

Office of Consumer Health Insurance 2001 Annual Report

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PREFACE

The Managed Care Reform and Patient Rights Act (the “Act”) became law on August 19, 1999. Section 90 of the Act (215 ILCS 134/90), effective January 1, 2000, required the establishment of the Office of Consumer Health Insurance (OCHI) within the Department of Insurance and requires OCHI to file an annual report with the Governor, the Director of Insurance, and the General Assembly. 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.

The Act required 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 provides 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 contains 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.

This annual report consolidates these requirements in an effort to make them more comprehensive and meaningful. When comparing this report with the year 2000 annual report, please note the following changes:

- Item 1 of the Table of Contents (*Assisting Consumers with Understanding Their Health Insurance and Appeal Rights*) combines Items 1 and 3 from the 2000 Table of Contents (*Assisting Consumers in Understanding Health Insurance* and *Assisting Enrollees with Filing Formal Grievances and Appeals*).
- Item 2 of the Table of Contents (*Educating Enrollees About Their Health Plan Rights*) combines Items 2 and 5 from the 2000 Table of Contents (*Educating Enrollees About Their Rights Within Their Health Insurance Plans* and *Making Related Information Available in Languages Other Than English*).
- Item 3 of the Table of Contents (*Expanding Public Knowledge of OCHI and Available Services/ Status Report of OCHI Toll-Free Telephone Line*) combines Items 4 and 8 from the 2000 Table of Contents (*Establishing and Operating a Toll-Free Telephone Number to Assist Consumers* and *Performing All Duties Assigned to the Office By the Director*), expands on the Office's efforts at outreach and provides a status report on phone calls received in 2001.
- Item 4 of the Table of Contents (*Market Status, Government Actions and Recommendations for Improvements to Health Insurance Regulation*) combines Items 6 and 7 from the 2000 Table of Contents (*Making Reports Publicly Available Regarding Laws, Regulations, and Other Governmental Actions Pertaining to the Adequacy of Health Care Plans in the State* and *Filing an Annual Report Containing Recommendations for Improvement of the Regulation of Health Insurance Plans*).
- Item 5 of the Table of Contents is a new section reporting on the action taken on past recommendations.

EXECUTIVE SUMMARY

The Office of Consumer Health Insurance (OCHI) was established in January 2000 by the Managed Care Reform and Patient Rights Act, P.A. 91-617. In its second year of operation, OCHI received 14,272 calls and provided information on a wide array of issues. Members of the OCHI staff performed a number of outreach activities during the year: working some of the shifts at the Senior Health Insurance Program (SHIP) booth at the State Fair, speaking at county health fairs and college classes, and making contact with all county and local health departments in the state.

Section 1 of this report describes the type of calls received and the methods used for assisting callers.

Section 2 describes the various activities of the OCHI staff and steps taken to educate consumers about their health plan and lists the information available on the Department's website.

Section 3 explains OCHI's efforts to expand public knowledge of its services and provides details on the number of calls received during the year.

Section 4 contains information about:

- Trends in the health insurance marketplace.
- Changes to the Illinois Comprehensive Health Insurance Plan.
- Synopsis of the State Planning Grant.
- Effects of large employer bankruptcies.
- Sunset of federal Mental Health Parity Act.
- Amendment to the Illinois law relating to mastectomies.
- Expansion of Illinois' Unfair Discrimination Law to life, accident and health insurers.
- Expansion of coverage for serious mental illness.
- Enactment of the Uninsured Ombudsman Program.
- Recommendations for improvement of the health insurance marketplace.

1. Assisting consumers with understanding their health insurance and appeal rights

The Office of Consumer Health Insurance (OCHI) answered a wide array of questions from consumers during calendar year 2001. Calls came from a variety of groups including consumers, employers, agents, associations, health care providers and advocacy groups.

Terminologies that are insurance specific were explained in terms that the average layperson could understand. The differences between individual and group insurance and the rights stemming from the Health Insurance Portability and Accountability Act (HIPAA) were explained. Consumers were given specific information applicable to their plan. Information was also provided for those who needed help understanding their options regarding continuation of coverage once a HIPAA “qualifying event” had occurred, or was about to occur. OCHI also directed consumers to the Department’s website (www.state.il.us/ins) to gain further knowledge of a particular topic or printed “fact sheets” developed by the Department to mail to the general public.

OCHI also received calls from individuals who experienced problems with their specific health plan. Problems included: getting a particular procedure approved by the plan, understanding and filing an appeal with the plan, having a claim for a pre-approved procedure denied by the plan, and filing a request for an external independent review for HMO plans. OCHI explained a covered person’s rights, the procedure for filing appeals and grievances with the plan, and the option for filing a complaint with the Department of Insurance. OCHI guided HMO enrollees through the external independent review process and explained how to file the request, the required time periods involved, and the role played by the primary care physician in the process.

The Managed Care Reform and Patient Rights Act requires HMOs to track all complaints they received, regardless of the source, and report the data to the Department of Insurance. Exhibit 5, HMO Company Complaint Record 2000, shows the total number of complaints by HMO and separates them by type of complaint. Exhibit 6, HMO External Independent Review, is derived from Exhibit 5 and provides specific information relating to external independent reviews. This information is provided by the plans and is not independently verifiable by the Department. Both of these exhibits may be accessed through the Department’s website (www.state.il.us/ins/complaints).

As presented in Exhibit 5, during calendar year 2000, HMOs reported a total of 13,863 complaints (of these 1,189 (9%) were also filed with the Department of Insurance). The “Disposition of ALL Complaints” section indicates that of the total complaints: 7,697 (56%) were granted relief; 814 (6%) were granted partial relief; 1,785 (13%) received additional information; and 3,567 (26%) received no relief.

HMO enrollees requested 43 external independent reviews that were completed by HMOs in the state of Illinois. Of these, 11 were granted relief, 2 were granted partial

relief, 2 received further information, and 28 had no change in status. The reporting date for complaint data is March 2 for the previous year. Complaint data for 2001 will be addressed in the 2002 report.

The Department of Insurance office in Chicago also handles many calls and assists consumers who walk into the office requesting information. From July 1, 2001, through December 31, 2001, the Chicago office handled 2,303 calls relating to health insurance complaints; 1,636 calls regarding general health insurance questions; 109 English-speaking walk-ins with health insurance questions; 140 calls requiring the services of a translator and 17 foreign language speaking walk-ins.

2. Educating enrollees about their health plan rights

In calendar year 2001, a number of large manufacturing companies went bankrupt, generating many calls regarding COBRA benefits. By processing information from other areas of the Department, OCHI passed the most up-to-date information on to callers. Many of the displaced workers were referred to the Illinois Comprehensive Health Insurance Plan (CHIP) to determine their eligibility under Illinois' HIPAA alternative mechanism for individual health insurance coverage. Retired workers questioned how they could maintain coverage to coordinate with Medicare and were given information on guaranteed issue Medicare supplement or Medi-Gap coverage through standard insurers.

Based upon questions we received from Illinois consumers and working with other units of the Department, several new "fact sheets" were developed and added to the Department's website (www.state.il.us/ins/consumerinfo). For callers unable to access this information via the Internet, we mail the requested materials.

Upon request, we have given several presentations regarding OCHI. We have spoken with consumer organizations, educational institutions, and public health organizations, and are open to other opportunities to reach interested parties. Presentations by our staff can be arranged by contacting the Office of Consumer Health Insurance at 877-527-9431.

A very small number of calls to OCHI have required the services of a translator. The OCHI office can generally provide a translator for consumers who need this service. The brochure "Your Rights Under the Managed Care (HMO) Reform and Patient Rights Act" was printed in Spanish and the initial 5,000 copies were distributed, requiring a reorder for an additional 5,000 copies.

Following is a list of the consumer fact sheets currently available on the Department's website. Those developed or updated during 2001 are shown in bold letters.

A Shopper's Guide to Long-Term Care Insurance
Acronyms for Life, Accident & Health Insurance and Managed Care
Beware of Fraudulent Insurance Companies
Department of Insurance Complaint Forms
Complaint Ratios - Group Accident and Health
Complaint Ratios - HMO
Complaint Ratios - Individual Accident and Health
**Contact the Proper Agency – Where to File Medicare, Medicaid
and Other Health Plan Complaints**
Coordination of Benefits
Finding a Reputable Insurance Company – Using Financial Rating Agencies
Frequently Asked Questions – Individual Accident and Health Insurance
Health Insurance Continuation Rights - COBRA
Health Insurance Continuation Rights - Illinois Spousal Law
Health Insurance Continuation Rights - Illinois Law
Health Insurance for Small Employers
Health Maintenance Organizations (HMOs)
HIPAA Law
ICHIP (Have You Been Turned Down for Health Insurance?)
Illinois Guaranty Associations
Illinois HMOs Offering Individual Coverage
**Illinois Mandated Benefits, Offers, and Coverages
for Accident & Health Insurance and HMOs**
Insurance for College Students
Insurance Coverage for Diabetes
Insurance Coverage for Infertility Treatment
Insurance Coverage for Newborn Children
Individual Major Medical Insurance
KidCare
Licensed HMOs by Service Area
Managed Care and Patient Rights Act
Maternity Benefits in Illinois
Medical Necessity
Pre-Existing Conditions - HIPAA
Prompt Pay Law
Protecting Your Health Insurance Coverage
Shopping for Individual Disability Income Insurance
Small Employer Health Insurance Rating Act
Underwriting
Usual and Customary Fees in Health Insurance Claims
Women's Health Care Issues
Your Rights Under the Managed Care (HMO) Reform and
Patient Rights Act (OCHI Brochure)

3. Expanding public knowledge of OCHI and available services

OCHI continued to explore other methods of reaching additional consumer groups, new avenues of assistance for those seeking information on the toll-free line, and contacted additional organizations to find more specific resources available in localized areas. In addition, we targeted hospitals in Chicago metro areas with high density Hispanic populations for mailing information printed in Spanish. We had a number of requests for additional brochures from many of these hospitals.

