Illinois Department of Insurance

PAT QUINN
Governor

Michael T. McRaith
Director

September 10, 2010

Kathleen Sebelius, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Affordable Care Act – Consumer Assistance Program Grants (CFDA 93.519)

Dear Secretary Sebelius:

The Illinois Department of Insurance, on behalf of the State of Illinois, respectfully requests $1,500,000 to fund the Consumer Assistance and Patient Protection Project (CAPP Project) through the *Consumer Assistance Program Grants*, CFDA 93.519. Under the leadership of Governor Pat Quinn, the Department will strengthen its ability to assist, educate, and advocate on behalf of insured, uninsured, and underinsured Illinois families.

Through the attached CAPP Project application, the Department outlines a plan to: (1) improve access for all Illinois residents, including those with limited English proficiency and individuals with disabilities, to the consumer assistance services provided by Department; (2) improve the quality and effectiveness of the Department's consumer assistance activities; (3) increase awareness of the Department's consumer assistance services among all Illinois residents; and (4) establish a mechanism that will ensure the independence and accountability of the Department's consumer assistance functions.

Consumer assistance and protection is and will remain the first priority for Governor Quinn and the Department of Insurance. The Department, as the State's insurance regulatory agency, has the statutory authority to fulfill the consumer assistance activities outlined in Section 1002 of the Affordable Care Act, the corresponding Consumer Assistance Program Grant Announcement (CFDA 93.519), and the attached CAPP Project application.

The Project Manager for the CAPP Project will be Andrew Stolfi, Chief of Staff and Special Counsel for the Department of Insurance. His contact information is below:

Andrew Stolfi
Chief of Staff and Special Counsel
Illinois Department of Insurance
100 West Randolph St., 9th Floor
Chicago, IL 60601

The funding provided through the Affordable Care Act and the Consumer Assistance Program Grant will significantly enhance the Department's ability to fulfill its consumer protection mission. The CAPP Project will enable the Department to provide effective assistance and important information to all individuals, families, and employers in Illinois as they seek to navigate a changing health insurance marketplace. Thank you for your consideration of our request. If you have any questions about this proposal, please contact Josef Weimholt at (312) 814-5436.

Very Truly Yours,

Michael T. McRaith
Director, Illinois Department of Insurance

GRANTS.GOV

Grant Application Package

Opportunity Title:	Affordable Care Act (ACA) - Consumer Assistance Program
Offering Agency:	Ofc of Consumer Information & Insurance Oversight
CFDA Number:	93.519
CFDA Description:	Care Act (ACA) - Consumer Assistance Program Grants
Opportunity Number:	CA-CAP-10-002
Competition ID:	CA-CAP-10-002-011720
Opportunity Open Date:	07/22/2010
Opportunity Close Date:	09/10/2010
Agency Contact:	Grants.gov HelpDesk 1-800-518-4726 support@grants.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

*** Application Filing Name:** Illinois Department of Insurance

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

- Application for Federal Assistance (SF-424)
- Budget Information for Non-Construction Program
- Other Attachments Form
- Project/Performance Site Location(s)
- Assurances for Non-Construction Programs (SF-42
- Disclosure of Lobbying Activities (SF-LLL)
- Project Abstract Summary

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Instructions

1 Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".

- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3 Click the "Save & Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 09/10/2010

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Illinois Department of Insurance

* b. Employer/Taxpayer Identification Number (EIN/TIN): 03-0452423

* c. Organizational DUNS: 1449653600000

d. Address:

* Street1: 100 W. Randolph Street, Suite 9-301
Street2:
* City: Chicago
County/Parish:
* State: IL: Illinois
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 60601-3227

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Josef

Middle Name:

* Last Name: Weimholt

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 312-814-5436

Fax Number:

* Email: joe.weimholt@illinois.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Ofc of Consumer Information & Insurance Oversight

11. Catalog of Federal Domestic Assistance Number:

93.519

CFDA Title:

Care Act (ACA) - Consumer Assistance Program Grants

*** 12. Funding Opportunity Number:**

CA-CAP-10-002

* Title:

Affordable Care Act (ACA) - Consumer Assistance Program Grants

13. Competition Identification Number:

CA-CAP-10-002-011720

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Consumer Assistance and Patient Protection Project (CAPP Project)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 1-19

b. Program/Project: 1-19

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/08/2010

* b. End Date: 10/08/2011

18. Estimated Funding ($):

* a. Federal	1,454,594.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,454,594.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on ____.

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr.

* First Name: Michael

Middle Name: T.

* Last Name: McRaith

Suffix:

* Title: Director, Illinois Department of Insurance

* Telephone Number: 312-814-9200

Fax Number: 312-814-5416

* Email: michael.mcraith@illinois.gov

* Signature of Authorized Representative: Kate Gross

* Date Signed: 09/10/2010

Other Attachment File(s)

*** Mandatory Other Attachment Filename:** Key Personnel and Project Org Chart.pdf

Add Mandatory Other Attachment | Delete Mandatory Other Attachment | View Mandatory Other Attachment

To add more "Other Attachment" attachments, please use the attachment buttons below.

Add Optional Other Attachment | Delete Optional Other Attachment | View Optional Other Attachment

OMB Number: 0980-0204
Expiration Date: 12/31/2009

Project Abstract Summary

Program Announcement (CFDA)

93.519

*** Program Announcement (Funding Opportunity Number)**

CA-CAP-10-002

*** Closing Date**

09/10/2010

*** Applicant Name**

Illinois Department of Insurance

*** Length of Proposed Project**

12

Application Control No.

Federal Share Requested (for each year)

* Federal Share 1st Year	* Federal Share 2nd Year	* Federal Share 3rd Year
$ 1,454,594	$ 0	$ 0
*** Federal Share 4th Year**	*** Federal Share 5th Year**	
$ 0	$ 0	

Non-Federal Share Requested (for each year)

* Non-Federal Share 1st Year	* Non-Federal Share 2nd Year	* Non-Federal Share 3rd Year
$ 0	$ 0	$ 0
*** Non-Federal Share 4th Year**	*** Non-Federal Share 5th Year**	
$ 0	$ 0	

*** Project Title**

Consumer Assistance and Patient Protection Project (CAPP Project)

OMB Number: 0980-0204
Expiration Date: 12/31/2009

Project Abstract Summary

*** Project Summary**

Consumer protection has been, is, and will remain the first priority for the Illinois Department of Insurance. Under the leadership of Governor Quinn, the Department has made significant progress in protecting Illinois families and businesses against the abuses and failures of a dysfunctional health insurance marketplace. Thanks to legislation drafted by the Department and signed into law by Governor Quinn, for example, Illinois consumers now have the right to an independent review of denied health insurance claims. Under the same law, families and small employers will be able to utilize a standard health insurance application to apply for coverage and obtain competing quotes from multiple insurance companies. Much work remains to be done. The important new protections established by the Affordable Care Act bring new challenges for regulators and other consumer assistance organizations: consumers will need to understand new programs, take advantage of new protections, and navigate a new marketplace to find the coverage that both meets their needs and represents the best value for their hard-earned premium dollars. Individuals not accustomed to commercial contractual obligations will have an acute need for Department assistance. The CAPP Project will enable the Illinois Department of Insurance to meet these challenges by strengthening the Department's ability to assist, educate, and advocate on behalf of Illinois consumers in all coverage situations.

As outlined in the attached application, the four primary goals of the CAPP Project are: (1) to improve access for all Illinois residents, including those with limited English proficiency and individuals with disabilities, to the consumer assistance services provided by Department; (2) to improve the quality and effectiveness of the Department's consumer assistance activities; (3) to increase awareness of the Department's consumer assistance services among all Illinois residents; and (4) to establish a mechanism that will ensure the independence and accountability of the Department's consumer assistance functions.

The proposed budget for the CAPP Project is $1,454,594. If awarded, the Department will use the grant dollars to conduct a comprehensive evaluation of existing Department consumer assistance activities, establish a Consumer Advisory Council to monitor and provide independent review of the Department's future consumer assistance activities, develop a comprehensive and user-friendly Consumer Assistance Portal allowing easy online access to all services provided by the Department, improve existing infrastructure used to conduct and track consumer assistance activities, provide additional training and other resources to consumer assistance personnel, hire staff to support the expanded consumer assistance activities, and develop and execute a targeted consumer outreach plan.

Working with its partners in the employer, advocate, and producer communities and coordinating with other State agencies, the Department will leverage the opportunities provided by the CAPP Project to expand the scope of its responsibilities and the reach of services, and to better serve the needs of Illinois consumers. As a result, all individuals, families, and employers in the State will be able to rely on the Department for information and assistance navigating the evolving health insurance marketplace.

