AN ACT concerning health care benefit information cards.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 1. Short title. This Act may be cited as the Uniform Health Care Service Benefits Information Card Act.

Section 5. Legislative intent. It is the intent of the legislature to lessen patients' waiting times, decrease administrative burdens for health care professionals and health care institutions, and improve care to patients by minimizing confusion, eliminating unnecessary paperwork, and streamlining the administrative aspects of care paid for by third-party payors. This Act shall be broadly applied and interpreted to effectuate this purpose.

Section 10. Definitions. As used in this Act, the following terms have the meanings given in this Section.

"Department" means the Department of Insurance.

"Director" means the Director of Insurance.

"Health benefit plan" means an accident and health insurance policy or certificate subject to the Illinois Insurance Code, a voluntary health services plan subject to the Voluntary Health Services Plans Act, a health maintenance organization subscriber contract subject to the Health Maintenance Organization Act, a plan provided by a multiple employer welfare arrangement, or a plan provided by another benefit arrangement. Without limitation, "health benefit plan" does not mean any of the following types of insurance:

(1) accident;

(2) credit;

(3) disability income;

(4) long-term or nursing home care;

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(5) specified disease;

(6) dental or vision;

(7) coverage issued as a supplement to liability insurance;

(8) medical payments under automobile or homeowners;

(9) insurance under which benefits are payable with or without regard to fault as statutorily required to be contained in any liability policy or equivalent self-insurance;

(10) hospital income or indemnity; and

(11) self-insured health benefit plans under the federal Employee Retirement Income Security Act of 1974.

Section 15. Uniform health care benefit information cards required.

(a) A health benefit plan that issues a card or other technology and provides coverage for health care services including prescription drugs or devices also referred to as health care benefits and an administrator of such a plan including, but not limited to, third-party administrators for self-insured plans and state-administered plans shall issue to its insureds a card or other technology containing uniform health care benefit information. The health care benefit information card or other technology shall specifically identify and display the following mandatory data elements on the card:

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

(2) group number;

(3) card issuer identifier;

(4) cardholder ID number; and

(5) cardholder name.

(b) The uniform health care benefit information card or

other technology shall specifically identify and display the following mandatory data elements on the back of the card:

(1) claims submission names and addresses; and

(2) help desk telephone numbers and names.

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

Section 20. Coordination with Uniform Prescription Drug Information Card. A health benefit plan may comply with this Act by including the information required in Section 15 on one card if a card is also required under the Uniform Prescription Drug Information Card Act.

Section 25. Applicability and enforcement.

(a) This Act applies to health care benefit plans that are amended, delivered, issued, or renewed on and after the effective date of this amendatory Act of the 92nd General Assembly.

(b) The Director may adopt rules necessary to implement the Department's responsibilities under this Act. To enforce the provisions of this Act, the Director may issue a cease and desist order or require a health benefit plan to submit a plan of correction for violations of this Act, or both. Subject to the provisions of the Illinois Administrative Procedure Act, the Director may, pursuant to Section 403A of the Illinois Insurance Code, impose upon a health benefit plan an administrative fine not to exceed $250,000 for failure to submit a requested plan of correction, failure to comply with its plan or correction, or repeated violations of this Act.

Section 99. Effective date. This Act takes effect on January 1, 2002.

Michael J. Madigan
Speaker, House of Representatives

J. Philip
President of the Senate

APPROVED

this 20th day of July 20 01 A.D.

George H Ryan
GOVERNOR