The Internet served as a valuable tool in finding information on specific topics. We had some calls on specific diseases and the need for financial assistance to help pay for the treatment of uncommon diseases or conditions. We were able to provide new information in some instances that was helpful to callers.

We mailed letters to all county and local health departments in the state, informing them of our services, and advising them of our availability to attend health fairs and other functions they may have for the general public. We accommodated requests made by schools and consumer groups to speak before interested parties. We have also requested from the local health departments a listing of all “help” agencies in their operating area, including addresses and phone numbers. We are attempting to identify all agencies that provide emergency services and help relating to health care issues.

By the end of December 2001, 46 local health departments had responded to our request and provided a vast amount of information that should be valuable to consumers calling the Office.

A number of the newspapers around the state continued to give us support in our effort to inform the public of our phone number. There were spots on a number of television stations regarding the office and our mission. In addition, the Department’s outreach staff were available for regular talk radio spots around the state.

Status report of OCHI toll-free telephone number

OCHI received a total of 14,272 calls on its toll-free telephone line (877-527-9431) for calendar year 2001. This represents an increase of 3,522 calls over the 10,750 received during the year 2000. OCHI received calls from 1,102 of the estimated 1,500 zip codes in the state. This total represents calls from 60 zip codes not reported in year 2000 and 73.5% of the zip codes in the state.

Other duties as assigned by the Director

- Setting benchmarks for desired levels of service:
 1. To answer 85% of incoming calls prior to the call going to voice mail.

RESULT: The final year-end numbers tell us that 75% of our calls were answered before going into the voice mail system, which is 10% lower than the benchmark set. A turnover in personnel, being short staffed for a period of time and training sessions were factors that affected reaching our goal.
 2. To return all voice mail messages within one hour from receipt.

RESULT: The year-end average for time to return calls was 21 minutes. Only 164 calls (.05%) were not returned within one hour from the time they were received.
 3. To have no unanswered calls at the end of the day, regardless of when the call came in.

RESULT: There were 15 (less than 1%) calls not returned the same day they were received.
 4. To be able to:
 - A. Directly answer the consumer's question while on the phone; or
 - B. Research the issue of concern and respond to the consumer within 24 hours;
or
 - C. Transfer the caller to a Department analyst who has more expertise on the subject matter in question.

RESULT: Virtually all calls were handled in the above manner. The order of operation was changed in that the priorities of items B and C were reversed. We tried to get a "live person" to answer the question before we would take the information for research and a return call.
- During the year, OCHI experienced some turnover in personnel. Normally, OCHI is staffed by three analysts, however for approximately two months OCHI was one analyst short. This position is now filled. A 2-1/2 day training plan was developed and followed for preparing the analysts to answer a broad spectrum of questions. New analysts were supplied with up-to-date reference manuals for the many topics covered for the majority of the phone calls.

The analysts were also given training on departmental policy, phone usage, the use of several computer applications and physical layout of the office within the Department. During the training process, OCHI experienced an increased volume of voice mail and longer return times for those messages. As the new analysts became familiar with the information, database and procedures, the volume of voice mail and return times were reduced.

4. Market status, government actions and recommendations for improvements to health insurance regulation

A. MARKET STATUS

1. Health Insurance Marketplace

The most pronounced market change for 2001 was the loss of insurers in the small employer group marketplace and, to a lesser degree, the large employer group market and the individual health insurance market. During 2001, 23 companies filed with the Illinois Department of Insurance their intent to withdraw products from the small group market; 10 companies filed their intent to withdraw products from the large group market; and 11 companies filed their intent to withdraw products from the individual major medical market. Despite this disturbing trend, Illinois' overall marketplace, even the small group market, remains viable and competitive. The small group market still had in excess of 30 carriers as of year-end 2001.

The Medicare + Choice market was a concern for senior citizens in the northern part of Illinois. Many of the HMOs that had offered these products for consumers on Medicare sent notices prior to October 2, 2001, stating that they would not have coverage under the Medicare + Choice plan after December 31, 2001. Currently only one HMO offers this coverage in Cook County. The Department's Consumer Division and Senior Health Insurance Plan (SHIP) worked together to provide information on other options available to affected individuals.

Medicare + Choice was an affordable option for some Medicare disabled persons; however, this option becomes less available each year due to Medicare + Choice plans exiting the market. Medicare beneficiaries who are under age 65 and on Medicare because of a disability currently do not have guaranteed issue private Medicare supplement policies available in Illinois. CHIP does provide secondary insurance to this group of beneficiaries; however, this secondary insurance is not comparable to the standardized Medicare supplement A-J plans mandated by the federal government. The Department's Senior Health Insurance Plan talks to many of the Medicare disabled who would like to have the ability to purchase a private Medicare supplement (one of the A-J plans), but because of their health conditions and

the fact that these policies are underwritten, many are turned down for this insurance.

2. **Illinois Comprehensive Health Insurance Plan**

The Illinois Comprehensive Health Insurance Plan (CHIP) (215 ILCS 105) has two pools. Both pools charge enrollees a premium, 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. This pool 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, by statute, cannot impose pre-existing condition requirements. This pool is partially funded by assessments on the insurance industry.

With the passage of HB 3004 (P.A. 92-0153) effective July 25, 2001, eligible individuals now have 90 days in which to elect HIPAA/CHIP for health benefits. Formerly, the time period was 63 days, the same as for federal HIPAA rules. This time period was extended to assist consumers, including those who were not notified their benefits had been terminated, in finding coverage, or to complete the underwriting process for an individual policy.

On December 31, 2001, 5,611 persons were enrolled in the traditional CHIP plan (Section 7) and 6,391 persons in the HIPAA CHIP plan (Section 15). No one seeking coverage under Section 7 was placed on a waiting list.

3. **Synopsis of State Planning Grant**

In September 2000, the State of Illinois received a \$1.2 million State Planning Grant from the Health Research and Services Administration of the U.S. Department of Health and Human Services. The Illinois Department of Insurance is the state's lead agency for this grant. The purpose of the grant is to develop a plan to assure access to health insurance for all Illinoisans. The grant funded two components of this planning: research on the characteristics of the uninsured in Illinois and development of plans to reduce the number of uninsured individuals in Illinois. The Illinois Assembly on the Uninsured, a participatory process established to take advantage of the views and talents of employers, insurers, health care providers, and other community representatives from both the public and private sectors from around the state, was used to help focus and prioritize these plans.

The grant gave Illinois the opportunity to gather state-specific data which had not been available before. Several types of research were conducted,

including a random digit dial survey, focus groups and key informant interviews, and an expansion of the Behavioral Risk Factor Surveillance System (BRFSS). Also, funds from the grant were used to create a website (www.ins.state.il.us/spg/), gather information on a variety of potential strategies which have been used in other states, undertake a literature review, and develop a large bibliography. The new data, as well as existing national data, served as a bridge between researchers and stakeholders during the participatory process of developing strategies to provide coverage to all uninsured persons in the state. Data indicates that between 9.8% and 13.4% of Illinoisans have no health coverage. The research and participatory process results were included in a Report to the Secretary of the U.S. Department of Health and Human Services in October 2001.

In September 2001, Illinois received an additional \$194,000 to continue this project and further develop strategies.

4. Trends

- a. During 2001, several large, self-insured employers declared bankruptcy. Each time this happened, the employees who remained active in their jobs were left with many questions about their health coverage. How would their claims be paid when the company was self-insured and bankrupt at the same time? Would COBRA apply? When would the COBRA extension start? In the case of those former employees who have been laid off and have elected their COBRA extension of benefits, they are paying the premium as it becomes due, but their claims are not being paid. They are told by the employer that there is no money to pay claims as the company is bankrupt, and that includes money for claim payments. If the employee pays the COBRA premium, the money is not going to be used to pay claims. If they do not elect COBRA continuation, they have no coverage and are not allowed to transfer into the HIPAA CHIP (Section 15) plan to avoid a waiting period or pre-existing condition period because they have not exhausted their COBRA benefits.

The retired employees in this situation have a similar problem. Those under the age of 65 years of age on COBRA have difficulty getting answers from the employer as to when their benefits will end. Those who are well can purchase an individual health policy on the open market. Those with any serious health problems can enroll in the CHIP plan. However, unless they have reached the end of their extension of coverage, they may not qualify for HIPAA CHIP (Section 15).

Retirees age 65 and older are guaranteed to be able to transfer their coverage into a medi-gap plan. The problem for those over 65 (besides having to pay the premium themselves) is that the medi-gap plans to which they are guaranteed access have no prescription drug coverage. The

majority of the population over age 65 require at least some prescription drugs in order to maintain their health.

For several of these bankruptcies, public meetings were held to advise employees and ex-employees of their rights. The Department's Consumer Division and SHIP program, as well as CHIP, were well represented at these public venues to address concerns on insurance issues.

- b. The Office received a number of calls from individuals with various afflictions from mental illness to HIV/AIDS who have struggled to get back to the point where they are able to work again and become eligible for employee benefits, primarily health insurance. Often, the employer doesn't provide coverage for mental health or prescription drug coverage. At this point in their life, these individuals have an income that is above the threshold for assistance, but they cannot afford to pay for the needed services. Many say they may have to quit their job and lose the benefits they do have to get back to a disabled status in order to have the needed services provided by the state or federal government.

B. GOVERNMENT ACTIONS

1. The Mental Health Parity Act

The federal Mental Health Parity Act of 1996 (MHPA) (P.L. 104-204) amended the Employee Retirement Income Security Act (ERISA) and the Public Health Service Act to establish new federal standards for mental health coverage offered by employer-sponsored group health plans (both fully insured and self-funded). Under the MHPA, insurers were prohibited from establishing annual and lifetime limits on mental health benefits that differed from those applied to other medical care. Under the MHPA, "mental health benefits" are defined to include "benefits with respect to mental health services, as defined under the terms of the plan or coverage," but excluding benefits for substance abuse or chemical dependency treatment. The law applied to plans that offer mental health benefits; it did not require a plan to include any mental health benefits. The law only applied to groups with more than 50 employees, and it allowed plan sponsors who could demonstrate that MHPA compliance has increased their group health plan costs by at least 1% to apply for an exemption from the law.