*** Estimated number of people to be served as a result of the award of this grant.**

12500000

OMB Number: 4040-0010
Expiration Date: 08/31/2011

Project/Performance Site Location(s)

Project/Performance Site Primary Location ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Illinois Department of Insurance

DUNS Number: 1449653600000

* Street1: 100 W. Randolph Street

Street2: Suite 9-301

* City: Chicago County:

* State: IL: Illinois

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 60601-3227 * Project/ Performance Site Congressional District: IL all

Project/Performance Site Location 1 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s) Add Attachment Delete Attachment View Attachment

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:** CAPP Project - Project Narrative (final).pdf

Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File | Delete Optional Project Narrative File | View Optional Project Narrative File

Budget Narrative File(s)

*** Mandatory Budget Narrative Filename:** CAPP Project - Budget Narrative (revised).pdf

Add Mandatory Budget Narrative | Delete Mandatory Budget Narrative | View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative | Delete Optional Budget Narrative | View Optional Budget Narrative

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Affordable Care Act - Consumer Assistance Program Grants	93.519	$	$	$	$	$ 1,454,594.00
2.						
3.						
4.						
5. Totals		$	$	$	$	$ 1,454,594.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1) Affordable Care Act - Consumer Assistance Program Grants	(2)	(3)	(4)	Total (5)
a. Personnel	$ 260,091.00	$	$	$	$ 260,091.00
b. Fringe Benefits	148,823.83				148,823.83
c. Travel	5,000.00				5,000.00
d. Equipment	82,800.00				82,800.00
e. Supplies	50,000.00				50,000.00
f. Contractual	591,000.00				591,000.00
g. Construction					
h. Other	316,879.17				316,879.17
i. Total Direct Charges (sum of 6a-6h)	1,454,594.00				$ 1,454,594.00
j. Indirect Charges					$
k. TOTALS (sum of 6i and 6j)	$ 1,454,594.00	$	$	$	$ 1,454,594.00
7. Program Income	$	$	$	$	$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	$	$	$	$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	$	$	$	$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$	$	$	$	$
14. Non-Federal	$				
15. TOTAL (sum of lines 13 and 14)	$	$	$	$	$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16.	$	$	$	$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$	$	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

OMB Approval No.: 4040-0007
Expiration Date: 07/30/2010

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Kate Gross	Director, Illinois Department of Insurance
* APPLICANT ORGANIZATION	* DATE SUBMITTED
Illinois Department of Insurance	09/10/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

** Name* Illinois Department of Insurance

** Street 1* 100 W. Randolph Street, Suite 9-301 *Street 2*

** City* Chicago *State* IL: Illinois *Zip* 60601

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:
Department of Health and Human Services

7. * Federal Program Name/Description:
Care Act (ACA) - Consumer Assistance Program Grants

CFDA Number, *if applicable:* 93.519

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*
$

10. a. Name and Address of Lobbying Registrant:

Prefix ** First Name* n/a *Middle Name*

** Last Name* n/a *Suffix*

** Street 1* *Street 2*

** City* *State* *Zip*

b. Individual Performing Services (including address if different from No. 10a)

Prefix ** First Name* n/a *Middle Name*

** Last Name* n/a *Suffix*

** Street 1* *Street 2*

** City* *State* *Zip*

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** Kate Gross

***Name:** *Prefix* ** First Name* Michael *Middle Name*

** Last Name* McRaith *Suffix*

Title: **Telephone No.:** **Date:** 09/10/2010

Federal Use Only:

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Standard Form - LLL (Rev. 7-97)

Consumer Assistance and Patient Protection Project (CAPP): Project Abstract

Consumer protection has been, is, and will remain the first priority for the Illinois Department of Insurance. Under the leadership of Governor Quinn, the Department has made significant progress in protecting Illinois families and businesses against the abuses and failures of a dysfunctional health insurance marketplace. Thanks to legislation drafted by the Department and signed into law by Governor Quinn, for example, Illinois consumers now have the right to an independent review of denied health insurance claims. Under the same law, families and small employers will be able to utilize a standard health insurance application to apply for coverage and obtain competing quotes from multiple insurance companies. Much work remains to be done. The important new protections established by the Affordable Care Act bring new challenges for regulators and other consumer assistance organizations: consumers will need to understand new programs, take advantage of new protections, and navigate a new marketplace to find the coverage that both meets their needs and represents the best value for their hard-earned premium dollars. Individuals not accustomed to commercial contractual obligations will have an acute need for Department assistance. The CAPP Project will enable the Illinois Department of Insurance to meet these challenges by strengthening the Department's ability to assist, educate, and advocate on behalf of Illinois consumers in all coverage situations.

As outlined in the attached application, the four primary goals of the CAPP Project are: (1) to improve access for all Illinois residents, including those with limited English proficiency and individuals with disabilities, to the consumer assistance services provided by Department; (2) to improve the quality and effectiveness of the Department's consumer assistance activities; (3) to increase awareness of the Department's consumer assistance services among all Illinois residents; and (4) to establish a mechanism that will ensure the independence and accountability of the Department's consumer assistance functions.

The proposed budget for the CAPP Project is $1,454,594. If awarded, the Department will use the grant dollars to conduct a comprehensive evaluation of existing Department consumer assistance activities, establish a Consumer Advisory Council to monitor and provide independent review of the Department's future consumer assistance activities, develop a comprehensive and user-friendly Consumer Assistance Portal allowing easy online access to all services provided by the Department, improve existing infrastructure used to conduct and track consumer assistance activities, provide additional training and other resources to consumer assistance personnel, hire staff to support the expanded consumer assistance activities, and develop and execute a targeted consumer outreach plan.

Working with its partners in the employer, advocate, and producer communities and coordinating with other State agencies, the Department will leverage the opportunities provided by the CAPP Project to expand the scope of its responsibilities and the reach of services, and to better serve the needs of Illinois consumers. As a result, all individuals, families, and employers in the State will be able to rely on the Department for information and assistance navigating the evolving health insurance marketplace.

Illinois Department of Insurance

Consumer Assistance and Patient Protection Project – Project Narrative

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Grant Application for the Consumer Assistance Program Grant

CFDA: 93.519

September 10, 2010

A. Designated entity and program description: Illinois Department of Insurance.

The Illinois Department of Insurance (the "Department"), through its Consumer Services Section (CSS), Office of Consumer Health Insurance ("OCHI"), and the Uninsured Ombudsman Program ("Ombudsman"), provides assistance to and advocates on behalf of Illinoisans in all coverage situations and with all types of health insurance questions, grievances, and complaints.

Organizational structure

The CSS consists of insurance analysts who investigate complaints filed by consumers, and OCHI staff who provide important health insurance information and assistance to consumers. OCHI was established within the Department in January 2000 as part of the Managed Care Reform and Patient Rights Act. *See* 215 ILCS 134/90 (Exhibit A). In 2002, the Department expanded OCHI to incorporate the activities and statutory responsibilities of the Uninsured Ombudsman Program, as established by Public Act 92-331 (Exhibit B). OCHI staff report to the supervisor of the CSS, under the Deputy Director for the Consumer Market Division. *See* Exhibit C, Department Organizational Chart.

While the authority to enforce the consumer protections of the Illinois Insurance Code and related laws and regulations rests solely with the Department of Insurance, Department staff work closely with other State agencies as appropriate. OCHI staff, for example, routinely refer families with uninsured children to the State's Department of Healthcare and Family Services (HFS) for coverage under the *All Kids* public health insurance program. The Department may also refer a matter to the Illinois Attorney General's Health Care Bureau which has authority to enforce the prohibitions in the Illinois Consumer Fraud and Deceptive Business Practices Act. Recognizing the need for effective coordination among State agencies in the implementation of the Affordable Care Act (the "Act"), on July 30, 2010, Governor Quinn signed an Executive Order establishing the Illinois Health Reform Implementation Council (the "Council"). The Department's Director will serve as co-chair of the Council.

Ability to advocate on behalf of consumers

The Department advocates freely and vigorously on behalf of Illinois consumers. Consumers who experience claim or coverage disputes with health insurers, administrators, networks, providers or insurance producers can rely on the Department to assist with and through all stages of a complaint review or appeal process. Department staff file appeals or requests for external review on a consumer's behalf, and assist consumers in filing a complaint with the Department or other appropriate regulatory or law enforcement agencies. The Department investigates all consumer complaints to the full extent of applicable Illinois law. If an investigation reveals that a health insurer or other regulated entity has violated any provision of the Illinois Insurance Code or related laws and regulations, the Department will initiate enforcement actions.

