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PREFACE

With the enactment of P. A. 91-617 on November 19, 1999, the Managed Care Reform and Patient Rights Act (the "Act") became law. Section 90 of the Act (215 ILCS 134/90) requires the establishment of the Office of Consumer Health Insurance (OCHI) within the Department of Insurance. The Act also spells out consumer rights under a health care plan; prohibits "gag clauses"; establishes procedures for transitional services, standing referrals to specialists, requirements for external independent reviews, and reporting complaints; and establishes a registration process for all persons conducting utilization review programs in the State of Illinois. Section 90(a)(7) (215 ILCS 134/90(a)(7)) requires OCHI to file an annual report with the Governor, the Director of Insurance, and the General Assembly.

The Act requires the Director of Insurance to establish the Office of Consumer Health Insurance within the Department of Insurance to provide assistance and information to all health care consumers within the state. Within the appropriation allocated, OCHI shall provide information and assistance to all health care consumers by:

1. Assisting consumers in understanding health insurance marketing materials and the coverage provisions of individual plans.
2. Educating enrollees about their rights within individual plans.
3. Assisting enrollees with the process of filing formal grievances and appeals.
4. Establishing and operating a toll-free telephone number to handle consumer inquiries.
5. Making related information available in languages other than English that are spoken as a primary language by a significant portion of the state's population, as determined by the Department.
6. Analyzing, commenting on, monitoring, and making publicly available reports on the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions that pertain to the adequacy of health care plans, facilities, and services in the state.
7. Filing an annual report with the Governor, the Director, and the General Assembly, which shall contain recommendations for improvement of the regulation of health insurance plans, including recommendations on improving health care consumer assistance and patterns, abuses, and progress that it has identified from its interaction with health care consumers.
8. Performing all duties assigned to the office by the Director.

EXECUTIVE SUMMARY

In its first full year of operation, the Office of Consumer Health Insurance (OCHI), created by the Managed Care Reform and Patient Rights Act, has been successful in educating Illinois residents about their health insurance concerns. This year OCHI has responded to over 10,000 health insurance related phone inquiries as well as performing numerous outreach activities to ensure Illinois consumers know there is somewhere they can go to get answers to their health insurance questions.

Section 1 of this report provides a brief overview of OCHI actions taken in response to the numerous calls we have received, including explanations of terms and materials, development of informational brochures and qualification requirements for persons moving between health plans.

Section 2 describes the range of printed material available to the public on a variety of health insurance issues.

Section 3 addresses how OCHI assists consumers with understanding their rights to appeal benefit denials with insurers and HMOs. All aspects of the appeal process, from consumers' right to appeal directly with their plan, to their ability to file a complaint with the Department of Insurance and their ultimate recourse to have an external review of their denial, are routinely explained by OCHI staff.

Section 4 discusses the specifics of how OCHI and the toll-free telephone answering system were developed, training for staff personnel, the experience the office has had with incoming inquiries and quantitative information on the incoming calls.

Section 5 deals with the efforts of OCHI and the Department to ensure information is disseminated to persons whose primary language is not English.

Section 6 contains comments on federal and state laws which affect the health insurance marketplace in Illinois. Comments center on:

- The effect of recent statutory changes on the availability and affordability of health insurance in the small group marketplace.
- The recent freeze on offers for enrollment under the Illinois Comprehensive Health Insurance Plan (non-HIPAA).
- Changes to the regulation of HMOs due to the Managed Care Reform and Patient Rights Act.
- Recent federal action affecting Illinois insurers and citizens.

Section 7 makes various recommendations for statutory and regulatory changes to improve the regulation of health insurance plans, identifies abuses and patterns in the delivery of health care and makes recommendations for the resolution of those abuses. Specific issues discussed include:

- Disclosure of calculations for the use of usual and customary charges.
- Changes to Illinois mastectomy and continuation laws to comply with federal requirements.
- Recodification and clean up of various laws including organ transplants and prescription drugs for cancer treatment.
- Failure of insurers and employers to disseminate information about HIPAA portability requirements.
- Failure by certain insurers to cover non-network ancillary providers (such as anesthesiologists) for in-network procedures.
- Failure to cover items which logically should be included under prescription drug coverage.

Finally, Section 8 describes standards OCHI has established for improving future service.

1. Assisting consumers in understanding health insurance

The Office of Consumer Health Insurance (OCHI) answers consumer questions relating to a wide spectrum of topics. The average layperson may not understand all provisions or terminologies in their insurance policy contracts. We explain these clauses and terms in a manner more easily understood by consumers. Our analysts explain the functioning of phrases such as “usual and customary,” “coordination of benefits,” “pre-existing condition,” and “women’s principal health care providers.”

Consumers are not always clear on the intended uses of some types of individual health insurance, such as hospital indemnity and hospital surgical plans. With the variety of individual health insurance products available, a fact sheet is being developed to assist consumers in understanding individual insurance. The fact sheet will explain the various types of individual health insurance products in the marketplace and address frequently asked questions related to each product.

OCHI receives many calls about an individual’s rights to continue insurance coverage after termination of employment or membership from a group plan. We explain the qualifications and benefits of the federal law (COBRA) and the Illinois law so that consumers can make an informed decision when there is a choice to be made between the benefits offered by the two laws.

OCHI answers consumer questions and addresses concerns regarding the portability of health insurance from one carrier to another, from group to group and group to HIPAA CHIP coverage. (For an explanation of the state’s CHIP program, see ILLINOIS COMPREHENSIVE HEALTH INSURANCE PLAN on page 6. Most callers are concerned with pre-existing condition limitations. OCHI explains the time limitations of the Health Insurance Portability and Accountability Act (HIPAA) and how those limitations are applied when changing employers. We explain creditable coverage and advise consumers how to obtain a certificate of creditable coverage from the previous carrier or employer.

2. Educating enrollees about their rights within their health insurance plans

The Department has a number of consumer fact sheets relating to health insurance topics available on its web site (www.state.il.us/ins). For consumers with no computer access, OCHI provides this information over the phone and mails a hard copy to those who request it.

Many HMO enrollees request information relative to the "Managed Care Reform and Patient Rights Act." We explain provisions such as the transition of services, use of referrals for specialists, external independent review and the complaint/grievance process.

OCHI also receives many calls regarding timely payment of claims. We explain the new "prompt pay" law and, when requested, send copies of the law to consumers. A number of providers have called regarding the "prompt pay" law and how it applies to them.

The following is a list of materials being sent to consumers upon request.

- A Shopper's Guide to Long-Term Care Insurance**
- Department of Insurance Complaint Forms**
- Complaint Ratios - Group Accident and Health**
- Complaint Ratios - HMO**
- Complaint Ratios - Individual Accident and Health**
- Health Insurance Continuation Rights - COBRA**
- Health Insurance Continuation Rights - Illinois Spousal Law**
- Health Insurance Continuation Rights - Illinois Law**
- Health Maintenance Organizations (HMOs)**
- HIPAA Law**
- ICHIP (Have You Been Turned Down for Health Insurance?)**
- Illinois HMOs Offering Individual Coverage**
- Insurance Coverage for Infertility Treatment**
- Insurance Coverage for Newborn Children**
- Licensed HMOs by Service Area**
- Managed Care and Patient Rights Act**
- Maternity Benefits in Illinois**
- Your Rights Under the Managed Care (HMO) Reform and Patient Rights Act (OCHI Brochure)**
- Pre-Existing Conditions - HIPAA**
- Prompt Pay Law**
- Small Employer Health Insurance Rating Act**
- Women's Health Care Issues**

3. Assisting enrollees with filing formal grievances and appeals

OCHI receives calls occasionally from enrollees who indicate they have a particular medical need for which service has been denied by the insurer or HMO. Depending on the nature of the request and the urgency of the need, we guide them through the appeal/grievance process or provide information on the External Independent Review for HMO coverage as described in Section 45(f) of the Managed Care Reform and Patient Rights Act (215 ILCS 134/45(f)). In many cases, the caller just needs reassurance that the filing of an appeal or grievance may produce a desired result.