The MHPA Act sunset on September 30, 2001, at which time the protections of the Act were no longer applicable. Both the U. S. Senate and U. S. House have introduced new bills which address mental health parity.

2. P.A. 92-0002 -- Comprehensive Health Insurance Plan Pre-Existing Conditions

Senate Bill 962 amended the Illinois Insurance Code (215 ILCS 105) by providing a waiver of the pre-existing condition exclusions for traditional CHIP

coverage (Section 7) for an eligible person who has satisfied similar exclusions under previous coverage under an individual policy of health insurance that was terminated because of the insolvency of the insurer and who has applied for plan coverage within the allowed time frame. This Act became effective May 1, 2001.

3. **P.A. 92-0048 -- Insurance Mastectomy-Prosthesis Coverage**
Senate Bill 866 amended the Illinois Insurance Code (215 ILCS 5/356g) and the Health Maintenance Organization Act (215 ILCS 125/4-6.1) providing 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, including lymphedemas. With this Act, the Illinois Insurance Code reflects the coverage required by federal law. This Act became effective July 3, 2001.
4. **P.A. 92-0106 -- Uniform Health Benefit Card Act**
House Bill 1901 requires health benefit plans that issue a health benefit card or other technology to provide uniform health care benefit information. It requires the cards to contain names, identification numbers, and claims submission addresses. It provides for enforcement by the Department of Insurance and became effective January 1, 2002.
5. **P.A. 92-0126 -- Employee Health Benefit Notice**
Senate Bill 1019 provides that an employer who has agreed to make payments to an employee health insurance plan shall notify its employees of any failure to make the payments if the failure to make the payments shall result in the total loss of insurance coverage. It further provides that the employer must provide written notification directly to each employee who is covered under the plan upon failure to make such payments. This Act became effective January 1, 2002.
6. **P.A. 92-0135 -- HMO Point-of-Service**
House Bill 1040 amended the HMO Act (215 ILCS 125) to allow HMOs to offer limited point-of-service products. It changes the capital and reinsurance requirements for these point-of-service products and allows HMOs to set out-of-pocket limits and lifetime maximum benefits for out-of-plan benefits. This Act became effective January 1, 2002.
7. **P.A. 92-0139 -- Interest on Insurance Claims Payments**
House Bill 2554 amended the Illinois Insurance Code (215 ILCS 5/224 and 215 ILCS 5/357.9a) to require that interest be paid at the rate of 9% per year on life and disability insurance proceeds that are not paid in a timely manner. This Act became effective July 24, 2001.

8. **P.A. 92-0148 -- Insurance Long-Term Care**
Senate Bill 867 amended the Illinois Insurance Code (215 ILCS 5/351A-1, 5/351A-4, 5/351a-7, 5/351a-8) and added new sections 215 ILCS 5/351A-9.2 and 5/351A-9.3 to provide that the term “long-term care insurance” includes policies that provide for payment of benefits based upon cognitive impairment or loss of functional capacity. It also requires that coverage outlines must disclose whether the policy is a federally tax-qualified long-term care policy. The Act further requires policies to be delivered within 30 days after the applicant is approved and for insurers to provide explanation of denials within 60 days after a request. The Act became effective July 24, 2001.
9. **P.A. 92-0153 – HIPAA CHIP**
House Bill 3004 amended the Comprehensive Health Insurance Plan Act (215 ILCS 105/) to extend the maximum allowable break in coverage from 63 to 90 days for eligibility for HIPAA CHIP. It further provides that a federally eligible individual is not deemed ineligible because the individual is eligible for coverage under part A or part B of Medicare if the eligibility for Medicare is not due to age. This Act became effective July 25, 2001.
10. **P.A. 92-0182 -- Insurance Payment for Professional Counselors**
Senate Bill 319 amended the Illinois Insurance Code (215 ILCS 5/370c) to provide that licensed clinical professional counselors may provide mental health treatments and be paid under insurance coverage when selected by the insured. This Act became effective July 27, 2001.
11. **P.A. 92-0185 -- Serious Mental Illness**
Senate Bill 1341 amends the Illinois Insurance Code (215 ILCS 5/370c) to require coverage for serious mental illnesses on the same terms and conditions as are applicable to other illnesses and diseases. This Act pertains to employers that provide health insurance for 51 or more employees. It sets forth the conditions under which the plan may limit the number of days allowable for certain types of treatment. The Act requires the Illinois Department of Insurance to conduct a study of the costs and benefits derived from the implementation of this Act and to make a report by March 1, 2005. The Act became effective January 1, 2002.
12. **P.A. 92-0331 -- Uninsured Ombudsman Program**
Senate Bill 1505 amends the Civil Administrative Code (20 ILCS 1405-25) to establish an Ombudsman Program for the uninsured within the Department of Insurance. The Ombudsman Program will provide assistance and education to uninsured individuals regarding health insurance benefits, options and rights under state and federal law. The program may include counseling for uninsured individuals in the discovery, evaluation, and comparison of options for obtaining health insurance coverage. The Act became effective January 1, 2002.

13. **P.A. 92-0399 – Unfair Discrimination**

Senate Bill 869 amends the Illinois Insurance Code (215 ILCS 5/424) to provide that the prohibition against unfair discrimination based upon race, color, religion or nation of origin apply to life, accident and health insurers as well as to property and casualty insurance. The Act provides that remedies available for unfair methods of competition and unfair or deceptive acts or practices based upon occurrences of unfair discrimination may not preclude remedies available under other provisions of the Illinois Insurance Code. This Act became effective August 16, 2001.

C. RECOMMENDATIONS FOR IMPROVEMENTS TO HEALTH INSURANCE REGULATION

1. Currently, the Health Maintenance Organization Act restricts contracted hospitals from balance billing patients for anything other than co-payments and non-covered services. There are no similar statutes preventing other providers who are contracted to managed care organizations (MCOs), including HMOs and PPOs, from billing patients for parts of the bill that should have been the responsibility of the payor. In many cases, doctors are billing patients for services that should have been paid by the MCO; hospitals are billing for the discount portion of a MCO plan; and providers other than hospitals or doctors such as labs or imaging facilities are billing patients for sums of money for which either the MCO is responsible or for which there is a pre-arranged discount. Unless patients fully understand their coverage, they may pay this amount without challenge.

POSSIBLE REMEDY: Changes could be made to the Illinois Insurance Code and to the Health Maintenance Organization Act to prevent any provider who is contracted with an insurance company or HMO from billing for any portion of a service that is part of the contracted or pre-arranged fee other than co-payments, co-insurance or deductibles.

2. Calls and complaints are being received from providers and patients when insurers request the return of payment for services that were paid up to 5 years prior to the request. In some instances where they request a return of overpaid claim from a provider, the company sends only a bill, with no itemized listing of the dates of service, name of patient, or code for the services rendered. These blank billings are generally for a number of patients all at one time, with no definition of patient or claim number. At the same time these companies are limiting the time after date of service for providers to file the claim. If the claim is not received anywhere from 90 days to 1 year, the claim will not be honored.

In many cases, the patient may no longer be seeing that provider or may not be insured with the same insurer. This puts the provider and patient at a

severe disadvantage. In the case of an indemnity plan, the provider may not be comfortable billing a patient for the difference. The patient may not feel that the money is owed, due to the time elapsed.

POSSIBLE REMEDY: Illinois Administrative Code (50 Il. Adm. Code 2602.40) restricts the reasons for which companies may withhold future payments in order to correct past overpayments on individual insurance policies. This issue could be remedied by removing the exclusion (50 Il. Adm. Code 2602.60) which exempts group and blanket contracts from this rule and by enacting language establishing similar restrictions on a company's ability to directly recoup overpayments.

3. Often, when employers are searching for a new carrier for their group health plan, the company quoting the business will request a copy of the employer's claim experience. We have had a number of calls from employers stating that the current insurer/HMO will not provide that information. The current carrier states that it is proprietary information.

Without this information, the quoting company can only quote an estimated premium. After the new policy has been accepted, the new carrier may get information that requires a rate substantially higher than the original quote.

POSSIBLE REMEDY: Section 143.10a (215 ILCS 5/143.10a) of the Illinois Insurance Code requires companies that issue certain types of property and casualty insurance to provide loss information within 30 days of the request, for the previous three years when requested by the insured. Section 19 of the Worker's Compensation Act (820 ILCS 3405/19(o)) requires the cumulative report of all claims incurred during a calendar year or continued from the previous year shall be furnished to the insured employer by the insurer within 30 days after the end of that calendar year.

Similar requirements could be applied to group health insurance.

4. During 2001, a number of insurers withdrew products from the market. Unlike the group market, policyholders losing individual health coverage have limited HIPAA portability protections. If the person is generally healthy, they may be able to find another individual policy from another insurer. If the person has health problems, they often must accept a policy with riders, exclusions, or even in some instances be denied insurance. The only option open is applying for the traditional CHIP plan (Section 7).

Although these people have had coverage in the past, and have endured a pre-existing condition clause in the previous policy, applicants to traditional CHIP (Section 7) are faced with a new pre-existing condition clause. They may also be faced with a waiting period. We have had calls from people in this situation who are seriously ill and need coverage or face extensive

medical bills in the very near future. Usually they are self-employed people with no availability of group coverage. More often than not they are in an income level that is above the amounts allowed to receive assistance from any of the governmental or private agencies.

POSSIBLE REMEDY: P.A. 92-0002 amended the Illinois Insurance Code (215 ILCS 105) by providing a waiver of the pre-existing condition exclusions for traditional CHIP coverage (Section 7) for an eligible person who has satisfied similar exclusions with previous coverage under an individual policy of health insurance that was terminated because of the insolvency of the insurer and who has applied for plan coverage within the allowed time frame. Similar amendments could be applied to persons who lose coverage through a market withdrawal or HIPAA protections could be extended to those persons. While such action may extend protections to certain individuals, any proposal of this nature will require additional funding. To our knowledge, the amount of such funding and its source have not been allocated, discussed or anticipated in any budget proposals at this time, but could merit future consideration in light of other budgetary priorities. Additionally, any proposal which might foster additional applications for traditional CHIP coverage (Section 7) should be assessed for its impact on CHIP's enrollment capacity.

