

TITLE 50: INSURANCE

CHAPTER 1: DEPARTMENT OF INSURANCE

PART 5430 HEALTH CARRIER EXTERNAL REVIEW

Sec. 5430.40 Health Carrier Obligations

a) Each health carrier shall maintain written records in the aggregate on all requests for external review for each calendar year and submit a report to the Director in the format specified in Appendix A by March 1 of each year.

b) A health carrier must file with the Director for approval sample copies of:

1) Notices and forms required to file for a right to external review as set forth within Section 20 and Section 35 of the Act.

2) Descriptions for both the required standard external review and expedited external review procedures as set forth within Section 20 of the Act.

3) Statements informing the covered person and any authorized representative that a standard external review request deemed to be ineligible for review by the plan or its representative may be appealed to the Director by filing a complaint with the Director. The health carrier shall use the following address and provide the following contact information when directing the covered person or authorized representative to appeal initial determinations of ineligibility for standard external review:

The Illinois Department of Insurance

Office of Consumer Health Insurance

Standard External Review

320 West Washington Street

Springfield, Illinois 62767

http://insurance.illinois.gov/Complaints/file_complaint.asp

(E-mail)

Toll Free Telephone: (877) 527-9431

4) Statements informing the covered person and any authorized representative that an expedited external review request deemed to be ineligible for review by the plan or its representative may be appealed to the Director by filing a complaint with the Director. The health carrier shall use the following address when directing the covered person or authorized representative to appeal initial determinations of ineligibility for expedited external review:

The Illinois Department of Insurance

Office of Consumer Health Insurance

Expedited External Review

320 West Washington Street

Springfield, Illinois 62767

http://insurance.illinois.gov/Complaints/file_complaint.asp

(E-mail)

Toll Free Telephone: (877) 527-9431

5) Notification (until July 1, 2013) that if an external independent review decision made pursuant to the Act upholds a determination adverse to the covered person, the covered person has the right to appeal the final decision to the Department. The Director may overturn the external review decision and require the health carrier to pay for the health care service or treatment. If an external review decision is overturned by the Director and the health carrier so requests, then the Director shall assign a new independent review organization to reconsider the overturned decision. The health carrier shall use the following address when directing the covered person to appeal the final decision to the Department:

The Illinois Department of Insurance

Office of Consumer Health Insurance

Illinois Health Carrier External Review – Director Appeals

320 West Washington Street

Springfield, Illinois 62767

http://insurance.illinois.gov/Complaints/file_complaint.asp

(E-mail)

Toll Free Telephone: (877) 527-9431