OCHI assures callers that they may file a complaint with the Department of Insurance at any time in the process, but encourages them to follow the steps listed in their Member Handbook to allow the HMO or insurer to answer their concern. When consumers want to file a complaint with the Department, we give them the option of filing electronically through our web site (www.state.il.us/ins/complaint.htm) or by completing a complaint form and returning it by mail. Our analysts explain the process to consumers and provide information regarding routine time frames for complaint resolution. There have been instances where time is of the essence and a need is urgent. In these situations, we contact the appropriate unit of the Department of Insurance to handle the complaint on a priority basis.

Part 5420.90 of the Illinois Administrative Code (50 Il. Adm. Code 5420.90) and the Managed Care Reform and Patient Rights Act (215 ILCS 134) require HMOs to report annual complaint information including the number of external independent reviews. The first reporting date for companies is March 1, 2001. This information will be included in the OCHI annual report for calendar year 2001.

4. Establishing and operating a toll-free telephone number to assist consumers

The toll-free number, 877-527-9431, was operational beginning January 2, 2000. OCHI became fully staffed with three analysts and a supervisor by January 21. In the first month, OCHI received 17 calls. The calls began increasing each month with the help of publicity by the Governor, the Director of Insurance, media sources and others.

During the first months, we used the time between calls for intensive training of the staff. Staff members received informational manuals with fact sheets on a broad spectrum of topics including the COBRA and Illinois continuation laws, the federal and Illinois Health Insurance Portability and Accountability Act (HIPAA), Infertility and Women's Health Care issues. An ongoing monthly training program has been established for the Office of Consumer Health Insurance analysts. The training is usually done by one of the Department of Insurance supervisors with expertise in a particular area of concern. The analysts have input on the topic to be discussed.

The analysts are also trained about programs not directly under the jurisdiction of the Department of Insurance to assist consumers in finding all correct and pertinent information relating to their question. We often refer callers to the U. S. Department of Labor on portability or continuation questions regarding self-insured groups or school districts. Likewise, we have referred calls to the Department of Public Aid KidCare Program for insuring children and to the Illinois Comprehensive Health Insurance Plan when they are otherwise uninsurable. Seniors with questions regarding Circuit Breaker for drugs and other senior programs are referred to the Senior Health Insurance Plan, within the Illinois Department of Insurance.

In all, OCHI received 10,750 telephone calls in the year 2000. Calls were received from all areas of the state including 1,042 zip codes as presented in Exhibit 1 (Zip Code Listing). Exhibit 2 shows the top ten subject categories of calls received, and Exhibit 3 shows the top ten informational items requested by consumers and mailed from the Office of Consumer Health Insurance. Current average calls received per week number 218, based on the most recent two month period (November and December). Exhibit 4 displays the number of calls per month. Due to the holidays in November and December, the number of calls was down compared to the previous three months.

OCHI uses several methods of informing the public of the toll-free telephone number and type of services available. OCHI distributes materials at public events, utilizes radio and newspaper coverage, and makes personal contact with various providers of health care. We will continue these efforts in the coming year as well as exploring new methods to expand our outreach to Illinois consumers.

5. Making related information available in languages other than English

The Department has staff available in the Chicago office who speak Spanish and Polish. The majority of the population who would require a translator live in the Chicago area and contact that office directly.

When calls are received from a consumer needing to talk to a person in either Spanish or Polish on the toll-free number, the call is transferred to the Chicago office for this service. OCHI has received only a small number of calls on the toll-free number from persons requiring a translator.

The Department is in the process of having the brochure "Your Rights Under the Managed Care (HMO) Reform and Patient Rights Act" translated into Spanish for distribution to Spanish speaking individuals in the state.

6. Making reports publicly available regarding laws, regulations, and other governmental actions pertaining to the adequacy of health care plans in the state

HEALTH INSURANCE MARKETPLACE

With the overall trend of increased costs of health care and rising premiums, some small employers have increased the employees' share of the premium costs, reduced health insurance coverage or dropped health insurance coverage altogether. When an employer drops health insurance, often the only options for employees are to purchase individual coverage or apply to the state's HIPAA CHIP program for coverage. (For an explanation of the state's CHIP program, see ILLINOIS COMPREHENSIVE HEALTH INSURANCE PLAN below.) Many times employees may not be fully advised of their rights or of the existence of HIPAA CHIP when an employer drops coverage. This often results in the employee who chooses to buy individual coverage losing rights under HIPAA and having pre-existing conditions excluded under an individual policy.

Of course, all of this affects small groups to a greater degree than large groups because it is more difficult to spread the cost of an unhealthy individual among the members of a small group. Currently in Illinois we do not face an accessibility problem, despite the fact that a fair number of insurers have completely stopped selling small group policies in Illinois within the last year. The current problem is more one of affordability as the general cost of a small group policy seems to create a barrier for many employers. In September of 2000, the federal Health Resources and Services Administration awarded Illinois \$1.2 million to assess how to reduce the number of uninsured individuals in Illinois. As a part of that study, Illinois will be taking a serious look at barriers to the small group market.

ILLINOIS COMPREHENSIVE HEALTH INSURANCE PLAN

The Illinois Comprehensive Health Insurance Plan (CHIP) (215 ILCS 105) has two pools. Both pools charge a premium to enrollees which can be a maximum of 150% of the cost of a standard individual insurance policy.

The traditional pool (Section 7) is designed for individuals who are otherwise unable to purchase insurance due to a health condition. This pool is partially funded through annual state appropriations and imposes pre-existing condition requirements on enrollees.

HIPAA CHIP (Section 15), conversely, is the state's mechanism to protect the portability rights of individuals who have satisfied the requirements of HIPAA including having prior creditable coverage in a group health plan. HIPAA CHIP cannot impose pre-existing condition requirements and is partially funded by assessments on the insurance industry.

Due to a recent sharp increase in claims, the CHIP Board is now anticipating that the deficit for the CHIP (Section 7) pool will be approximately \$34.2 million for the current fiscal year ending June 30, 2001. This is significantly higher than earlier projections, and higher than the \$17.3 million appropriation which the Board received from the state's General Revenue Fund to fund the anticipated Section 7 deficit for Fiscal Year 2001. As a result, since September 1, 2000, the Board has made a decision not to extend new offers of coverage to eligible persons who qualify under the traditional CHIP (Section 7) pool. The Board is continuing to accept and process applications for coverage under the traditional CHIP (Section 7) pool, and is maintaining a waiting list of those who qualify for such coverage under Plans 1, 2 or 3. At the end of calendar year 2000, there were 5,363 covered persons in the Section 7 pool and 556 qualified applicants on the waiting list.

Any applicants who qualify for the traditional CHIP (Section 7) pool are being placed on a waiting list in the order of the date on which their application is found to be complete and eligibility requirements are met. Once the Board determines that the program's resources permit, it can then take action to authorize new offers of coverage to eligible persons under Section 7 in the order in which their names appear on the waiting list. Therefore, anyone seeking coverage under the Section 7 pool should still apply as soon as possible.

The Board is continuing to extend new offers of coverage to federally eligible individuals who qualify for the HIPAA-CHIP (Section 15) pool since it is subsidized by an assessment of the insurance industry rather than by the General Revenue Fund. The number of insureds in the HIPAA-CHIP pool grew to 5,020 by the end of calendar year 2000.

P. A. 90-30

The Illinois Health Insurance Portability and Accountability Act (HIPAA) (215 ILCS 97) has been in effect since July 1, 1997, and has been successful in allowing people to avoid "job-lock" by maintaining their eligibility for insurance coverage without regard to pre-existing condition limitations. HIPAA has had other impacts on the health insurance market.

One such impact was on the rates small employers were paying for their group plans. Some employers were notified of pending rate increases in the months after the law's enactment. HIPAA required that insurance carriers guarantee issue any policy forms which they sold in the small group market to any small employer (2 to 50 employees) who applied. Based on initial inquiries and complaints received by the Department, it appeared that some insurers may have raised rates for small employers following the passage of HIPAA. Such increases could have resulted from a combination of several factors: carriers' lack of familiarity with underwriting new business that previously would have been denied coverage; the spreading of some of the costs of new, unhealthy groups among existing business; or general rate increases which would have occurred even in the absence of the HIPAA law.

