer, health service
16 corporation, limited health service organization holding a
17 certificate of authority under the Limited Health Service
18 Organization Act, or health maintenance organization holding a
19 certificate of authority under the Health Maintenance
20 Organization Act that arranges, contracts with, or administers
21 contracts with a provider whereby insureds or beneficiaries are
22 provided an incentive to use health care services provided by
23 health care services providers under a discounted health care
24 services plan in which there are no other incentives, such as
25 copayment, coinsurance, or any other reimbursement
26 differential, for beneficiaries to utilize the provider.

1 "Discounted health care services plan administrator" also
2 includes any person, partnership, or corporation, other than an
3 insurer, health service corporation, limited health service
4 organization holding a certificate of authority under the
5 Limited Health Service Organization Act, or health maintenance
6 organization holding a certificate of authority under the
7 Health Maintenance Organization Act that enters into a contract
8 with another administrator to enroll beneficiaries or insureds
9 in a preferred provider program marketed as an independently
10 identifiable program based on marketing materials or member
11 benefit identification cards.

12 (Source: P.A. 91-777, eff. 1-1-01.)

13 Section 10. The Uniform Health Care Service Benefits
14 Information Card Act is amended by changing Section 15 as
15 follows:

16 (215 ILCS 139/15)

17 Sec. 15. Uniform health care benefit information cards
18 required.

19 (a) A health benefit plan that issues a card or other
20 technology and provides coverage for health care services
21 including prescription drugs or devices also referred to as
22 health care benefits and an administrator of such a plan
23 including, but not limited to, third-party administrators for
24 self-insured plans and state-administered plans shall issue to

1 its insureds a card or other technology containing uniform
2 health care benefit information. The health care benefit
3 information card or other technology shall specifically
4 identify and display the following mandatory data elements on
5 the card:

6 (1) processor control number, if required for claims
7 adjudication;

8 (2) group number;

9 (3) card issuer identifier;

10 (4) cardholder ID number; and

11 (5) cardholder name.

12 (b) The uniform health care benefit information card or
13 other technology shall specifically identify and display the
14 following mandatory data elements on the back of the card:

15 (1) claims submission names and addresses; and

16 (2) help desk telephone numbers and names.

17 (c) A new uniform health care benefit information card or
18 other technology shall be issued by a health benefit plan upon
19 enrollment and reissued upon any change in the insured's
20 coverage that affects mandatory data elements contained on the
21 card.

22 (d) Notwithstanding subsections (a), (b), and (c) of this
23 Section, a discounted health care services plan administrator
24 shall issue to its beneficiaries a card containing the
25 following mandatory data elements:

26 (1) an Internet website for beneficiaries to access

1 up-to-date lists of preferred providers;

2 (2) a toll-free help desk number for beneficiaries and
3 providers to access up-to-date lists of preferred
4 providers and additional information about the discounted
5 health care services plan;

6 (3) the name or logo of the provider network;

7 (4) a group number, if necessary for the processing of
8 benefits;

9 (5) a cardholder ID number;

10 (6) the cardholder's name or a space to permit the
11 cardholder to print his or her name, if the cardholder pays
12 a periodic charge for use of the card;

13 (7) a processor control number, if required for claims
14 adjudication; and

15 (8) a statement that the plan is not insurance.

16 (e) As used in this Section, "discounted health care
17 services plan administrator" means any person, partnership, or
18 corporation, other than an insurer, health service
19 corporation, limited health service organization holding a
20 certificate of authority under the Limited Health Service
21 Organization Act, or health maintenance organization holding a
22 certificate of authority under the Health Maintenance
23 Organization Act that arranges, contracts with, or administers
24 contracts with a provider whereby insureds or beneficiaries are
25 provided an incentive to use health care services provided by
26 health care services providers under a discounted health care

1 services plan in which there are no other incentives, such as
2 copayment, coinsurance, or any other reimbursement
3 differential, for beneficiaries to utilize the provider.
4 "Discounted health care services plan administrator" also
5 includes any person, partnership, or corporation, other than an
6 insurer, health service corporation, limited health service
7 organization holding a certificate of authority under the
8 Limited Health Service Organization Act, or health maintenance
9 organization holding a certificate of authority under the
10 Health Maintenance Organization Act that enters into a contract
11 with another administrator to enroll beneficiaries or insureds
12 in a preferred provider program marketed as an independently
13 identifiable program based on marketing materials or member
14 benefit identification cards.

15 (Source: P.A. 92-106, eff. 1-1-02.)".