Ability to report objective data

The Department collects and publishes objective data on its consumer assistance activities. Every complaint received by the Department is coded by type of entity (insurer, self-insured ERISA or MEWA plan, insurance agent, *etc.*), coverage type, reason for complaint, and disposition of the complaint. *See* Exhibit D for lists of coding categories. The Department publishes a "Consumer Complaint Report" every year with the total number and general types of complaints investigated by the Department during the calendar year. *See* Exhibit E, Complaint Report 2009.

Additionally, OCHI files an annual report with the Governor, the Director of the Department, and the Illinois General Assembly that provides objective data detailing consumer interactions and additional information and recommendations regarding the Illinois health insurance marketplace. Copies of every OCHI annual report are available on the Department's website.

Long-term financial sustainability

Dedicated funding collected from regulated entities and professionals finances the Department's operations, including its consumer assistance activities. The Department's proposal under the Consumer Assistance and Patient Protection Project (CAPP) consists primarily of one-time expenditures, such as technological infrastructure improvements, staff training, and quality assurance mechanisms, that will enhance

the Department's capacity to serve consumers without grant dollars or additional federal appropriations in future years.

B. Scope of program assistance.

The CSS assists consumers primarily by investigating complaints against health insurance companies and advocating or interceding on the consumer's behalf. Even if a violation of law or regulation is not apparent, the Department advocates for the consumer and often achieves a favorable resolution. For example, when a health insurer has denied a recommended medical treatment the insurer deemed "experimental," but has complied with all applicable utilization review requirements and appeals procedures, the Department advocates for the payment of the disputed claim. When an insurer attempts to rescind a policy because of a "misrepresentation of material fact" on an application (Illinois law, before enactment of the Act, allowed rescissions even when an alleged misrepresentation was unintentional), the Department fights to reinstate the rescinded policy. CSS also assists consumers when the Department does not have regulatory authority over the policy at issue including, for example, with self-insured plan disputes.

OCHI staff are trained to provide a broad range of assistance to all health care consumers in Illinois. OCHI staff might answer a question about a policy term or provision, explain how to obtain approval for a particular medical service covered by the policy, provide information on appeal rights and other consumer protections under State and federal law, or explain how to file a complaint against an insurer with the Department.

OCHI and CSS have years of institutional experience in guiding consumers through internal appeals and external reviews. At a minimum, Department staff explain the process, the information needed by the health insurer or independent reviewer, the relevant deadlines, and the role played by the patient's primary care physician. Department staff may also initiate an internal appeal or request for external review as an "authorized representative" of the consumer.

OCHI also works with uninsured individuals to understand and identify the options available due to the individual's circumstances. OCHI, through the Uninsured Ombudsman Program and in coordination with

various State and local agencies, employs a database of local resources that provide medical services to the uninsured and underinsured populations. In addition, OCHI and Ombudsman staff provide information and referrals to State and federal resources or programs, including the State high risk pool (ICHIP), the new federally-funded high risk pool (IPXP), Medicaid and CHIP programs, and Medicare. For individuals who have lost or are about to lose employer group coverage, OCHI and Ombudsman staff provide information about State and federal continuation rights. OCHI and Ombudsman staff also provide consumers with guidance about shopping for insurance, including how to find an insurance agent, how to read a policy carefully for exclusions and benefit limitations, and information about the number and nature of complaints against an insurer.

C. Program accomplishments.

Consumer assistance

The Department has a long history of assisting and advocating on behalf of consumers. Every year, the Department handles tens of thousands of phone calls from consumers, investigates thousands of consumer complaints, and fields thousands of additional written inquiries.

In calendar year 2009, the CSS investigated over 4,100 health-related consumer complaints, fielded 5,822 phone calls, and responded to 384 written inquiries. In addition, OCHI's toll-free hotline number received 20,785 phone calls, while OCHI staff responded to 1,098 written inquiries and handled 108 consumer complaints. The Ombudsman received 1,343 telephone calls and made 92 appearances on local radio stations with a combined estimated listening audience of 1,260,000. The Ombudsman also attended 43 "Rapid Response Workshops" reaching approximately 6,451 dislocated workers with information about continuation rights and local resources.

Earlier this year, the Department formalized a partnership with the Illinois Academy of Family Physicians, a statewide physicians' organization, to bolster the Department's advocacy on behalf of consumers who experience a medical-related dispute with a health insurance company.

Policy development

The Department's record of successful advocacy on behalf of consumers extends to the State Capitol. Informed by recommendations contained within OCHI annual reports, the Department has in recent years drafted, advocated for, and negotiated legislation that: allows young adult dependents to remain on a parent's health insurance policy until age 26 (age 30 for military veterans); requires insurance companies to provide benefits for the diagnosis and treatment of autism; improves State continuation rights and extends the full COBRA premium reduction benefits provided for under the federal American Recovery and Reinvestment Act to former employees of small businesses in Illinois; guarantees the right to an external independent review of denied health insurance claims for all insured Illinoisans, and provides other important protections. *See* Public Act 95-0958; P.A. 95-1005; P.A. 96-0013; and P.A. 96-0857. The Department also promulgated regulations that protect consumers against unexpected out-of-pocket costs and assure consumers better value for hard-earned premium dollars. .

Consumer education

The Department strives to provide relevant and timely information to Illinois consumers on State and federal laws related to health insurance. The Department currently has 40 consumer fact sheets on topics related to health insurance available on its website, as well as a Health Insurance Reform Information Center with an additional 62 fact sheets and links with information about the Act. In addition, the Department publishes an Individual Major Medical Health Insurance Policy Rate Filing Report with information about premium increases imposed by health insurance companies since 2005. In 2009, in an effort to engage and educate more consumers, the Department also began posting updates, fact sheets, press releases, and links to relevant news articles via its newly-created Facebook and Twitter accounts.

D. Expertise of consumer assistance program personnel.

The Department employs a total of 16 full-time staff dedicated to health insurance consumer assistance. Department staff comprise a cross-cultural, multilingual workforce and bring an average of 16 years insurance experience in investigation, market conduct, claims handling and customer service, from both the private and

public sectors. Department staff have expertise handling a wide array of health insurance cases, and are trained on new State and federal laws on a continual basis.

The Department can aid Spanish, Polish, Korean, Japanese, Urdu, Hindi, and Bengali speaking consumers, as well as the deaf and hearing-impaired population.

E. Accessibility.

The Department assists consumers throughout Illinois. Consumers reach the Department via telephone—in 2009, 85% of incoming telephone calls to the OCHI toll-free hotline were handled immediately, and 99% of all voicemail messages were returned within one hour—fax, email (DOI.Director@Illinois.gov), website (http://insurance.illinois.gov or the Department's Facebook page), or in person at either the Chicago or Springfield offices. Both Department offices are ADA compliant, and have staff that provide in-person translation services in the languages listed above. The Department's hours of operation are Monday through Friday, 8:30 a.m. through 5:00 p.m.

F. Privacy and security of personally identifiable information.

The Department works to protect the privacy and security of personal information entrusted to it by consumers. Department IT servers are located in a secured data center. Most servers exist as virtual machines running Microsoft Windows Servers 2003 instantiated on a VMware virtual platform. Both Lotus Notes and IBM DB2 are used as back-end database servers. Client workstations run Microsoft Windows XP Professional.

A two-layer firewall separates the Department network from the Internet. All systems are able to transmit data securely via SSL/TLS or other encryption standards. DBMS-driven audit trail does not currently exist. Staff authority to access databases is based on job responsibility. Non-administrators may not delete database records.

Department personnel are trained regarding privacy requirements, and IT and internal routing systems are designed to minimize the risk of inadvertent or malicious disclosure.

Automated redundant backups of server data take place daily, weekly, and monthly. Daily backups are stored for a month, weekly backups are stored for 10 weeks, and monthly backups are stored for 1 year.

Backups are stored off-site. Access to databases is controlled by Access Control lists and Active Directory entries. Only those permissions necessary for the fulfillment of job requirements are granted.

If awarded a Consumer Assistance Program Grant, the Department will engage an external, independent professional to audit the Department's privacy and security policies with respect to personally identifiable consumer information, and will implement recommendations for improving such policies and processes.