Regardless of the reasons, however, rates seemed to stabilize once insurers were able to gauge the effects of the new law and emerging new business experience.

HIPAA continues to impact the health insurance market in Illinois and the Department continues to monitor new trends to assure consumers are treated fairly.

P.A. 91-510

The Small Employer Health Insurance Rating Act (215 ILCS 93) was signed into law in 1999 to improve the "efficiency and fairness of the small group health insurance marketplace" by reducing the magnitude of increases charged to small employer groups when one or more of their members develop a costly medical condition. These medical conditions can result in increases to premiums charged. To help control those costs, the law restricts the range of rates which can be charged to groups that have similar policy coverages and demographic, geographic, or other objective group characteristics. It also restricts the amount by which small group carriers can increase rates for a particular group due to the group's claims experience. Although there are no specific numerical caps on premium rates or premium increases, the overall intended effect is to compress the range of rates and rate increases that can be charged for all small employer groups of a particular class.

Prior to the effective date of the law, some carriers imposed premium increases on small groups to offset the effects of previously underpriced premiums and to come into compliance with the restricted rating structure provided by the law. In fact, such adjustments were also anticipated in the law which allows for a three year transitional period for companies to fully bring groups into compliance with the required rating structure. Until this transitional period passes, there will continue to be market adjustments to comply with the law's restrictions on rate increases.

P. A. 91-617

The "Managed Care Reform and Patient Rights Act," effective January 1, 2000, has also given the Department of Insurance an additional method to reach out to Illinois consumers.

The Act, among other things, requires HMOs to provide more open access to information and services to enrollees including:

- The areas of the state served by the plan.
- Exclusions and limitations.
- Pre-certification and utilization review requirements.
- Emergency room coverage and requirements.

- Selection of primary care physicians.
- Access to specialty care.
- Benefits available for out-of-area coverage.
- Out-of-pocket expenses.
- Provisions for continuity of care.
- Explanation of the appeals process.

With the establishment of our toll-free telephone number, consumers have access to information on the Act's requirements and help on other health insurance needs and questions. For instance, with the year 2000 came the insolvency of two HMOs (American Health Care Providers and Illinois Healthcare Incorporated) and three indemnity companies (American Unified Life and Health Insurance Company, American Chambers Life Insurance Company, and Illinois Healthcare Insurance Company). OCHI received many calls from consumers seeking advice on claim resolution regarding the insolvent companies, and how to file complaints when they had been turned over to collection agencies.

In addition, beginning July 1, 2000, the Act required any person conducting utilization review in this state to register the program with the Department of Insurance and certify compliance requirements. As of December 31, 2000, ninety-five (95) utilization review organizations had registered.

P. A. 91-788

OCHI is receiving calls from providers of medical services regarding the late payment of claims. The enactment of Senate Bill 1511 (Public Act 91-788), generally referred to as the "prompt pay" law (215 ILCS 5/368a), has generated a great deal of interest in the medical community due to the fact that insurance plans and HMOs are now required to pay 9% interest on claims not paid in a timely manner. The provider billing offices are calling requesting copies of this law to help them understand their rights and requirements. The Department has prepared a fact sheet to help explain this law.

FEDERAL GRAMM-LEACH-BLILEY ACT -- PRIVACY PROVISION

Rule 4001 (Privacy of Personal Information) was promulgated on an emergency basis for 150 days beginning August 11, 2000, to establish the date by which persons regulated by the department must comply with the provisions of Title V of the federal Gramm-Leach-Bliley Act (GLBA). This federal Act, which became effective November 13, 2000, requires companies, producers, and other department licensees to develop privacy policies, develop systems for implementing those policies and protecting personal information of consumers and customers, and provide notices to all customers prior to either the effective date or a later

compliance date established by rule by the regulator. This emergency rule establishes a compliance date of July 1, 2001, for entities regulated by the Department of Insurance. This date is consistent with the compliance date established by federal regulators responsible for enforcing the privacy provision of this Act as it applies to federally regulated financial institutions.

U. S. DEPT. OF HEALTH AND HUMAN SERVICES: HEALTH PRIVACY RULE

The Health Insurance Portability and Accountability Act of 1996, P. L. 104-191 (HIPAA) contains two parts which require the Secretary of Health and Human Services to promulgate rules to implement Administrative Simplification and Health Privacy Standards.

The Administrative Simplification Rule has been promulgated to reduce costs and administrative burden on insurers and other health care providers making a standardized electronic transmission of certain administrative and financial transactions. The rule requires the adoption of a Uniform Standard for these electronic transmissions, and becomes effective January 1, 2002.

The Health Privacy Rule has been promulgated in two sections. The first section applies to the electronic transmission of all personal health information and administrative requirements including preemption of state law. The second section establishes security and privacy requirements for individually identifiable health information. All entities, including government agencies and insurers, will have to comply with these rules.

7. Filing an annual report containing recommendations for improvement of the regulation of health insurance plans

- A. The Office of Consumer Health Insurance recommends that the following statutory and regulatory changes be considered:
1. Amend the Insurance Code to provide that coverage for mastectomies shall include reconstruction of the breast upon which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment for physical complication at all stages of mastectomy (215 ILCS5/356(g)). This change is necessary for state law to comply with the federal law.
 2. Amend the Insurance Code to increase the interest rate to 9% on disability benefits which have not been paid 30 days after the company receives the required written proofs of loss (215 ILCS 5/357.9a). This requirement will create more of an incentive for insurers to pay claims in a timely manner, reward the insured for time elapsed from the time the proceeds should have been paid, and conform to rates established in the "prompt pay" law.
 3. Amend the Insurance Code to require companies to disclose usual and customary calculation information and ensure at least a 50% reimbursement rate of billed charges for all forms of individual and group accident and health insurance. This change will facilitate informed consumer choice; full, fair and complete disclosure of contract benefits; and provide consumers with a more precise mechanism for evaluating out-of-pocket responsibilities for covered services and supplies.
 4. Recodify the current law dealing with prescription drugs for cancer treatment by removing it from the Preferred Provider Act (PPA) (Article XX1/2, 215 ILCS 5/370r) and placing it in the Accident and Health Insurance law (Article XX, 215 ILCS 5/368b). In order to assure that the protection of this law applies to all insured consumers, the language in question should apply to all policies with prescription drug coverage and not be limited to the Preferred Provider Act as is currently the case.
 5. Amend the Insurance Code to delete the reference to the Office of Health Care Technology Assessment within the Department of Health and Human Services' Agency for Health Care Policy and Research as the approval agency for determining whether an organ transplant procedure is experimental, as this reference is no longer applicable (215 ILCS 5/356k). In order to provide companies with medical or scientific guidance for determining the experimental nature of a procedure, language taken from the National Association of Insurance Commissioner's model on external reviews for experimental procedures should be added.

6. Amend Section 356K (215 ILCS 5/356k) to reference both group and individual coverage as it relates to organ transplant requirements to eliminate the need for Section 367(13) (215 ILCS 5/367(13)). Currently, Section 357K (215 ILCS 5/357k) applies only to individual policies while Section 367(13) (215 ILCS 5/367(13)) applies only to group coverage.
7. Amend the Illinois Administrative Code to clarify by rule the required benefit level for diabetic items classified under the prescription drug and durable medical equipment sections. This change is necessary due to inconsistencies in the way companies apply the law regarding prescription drugs. Some members of industry have argued that the diabetic supplies can be covered under the major medical portion of the policy or under the drug card co-payment at the companies' discretion, because the law is not clear regarding that issue. This clarification should be made for durable medical equipment as well.
8. Amend Sections 919.40 and 5421.20 of the Illinois Administrative Code (50 Il. Adm. Code 919.40 and 5421.20) to include the toll-free number for OCHI in the definition for "Notice of Availability of the Department of Insurance." This notice is given to consumers when a claim has been denied, delayed or reduced in amount, and currently gives the addresses of the Springfield and Chicago offices. Consumer questions may be answered more quickly by including the toll-free number for OCHI, and if a complaint form is required, it would be mailed as a result of the phone call.
9. Amend Section 926.4 of the Illinois Administrative Code (50 Il. Adm. Code 926.4) to add time requirements for the handling of complaints received directly from a consumer. Currently, there is a 21-day requirement for response to the Department of Insurance on all complaints received via the Department. There is currently no time requirement for the direct consumer complaints.
10. Amend Part 2007 of the Illinois Administrative Code (50 Il. Adm. Code 2007) to add the required language "This is a Limited Policy, Read it Carefully" to the following policy forms:
 - Basic Hospital Expense Policy
 - Basic Medical-Surgical Policy
 - Hospital Confinement Indemnity Policy

The rule currently requires specific disclosures for these policies, but does not require the referenced language. This language currently applies only to specified disease policies.

