



## 97TH GENERAL ASSEMBLY

### State of Illinois

2011 and 2012

SB1545

Introduced 2/9/2011, by Sen. William R. Haine

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/355.3 new  
215 ILCS 5/368d

Amends the Illinois Insurance Code. Provides that dental insurance plans must list in the fee schedule attached to the contract every Code on Dental Procedures and Nomenclature (CDT) code upon which the plan imposes a capped fee and the dollar amount of the capped fee. Provides that any CDT code not so listed shall not be subject to any fee cap, and the provider may balance bill the patient. Provides that dental insurance plans must highlight any changes in subsequent contract terms or conditions and shall have the original plan administrator notify the enrolled dentist and allow the dentist sufficient time to respond. Provides that no recoupment or offset may be requested or withheld from future payments 366 or more days after the original payment is made. Provides that no contract between an insurer and a health care professional or health care provider may provide for recoupments in violation of the provision concerning recoupment.

LRB097 05257 RPM 45309 b

1 AN ACT concerning insurance.

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 368d and by adding Section 355.3 as follows:

6 (215 ILCS 5/355.3 new)

7 Sec. 355.3. Dental plans; contracting.

8 (a) Every company that issues, delivers, amends, or renews  
9 any individual or group policy of accident and health insurance  
10 on or after the effective date of this amendatory Act of the  
11 97th General Assembly that provides dental insurance must list  
12 in the fee schedule attached to the contract every American  
13 Dental Association's Code on Dental Procedures and  
14 Nomenclature (CDT) code upon which the plan imposes a capped  
15 fee and the specific dollar amount of the capped fee.

16 (b) Any CDT code not listed in the contract as prescribed  
17 in subsection (a) of this Section shall not be subject to any  
18 fee cap. In such cases, the provider may balance bill the  
19 patient.

20 (c) Every company that issues, delivers, amends, or renews  
21 any individual or group policy of accident and health insurance  
22 on or after the effective date of this amendatory Act of the  
23 97th General Assembly that provides dental insurance must

1 highlight any changes in subsequent contract terms or  
2 conditions, including changes in reimbursement, and shall have  
3 the original plan administrator notify the enrolled dentist and  
4 allow the dentist sufficient time to review, renegotiate, or  
5 terminate the contract.

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  
17 addition, an insurer, health maintenance organization,  
18 independent practice association, or physician hospital  
19 organization shall provide with the remittance advice a  
20 telephone number or mailing address to initiate an appeal of  
21 the recoupment or offset.

22 (b) It is not a recoupment when a health care professional  
23 or health care provider is paid an amount prospectively or  
24 concurrently under a contract with an insurer, health  
25 maintenance organization, independent practice association, or

1 physician hospital organization that requires a retrospective  
2 reconciliation based upon specific conditions outlined in the  
3 contract.

4 (c) No recoupment or offset may be requested or withheld  
5 from future payments 366 or more days after the original  
6 payment is made. No contract between an insurer and a health  
7 care professional or health care provider may provide for  
8 recoupments in violation of this Section.

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