5. The Illinois Continuation Law and Spousal Continuation Law allow employees of any size to extend their group health benefits for a period of time after certain events sever the employee/employer relationship. The federal COBRA continuation laws provide continuation of coverage rights to covered employees in groups of 20 or more.

There are some areas of the Illinois Continuation and Spousal Continuation Laws that fall short of the benefits provided under COBRA.

- Under the Illinois Continuation Law, if the parent of a dependent child would die, there is then no form of continuation for the child to extend their benefits.
- Under the Illinois Continuation Law, there is no availability for extension of coverage for a dependent child when they reach the attained age specified in the plan, or are no longer considered "dependent" by the plan.
- Under the Spousal Continuation Law, if an employee has health benefits through an HMO, there is no mention of coverage for the spouse if a qualifying event were to occur for the employed HMO member.
- A reduction of work hours is not considered to be a "qualifying event" under either of the state plans.

POSSIBLE REMEDY: The Illinois/Spousal Continuation Laws could be altered to more closely reflect the federal COBRA continuation law.

6. In Illinois, persons covered by insurance plans other than HMOs are not provided the benefit of an external independent review process. HMO plans are required to follow procedures to allow for external independent review when there is a disagreement regarding the treatment of a plan member.

POSSIBLE REMEDY: The Illinois Insurance Code could be amended to add this benefit to all health plans regulated by the Department of Insurance. This change would benefit all consumers in Illinois who have health insurance plans other than HMOs.

5. Action taken on past recommendations

Of the 17 recommendations in last year's report, the following action has been taken on 4 of the issues. The remaining 13 items continue to warrant attention. A list of items from past reports can be accessed on the Department's website (www.state.il.us/ins/OCHI/office_consumer_health_ins.htm).

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 ILCS 5/356(g)). This change is necessary for state law to comply with the federal law.

ACTION TAKEN: Public Act 92-48 amended the Illinois Insurance Code (215 ILCS 5/356(g)) and the Health Maintenance Organization Act (215 ILCS 125/4-6.1) to change the state law to comply with the federal law. This Act became effective July 3, 2001.

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.

ACTION TAKEN: Public Act 92-139 amended the Illinois Insurance Code (215 ILCS 5/224 and 215 ILCS 5/357.9a) to require that interest be paid at the rate of 9% per year on life and disability insurance proceeds not paid in a timely manner. This Act became effective July 24, 2001.

3. 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.

ACTION TAKEN: A Rule was promulgated (50 Il. Adm. Code 2019) to clarify the level of benefits payable for both prescription drugs and durable medical equipment.

4. 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.

ACTION TAKEN: Public Act 92-153 amended the Comprehensive Health Insurance Plan Act (215 ILCS 105) to extend the maximum allowable break in coverage from 63 to 90 days for eligibility into HIPAA CHIP (Section 15). This Act became effective July 25, 2001.

ACTION TAKEN: Public Act 92-126 required employers, who have agreed to make payments for employee health insurance plans, to notify its employees in writing of any failure to make payments when such failure would result in the total loss of coverage. This Act became effective January 1, 2002.

Calls Received by Zip Code

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
61410	Abingdon	5	61411	Adair	2
62214	Addieville	4	60101	Addison	18
61230	Albany	5	62806	Albion	11
60001	Alden	7	61231	Aledo	4
62601	Alexander	8	61412	Alexis	1
60102	Algonquin	19	62001	Alhambra	4
62410	Allendale	1	62807	Alma	3
62411	Altamont	4	62002	Alton	56
61811	Alvin	5	61310	Amboy	2
60666	Amf Ohare	2	61311	Ancona	2
61232	Andalusia	1	62906	Anna	15
60002	Antioch	17	61001	Apple River	2
61910	Arcola	2	62501	Argenta	6
61312	Arlington	2	60004	Arlington Heights	40
60005	Arlington Heights	42	61721	Armington	2
60910	Aroma Park	1	61911	Arthur	3
60911	Ashkum	3	62612	Ashland	8
62808	Ashley	3	61912	Ashmore	2
61006	Ashton	2	62510	Assumption	1
62613	Athens	9	61723	Atlanta	3
61913	Atwood	3	62615	Auburn	10
62311	Augusta	6	60504	Aurora	44
60505	Aurora	19	60506	Aurora	20
62216	Aviston	4	61415	Avon	2
61007	Baileyville	1	62217	Baldwin	3
60010	Barrington	62	60011	Barrington	28
62312	Barry	5	62218	Bartelso	3
60103	Bartlett	25	62313	Basco	2
60510	Batavia	13	62006	Batchtown	1
62617	Bath	2	62618	Beardstown	10
62512	Beason	1	60912	Beaverville	3
62219	Beckemeyer	1	60401	Beecher	7
62414	Beecher City	1	62908	Belknap	1
62220	Belleville	22	62221	Belleville	18
62223	Belleville	28	62226	Belleville	25
62811	Bellmont	2	60104	Bellwood	9
61008	Belvidere	23	61813	Bement	4
60106	Bensenville	14	62812	Benton	18
60163	Berkeley	7	60402	Berwyn	21
62010	Bethalto	14	61914	Bethany	5
60511	Big Rock	1	61418	Biggsville	1
61313	Blackstone	1	61420	Blandinsville	2

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
60108	Bloomington	25	61701	Bloomington	47
61702	Bloomington	13	61704	Bloomington	50
60406	Blue Island	11	62622	Bluff Springs	3
62621	Bluffs	1	60440	Bolingbrook	26
61815	Bondville	1	60913	Bonfield	3
62816	Bonnie	1	62514	Boody	1
60914	Bourbonnais	17	60407	Braceville	1
61421	Bradford	3	60915	Bradley	7
60408	Braidwood	9	62230	Breese	6
62417	Bridgeport	1	60455	Bridgeview	7
62012	Brighton	17	61517	Brimfield	5
60512	Bristol	2	60155	Broadview	6
60513	Brookfield	10	62910	Brookport	1
62817	Broughton	2	62624	Browning	1
62418	Brownstown	2	60918	Buckley	2
62515	Buffalo	2	60089	Buffalo Grove	44
61237	Buffalo Prairie	2	62912	Buncombe	2
62014	Bunker Hill	2	60459	Burbank	14
60109	Burlington	7	62318	Burnside	1
61422	Bushnell	2	62015	Butler	3
61010	Byron	13	60919	Cabery	1
62914	Cairo	1	61011	Caledonia	4
60409	Calumet City	15	61919	Camargo	2
62320	Camp Point	5	61520	Canton	17
62625	Cantrall	6	61012	Capron	5
61239	Carbon Cliff	3	62901	Carbondale	25
62903	Carbondale	2	62626	Carlinville	18
61725	Carlock	3	62231	Carlyle	7
61425	Carman	1	62821	Carmi	5
60188	Carol Stream	29	60110	Carpentersville	16
62917	Carrier Mills	3	62016	Carrollton	10
62918	Carterville	5	62321	Carthage	13
60013	Cary	17	62420	Casey	8
62232	Caseyville	9	61817	Catlin	3
61013	Cedarville	2	62801	Centralia	21
61818	Cerro Gordo	4	61014	Chadwick	2
62323	Chambersburg	1	61820	Champaign	49
61821	Champaign	35	61822	Champaign	18
62627	Chandlerville	2	60410	Channahon	8
61920	Charleston	18	62629	Chatham	19
60921	Chatsworth	2	60922	Chebanse	5
61726	Chenoa	2	61317	Cherry	1
61016	Cherry Valley	3	62233	Chester	9
62630	Chesterfield	2	60601	Chicago	47
60602	Chicago	19	60603	Chicago	15

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
60604	Chicago	22	60605	Chicago	20
60606	Chicago	74	60607	Chicago	10
60608	Chicago	6	60609	Chicago	16
60610	Chicago	47	60611	Chicago	69
60612	Chicago	93	60613	Chicago	41
60614	Chicago	94	60615	Chicago	17
60616	Chicago	10	60617	Chicago	16
60618	Chicago	26	60619	Chicago	23
60620	Chicago	26	60621	Chicago	9
60622	Chicago	31	60623	Chicago	24
60624	Chicago	11	60625	Chicago	24
60626	Chicago	28	60628	Chicago	25
60629	Chicago	21	60630	Chicago	27
60631	Chicago	17	60632	Chicago	18
60633	Chicago	20	60634	Chicago	48
60636	Chicago	26	60637	Chicago	32
60638	Chicago	16	60639	Chicago	18
60640	Chicago	32	60641	Chicago	21
60643	Chicago	23	60644	Chicago	12
60645	Chicago	13	60646	Chicago	16
60647	Chicago	38	60649	Chicago	20
60651	Chicago	19	60652	Chicago	14
60653	Chicago	6	60654	Chicago	1
60655	Chicago	13	60656	Chicago	8
60657	Chicago	34	60658	Chicago	1
60659	Chicago	20	60660	Chicago	29
60661	Chicago	15	60680	Chicago	3
60685	Chicago	1	60411	Chicago Heights	32
60415	Chicago Ridge	10	61523	Chillicothe	17
61924	Chrisman	1	62822	Christopher	2
60804	Cicero	8	61830	Cisco	1
62823	Cisne	2	60924	Cissna Park	4
62421	Claremont	2	60514	Clarendon Hills	18
62824	Clay City	2	62324	Clayton	1
60926	Claytonville	2	60927	Clifton	5
61727	Clinton	11	60416	Coal City	6
61240	Coal Valley	2	62325	Coatsburg	1
62017	Coffeen	2	62326	Colchester	4
61728	Colfax	2	62234	Collinsville	29
61831	Collison	3	61241	Colona	1
62236	Columbia	11	62329	Colusa	1
61318	Compton	1	61729	Congerville	1
61730	Cooksville	1	61242	Cordova	3
61319	Cornell	4	60112	Cortland	2
62018	Cottage Hills	6	62237	Coulterville	1