B. Abuses, Patterns, and Progress Identified:

1. OCHI is receiving calls from consumers who have left employment with a small employer (less than 20 employees) and have exercised their rights under the Illinois continuation laws. The employer, after a very short period of time, drops the entire group plan and fails to notify the ex-employee that the plan has been terminated. The consumer involved usually does not find out that the coverage is no longer in place until they make a claim for services and are informed by the provider or the plan that the claim is being denied because the coverage has been terminated. In many cases this causes the person exercising the continuation privilege to pass the 63-day period for creditable coverage, thereby, losing the option of HIPAA CHIP.

This often occurs in situations where the ex-employee is ill and can no longer work due to a serious medical condition. Often, the group insurance premium has escalated dramatically, primarily due to the claims of the ex-employee. In some cases, the employer will later procure a new group contract for the remaining employees, and is able to get a reduced premium because the person with the adverse claim history is no longer covered by the plan.

Calls have also been received from consumers who have reached the end of their federal continuation (COBRA, for group plans with more than 20 employees) or Illinois continuation (for group plans of 2 or more employees) and were not aware of the time requirements or were not paying attention to the time, and passed the 63-day window of creditable coverage. In this scenario, if the person is ill or has health problems, their only option would be Section 7 of CHIP which would reimpose pre-existing condition waiting periods, and may require a person to get on the CHIP waiting list.

POSSIBLE REMEDY: Implement a system where notification is given by employers, insurance companies and HMOs to beneficiaries when benefits are being discontinued. The notification should include information on the availability of HIPAA CHIP and continuation rights.

2. Some managed care plans are paying claims for providers of ancillary services at the out-of-plan rate when the services were in fact performed at a plan facility. In the vast majority of cases, the insured has no voice in who will be the provider of these services. They usually do not understand that these services (pathologist, radiologist, anesthesiologist) will be billed separately from the bill of the plan facility. These provider services are arranged by either the facility or the patient's primary care

physician. In the case of Preferred Provider Organization plans, the primary care physician is not usually required to provide a referral for services to have the bill covered, and the patient would have limited resources for directing this type of care to a plan provider.

POSSIBLE REMEDY: Require ancillary services to be no less favorable than the preferred benefit when the beneficiary/insured has the basic service performed by a primary care physician or in-plan doctor at a plan specified facility.

3. Currently, there is no direct enforcement mechanism in place to induce small employers into compliance with the continuation laws. This is a labor issue that comes to rest on the Department of Insurance due to the nature of the problem, yet the Department has no jurisdiction over employers. The Consumer Services Section of the Department of Insurance has had some success working directly with the insurers on these cases.

POSSIBLE REMEDIES: (a) Require insurance companies and HMOs to notify persons being disenrolled from small group policies of the options available to them. (b) Address the issue of employer compliance with substantive enforcement authority for the appropriate state agency.

4. When a person is institutionalized and being fed solely by means other than normal (primarily by feeding tube), some insurers are not paying for the prescription nutrition that is being administered to the patient. This pertains to both individual and group policies. The facility gives no reduction in rates for not having to provide meals, but charges additional fees for the nutritional supplement, without which the insured would not survive. These supplements require the written prescription of a doctor. As such, they are being treated as drugs by the health care provider and are as necessary to the life of the patient as drugs would be, but are not being covered by insurers and HMOs.

POSSIBLE REMEDY: This prescription for life-sustaining nutrition should be paid at the same rate as any other prescription drug.

5. Many HMO and other insurance plans are excluding payment for antihemophiliac factor medications, prescription drugs which are administered daily to assure a lifestyle as normal as possible. The cost of these drugs may run anywhere from \$4,000 to \$6,000 per month and are administered according to the weight of the person requiring the medication. Some companies are basing the exclusion on the fact that there is a program through Public Aid for assistance. The deductible for this program is sometimes prohibitive. As an example, one caller was the

mother of two children. One of the children was a hemophiliac and required medication costing \$4,000.00 per month. The household income for the family was \$69,000.00 per year and the deductible for the Public Aid assistance program was \$6,900.00 per year. Excluding this drug from coverage is comparable to treating hemophilia as a pre-existing condition without a time limitation.

POSSIBLE REMEDIES: (a) Require all plans paying for prescription drugs to pay for antihemophiliac factor medications at the same rate as any other prescription drug. (b) Enhance the program through Public Aid to make it more affordable for people with hemophilia.

6. Company billing procedures usually provide 21 to 30 days from the date the notice is produced until the premium is due. This presents no particular problem unless the premium has increased drastically and the insured has no prior notice and is not prepared to pay the increase. The time span of 21 to 30 days does not give enough notice for a consumer or employer to shop for or have underwriting done with an alternative carrier or policy. If the premium is paid less frequently than monthly, the timing complicates the issue as refunds are not given if the policy is canceled by the insured in the middle of a premium mode.

POSSIBLE REMEDY: Requiring a minimum of 60 days' notice of substantial increase would allow an insured a more reasonable time period to procure alternative coverage. Some lines of property and casualty insurance currently require a 60-day notice prior to a premium increase of 30% or more. The same requirements could be applied to group and individual health insurance policies.

7. People insured on individual health insurance policies have little knowledge regarding their rights under the HIPAA legislation. Most do not understand that the portability provision in Illinois law does not apply to individual policies. OCHI has received calls from people who have dropped their individual policies prior to having a new policy in hand, only to find that the new policy has pre-existing condition limitations and sometimes exclusionary riders that were not on the previous policy. Often these riders are permanent and eliminate coverage for medical conditions that were covered on the previous policy and it may be too late to pay the premium on the previous policy to keep it in force. While the Department of Insurance makes this information available on its web site, many people do not have access to the Internet and rely on personal contact to obtain any technical information. Even when the information is available, the technical nature of the law makes it difficult for the average person to understand.

POSSIBLE REMEDIES: (a) The practice of explaining this issue should be addressed by the insurance producer making the sales contact. (b) When a policy is being replaced by a second company, the producer facilitating the replacement must explain these pitfalls to the insured and both the producer and insured should be required to sign a disclosure statement.

8. Performing all duties assigned to the Office by the Director

The Office of Consumer Health Insurance has established service standards to effectively serve the Illinois insurance consumers who are utilizing the toll-free telephone number. The standards are as follows:

- A. To answer 85% of incoming calls prior to the call going to voice mail.
- B. To return all voice mail messages within one hour from receipt.
- C. To have no unanswered calls at the end of the day, regardless of when the call came in.
- D. To be able to:
 - 1. Directly answer the consumer question while on the phone; or
 - 2. Research the issue of concern and respond to the consumer within 24 hours; or
 - 3. Transfer the caller to a Department analyst who has more expertise on the subject matter in question.
- E. To continue to acquire knowledge of the industry, specifically the health/HMO sector, through continuous training and educational opportunities.

The Department employees who work in the Office of Consumer Health Insurance have worked outside the office at functions such as the State Fair and the DuQuoin Fair. Personal contacts have been made with hospitals and some of the other larger medical facilities in the Springfield, Decatur and Champaign area.

Brochures describing the function of the Office of Consumer Health Insurance were distributed through these personal contacts. The brochure explains the purpose of the office, the type of information available, and gives phone numbers for various health care related departments including both state of Illinois and federal agencies.