G. DOI proposal to enhance consumer assistance activities.

The CAPP Project will allow the Department to enhance its capacity to assist, educate, and advocate on behalf of Illinois consumers in all coverage situations. The Department proposes to use Grant funds to: (1) improve access for all Illinois residents, including those with limited English proficiency and individuals with disabilities, to the consumer assistance services provided by Department; (2) improve the quality and effectiveness of the Department's consumer assistance activities; (3) increase awareness of the Department's consumer assistance services among all Illinois residents; and (4) establish a mechanism that will ensure the independence and accountability of the CSS.

Consumer Advisory Council

Especially with increased access to affordable coverage due to the Act, Illinois families and employers must be able to rely upon the Department of Insurance for effective assistance and vigorous advocacy, regardless of any political or leadership changes. The Department will establish an independent Consumer Advisory Council ("Council") to monitor and guide the Department's consumer assistance activities related to health insurance, including the activities and investments to be made pursuant to the CAPP Project. The Council will consist of representatives from non-profit advocacy organizations representing consumers, employers, providers and insurance producers, from all areas of the State, and will include representatives from organizations working on behalf of populations with special health care needs. At least one representative from the Office of the Illinois Attorney General will be invited to serve on the Council, and representatives from the insurance industry will also be included as non-voting members.

The Council will meet at least quarterly to: (1) review the data reported by the Department to HHS each quarter; (2) receive testimony from Illinois families and employers regarding experiences obtaining and retaining health insurance, accessing needed health care, as well as the performance of the Department, if applicable; (3) consider other relevant data, testimony and reports from the Department or other interested parties as appropriate; and (4) engage the public and policymakers regarding areas appropriate for legislative action. The Council's meetings will be transparent and subject to all applicable provisions of the Illinois Open Meetings Act. The Council will deliver an annual written report to the Director, the Governor and the General Assembly which will describe the Department's performance with respect to the consumer assistance activities described in Section 1002 of the Act, and provide recommendations for improving the Department's consumer assistance activities. The Council may also make recommendations to the Illinois General Assembly and other State policymakers regarding implementation of the Act, and other recommendations to improve the availability, affordability and value of health insurance in Illinois.

Enhanced Accessibility and Consumer Outreach

The Department will develop a streamlined and user-friendly Consumer Assistance Portal ("Portal") on its website. The Portal will serve as a single contact point for the Department's consumer assistance activities, allowing consumers to: file a complaint against a health insurance company or agent; ask a question or request assistance from Department experts, including assistance with filing an appeal; access information about the Illinois health insurance market and important rights and responsibilities under State and federal laws, including the Act; and learn about affordable health insurance options (through, at a minimum, a link to www.healthcare.gov) and apply for coverage under both public and private plans. The Portal will incorporate interactive tools enabling consumers to access marketplace and insurer-specific information made available pursuant to the Act, including rate review information and medical loss ratio data.

The Portal will feature multimedia content including streaming audio and video (with closed captioning for the hearing impaired), webcasts/webinars, and other interactive features. Information on the Portal will be translated into Spanish and other languages as appropriate, and will build upon existing compliance with the

standards set forth in Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) (*i.e.*, the information will be available in alternate formats or methods of communication, such as Braille, cassette recordings, large print, electronic text, TTY access, or captioning and audio description for video materials). In 2014, the Portal will allow consumers to access the Illinois health insurance exchange.

The Department will engage an outside entity to measure current levels of awareness and utilization of the Department's consumer assistance services among all Illinois residents. The baseline assessment will provide geographic and demographic breakdowns, including data regarding the Department's penetration among vulnerable or underserved populations such as small employers and those with limited English proficiency and individuals with disabilities. With the results of this baseline assessment, the Department will develop a targeted outreach plan to be implemented over the last three-quarters of the Grant period.

The Department has strong working relationships with many statewide consumer assistance and advocacy organizations in Illinois, and will continue to partner with such organizations for the benefit of Illinois consumers. The effectiveness of the Department's outreach plan will be assessed throughout the Grant period. The Department may contract with a nonprofit organization or association to target outreach to specific underserved populations.

Improved Infrastructure

The CAPP Project will enable the Department to replace the disparate and outdated IT and telephone systems currently used to track consumer phone calls, emails, and complaints with a centralized data collection and reporting system. The new system will allow the Department to track all contacts with consumers—whether an interaction takes place electronically, over the phone, or in person—and to collect meaningful and consistent data about each interaction. The new system will accommodate the data reporting requirements established in the Act and the Grant. The CAPP Project will also allow the Department to invest in necessary IT hardware upgrades specific to consumer assistance functions.

Staff Training and Quality Assurance

Through an external, independent professional, the Department will evaluate its current consumer assistance activities. Objective performance metrics—which can include the number of consumer complaints and other inquiries fielded, average resolution time, percentage resolved favorably for the consumer, and overall consumer satisfaction—will inform the Department's training efforts, and will allow for an objective measure of progress. The evaluation will include recommendations to improve the effectiveness of the Department's consumer assistance activities.

Department staff are continually trained on State and federal laws relating to health insurance coverage, health insurers, administrators, networks, health care providers and insurance agents. The Act presents important challenges due not only to its unprecedented impact on the Illinois health insurance market, but also due to the amount of misinformation relating to the Act. Therefore, frontline Department staff must remain fully informed and trained, and able to communicate information to consumers, throughout all stages of the Act's implementation.

Through the CAPP Project, the Department will develop and update a comprehensive training manual for staff with detailed information about relevant Act provisions. Of course, the manual would include information guiding Department staff to file internal appeals and requests for external reviews, through both insured and self-insured plans, on behalf of consumers. The Department will also conduct in-person and videoconference trainings on a monthly basis. The monthly training sessions will focus on the details of a particular Act provision, on a particular skill related to consumer assistance or correspondence (such as word processing, letter writing, or customer service/phone etiquette), or any other pervasive consumer issues.

The Department will hire or contract with a Quality Assurance Manager to supervise consumer assistance personnel, monitor work output, provide additional training, and implement recommended quality assurance policies and procedures.

Estimated Total Budget for the Consumer Assistance and Patient Protection Project (CAPP)							
Personnel							**Amount**
Salaries (100% of time will be spent on grant activities)							
	1 Consumer Information Officer ($5,416 monthly salary for 9 months)						$48,744.00
	1 Consumer Information Assistant ($3,333 monthly salary for 9 months)						$29,997.00
	1 Quality Assurance Manager ($4,500 monthly salary for 9 months)						$40,500.00
	1 Appeals Specialist ($3,750 monthly salary for 9 months)						$33,750.00
	1 Data Specialist ($3,750 monthly salary for 9 months)						$33,750.00
	1 Outreach Specialist ($3,750 monthly salary for 9 months)						$33,750.00
Fringe Benefits							
	Social Security						$16,867.79
	Retirement						$66,706.04
	Group Insurance						$65,250.00
Other costs							
	Telecom, Computers, Travel etc.						$39,600.00
						Subtotal	*$408,914.83*
Equipment / Infrastructure							**Amount**
	New computer workstations for consumer assistance personnel						$12,800.00
	Tracking software for enhanced data collection, reporting and analysis						$70,000.00
						Subtotal	*$82,800.00*
Contractual Services							**Amount**
	Consumer Assistance Effectiveness Assessment						$216,000.00
	Baseline Outreach Assessment						$100,000.00
	Consumer Assistance Portal - Consulting Services						$225,000.00
	Privacy Audit						$50,000.00
						Subtotal	*$591,000.00*
Travel							**Amount**
	Travel expenses associated with consumer outreach events, Council meetings, etc						$5,000.00
						Subtotal	*$5,000.00*

Supplies							**Amount**
Consumer outreach materials							
	Brochures, educational materials, promotional items to be distributed at outreach events						$45,000.00
Staff training materials							
	For monthly staff trainings on Affordable Care Act and other topics						$5,000.00
						Subtotal	*$50,000.00*
"Other" Costs							**Amount**
Translational Services							
	Print and electronic consumer materials into languages including Spanish, Polish, and Korean						$50,000.00
Readability Services							
	Accessibility and appopriateness of print and electronic consumer materials						$50,000.00
Consumer Outreach Activities							
	Radio or television public service announcements, purchase of space at outreach events, etc.						$211,879.17
Consumer Advisory Council							
	Travel and expense reimbursement of Council members, printing of materials, etc						$5,000.00
						Subtotal	*$316,879.17*
TOTAL BUDGET							**$1,454,594.00**

Consumer Assistance and Patient Protection Project: Budget Narrative

ESTIMATED BUDGET TOTAL

To enhance its existing consumer assistance infrastructure and expand protections for Illinois' families and employers in an evolving health insurance marketplace, the Illinois Department of Insurance requests **$1,454,594** to fund the following activities and investments.