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
60478	Country Club Hills	6	62422	Cowden	3
60928	Crescent City	2	60113	Creston	4
60417	Crete	13	61610	Creve Coeur	9
61731	Cropsey	3	60012	Crystal Lake	28
60014	Crystal Lake	36	61427	Cuba	2
60929	Cullom	2	62330	Dallas City	5
61321	Dana	1	60930	Danforth	3
61732	Danvers	2	61832	Danville	42
61834	Danville	7	60561	Darien	13
61019	Davis	3	61020	Davis Junction	1
62520	Dawson	12	60115	De Kalb	22
61839	De Land	1	62924	De Soto	3
62521	Decatur	65	62522	Decatur	17
62523	Decatur	6	62526	Decatur	74
61733	Deer Creek	2	60015	Deerfield	22
61734	Delavan	4	61322	Depue	1
60016	Des Plaines	34	60018	Des Plaines	25
62424	Dieterich	4	62530	Divernon	3
62830	Dix	3	61021	Dixon	23
60419	Dolton	13	62926	Dongola	5
62019	Donnellson	2	62021	Dorsey	2
61323	Dover	2	62022	Dow	3
60515	Downers Grove	36	60516	Downers Grove	20
62831	Du Bois	1	62832	Du Quoin	7
60118	Dundee	11	61525	Dunlap	3
62239	Dupo	3	61024	Durand	4
60420	Dwight	10	62023	Eagarville	1
60518	Earlville	5	62024	East Alton	15
62240	East Carondelet	1	61025	East Dubuque	1
60932	East Lynn	1	61244	East Moline	12
61611	East Peoria	38	62201	East Saint Louis	3
62203	East Saint Louis	7	62204	East Saint Louis	2
62205	East Saint Louis	3	62206	East Saint Louis	12
62207	East Saint Louis	5	62633	Easton	7
62928	Eddyville	1	61526	Edelstein	1
62426	Edgewood	1	62531	Edinburg	3
62025	Edwardsville	34	62401	Effingham	48
61738	El Paso	5	60119	Elburn	8
61324	Eldena	1	62930	Eldorado	2
62027	Eldred	1	61027	Eleroy	1
60120	Elgin	29	60123	Elgin	50
61028	Elizabeth	8	62931	Elizabethtown	2
60007	Elk Grove Village	42	62634	Elkhart	3
62932	Elkville	4	62241	Ellis Grove	1
61737	Ellsworth	3	60126	Elmhurst	43

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
61529	Elmwood	3	60707	Elmwood Park	20
62028	Elsah	1	62532	Elwin	1
60421	Elwood	11	62933	Energy	1
62835	Enfield	2	60519	Eola	2
62934	Equality	1	61250	Erie	2
60129	Esmond	8	61530	Eureka	2
60201	Evanston	29	60202	Evanston	28
60203	Evanston	3	60208	Evanston	3
62242	Evansville	1	60805	Evergreen Park	16
61739	Fairbury	4	62837	Fairfield	10
61841	Fairmount	2	61432	Fairview	2
62208	Fairview Heights	20	62838	Farina	3
61842	Farmer City	3	61531	Farmington	6
61433	Fiatt	1	62030	Fidelity	1
62031	Fieldon	2	62032	Fillmore	1
62534	Findlay	2	61843	Fisher	3
61740	Flanagan	1	62839	Flora	15
60422	Flossmoor	8	61532	Forest City	1
60130	Forest Park	16	61741	Forrest	1
61030	Forreston	6	62535	Forsyth	2
60037	Fort Sheridan	1	62338	Fowler	1
60020	Fox Lake	2	60021	Fox River Grove	8
60423	Frankfort	16	62638	Franklin	2
60131	Franklin Park	20	62243	Freeburg	9
61032	Freeport	24	61252	Fulton	1
62244	Fults	1	61036	Galena	4
61401	Galesburg	33	61434	Galva	5
61038	Garden Prairie	2	60424	Gardner	2
61928	Gays	1	61254	Geneseo	5
60134	Geneva	33	60135	Genoa	5
61846	Georgetown	7	62245	Germantown	3
60936	Gibson City	5	61847	Gifford	1
60136	Gilberts	1	62033	Gillespie	5
61436	Gilson	2	62640	Girard	7
61533	Glasford	3	62034	Glen Carbon	9
60137	Glen Ellyn	26	62536	Glenarm	3
60022	Glencoe	17	60139	Glendale Heights	15
60025	Glenview	36	60026	Glenview Nas	8
60425	Glenwood	4	62035	Godfrey	20
62938	Golconda	7	62339	Golden	1
60029	Golf	7	61438	Good Hope	1
61742	Goodfield	3	60939	Goodwine	1
62939	Goreville	1	62037	Grafton	3
62941	Grand Chain	4	61325	Grand Ridge	2
62942	Grand Tower	1	62040	Granite City	44

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
60940	Grant Park	3	62943	Grantsburg	1
61326	Granville	4	61743	Graymont	1
60030	Grayslake	35	62844	Grayville	2
61534	Green Valley	1	62044	Greenfield	5
62428	Greenup	2	62642	Greenview	5
62246	Greenville	15	60036	Greys Lake	2
61744	Gridley	3	62340	Griggsville	4
61535	Groveland	1	60031	Gurnee	38
62341	Hamilton	2	61929	Hammond	1
60140	Hampshire	2	61256	Hampton	4
61536	Hanna City	3	61041	Hanover	1
62047	Hardin	1	62946	Harrisburg	15
62048	Hartford	1	60033	Harvard	7
62538	Harvel	1	60426	Harvey	11
62644	Havana	4	60429	Hazel Crest	9
60034	Hebron	2	61439	Henderson	1
61327	Hennepin	2	61848	Henning	2
61537	Henry	3	62845	Herald	2
62431	Herrick	4	62948	Herrin	11
60941	Herscher	4	62649	Hettick	3
61745	Heyworth	4	60457	Hickory Hills	9
62249	Highland	16	60035	Highland Park	27
60040	Highwood	6	62049	Hillsboro	18
60162	Hillside	11	62050	Hillview	1
60520	Hinckley	5	60521	Hinsdale	37
62250	Hoffman	1	60456	Hometown	3
60430	Homewood	10	60942	Hoopeston	10
61258	Hoopole	1	61747	Hopedale	1
62803	Hoyleton	1	61748	Hudson	1
62343	Hull	1	60142	Huntley	7
62949	Hurst	2	61259	Illinois City	2
62539	Illioopolis	5	99999	In Illinois	2075
61850	Indianola	2	61440	Industry	2
60041	Ingleside	8	61441	Ipava	1
60945	Iroquois	2	62051	Irving	2
60042	Island Lake	10	60143	Itasca	15
61851	Ivesdale	1	62650	Jacksonville	34
62651	Jacksonville; PO	1	62950	Jacob	1
62052	Jerseyville	24	62951	Johnston City	4
60431	Joliet	22	60432	Joliet	16
60433	Joliet	7	60435	Joliet	40
60436	Joliet	14	62952	Jonesboro	1
61260	Joy	2	60458	Justice	9
62053	Kampsville	1	62054	Kane	2
60144	Kaneville	5	60901	Kankakee	42

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
61933	Kansas	2	62851	Keenes	2
61442	Keithsburg	2	60043	Kenilworth	5
61749	Kenney	2	61443	Kewanee	4
62253	Keyesport	1	62655	Kilbourne	2
62540	Kincaid	4	60145	Kingston	4
62854	Kinmundy	3	60146	Kirkland	8
61447	Kirkwood	1	61448	Knoxville	2
60525	La Grange	25	60526	La Grange Park	11
61450	La Harpe	3	61330	La Moille	1
61301	La Salle	14	61540	Lacon	6
61329	Ladd	2	60147	Lafox	6
60044	Lake Bluff	16	60045	Lake Forest	20
62541	Lake Fork	1	60156	Lake in the Hills	15
60046	Lake Villa	28	60047	Lake Zurich	32
61046	Lanark	6	60438	Lansing	14
62543	Latham	1	61751	Lawndale	1
62439	Lawrenceville	10	61752	Le Roy	3
61047	Leaf River	2	62254	Lebanon	5
60530	Lee	1	60531	Leland	1
60439	Lemont	9	61048	Lena	3
62255	Lenzburg	3	62440	Lerna	1
61542	Lewistown	10	61753	Lexington	4
62347	Liberty	6	60048	Libertyville	17
62656	Lincoln	29	60069	Lincolnshire	14
60712	Lincolnwood	10	60532	Lisle	34
62056	Litchfield	19	61453	Little York	2
62058	Livingston	1	62661	Loami	3
60441	Lockport	37	60948	Loda	4
61454	Lomax	2	60148	Lombard	36
61544	London Mills	2	61333	Long Point	1
62349	Lorraine	1	62858	Louisville	9
61111	Loves Park	20	61937	Lovington	3
61545	Lowpoint	3	61261	Lyndon	1
61262	Lynn Center	1	60534	Lyons	3
62860	Macedonia	1	61115	Machesney Park	19
61755	Mackinaw	2	61455	Macomb	17
62544	Macon	4	62060	Madison	2
61336	Magnolia	1	61853	Mahomet	12
61337	Malden	2	60150	Malta	2
62663	Manchester	2	60442	Manhattan	7
61546	Manito	4	61854	Mansfield	1
60950	Manteno	10	60151	Maple Park	4
61547	Mapleton	1	61458	Maquon	1
60152	Marengo	9	61459	Marietta	2
62061	Marine	1	62959	Marion	26