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
61410	Abingdon	2	61411	Adair	2
62214	Addieville	2	60101	Addison	23
62215	Albers	1	62806	Albion	11
60001	Alden	18	61231	Aledo	2
62601	Alexander	2	60102	Algonquin	26
62001	Alhambra	4	62410	Allendale	1
61810	Allerton	2	62807	Alma	1
62610	Alsey	1	62411	Altamont	5
62002	Alton	41	61811	Alvin	3
61310	Amboy	2	61720	Anchor	2
61232	Andalusia	1	61233	Andover	1
62906	Anna	6	61234	Annawan	2
60002	Antioch	14	61001	Apple River	1
61910	Arcola	5	62611	Arenzville	4
62501	Argenta	1	61312	Arlington	1
60004	Arlington Heights	29	61812	Armstrong	1
60910	Aroma Park	3	61722	Arrowsmith	2
61911	Arthur	1	60911	Ashkum	2
62612	Ashland	9	62808	Ashley	3
61912	Ashmore	1	61006	Ashton	1
62510	Assumption	3	61501	Astoria	1
62613	Athens	9	61235	Atkinson	2
61723	Atlanta	3	62511	Atwater	1
61913	Atwood	2	62615	Auburn	12
62311	Augusta	3	60504	Aurora	25
62907	Ava	3	61415	Avon	6
61007	Baileyville	1	62217	Baldwin	3
61416	Bardolph	1	60010	Barrington	51
61236	Barstow	1	60103	Bartlett	26
60510	Batavia	10	62006	Batchtown	2
62314	Baylis	4	62618	Beardstown	7
62219	Beckemeyer	1	60401	Beecher	5
62908	Belknap	1	62810	Belle Rive	2
62220	Belleville	17	61724	Bellflower	2
60104	Bellwood	11	61008	Belvidere	20
61813	Bement	2	62009	Benld	3
60106	Bensenville	15	62812	Benton	7
60163	Berkeley	3	60402	Berwyn	11
62010	Bethalto	14	61914	Bethany	9

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
60511	Big Rock	6	62415	Birds	1
61420	Blandinsville	1	60108	Bloomington	15
61701	Bloomington	51	60406	Blue Island	3
62513	Blue Mound	1	62621	Bluffs	3
60440	Bolingbrook	20	62816	Bonnie	1
60914	Bourbonnais	11	60407	Braceville	1
60915	Bradley	5	60408	Braidwood	5
62230	Breese	3	62417	Bridgeport	5
60455	Bridgeview	7	62012	Brighton	5
61517	Brimfield	5	60512	Bristol	3
61816	Broadlands	2	61917	Brocton	1
60513	Brookfield	13	62418	Brownstown	1
60917	Buckingham	1	60918	Buckley	1
62515	Buffalo	2	60089	Buffalo Grove	24
62912	Buncombe	3	62014	Bunker Hill	6
60459	Burbank	7	61315	Bureau	2
60109	Burlington	3	61422	Bushnell	3
61010	Byron	13	60919	Cabery	2
62913	Cache	1	62914	Cairo	5
62419	Calhoun	2	60409	Calumet City	9
61238	Cambridge	1	62319	Camden	2
62320	Camp Point	5	62916	Campbell Hill	1
61520	Canton	12	62625	Cantrall	7
61012	Capron	1	62901	Carbondale	32
62626	Carlinville	22	61725	Carlock	2
62231	Carlyle	5	62821	Carmi	4
60188	Carol Stream	13	60110	Carpentersville	12
62917	Carrier Mills	3	62016	Carrollton	4
62918	Cartersville	4	62321	Carthage	6
60013	Cary	35	62420	Casey	2
62232	Caseyville	8	61426	Castleton	1
61817	Catlin	9	61316	Cedar Point	1
62801	Centralia	25	61818	Cerro Gordo	1
62323	Chambersburg	2	61820	Champaign	28
61015	Chana	2	62627	Chandlerville	3
60410	Channahon	4	61920	Charleston	14
62629	Chatham	24	60921	Chatsworth	2
61726	Chenoa	3	61317	Cherry	1
61016	Cherry Valley	3	62233	Chester	11

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
62518	Chestnut	1	60601	Chicago	49
60411	Chicago Heights	40	60415	Chicago Ridge	9
61523	Chillicothe	13	61924	Chrisman	5
62822	Christopher	4	60804	Cicero	5
61830	Cisco	2	62823	Cisne	1
60924	Cissna Park	2	60111	Clare	3
62421	Claremont	2	60514	Clarendon Hills	10
62824	Clay City	2	62324	Clayton	2
61727	Clinton	9	60416	Coal City	7
61240	Coal Valley	4	62920	Cobden	2
62017	Coffeen	2	62326	Colchester	4
61728	Colfax	1	62234	Collinsville	28
61831	Collison	2	61241	Colona	7
62236	Columbia	4	61318	Compton	1
62631	Concord	1	61729	Congerville	1
61730	Cooksville	3	61242	Cordova	2
62519	Cornland	1	60112	Cortland	12
62237	Coulterville	3	60478	Country Club Hills	7
62422	Cowden	1	60928	Crescent City	1
60113	Creston	1	60417	Crete	2
61610	Creve Coeur	2	60012	Crystal Lake	32
61427	Cuba	2	60929	Cullom	1
61428	Dahinda	3	62828	Dahlgren	2
61018	Dakota	2	60930	Danforth	1
61732	Danvers	1	61832	Danville	25
60561	Darien	10	61019	Davis	2
61020	Davis Junction	1	62520	Dawson	2
60115	De Kalb	24	62924	De Soto	4
62521	Decatur	55	61243	Deer Grove	1
60015	Deerfield	24	62423	Dennison	2
60016	Des Plaines	23	62424	Dieterich	4
62530	Divernon	7	62830	Dix	2
61021	Dixon	8	60419	Dolton	13
62926	Dongola	2	62019	Donnellson	2
62021	Dorsey	1	62022	Dow	1
62927	Dowell	1	60515	Downers Grove	15
62832	Du Quoin	15	62425	Dundas	2
60118	Dundee	9	61524	Dunfermline	1
61525	Dunlap	6	62239	Dupo	2

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
61024	Durand	6	60420	Dwight	8
60518	Earlville	2	62024	East Alton	13
62240	East Carondelet	4	61025	East Dubuque	2
60932	East Lynn	2	61244	East Moline	13
61611	East Peoria	22	62201	East Saint Louis	2
61526	Edelstein	1	62531	Edinburg	3
61528	Edwards	5	62025	Edwardsville	29
62401	Effingham	27	61738	El Paso	4
60119	Elburn	2	61324	Eldena	2
62930	Eldorado	3	62027	Eldred	1
60120	Elgin	13	61028	Elizabeth	2
60007	Elk Grove Village	37	62634	Elkhart	4
62932	Elkville	1	61737	Ellsworth	1
60126	Elmhurst	36	61529	Elmwood	4
60707	Elmwood Park	17	62532	Elwin	1
60421	Elwood	3	62635	Emden	1
62933	Energy	1	60519	Eola	2
60129	Esmond	2	60935	Essex	1
61530	Eureka	2	60201	Evanston	19
62242	Evansville	3	60805	Evergreen Park	14
62836	Ewing	1	61739	Fairbury	2
62837	Fairfield	3	61841	Fairmount	1
61432	Fairview	1	62208	Fairview Heights	16
62838	Farina	2	61842	Farmer City	2
61531	Farmington	4	61251	Fenton	2
62032	Fillmore	2	62534	Findlay	3
61843	Fisher	2	61844	Fithian	2
61740	Flanagan	2	62839	Flora	2
60422	Flossmoor	6	60130	Forest Park	8
61741	Forrest	4	61030	Forreston	1
62535	Forsyth	6	60037	Fort Sheridan	1
60020	Fox Lake	14	60021	Fox River Grove	3
60423	Frankfort	13	62638	Franklin	4
61031	Franklin Grove	2	60131	Franklin Park	15
62243	Freeburg	2	61032	Freeport	20
61252	Fulton	6	62244	Fults	1
61036	Galena	9	61401	Galesburg	42
61037	Galt	2	61434	Galva	3
60424	Gardner	5	61254	Geneseo	1