Personnel

The Department requests a total of $408,914 to hire or contract with individuals to fill the following positions:

- A "Consumer Information Officer" (CIO) and an assistant to the CIO, charged with developing and implementing a plan to increase the quality and accessibility of the Department's consumer assistance activities, including all aspects of the Consumer Assistance Portal;
- A "Quality Assurance Manager" to supervise consumer assistance personnel, monitor work output, provide additional training, and implement recommended quality assurance policies and procedures;
- An "Appeals Specialist" to assist the Department's consumer services staff with the filing and support of appeals on behalf of enrollees, as needed, and other Department responsibilities related to appeals of denied or limited claims or external reviews;
- A "Data Specialist" to evaluate and make recommendations regarding the Department's mid- to long-term data collection and reporting needs, and to ensure adequate and timely reporting of information required by the Grant and regular internal data reports and requests; and,
- An "Outreach Specialist" to conduct, arrange, and supervise outreach activities and assist in the implementation of the Department's targeted outreach plan.

A detailed spreadsheet is attached to this narrative itemizing Personnel and Benefit costs for each position. Budgeted salary and benefit amounts assume a 12-week State procurement process to hire or contract new employees. Therefore, the Grant will provide for only 9 months of salary and benefits for each position. For all 6 new positions funded by the CAPP Project, 100% of staff time will be spent on grant activities.

The "Other Costs" line item estimates office-related costs associated with hiring a new employee, including computer and telecommunications equipment and services, as well as a $1,500 travel budget for each new employee.

Equipment / Infrastructure

The Department requests a total of $82,800 to procure and implement IT system upgrades necessary to maximize the Department's ability to receive and respond to consumer requests and complaints in a timely manner, to enable enhanced data collection and reporting capabilities, and to implement any recommended privacy and security upgrades. This estimate allows for 16 new computers at $800 per computer, for a total of $12,800. The budgeted amount also estimates a cost of $70,000 to purchase and install tracking software that may be necessary for enhanced data collection, reporting, and analysis capacities. All purchases shall be completed through the State's procurement process.

Contractual Services

The Department requests a total of $591,000 to procure the independent, external analyses proposed in the Consumer Assistance and Patient Protection Project (CAPP) Grant application.

Effectiveness Assessment
The Department will engage an external, independent professional to evaluate the effectiveness of the Department's consumer assistance activities. The Department anticipates this assessment will require two full-time consultants ($225 per consultant per hour) over three months. The Department requests a total of $216,000 to fund this evaluation.

Baseline Outreach Assessment
Additional contractual services will be necessary to assess existing levels of awareness and utilization of consumer assistance services offered through the Department. The Department requests $100,000 to work with a consultant, community partner or not-for-profit entity to design, conduct, and summarize this assessment.

Consumer Assistance Portal Consulting Services
Additional consulting services will be necessary to assist the Department and the Consumer Information Officer with the website design and development of the proposed Consumer Assistance Portal. The budgeted amount estimates a 6-month contract (960 hours) at $200 per hour, for a total cost of $192,000, plus an additional $33,000 for the production of interactive Portal features such as podcasts and webinars.

Privacy Audit
The Department requests $50,000 to contract with an outside entity to conduct an audit of the Department's privacy and security standards with respect to personally identifiable consumer information handled by the Department, and to provide recommendations for improved privacy and security policies.

Travel

The Department requests $5,000 to cover the cost of expenses associated with travel of appropriate personnel to consumer outreach events, Consumer Advisory Council meetings, mandatory staff trainings, and other events and conferences as appropriate.

Supplies

The Department requests a total of $50,000 for supplies, including consumer outreach and educational materials, and internal training materials for consumer assistance personnel.

Outreach Materials
The Department requests $45,000 for the purchase or production of consumer outreach materials, such as brochures describing the Department services and providing all relevant contact information, or non-disposable promotional items to be distributed at outreach events.

Staff Training Materials
The Department requests $5,000 to develop, print and update staff training materials for mandatory monthly staff briefings on the Affordable Care Act.

"Other" Category Spending

Translational Services
The Department requests $50,000 to fund translation of consumer information materials into the most common languages spoken in Illinois, including Spanish, Polish, and Korean, and to produce materials in alternative methods of communication including Braille. This includes information and materials accessed through the Department website and the planned Consumer Assistance Portal, as well as those provided through other consumer outreach activities.

Readability Services
The Department requests $50,000 to fund readability assessments and recommendations regarding the Department's consumer information materials. The assessments will focus on the cultural and linguistic appropriateness of materials and accessibility to individuals with disabilities.

Consumer Outreach Activities
The Department requests $211,879 to develop and implement a targeted consumer outreach plan. This could include production costs and purchase of air time for targeted radio or television public service announcements, purchase of space at appropriate public events, and other direct outreach.

Consumer Advisory Council
The Department will establish a Consumer Advisory Council to meet on a quarterly basis. This group, consisting of representatives from all stakeholders, will independently oversee, review and critique Department consumer assistance programs, meet quarterly, and produce an annual report providing an independent evaluation of the Department's consumer assistance activities. The Department estimates the cost of convening the Council to be $5,000. The estimate includes travel and expense reimbursement for Council members, all of whom will serve without compensation.

CURRENT STATE FUNDING FOR THE PROGRAM

The total current state funding for the Department's consumer assistance activities is $1,317,712. The total represents $722,328 for the salaries of 16 full-time employees: 3 support staff, 11 insurance analysts and 2 supervisors. It also represents $505,784 in employee benefits, and additional employee costs of $89,600 (for supplies and equipment including computers and telecommunications services).

Consumer Assistance and Patient Protection Project (CAPP): Work Plan and Timeline

I. Project Goals

The goals and objectives of the CAPP Project are as follows:

(1) ***Accessibility***: Improve access for all Illinois residents, including those with limited English proficiency and individuals with disabilities, to the consumer assistance services provided by the Department.

Objective 1A: Develop a streamlined, interactive, and user-friendly portal (a "Portal") allowing families and employers easy online access to all Department services and information. The Portal will allow consumers to:

- Access and use marketplace and insurer-specific information made available pursuant to the Affordable Care Act (the "Act"), including rate review information, medical loss ratio data, and information about important consumer protections, rights and responsibilities under State and federal laws;
- File a complaint with the Department;
- Ask a question or request assistance from a Department expert, including assistance in filing an appeal or request for external independent review; and
- Identify and apply for affordable coverage options under both public and private plans.

Objective 1B: Ensure that information provided through the Portal, and information provided by the Department through other means, is available in culturally and linguistically appropriate formats and accessible to individuals with disabilities.

(2) ***Effectiveness***: Improve the quality and effectiveness of the Department's consumer assistance activities.

Objective 2A: Ensure that consumer assistance personnel have the training and other resources necessary to communicate effectively with and assist consumers throughout all stages of the Act's implementation.

Objective 2B: Ensure staffing levels sufficient to support the expanded consumer assistance activities, such as filing appeals on behalf of enrollees, that are required by the Consumer Assistance Program Grant (the "Grant") or that may be otherwise necessary to effectively assist consumers.

Objective 2C: Implement IT system upgrades necessary to enable: i) efficient, informed and responsive consumer assistance; ii) data collection and reporting capabilities sufficient to support the Department's consumer protection mission and meet the requirements of the Grant; and iii) ensure the privacy and security of personally identifiable consumer information handled by the Department.

Objective 2D: Identify the Department's current strengths and weaknesses with respect to the performance of its consumer assistance activities and its present capacity to perform the expanded consumer assistance activities required by the Grant.

- Relying on an independent, external analysis, the Department will comprehensively evaluate its consumer assistance activities. The evaluation will identify forthcoming objective performance metrics and provide recommendations for improving the quality and effectiveness of the Department's consumer assistance activities.

Objective 2E: Implement policy priorities, practices and procedures that sufficiently ensure consumer assistance that serves the consumer and meets the Grant requirements.

(3) ***Outreach***: Increase awareness of the Department's consumer assistance services among all Illinois residents.

Objective 3A: Identify areas of current strength and weakness with respect to awareness and utilization of Department services among Illinois consumers.

- Relying on an independent, external analysis, the Department will assess the levels of awareness of the Department's consumer assistance activities. The assessment will identify demographic and geographic communities within the State that could benefit from increased awareness and utilization of Department services.

Objective 3B: Develop and implement a targeted outreach plan to consumers.

