



Rep. Greg Harris

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09700HB1193ham001

LRB097 05476 RPM 53784 a

1 AMENDMENT TO HOUSE BILL 1193

2 AMENDMENT NO. _____. Amend House Bill 1193 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by
5 changing Section 368d as follows:

6 (215 ILCS 5/368d)

7 Sec. 368d. Recoupments.

8 (a) A health care professional or health care provider
9 shall be provided a remittance advice, which must include an
10 explanation of a recoupment or offset taken by an insurer,
11 health maintenance organization, independent practice
12 association, or physician hospital organization, if any. The
13 recoupment explanation shall, at a minimum, include the name of
14 the patient; the date of service; the service code or if no
15 service code is available a service description; the recoupment
16 amount; and the reason for the recoupment or offset. In

1 addition, an insurer, health maintenance organization,
2 independent practice association, or physician hospital
3 organization shall provide with the remittance advice, or with
4 any demand for recoupment or offset, a telephone number or
5 mailing address to initiate an appeal of the recoupment or
6 offset together with the deadline for initiating an appeal.
7 Such information shall be prominently displayed on the
8 remittance advice or written document containing the demand for
9 recoupment or offset. Any appeal of a recoupment or offset by a
10 health care professional or health care provider must be made
11 within 60 days after receipt of the remittance advice.

12 (b) It is not a recoupment when a health care professional
13 or health care provider is paid an amount prospectively or
14 concurrently under a contract with an insurer, health
15 maintenance organization, independent practice association, or
16 physician hospital organization that requires a retrospective
17 reconciliation based upon specific conditions outlined in the
18 contract.

19 (c) No recoupment or offset may be requested or withheld
20 from future payments 18 months or more after the original
21 payment is made, except in cases in which a court, government
22 administrative agency, or other tribunal has made a formal
23 adjudication of fraud or misrepresentation or in cases in which
24 an insurer is acting as a plan administrator for the
25 Comprehensive Health Insurance Plan under the Comprehensive
26 Health Insurance Plan Act or, in cases in which the provider

1 has already been paid in full, by any other payer, third party,
2 or workers' compensation insurer. No contract between an
3 insurer and a health care professional or health care provider
4 may provide for recoupments in violation of this Section.
5 Nothing in this Section shall be construed to preclude
6 insurers, health maintenance organizations, independent
7 practice associations, or physician hospital organizations
8 from resolving coordination of benefits between or among each
9 other, including, but not limited to, resolution of workers'
10 compensation and third-party liability cases, without
11 recouping payment from the provider beyond the 18-month time
12 limit provided in this subsection (c).

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