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
60134	Geneva	22	60135	Genoa	5
61846	Georgetown	2	62245	Germantown	3
60936	Gibson City	4	61847	Gifford	2
60136	Gilberts	7	62033	Gillespie	6
60938	Gilman	2	61436	Gilson	2
62640	Girard	10	61533	Glasford	1
62034	Glen Carbon	8	60137	Glen Ellyn	19
62536	Glenarm	6	60022	Glencoe	10
60139	Glendale Heights	13	60025	Glenview	27
60026	Glenview Nas	4	60425	Glenwood	3
62035	Godfrey	10	62036	Golden Eagle	1
60029	Golf	7	61438	Good Hope	1
62939	Goreville	2	62037	Grafton	3
62941	Grand Chain	1	61325	Grand Ridge	1
62942	Grand Tower	1	62040	Granite City	34
60940	Grant Park	3	61326	Granville	4
61743	Graymont	1	60030	Grayslake	24
62844	Grayville	2	60088	Great Lakes	1
62044	Greenfield	1	62428	Greenup	4
62642	Greenview	3	62246	Greenville	7
60036	Greys Lake	3	61744	Gridley	3
62340	Griggsville	2	60031	Gurnee	29
62046	Hamel	3	62341	Hamilton	6
60140	Hampshire	5	61536	Hanna City	3
62047	Hardin	1	61042	Harmon	1
62946	Harrisburg	9	62643	Hartsburg	1
60033	Harvard	12	60426	Harvey	15
62644	Havana	5	60429	Hazel Crest	11
60034	Hebron	2	61439	Henderson	1
61327	Hennepin	4	61537	Henry	3
62948	Herrin	4	61745	Heyworth	8
60457	Hickory Hills	5	62432	Hidalgo	2
62249	Highland	7	60035	Highland Park	34
60040	Highwood	3	62049	Hillsboro	11
61257	Hillsdale	4	60162	Hillside	4
62050	Hillview	1	60520	Hinckley	3
60521	Hinsdale	32	61849	Homer	1
60456	Hometown	1	60430	Homewood	13
60942	Hoopeston	5	61258	Hooppole	2

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
60944	Hopkins Park	2	62803	Hoyleton	2
61748	Hudson	1	62252	Huey	2
62343	Hull	1	60142	Huntley	5
61259	Illinois City	1	62539	Illiopolis	3
99999	In Illinois	1844	61850	Indianola	1
61440	Industry	1	60041	Ingleside	5
61441	Ipava	3	60945	Iroquois	2
62051	Irving	1	60042	Island Lake	6
60143	Itasca	8	62849	Iuka	5
61851	Ivesdale	2	62650	Jacksonville	46
62651	Jacksonville; PO Box	1	62950	Jacob	2
62052	Jerseyville	12	62951	Johnston City	6
60431	Joliet	9	62952	Jonesboro	4
62953	Joppa	1	60458	Justice	2
62054	Kane	1	60901	Kankakee	34
62956	Karnak	2	61328	Kasbeer	1
62853	Kell	1	60946	Kempton	2
60043	Kenilworth	1	61443	Kewanee	7
62655	Kilbourne	1	62540	Kincaid	1
62345	Kinderhook	1	60145	Kingston	4
60146	Kirkland	4	61449	La Fayette	1
60525	La Grange	24	60526	La Grange Park	3
61450	La Harpe	3	61330	La Moille	1
61301	La Salle	17	61540	Lacon	4
61329	Ladd	3	60147	Lafox	1
60044	Lake Bluff	7	60045	Lake Forest	17
60156	Lake in the Hills	2	60046	Lake Villa	17
60047	Lake Zurich	15	62438	Lakewood	1
61046	Lanark	6	60438	Lansing	11
62439	Lawrenceville	12	61752	Le Roy	3
62254	Lebanon	1	60530	Lee	1
60531	Leland	1	60439	Lemont	13
61048	Lena	1	62255	Lenzburg	2
62440	Lerna	2	61542	Lewistown	4
61753	Lexington	1	62347	Liberty	5
60048	Libertyville	19	62656	Lincoln	35
60069	Lincolnshire	9	60712	Lincolnwood	6
61049	Lindenwood	1	60532	Lisle	14
62056	Litchfield	12	61453	Little York	1

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
62058	Livingston	2	62661	Loami	2
60441	Lockport	21	62856	Logan	1
60148	Lombard	28	61852	Longview	2
62349	Loraine	1	62858	Louisville	4
61111	Loves Park	13	61545	Lowpoint	4
61262	Lynn Center	1	60534	Lyons	4
62860	Macedonia	2	61115	Machesney Park	10
61755	Mackinaw	1	61455	Macomb	13
62060	Madison	2	62256	Maeystown	1
61336	Magnolia	2	61853	Mahomet	11
61337	Malden	1	60150	Malta	1
60442	Manhattan	5	61546	Manito	7
60950	Manteno	4	60151	Maple Park	4
61547	Mapleton	4	61458	Maquon	1
60152	Marengo	4	61459	Marietta	1
62061	Marine	1	62959	Marion	20
62257	Marissa	2	61340	Mark	1
61756	Maroa	2	61341	Marseilles	9
62441	Marshall	7	62062	Maryville	6
62258	Mascoutah	5	62443	Mason	2
62664	Mason City	2	60443	Matteson	6
61938	Mattoon	13	60153	Maywood	5
60444	Mazon	3	60050	Mc Henry	35
61754	Mc Lean	2	62859	Mc Leansboro	6
61335	Mc Nabb	2	62545	Mechanicsburg	4
60157	Medinah	2	62063	Medora	3
60160	Melrose Park	10	62351	Mendon	3
61342	Mendota	6	62665	Meredosia	5
61758	Merna	1	61548	Metamora	5
61940	Metcalf	1	62960	Metropolis	6
62065	Michael	1	60445	Midlothian	6
61264	Milan	4	60953	Milford	1
62862	Mill Shoals	2	61051	Milledgeville	2
62260	Millstadt	6	61344	Mineral	2
61759	Minier	1	61760	Minonk	3
60447	Minooka	2	60448	Mokena	9
61265	Moline	14	60954	Momence	1
60449	Monee	3	61462	Monmouth	7
61052	Monroe Center	5	60538	Montgomery	6

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
61856	Monticello	5	62445	Montrose	4
60539	Mooseheart	1	62067	Moro	3
60450	Morris	10	61270	Morrison	1
62546	Morrisonville	7	61550	Morton	10
60053	Morton Grove	13	61552	Mossville	2
62547	Mount Auburn	1	62863	Mount Carmel	2
61053	Mount Carroll	1	61054	Mount Morris	7
62069	Mount Olive	2	60056	Mount Prospect	31
62548	Mount Pulaski	1	62353	Mount Sterling	5
62864	Mount Vernon	23	62550	Moweaqua	4
62070	Mozier	6	62549	Mt Zion	8
62262	Mulberry Grove	2	62865	Mulkeytown	5
60060	Mundelein	13	62966	Murphysboro	9
62668	Murrayville	3	60540	Naperville	20
62263	Nashville	10	62071	National Stock Yards	1
62447	Neoga	6	61345	Neponset	1
62264	New Athens	2	62265	New Baden	1
62670	New Berlin	7	61272	New Boston	1
62967	New Burnside	1	62356	New Canton	2
62867	New Haven	1	60451	New Lenox	17
62357	New Salem	1	60541	Newark	2
62448	Newton	10	62551	Niantic	1
60714	Niles	10	62672	Nilwood	1
62358	Niota	1	62075	Nokomis	5
61761	Normal	34	61553	Norris	1
62869	Norris City	1	60542	North Aurora	7
60064	North Chicago	3	61466	North Henderson	1
60062	Northbrook	38	60523	Not on File	11
62269	O Fallon	20	60452	Oak Forest	5
60453	Oak Lawn	24	60301	Oak Park	3
62268	Oakdale	2	62673	Oakford	1
62552	Oakley	3	61858	Oakwood	1
62449	Oblong	2	62553	Oconee	1
60460	Odell	4	62870	Odin	1
61859	Ogden	2	61348	Oglesby	3
61349	Ohio	1	62271	Okawville	3
62970	Olmsted	1	62450	Olney	17
60461	Olympia Fields	7	62872	Opdyke	1
61060	Orangeville	1	61061	Oregon	6