- Using the results of and recommendations from the baseline assessment, the Department will develop and implement a targeted outreach plan.
- The Department will evaluate the effectiveness of its outreach plan throughout the grant period and, if necessary, will contract with a nonprofit organization(s) to enhance outreach to specific underserved populations.

(4) ***Independence***: Establish a mechanism(s) to ensure the independence and accountability of the Department's consumer assistance functions.

Objective 4A: Establish and support a Consumer Advisory Council (the "Council") to guide, monitor, and report on the effectiveness of the Department's consumer assistance activities.

- The Council will represent consumers, employers, providers, and other stakeholders, will advocate for effective, vigorous consumer assistance by the Department, and will act as an independent evaluator of the Department's consumer assistance activities.

Objective 4B: Consider the recommendations of the Council.

- The Council may make public recommendations for improvements to the Department's consumer protection and assistance functions, and the Department will respond to, study, and implement the recommendations as appropriate.

II. Milestones/Deliverables and Timeline

The goals and objectives of the CAPP Project, as described above, will be accomplished according to the following timeline:

ACTIVITY	GOAL-OBJECTIVE
October – November 2010	
Begin the process of hiring staff and contracting with outside entities and consultants. The Department must submit Request for Proposals (RFPs) following the statutorily mandated procurement process, which requires approval from the State Procurement Organization (SPO) and takes approximately 12 weeks before an individual/vendor is selected. With respect to hiring staff, the Department must follow structured interview and selection processes governed by bargaining contracts, executive orders and court mandates. The hiring process typically takes 12-16 weeks. Prepare and submit draft RFPs to the SPO for:	
• An entity to conduct the baseline assessment of consumer awareness and utilization of Department services.	3A
• An entity to conduct the comprehensive evaluation of the Department's consumer assistance services.	2D
• An entity to conduct an audit of the Department's privacy and security policies and procedures.	2C(iii)
Prepare to hire or contract with individuals to fill the following positions:	
• A "Consumer Information Officer" (CIO) and an assistant to the CIO, charged with developing and implementing a plan to increase the quality and accessibility of Department information and services, including all aspects of the Consumer Assistance Portal.	1A, 1B
• A "Quality Assurance Manager" to supervise consumer assistance personnel, monitor work output, provide additional training, and implement recommended quality assurance policies and procedures.	2A, 2B, 2E
• An "Appeals Specialist" to assist the Department's consumer services staff with the filing of appeals on behalf of enrollees, as requested, and other Department responsibilities related to appeals or external reviews.	2A, 2B, 2E
• A "Data Specialist" to evaluate and make recommendations regarding the Department's mid- to long-term data collection and reporting needs, and to ensure adequate and timely reporting of information required by the Grant and regular internal data reports and requests.	2C(ii), 2E

• An "Outreach Specialist" to conduct outreach activities and assist in the implementation of the outreach plan.	3B
Evaluate the specific data collection and reporting requirements of the Grant, the Database software provided by HHS, and other competing data tracking software or systems options. • Immediately amend the Department's existing data tracking programs to accommodate the data collection and reporting requirements of the Grant. • Decide upon a software or systems package that best meets the Department's immediate data collection and reporting needs and the Grant requirements, and begin the process of procuring/installing such software or system.	2C (ii)
Begin the procurement process for new computers for consumer assistance personnel.	2C (i)
First and second monthly training sessions for consumer assistance staff.	2A
Begin production of outreach materials.	3B
Establish Consumer Advisory Council.	4A
Prepare briefing materials for Council members.	4A
Begin discussions with other State and federal agencies regarding coordination and collection of data on referrals.	2C(ii)
December 2010	
First meeting of Council. The Council identifies additional information to be provided by Department.	4A
Continue outreach to consumers through OCHI and Ombudsman.	3B
Third monthly training session for consumer assistance staff.	2A
January 2011	
Begin to solicit testimony, prepare additional information as requested by the Council.	4A
Fourth monthly training session for consumer assistance staff.	2A
February 2011	
Select consultants for: consumer awareness assessment, effectiveness evaluation, privacy audit, IT / web design consultant, readability consultant.	1A, 1B, 2C(iii), 2D, 3A
Complete hiring process for Consumer Information Officer, Assistant Consumer Information Officer, Quality Assurance Manager, Appeals Specialist, Data Specialist, and Outreach Specialist.	1A, 1B, 2A, 2B, 2C(ii), 2E, 3B
Fifth monthly training session for consumer assistance staff.	2A
March 2011	
Begin development of Consumer Assistance Portal.	1A
Second meeting of Council. The Council may provide initial interim recommendations to the Department at this time.	4A
Sixth monthly training session for consumer assistance staff.	2A
Readability consultant submits initial assessment and recommendations regarding existing consumer information materials.	1B

April 2011	
Initial data collection report submitted to HHS.	
Reports on consumer awareness assessment, effectiveness evaluation and privacy audit delivered to Department. Results of effectiveness evaluation are also delivered to Council members.	2C(iii), 2D, 3A, 4A
Based on results of independent analyses, Department develops targeted outreach plan and begins implementing recommendations of effectiveness evaluation and privacy audit.	2C(iii), 2E, 3B
Seventh monthly training session for consumer assistance staff.	2A
May 2011	
Continued implementation of targeted outreach plan.	3B
Eighth monthly training session for consumer assistance staff.	2A
June 2011	
Evaluation of outreach plan. Determine whether additional outreach, including through subcontracts with nonprofit organizations, is necessary to reach specific underserved populations.	3B
Third meeting of the Council. After considering results of effectiveness evaluation and other relevant information, Council may provide additional interim recommendations to Department.	4A
Department evaluates recommendations from Council, if any, and begins implementation as appropriate.	4B
Ninth monthly training session for consumer assistance staff.	2A
July 2011	
Quarterly data collection report submitted to HHS.	
Continued implementation of recommendations from Council and from effectiveness evaluation, as appropriate.	2E, 4B
Tenth monthly training session for consumer assistance staff.	2A
August 2011	
Consumer Assistance Portal is completed and fully functional.	1A
All appropriate consumer information, electronic and print, is translated, culturally and linguistically appropriate, and accessible to individuals with disabilities.	1B
Continued implementation of recommendations from Council and from effectiveness evaluation, as appropriate.	2E, 4B
Eleventh monthly training session for consumer assistance staff.	2A
September – October 2011	
Quarterly data collection report submitted to HHS.	
Fourth meeting of Council. Council delivers annual report providing evaluation of Department consumer assistance services, including progress made over the course of the year, and other recommendations to improve health insurance marketplace in Illinois.	4A
Twelfth monthly training session for consumer assistance staff.	2A

III. Project Management

The CAPP Project will be managed by Andrew Stolfi, the Department's Chief of Staff. The Assistant Director for the CAPP Project will be Josef Weimholt, the Department's Assistant Director for Health Policy.

A clear delineation of the roles and responsibilities of CAPP Project staff, including biographical sketches for key personnel, is attached to this application.

ILLINOIS DEPARTMENT OF INSURANCE

Consumer Assistance and Patient Protection Project

Key Personnel and Project Organizational Chart

Andrew Stolfi – Project Director

Biography

Andrew R. Stolfi is Chief of Staff and Special Counsel for Policy and Legislative Affairs at the Illinois Department of Insurance. In these roles, he is responsible for implementing and overseeing all aspects of the Department's legislative agenda and day-to-day operations, which include the Senior Health Insurance Program, Illinois Comprehensive Health Insurance Plan, and Office of Consumer Health Insurance. Andrew has also been part of the leadership team responsible for tracking, analyzing, and implementing national health insurance reform in Illinois.

Prior to joining the Department, Andrew was an attorney and policy analyst in the Office of the Governor. He also worked for the Illinois Appellate Court, First District, as a judicial law clerk for the Honorable Thomas E. Hoffman, and as a Special Assistant Corporation Counsel for the City of Chicago Law Department, Building and Land Use Litigation Division.

Andrew received a Bachelor of Science degree from the University of Vermont and a law degree from Chicago-Kent College of Law.

Project Responsibilities

Andrew's primary responsibility with respect to the project activities in this grant will be to coordinate and direct existing Department managers and supervisors as they implement the project. Andrew will provide administrative oversight of grant activities and ensure compliance with grant requirements. Andrew will additionally facilitate communication between the Consumer Advisory Council and the Department. He will also supervise and direct the Consumer Information Officer. Andrew will be spending about 10% of his effort managing this grant project.