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
61756	Maroa	5	61341	Marseilles	5
62441	Marshall	9	62442	Martinsville	3
60951	Martinton	1	62062	Maryville	10
62258	Mascoutah	6	62664	Mason City	7
60443	Matteson	11	61938	Mattoon	38
60153	Maywood	9	60444	Mazon	3
62957	Mc Clure	2	60050	Mc Henry	54
60051	Mc Henry	1	61754	Mc Lean	2
62859	Mc Leansboro	7	61335	Mc Nabb	2
62545	Mechanicsburg	3	60157	Medinah	5
62063	Medora	6	60160	Melrose Park	21
60164	Melrose Park	7	60952	Melvin	3
62351	Mendon	2	61342	Mendota	8
62665	Meredosia	1	61548	Metamora	7
61940	Metcalf	1	62960	Metropolis	7
62065	Michael	2	60445	Midlothian	18
61264	Milan	2	60953	Milford	2
61051	Milledgeville	1	60537	Millington	1
62260	Millstadt	2	61759	Minier	6
61760	Minonk	1	60447	Minooka	8
62667	Modesto	2	60448	Mokena	22
61265	Moline	19	60954	Momence	4
60449	Monee	7	61462	Monmouth	11
60538	Montgomery	16	61856	Monticello	6
60539	Mooseheart	3	62067	Moro	4
60450	Morris	24	61270	Morrison	8
62546	Morrisonville	3	61550	Morton	19
60053	Morton Grove	11	62964	Mounds	2
62547	Mount Auburn	1	62863	Mount Carmel	19
61053	Mount Carroll	1	62446	Mount Erie	1
61054	Mount Morris	2	62069	Mount Olive	9
60056	Mount Prospect	33	62548	Mount Pulaski	4
62353	Mount Sterling	3	62864	Mount Vernon	32
62550	Moweaqua	1	62070	Mozier	2
62549	Mt Zion	9	62965	Muddy	1
62262	Mulberry Grove	5	62865	Mulkeytown	1
60060	Mundelein	24	62966	Murphysboro	16
61057	Nachusa	1	60540	Naperville	37
60563	Naperville	31	60564	Naperville	26
60565	Naperville	18	62263	Nashville	19
62354	Nauvoo	2	62355	Nebo	1
62447	Neoga	6	61345	Neponset	1
62264	New Athens	1	62265	New Baden	4
62670	New Berlin	5	61272	New Boston	1
62356	New Canton	1	62074	New Douglas	2

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
62671	New Holland	1	60451	New Lenox	33
62266	New Memphis	1	61465	New Windsor	1
60541	Newark	2	62448	Newton	7
62551	Niantic	2	60714	Niles	19
62672	Nilwood	2	62868	Noble	1
62075	Nokomis	5	61761	Normal	37
62869	Norris City	3	60542	North Aurora	6
60064	North Chicago	11	61466	North Henderson	1
60062	Northbrook	47	60523	Not on File	24
60803	Not on File	15	62269	O Fallon	23
60452	Oak Forest	17	60453	Oak Lawn	40
60301	Oak Park	8	60302	Oak Park	21
60304	Oak Park	7	61943	Oakland	1
62552	Oakley	1	61858	Oakwood	3
62449	Oblong	2	62553	Oconee	1
60460	Odell	14	62870	Odin	2
61859	Ogden	1	61348	Oglesby	10
61349	Ohio	4	62450	Olney	9
60461	Olympia Fields	10	61467	Oneida	3
61469	Oquawka	1	61060	Orangeville	2
62554	Oreana	3	61061	Oregon	9
60462	Orland Park	37	60467	Orland Park	19
60543	Oswego	16	61350	Ottawa	21
88888	Out of Illinois	1213	62555	Owaneco	1
60067	Palatine	43	60074	Palatine	15
62451	Palestine	1	62556	Palmer	1
62674	Palmyra	2	60463	Palos Heights	13
60465	Palos Hills	9	60464	Palos Park	4
62557	Pana	16	60956	Papineau	1
61944	Paris	15	60466	Park Forest	32
60068	Park Ridge	30	62078	Patterson	1
61353	Paw Paw	2	62558	Pawnee	14
60957	Paxton	6	62360	Payson	2
62361	Pearl	3	61062	Pearl City	4
61063	Pecatonica	1	61554	Pekin	41
61555	Pekin	1	77777	Pending Complaints	102
55555	Pending HMO	50	61862	Penfield	1
61602	Peoria	16	61603	Peoria	12
61604	Peoria	32	61605	Peoria	12
61606	Peoria	5	61607	Peoria	17
61612	Peoria	5	61614	Peoria	68
61615	Peoria	33	61625	Peoria	1
61635	Peoria	3	61653	Peoria	1
60468	Peotone	8	62272	Percy	2
62362	Perry	1	61354	Peru	10

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
61863	Pesotum	2	62675	Petersburg	12
61864	Philo	1	62079	Piasa	2
62274	Pinckneyville	3	62363	Pittsfield	9
60544	Plainfield	34	62676	Plainview	1
60545	Plano	7	62677	Pleasant Plains	6
62367	Plymouth	3	62275	Pocahontas	1
61064	Polo	4	61764	Pontiac	26
61065	Poplar Grove	5	61275	Port Byron	3
60469	Posen	2	61865	Potomac	1
61470	Prairie City	1	62277	Prairie Du Rocher	2
61356	Princeton	13	61559	Princeville	5
61277	Prophetstown	1	60070	Prospect Heights	9
61560	Putnam	1	62301	Quincy	53
62305	Quincy	1	62306	Quincy	3
62080	Ramsey	2	60960	Rankin	1
60470	Ransom	1	61866	Rantoul	6
62560	Raymond	1	62278	Red Bud	8
60961	Reddick	2	61949	Redmon	1
60071	Richmond	2	60471	Richton Park	9
62877	Richview	1	61870	Ridge Farm	4
62979	Ridgway	1	61067	Ridott	2
62878	Rinard	1	60072	Ringwood	1
61472	Rio	1	60305	River Forest	9
60171	River Grove	3	60627	Riverdale	9
60546	Riverside	20	62561	Riverton	16
61561	Roanoke	1	62454	Robinson	4
61068	Rochelle	15	62563	Rochester	6
61070	Rock City	1	61071	Rock Falls	12
61201	Rock Island	17	62081	Rockbridge	1
61101	Rockford	8	61102	Rockford	8
61103	Rockford	29	61104	Rockford	6
61107	Rockford	32	61108	Rockford	42
61109	Rockford	18	61112	Rockford	1
61114	Rockford	17	61126	Rockford	4
62370	Rockport	3	61072	Rockton	9
60008	Rolling Meadows	60	60446	Romeoville	21
62082	Roodhouse	6	61073	Roscoe	18
60172	Roselle	18	60706	Rosemont	14
62982	Rosiclare	2	60963	Rossville	2
60073	Round Lake	16	62084	Roxana	1
62983	Royalton	2	62681	Rushville	7
60075	Russell	1	61358	Rutland	1
60964	Saint Anne	1	60174	Saint Charles	27
60175	Saint Charles	12	62458	Saint Elmo	4
62460	Saint Francisville	2	62281	Saint Jacob	3

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
61873	Saint Joseph	3	62282	Saint Libory	1
62881	Salem	16	62682	San Jose	2
62882	Sandoval	1	60548	Sandwich	9
61769	Saunemin	1	61074	Savanna	4
61874	Savoy	7	62085	Sawyerville	1
60173	Schaumburg	13	60192	Schaumburg	5
60193	Schaumburg	42	60194	Schaumburg	38
60195	Schaumburg	31	60176	Schiller Park	7
61076	Scioto Mills	1	62225	Scott Air Force Base	2
62683	Scottville	1	61771	Secor	3
61360	Seneca	2	60549	Serena	2
62884	Sesser	3	61077	Seward	1
60550	Shabbona	3	61078	Shannon	1
62984	Shawneetown	3	61361	Sheffield	1
62565	Shelbyville	11	60966	Sheldon	3
60551	Sheridan	5	62684	Sherman	17
61281	Sherrard	5	62685	Shipman	2
62885	Shobonier	1	62461	Shumway	1
61876	Sidell	2	61877	Sidney	5
62462	Sigel	1	61282	Silvis	8
62985	Simpson	1	62886	Sims	1
60076	Skokie	29	60077	Skokie	18
62284	Smithboro	3	61477	Smithfield	1
61478	Smithshire	1	62285	Smithton	4
60080	Solon Mills	4	60552	Somonauk	7
62086	Sorento	2	61080	South Beloit	5
60177	South Elgin	14	60473	South Holland	6
61564	South Pekin	1	62087	South Roxana	1
60474	South Wilmington	1	61565	Sparland	1
62286	Sparta	7	61479	Speer	2
60081	Spring Grove	14	61362	Spring Valley	5
62701	Springfield	22	62702	Springfield	195
62703	Springfield	104	62704	Springfield	220
62705	Springfield	11	62707	Springfield	98
62708	Springfield	2	62791	Springfield	6
61363	Standard	1	61774	Stanford	1
62088	Staunton	12	60475	Steger	1
61081	Sterling	24	62463	Stewardson	2
60967	Stockland	1	61085	Stockton	2
62987	Stonefort	2	62567	Stonington	2
60107	Streamwood	29	61364	Streator	14
61480	Stronghurst	2	61367	Sublette	1
60554	Sugar Grove	7	61951	Sullivan	5
60501	Summit Argo	6	60178	Sycamore	21
61482	Table Grove	1	62688	Tallula	4