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
61273	Orion	6	60462	Orland Park	25
61274	Osco	2	60543	Oswego	14
61350	Ottawa	19	88888	Out of Illinois	767
60067	Palatine	30	62451	Palestine	2
62556	Palmer	2	62674	Palmyra	1
60463	Palos Heights	8	60465	Palos Hills	4
60464	Palos Park	5	62557	Pana	6
60956	Papineau	1	61944	Paris	13
60466	Park Forest	12	60068	Park Ridge	42
62452	Parkersburg	1	62875	Patoka	1
62558	Pawnee	12	60957	Paxton	5
62361	Pearl	2	61063	Pecatonica	5
61554	Pekin	23	61862	Penfield	1
61602	Peoria	7	60468	Peotone	2
62973	Perks	1	61354	Peru	9
62675	Petersburg	5	62079	Piasa	3
62273	Pierron	1	62274	Pinckneyville	5
62363	Pittsfield	7	60544	Plainfield	24
60545	Plano	2	60170	Plato Center	1
62366	Pleasant Hill	1	62677	Pleasant Plains	10
62367	Plymouth	1	62275	Pocahontas	1
61064	Polo	1	61764	Pontiac	13
61065	Poplar Grove	6	61275	Port Byron	2
60469	Posen	3	61470	Prairie City	1
62277	Prairie Du Rocher	1	61276	Preemption	1
61356	Princeton	10	61559	Princeville	2
61277	Prophetstown	2	60070	Prospect Heights	9
62976	Pulaski	1	61560	Putnam	1
62301	Quincy	52	60960	Rankin	1
60470	Ransom	1	61866	Rantoul	9
61278	Rapids City	3	62560	Raymond	4
62278	Red Bud	13	60961	Reddick	1
61279	Reynolds	1	60071	Richmond	1
60471	Richton Park	2	62877	Richview	1
61067	Ridott	3	62878	Rinard	1
61472	Rio	1	60305	River Forest	4
60171	River Grove	8	60627	Riverdale	2
60546	Riverside	9	62561	Riverton	11
61561	Roanoke	2	60472	Robbins	5

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
60962	Roberts	1	62454	Robinson	6
61068	Rochelle	7	62563	Rochester	9
61070	Rock City	1	61071	Rock Falls	11
61201	Rock Island	12	61101	Rockford	6
61072	Rockton	7	60008	Rolling Meadows	25
60446	Romeoville	13	62082	Roodhouse	4
62083	Rosamond	2	61073	Roscoe	13
60172	Roselle	15	60706	Rosemont	8
61473	Roseville	1	62982	Rosiclare	1
60963	Rossville	1	60073	Round Lake	14
62084	Roxana	1	61871	Royal	1
62681	Rushville	9	61358	Rutland	1
62879	Sailor Springs	1	60964	Saint Anne	5
61474	Saint Augustine	1	60174	Saint Charles	31
62458	Saint Elmo	5	62460	Saint Francisville	3
62281	Saint Jacob	5	61873	Saint Joseph	5
62282	Saint Libory	1	62880	Saint Peter	1
62881	Salem	8	62882	Sandoval	1
60548	Sandwich	8	61074	Savanna	1
61874	Savoy	1	62085	Sawyerville	1
61075	Scales Mound	1	60173	Schaumburg	14
60176	Schiller Park	6	61475	Sciota	2
62225	Scott Air Force Base	1	61359	Seatonville	2
61771	Secor	1	62884	Sesser	3
61875	Seymour	1	60550	Shabbona	4
61078	Shannon	2	62984	Shawneetown	4
61361	Sheffield	1	62565	Shelbyville	15
60551	Sheridan	5	62684	Sherman	7
61281	Sherrard	1	62685	Shipman	5
61079	Shirland	2	61772	Shirley	1
62885	Shobonier	2	62461	Shumway	2
61773	Sibley	1	61877	Sidney	1
62462	Sigel	1	61282	Silvis	5
62886	Sims	1	60076	Skokie	28
62284	Smithboro	1	61478	Smithshire	1
60080	Solon Mills	3	60552	Somonauk	6
61080	South Beloit	5	60177	South Elgin	5
60473	South Holland	3	61565	Sparland	2
62286	Sparta	7	61479	Speer	6

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
60081	Spring Grove	4	61362	Spring Valley	3
62701	Springfield	22	61363	Standard	1
61774	Stanford	1	62088	Staunton	8
62288	Steeleville	5	60475	Steger	5
61081	Sterling	13	60553	Steward	2
61084	Stillman Valley	2	60967	Stockland	1
61085	Stockton	4	60165	Stone Park	2
62567	Stonington	1	62465	Strasburg	2
60107	Streamwood	15	61364	Streator	9
61367	Sublette	1	60554	Sugar Grove	3
61951	Sullivan	11	60501	Summit Argo	3
62373	Sutter	3	60178	Sycamore	7
61482	Table Grove	2	62688	Tallula	3
62888	Tamaroa	7	62988	Tamms	1
61283	Tampico	2	62568	Taylorville	24
60082	Techny	2	62374	Tennessee	1
62467	Teutopolis	7	62889	Texico	1
60968	Thawville	1	62689	Thayer	1
62990	Thebes	2	62890	Thompsonville	1
61285	Thomson	1	60476	Thornton	3
60477	Tinley Park	19	62468	Toledo	3
61880	Tolono	1	61483	Toulon	2
62570	Tovey	1	61776	Towanda	1
62571	Tower Hill	1	61568	Tremont	3
62293	Trenton	6	61371	Triumph	1
61569	Trivoli	2	62294	Troy	8
61372	Troy Grove	1	62991	Tunnel Hill	1
61953	Tuscola	4	62992	Ullin	1
60180	Union	5	62993	Unity	2
61801	Urbana	24	62891	Valier	1
61374	Van Orin	2	62471	Vandalia	7
62090	Venice	9	62994	Vergennes	1
61484	Vermont	2	60061	Vernon Hills	13
60479	Verona	1	61485	Victoria	1
62995	Vienna	3	61956	Villa Grove	1
60181	Villa Park	20	62996	Villa Ridge	1
61486	Viola	1	62690	Virden	15
60182	Virgil	3	62691	Virginia	6
60083	Wadsworth	4	62893	Walnut Hill	1

Calls Received by Zip Code

Zip Code	Post Office	Call	Zip Code	Post Office	Call
62894	Waltonville	2	61777	Wapella	2
61087	Warren	1	62573	Warrensburg	3
60555	Warrenville	4	62379	Warsaw	2
60183	Wasco	1	61570	Washburn	1
61571	Washington	23	61488	Wataga	2
62298	Waterloo	13	60970	Watseka	9
62473	Watson	4	60084	Wauconda	9
60079	Waukegan	1	62692	Waverly	11
62895	Wayne City	1	61778	Waynesville	1
60557	Wedron	2	60973	Wellington	1
60185	West Chicago	13	62896	West Frankfort	9
60154	Westchester	12	60558	Western Springs	2
62474	Westfield	1	60559	Westmont	13
60187	Wheaton	30	60090	Wheeling	16
62092	White Hall	1	61884	White Heath	1
61489	Williamsfield	1	62693	Williamsville	3
62997	Willisville	1	62480	Willow Hill	1
60480	Willow Springs	1	60091	Wilmette	17
60481	Wilmington	7	62694	Winchester	5
61957	Windsor	4	60190	Winfield	11
61088	Winnebago	5	60093	Winnetka	10
60096	Winthrop Harbor	2	62094	Witt	1
60097	Wonder Lake	13	60191	Wood Dale	3
62095	Wood River	6	60517	Woodridge	25
60098	Woodstock	17	62097	Worden	1
60482	Worth	5	62899	Xenia	2
61572	Yates City	2	60560	Yorkville	4
62999	Zeigler	2	60099	Zion	8