Josef Weimholt – Assistant Project Director

Biography

Josef Weimholt is the Assistant Director for Health Policy at the Illinois Department of Insurance. Josef supports the Department's legislative and policy agenda related to health insurance. He works with the Department's Consumer Services staff, including the Office of Consumer Health Insurance, and other Department regulators to educate consumers on State and federal health insurance laws, monitor insurer compliance, identify policy priorities and draft legislation. Josef has also been part of the leadership

team responsible for tracking, analyzing, and implementing national health insurance reform in Illinois.

Prior to joining the Department, Josef was a Project Associate with the Illinois Maternal and Child Health Coalition, a non-profit advocacy organization working to reduce socioeconomic disparities in maternal and child health. Josef mobilized Coalition members to act on important state and federal healthcare, and led targeted statewide outreach and training initiatives around new state healthcare programs such as *All Kids* (universal health insurance for children under 18) and *Illinois Health Connect* (primary care case management system for the state's Medicaid and SCHIP populations).

Josef received a Bachelor of Arts from the University of Illinois.

Project Responsibilities

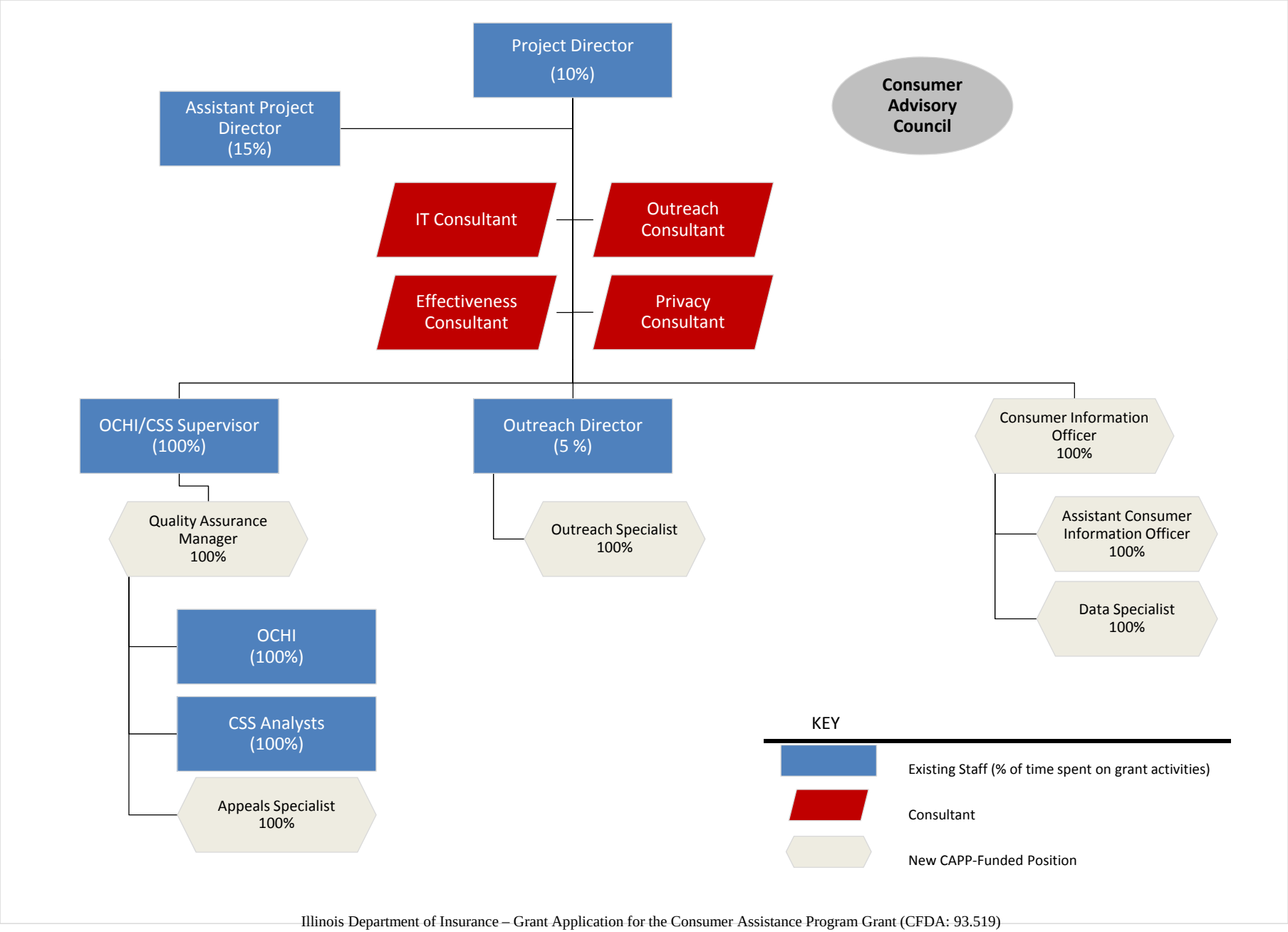
Josef's primary responsibility with regard to these grant activities will be to assist the Project Director as needed. He will also coordinate all purchasing, hiring, and contracting activities, as well as serve as a liaison to outside consultants. Josef will coordinate the preparation of all required reports. Josef will be spending about 15% of his time working on grant-related activities.

Other Project Staff

Project Responsibilities

The responsibilities and tasks of other staff participating in or funded by the CAPP project are fully described in the Project Narrative and the Work Plan.

Consumer Assistance and Patient Protection Project (CAPP): Organizational Chart



ILLINOIS DEPARTMENT OF INSURANCE

Consumer Assistance and Patient Protection Project

Exhibit A:

OCHI Statute

Effective: January 1, 2000

West's Smith-Hurd Illinois Compiled Statutes Annotated Currentness
Chapter 215. Insurance (Refs & Annos)
Act 134. Managed Care Reform and Patient Rights Act (Refs & Annos)
➡ **134/90. Office of Consumer Health Insurance**

§ 90. Office of Consumer Health Insurance.

(a) The Director of Insurance shall 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, the Office 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 “800” telephone number line 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; and

(8) performing all duties assigned to the Office by the Director.

(b) The report required under subsection (a)(7) shall be filed by January 31, 2001 and each January 31 thereafter.

(c) Nothing in this Section shall be interpreted to authorize access to or disclosure of individual patient or health care professional or provider records.

ILLINOIS DEPARTMENT OF INSURANCE

Consumer Assistance and Patient Protection Project

Exhibit B:

Uninsured Ombudsman Statute

Effective: January 1, 2002

West's Smith-Hurd Illinois Compiled Statutes Annotated Currentness
Chapter 20. Executive Branch
Department of Financial and Professional Regulation (Formerly Insurance) (Refs & Annos)
Act 1405. Civil Administrative Code of Illinois (Refs & Annos)
Article 1405. Department of Insurance (Refs & Annos)
➡ **1405/1405-25. Uninsured Ombudsman Program**

§ 1405-25. Uninsured Ombudsman Program.

(a) The Department of Insurance shall establish and operate an Ombudsman Program for uninsured individuals to provide assistance and education to those individuals regarding health insurance benefits options and rights under State and federal law. The program may include, but is not limited to, counseling for uninsured individuals in the discovery, evaluation, and comparison of options for obtaining health insurance coverage.

(b) The Department may recruit and train volunteers to assist in the Ombudsman Program. The volunteers may provide one-on-one counseling on health insurance availability matters and provide education to uninsured individuals through public forums.

(c) The Department may issue reasonable rules necessary to implement this Section.