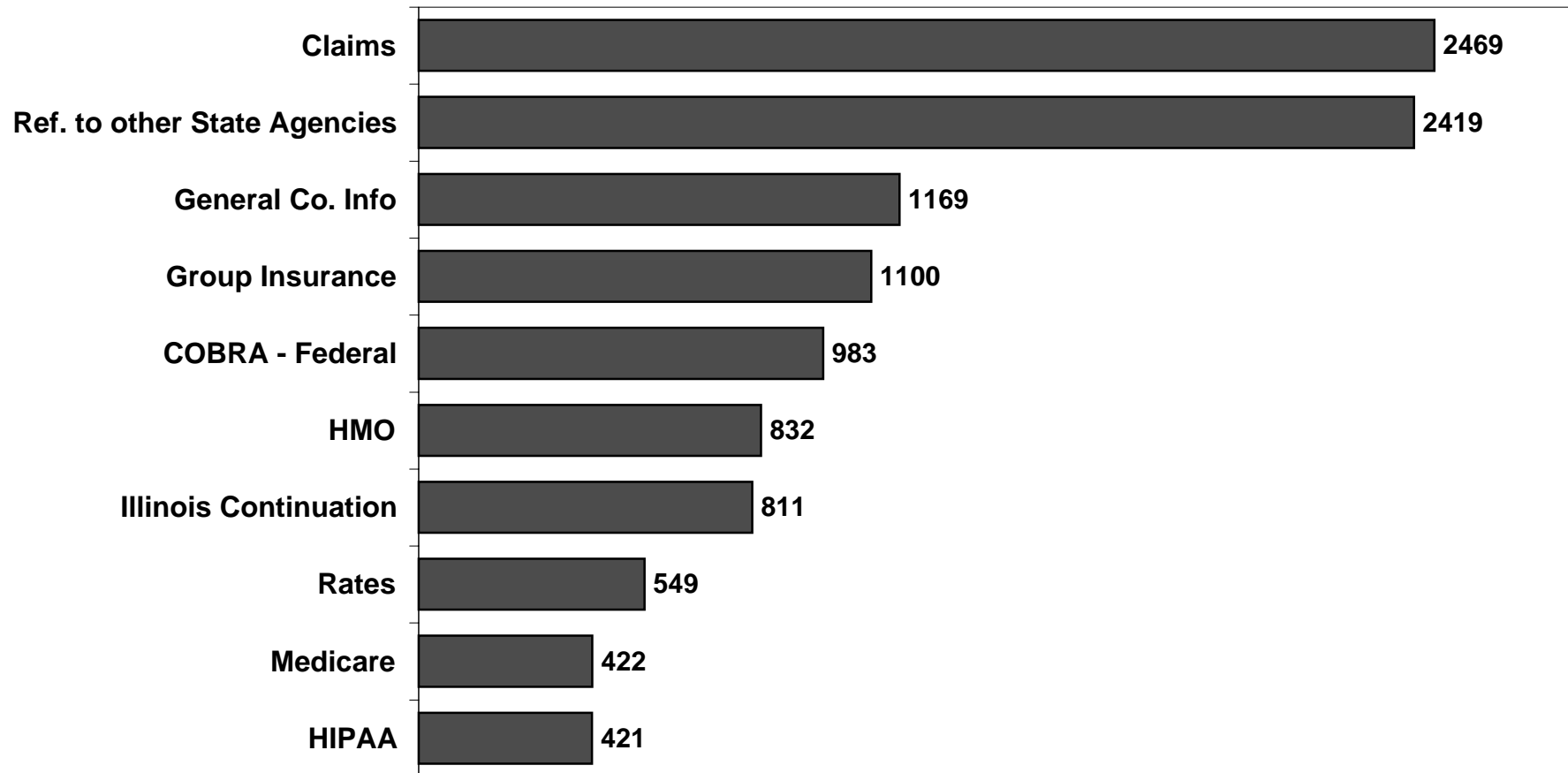
Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
62888	Tamaroa	2	61283	Tampico	3
61284	Taylor Ridge	1	62568	Taylorville	24
62467	Teutopolis	3	62889	Texico	1
62689	Thayer	1	62890	Thompsonville	1
61285	Thomson	2	60476	Thornton	5
61833	Tilton	2	60477	Tinley Park	36
61368	Tiskilwa	1	62468	Toledo	5
61369	Toluca	3	61567	Topeka	2
61483	Toulon	1	62570	Tovey	2
62571	Tower Hill	1	61568	Tremont	3
62293	Trenton	7	61569	Trivoli	1
62294	Troy	25	62991	Tunnel Hill	3
61953	Tuscola	5	62992	Ullin	1
60180	Union	5	60969	Union Hill	2
62993	Unity	2	61801	Urbana	23
61802	Urbana	12	62376	Ursa	1
61373	Utica	3	62891	Valier	1
62295	Valmeyer	1	62471	Vandalia	14
61375	Varna	1	62090	Venice	1
62892	Vernon	1	60061	Vernon Hills	16
60479	Verona	2	62378	Versailles	2
61485	Victoria	2	62995	Vienna	3
61956	Villa Grove	3	60181	Villa Park	29
62996	Villa Ridge	2	61486	Viola	1
62690	Virden	11	60182	Virgil	1
62691	Virginia	9	60083	Wadsworth	4
62572	Waggoner	4	61376	Walnut	1
62894	Waltonville	1	61087	Warren	3
62573	Warrensburg	6	60555	Warrenville	17
62379	Warsaw	1	60183	Wasco	2
61570	Washburn	1	61571	Washington	18
61488	Wataga	3	62298	Waterloo	7
60556	Waterman	3	60970	Watseka	5
62473	Watson	1	60084	Wauconda	10
60079	Waukegan	9	60085	Waukegan	17
60087	Waukegan	10	62692	Waverly	10
60184	Wayne	6	61882	Weldon	1
60973	Wellington	1	61377	Wenona	4
60185	West Chicago	17	62896	West Frankfort	8
62478	West York	1	60154	Westchester	5
60558	Western Springs	5	60559	Westmont	22
61883	Westville	6	60187	Wheaton	49
60090	Wheeling	19	62092	White Hall	3
61884	White Heath	4	62897	Whittington	2
62693	Williamsville	4	62997	Willisville	1

Zip Code	Post Office Name	Calls	Zip Code	Post Office Name	Calls
62480	Willow Hill	1	60091	Wilmette	22
60481	Wilmington	6	62093	Wilsonville	1
62694	Winchester	8	61957	Windsor	2
60190	Winfield	12	61088	Winnebago	4
60093	Winnetka	33	61089	Winslow	2
60096	Winthrop Harbor	8	62094	Witt	3
62998	Wolf Lake	3	60097	Wonder Lake	8
60191	Wood Dale	15	62095	Wood River	16
61490	Woodhull	2	60974	Woodland	2
62898	Woodlawn	5	60517	Woodridge	15
62695	Woodson	2	60098	Woodstock	16
61091	Woosung	1	62097	Worden	4
60482	Worth	5	61379	Wyandot	1
61491	Wyoming	4	62899	Xenia	6
61572	Yates City	2	60560	Yorkville	12
62999	Zeigler	1	60099	Zion	20

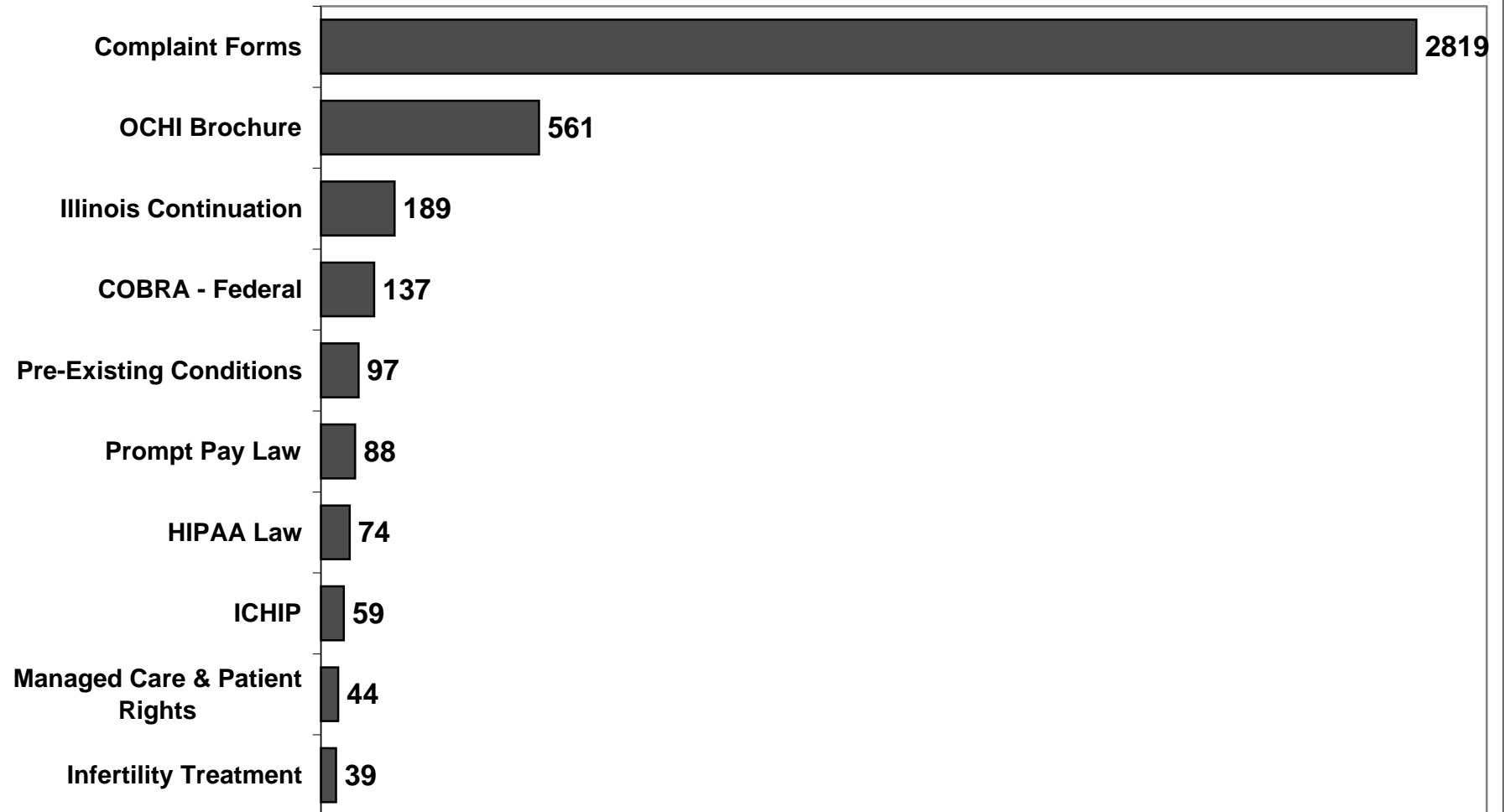
1106 Zip codes contacted by
14272 Total Calls Received

Category of Calls

(Top 10)