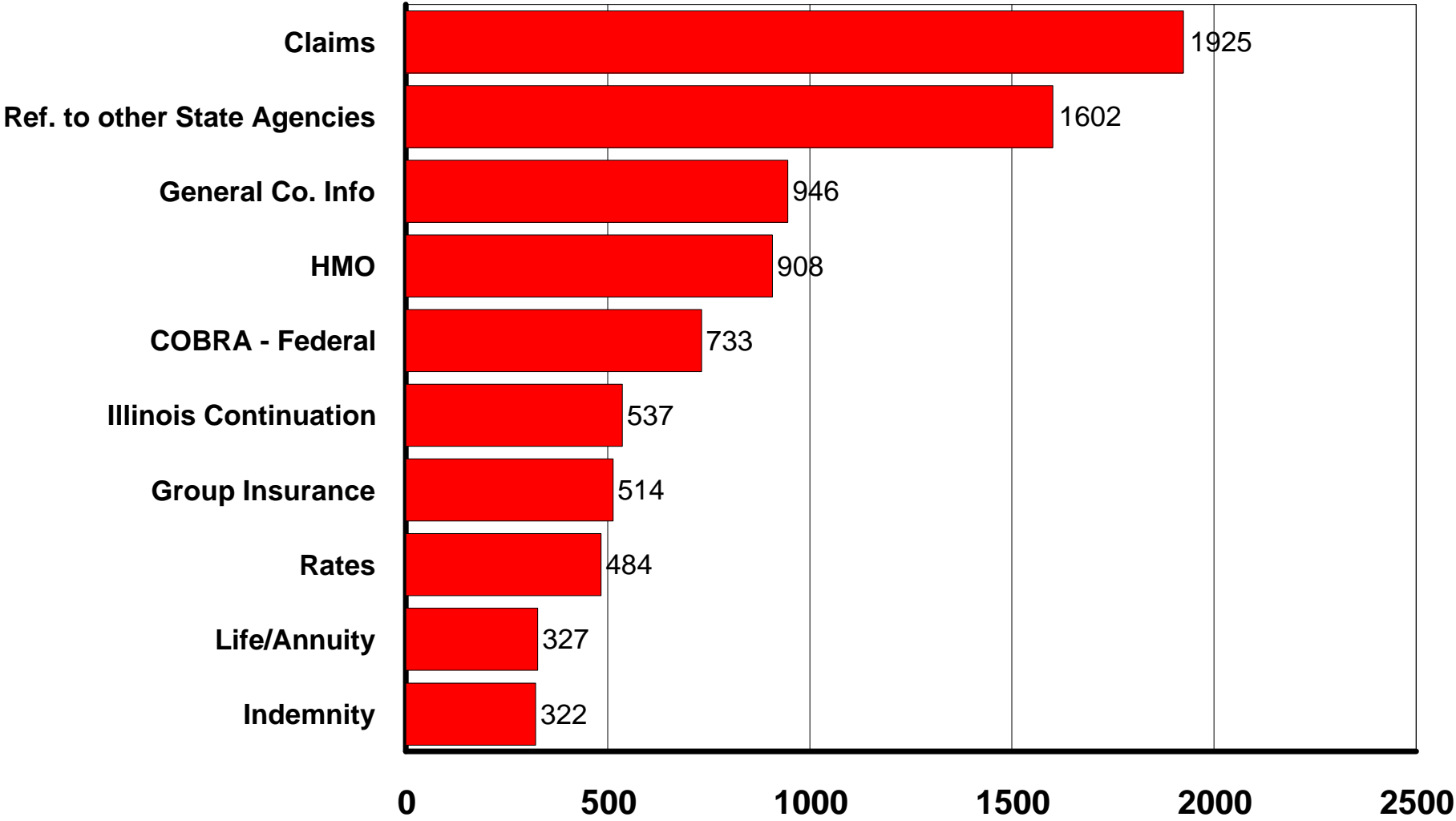
There were a total of 1044 different zip codes

Total

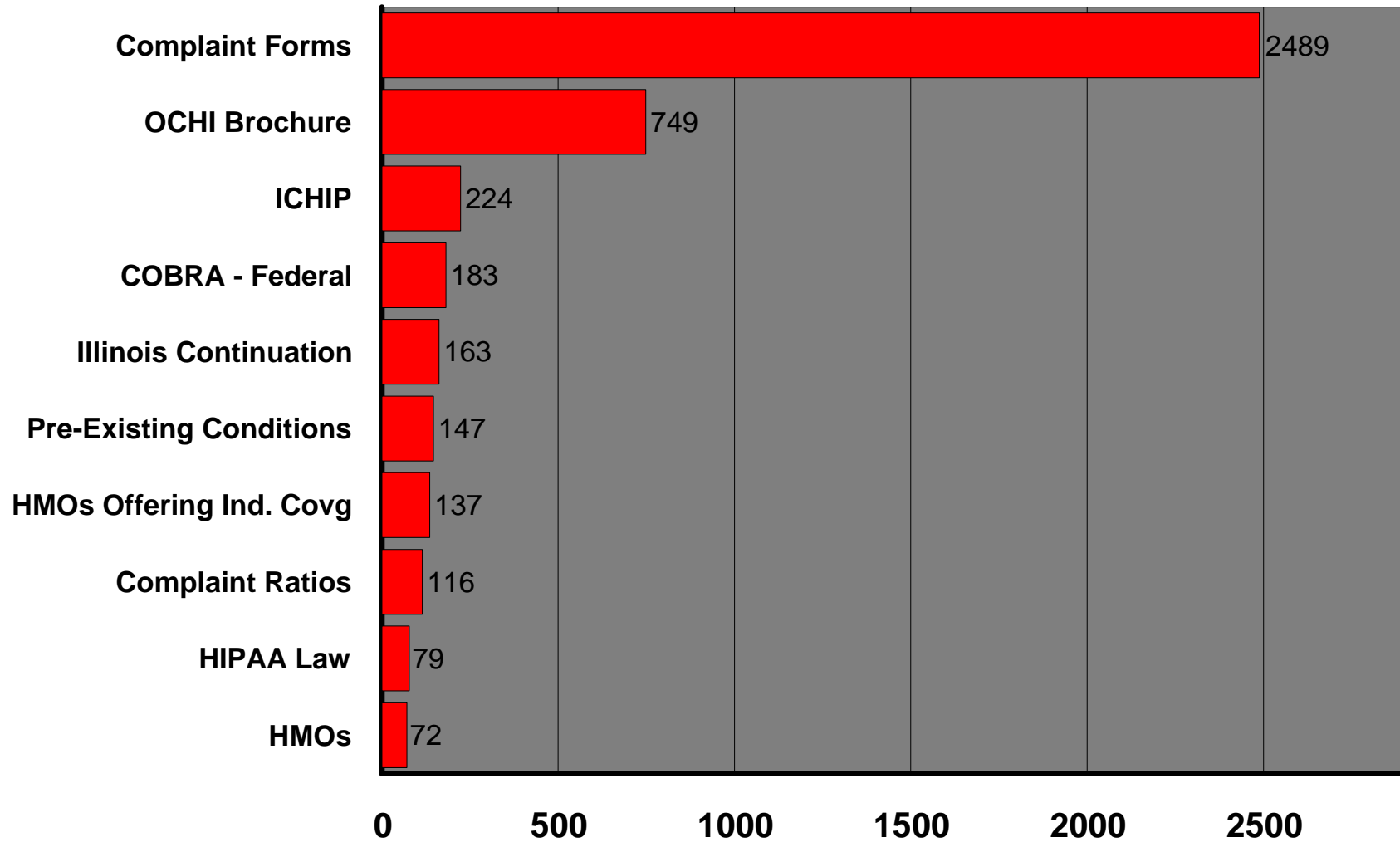
10,750

Category of Calls

(Top 10)



Materials Sent (Top 10)



Calls Per Month

01/01/00 - 12/31/00

