

1 AN ACT concerning health care benefit information cards.

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

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

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

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

16 "Department" means the Department of Insurance.

17 "Director" means the Director of Insurance.

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

- 27 (1) accident;
- 28 (2) credit;
- 29 (3) disability income;
- 30 (4) long-term or nursing home care;

- 1 (5) specified disease;
- 2 (6) dental or vision;
- 3 (7) coverage issued as a supplement to liability
- 4 insurance;
- 5 (8) medical payments under automobile or
- 6 homeowners;
- 7 (9) insurance under which benefits are payable with
- 8 or without regard to fault as statutorily required to be
- 9 contained in any liability policy or equivalent
- 10 self-insurance;
- 11 (10) hospital income or indemnity; and
- 12 (11) self-insured health benefit plans under the
- 13 federal Employee Retirement Income Security Act of 1974.

14 Section 15. Uniform health care benefit information
 15 cards required.

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

- 27 (1) processor control number, if required for
- 28 claims adjudication;
- 29 (2) group number;
- 30 (3) card issuer identifier;
- 31 (4) cardholder ID number; and
- 32 (5) cardholder name.

33 (b) The uniform health care benefit information card or

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

3 (1) claims submission names and addresses; and

4 (2) help desk telephone numbers and names.

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

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

15 Section 25. Applicability and enforcement.

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

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

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