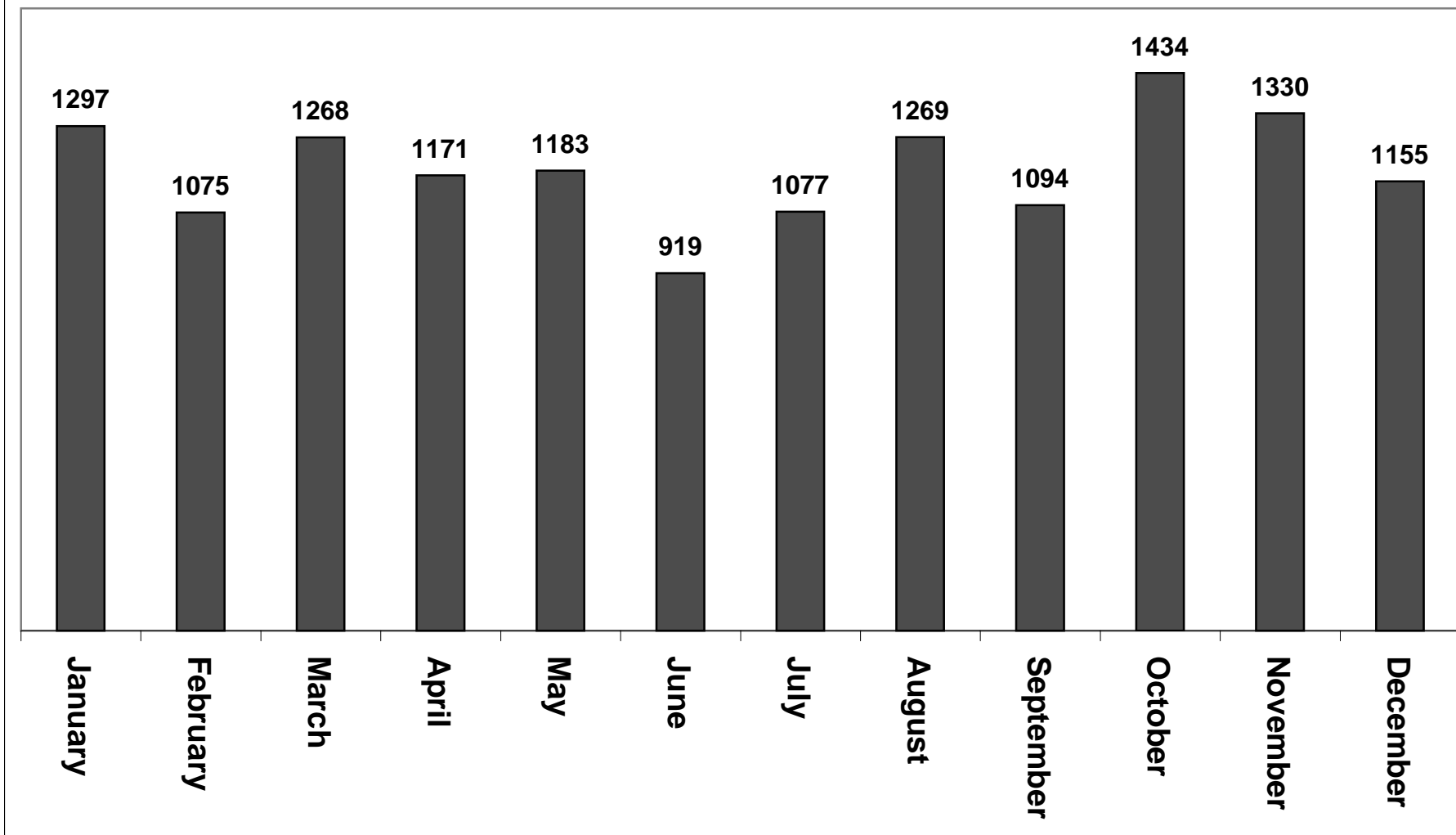


Materials Sent (Top 10)



Calls Per Month

01/01/01 - 12/31/01



HMO Company Complaint Record 2000

Company Name	Number of Complaints Originated by:						Number of Complaints Classified as:										Disposition of ALL Complaints					
	Total Complaints	Total DOJ Complaints	A) Consumer/Enrollee	B) Provider	C) Other individual		A) Denial of care or treatment	B) Denial of diagnostic procedure	C) Denial of referral request	D) Sufficient choice & accessibility of HCP	E) Underwriting	F) Marketing and Sales	G) Claims and Utilization Review	H) Member Services	I) Provider Relations	J) Miscellaneous		Number Complaints with External Review	A) Relief Granted	B) Partial Relief	C) Information FURNISHED	D) No Relief Granted
AETNA U S HEALTHCARE OF ILLINOIS INC	320	120	295	8	17		11	0	0	11	3	270	6	9	10		0	67	97	0	156	
AMERICAID ILLINOIS INC	464	0	398	58	8		53	0	0	0	380	4	2	23	2		0	296	20	100	48	
BCI HMO INC	20	1	6	6	8		0	0	1	0	0	18	0	0	1		0	12	7	0	1	
BENCHMARK HEALTH INSURANCE COMPANY	2	0	2	0	0		0	0	0	0	0	1	0	0	1		0	0	0	0	2	
CIGNA HEALTHCARE OF ILLINOIS INC	31	16	22	6	3		10	0	9	0	0	7	1	0	4		0	15	2	3	11	
CIGNA HEALTHCARE OF ST LOUIS INC	4	0	2	2	0		4	0	0	0	0	0	0	0	0		0	2	0	0	2	
COMMUNITY HEALTH PLAN OF SBL INS CO	3	2	3	0	0		1	0	1	0	0	0	0	0	1		0	0	0	0	3	
GROUP HEALTH PLAN INC	410	32	298	88	24		29	3	0	1	0	341	0	0	36		6	260	2	48	100	
HARMONY HEALTH PLAN OF ILLINOIS INC	474	0	367	43	64		0	0	0	155	0	109	92	3	74	41		0	205	40	164	65
HEALTH ALLIANCE MEDICAL PLANS INC	205	114	197	6	2		77	2	7	1	0	1	97	1	0	19		15	23	3	2	177
HEALTH CARE SERVICE CORP MUT LEG RES CO	3,256	304	1,478	1,000	778		22	2	48	25	5	1	2,635	197	79	242		0	1,965	571	82	638
HEALTH LINK HMO INC	6	0	2	4	0		0	0	0	0	0	5	0	2	0		0	4	0	0	2	
HEALTH PARTNERS OF THE MIDWEST	31	3	17	14	0		9	0	2	1	0	11	2	2	4		1	11	1	0	19	
HMO MISSOURI INC	34	3	22	8	4		6	1	0	0	0	24	0	0	3		0	22	0	6	6	
HUMANA HEALTH PLAN INC	2,168	162	2,136	23	9		963	0	53	21	0	0	765	0	1	365		1	1,304	27	37	800
HUMANA HEALTHCHICAGO INC	314	15	314	0	0		163	0	8	2	0	105	0	0	36		0	216	2	2	94	
JOHN DEERE HEALTH PLAN INC	53	11	52	0	1		6	0	13	0	0	32	0	0	2		0	12	1	8	32	
MEDICAL ASSOCIATES HEALTH PLAN INC	11	0	11	0	0		10	1	0	0	0	0	0	0	0		0	1	1	2	7	
MERCY HEALTH PLANS OF MISSOURI INC	34	2	34	0	0		4	0	2	3	0	19	1	1	4		0	14	2	8	10	
ONE HEALTH PLAN OF ILLINOIS INC	82	13	82	0	0		0	0	6	3	0	1	16	26	22	8		0	65	0	11	6
OSF HEALTH PLANS INC	1,185	79	1,096	80	9		7	0	23	2	0	0	1,135	0	3	16		0	889	6	2	288
PERSONALCARE INSURANCE OF ILLINOIS INC	1,295	41	1,013	173	109		221	0	139	2	1	1	899	10	20	2		4	894	1	7	393
PRUDENTIAL HEALTH CARE PLAN INC	99	6	57	42	0		26	1	0	12	0	0	46	0	0	14		0	52	3	2	42
ROCKFORD HEALTH PLANS INC	83	37	38	4	41		13	0	17	3	0	0	31	1	7	11		0	16	1	45	21
RUSH PRUDENTIAL HMO INC	2,234	128	1,249	895	90		21	1	52	18	0	0	1,815	4	27	296		11	817	1	832	584
UIHMO INC	38	2	27	0	11		0	0	0	0	0	0	28	0	0	10		0	31	0	0	7
UNITED HEALTHCARE OF ILLINOIS INC	916	88	884	3	29		731	0	0	0	0	0	40	47	3	95		5	444	23	406	43
UNITED HEALTHCARE OF THE MIDWEST INC	85	10	78	0	7		33	0	6	2	0	0	34	2	2	6		0	59	0	16	10
UNITY HMO OF ILLINOIS INC	6	0	1	3	2		4	0	0	0	0	0	0	0	0	2		0	1	3	2	0
TOTALS	13,863	1,189	10,181	2,466	1,216		2,424	11	387	251	17	496	8,470	303	275	1,231		43	7,697	814	1,785	3,567

HMO External Independent Review Record 2000

Company Name	Disposition of External Reviews							
	Total Complaints	Total DOJ Complaints	Complaints with External Review	A) Relief Granted	B) Partial Relief	C) Information Furnished	D) No Relief Granted	
GROUP HEALTH PLAN INC	410	32	6	2	1	0	3	
HEALTH ALLIANCE MEDICAL PLANS INC	205	114	15	0	0	0	15	
HEALTH PARTNERS OF THE MIDWEST	31	3	1	1	0	0	0	
HUMANA HEALTH PLAN INC	2,168	162	1	1	0	0	0	
PERSONALCARE INSURANCE OF ILLINOIS INC	1,295	41	4	2	0	0	2	
RUSH PRUDENTIAL HMO INC	2,234	128	11	4	0	0	7	
UNITED HEALTHCARE OF ILLINOIS INC	916	88	5	1	1	2	1	
TOTALS	7,259	568	43	11	2	2	28	