ILLINOIS DEPARTMENT OF INSURANCE

Consumer Assistance and Patient Protection Project

Exhibit C:

Department Organizational Chart

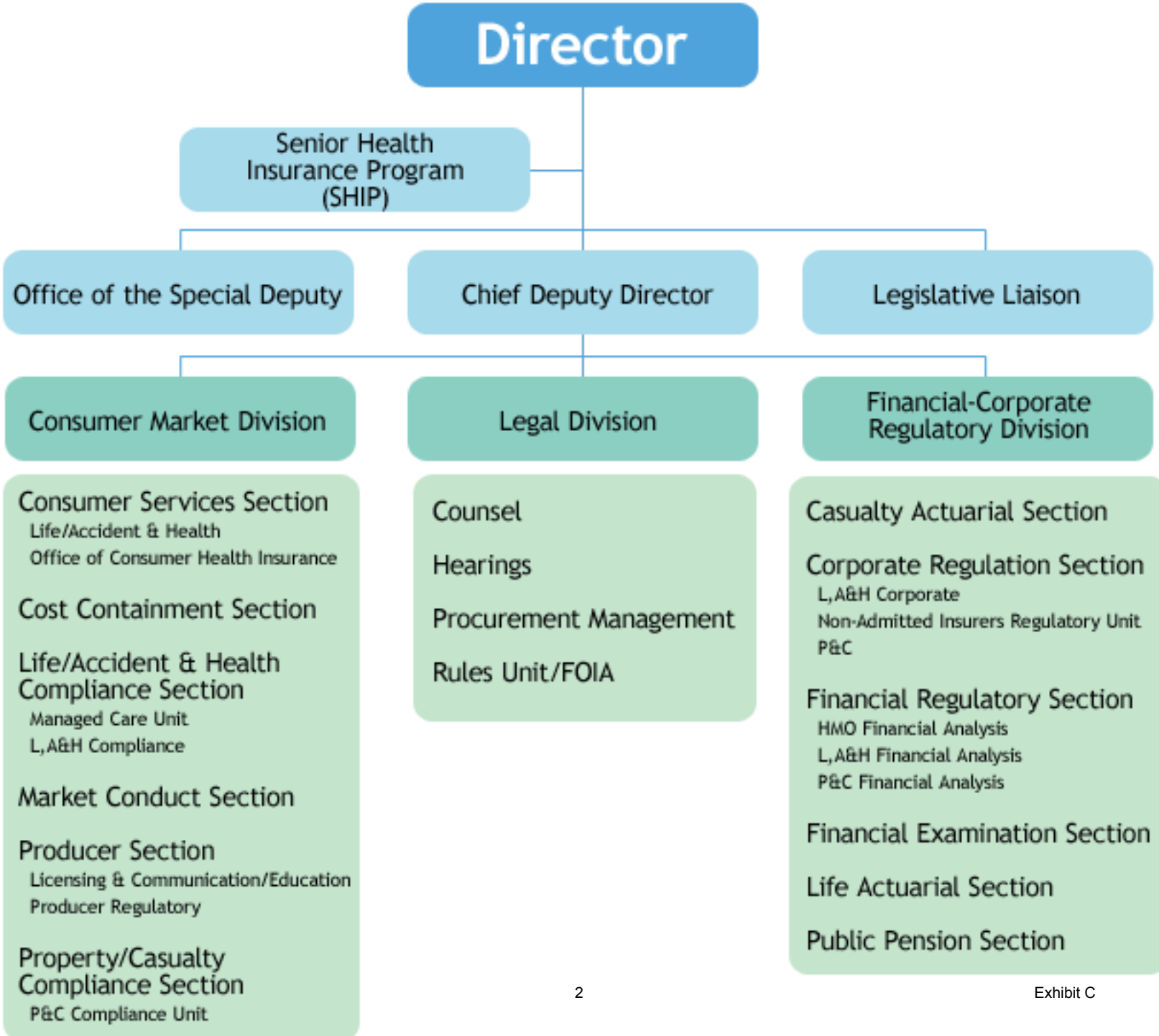

Director
Senior Health Insurance Program (SHIP)
Office of the Special Deputy
Chief Deputy Director
Legislative Liaison
Consumer Market Division
Consumer Services Section
Life/Accident & Health
Office of Consumer Health Insurance
Cost Containment Section
Life/Accident & Health Compliance Section
Managed Care Unit
L,A&H Compliance
Market Conduct Section
Producer Section
Licensing & Communication/Education
Producer Regulatory
Property/Casualty Compliance Section
P&C Compliance Unit
Legal Division
Counsel
Hearings
Procurement Management
Rules Unit/FOIA
Financial-Corporate Regulatory Division
Casualty Actuarial Section
Corporate Regulation Section
L,A&H Corporate
Non-Admitted Insurers Regulatory Unit
P&C
Financial Regulatory Section
HMO Financial Analysis
L,A&H Financial Analysis
P&C Financial Analysis
Financial Examination Section
Life Actuarial Section
Public Pension Section

Exhibit C

ILLINOIS DEPARTMENT OF INSURANCE

Consumer Assistance and Patient Protection Project

Exhibit D:

Complaint Codes

Complaint Codes – Type of Entity

DOI Code	DOI Code Description	NAIC Code
11	INSURANCE COMPANY	23
11A	Surplus Lines	23
11B	Illinois Auto Plan	11
11C	Company Service Organization	23
12	Administrator	22
12A	Insured Plan	11
12B	Administrator - Other	22
12C	MEWA/ERISA	09
12D	SELF-FUNDED	20
13	Individual Producer	39
13A	Producer Firm or Agency	15
14	HMO	06
15	ICHIP	21
16	LHSO	11
17	Service Organization	11
18	Financial Institution	11
19	Viatical Settlement Company	11
20	Other	11
21	Employee Leasing	11
22	Utilization Review Firm	25
23	Discount Program	13
30	Public Adjuster Individual - ID is an SSN	68
31	Public Adjuster FIRM - ID is a FEIN	01
40	Premium Finance Company	12

Complaint Codes – Individual/Entity Filing Complaint

DOI Code	DOI Code Description	NAIC Code
10	INSURED/ENROLLEE	2
10A	Insured - Relative	2
10B	Insured - Producer	4
10C	Insured - Provider	3
10D	Policyowner	2
10E	Insured - Attorney	2
10F	Public Adjuster	3
10G	Insured - Other	2
20	Third Party	5
20A	Third Party - Producer	4
20B	Third Party - Attorney	5
30	BENEFICIARY	1
30A	Beneficiary - Attorney	1
30B	Beneficiary - Producer	4
30C	Beneficiary - Other	1
40	Governor's Office	3
50	Legislator	3
90	OTHER	3
90A	Health Care Provider	3
90B	Leinholder/Mortgagee	3

Complaint Codes – Complaint Reason

DOI Code	DOI Code Description	NAIC Code
11	PREMIUM & RATING	0805
11A	Premium & Rating-Rate Increase	0805
11B	Premium & Rating-Substandard	0805
11C	Premium & Rating-Premium Paid/No Coverage	0805
11D	Premium & Rating-Premium Other	0805
11E	Premium & Rating-Credit Scoring	0805
12	REFUSAL TO INSURE	0810
12A	Refusal to Insure-Underwriting Unavailable	0845
12B	Refusal to Insure-Discrimination	0825
12C	Refusal to Insure-Temporary/Conditional Receipts	0845
12D	Refusal to Insure-MED SUP ONLY-During Open Enrollment	0841
12E	Refusal to Insure-MED SUP ONLY-After Open Enrollment	0842
12F	Refusal to Insurer-Reinstatement	0845
12G	Refusal to Insure-Suitability	0845
12H	Refusal to Insurer-Credit Scoring	0845
13	CANCELLATION	0815
13A	Cancellation-Rescission of Policy	0828
13B	Cancellation-Cancel NonPay	0815
13C	Cancellation-First 60 Days	0815
13D	Cancellation-Other Mid-Term	0815
14	NON-RENEWAL	0816
14A	Non-Renewal-In Force < 5 Years	0816
14B	Non-Renewal-In Force > 5 Years	0816
14C	Non-Renewal-Participation Requirements	0816
14D	Non-Renewal-Transfer withing Holding System	0816
15	Underwriting Delays	0820
16	CNR Reasons	0815
16A	CNR Reasons-Insured Violated Terms	0815
16B	CNR Reasons-License Suspended/Revoked	0815
16C	CNR Reasons-Motor Vehicle/Criminal Report	0815
16E	CNR Reasons-Outside Vendor Report	0815
16F	CNR Reasons-Inscreased Risk	0815
16G	CNR Reasons-Condition of Cwelling	0815
16H	CNR Reasons-Claims Frequency	0815
16J	CNR Reasons-Agent no Longer Company Rep.	0815
16K	CNR Reasons-Credit Scoring	0815
17	SB1200	0815
17A	SB1200-Non-Renewal	0815
17B	SB1200-Material Change	0830
17C	SB1200-Premium Increase Over 30%	0805
17D	SB1200-Premium Increase Under 29.9%	0805
18	Violated Agent Term Renewal	0815
21	MISLEADING ADVERTISING	0905
22	PRODUCER HANDLING	0910
22A	Producer Handling-Lowballing	0910
22B	Producer Handling-Unacceptable Application	0926
22C	Producer Handling-Improper/Insufficient Application	0926
22D	Producer Handling-Misuse of Premium Monies	0918
22E	Producer Handling-Revoked Producer	0918
22F	Producer Handling-Abbreviated Premium Payment	1105
22G	Producer Handling-Inappropriate Sale	0910
22H	Misquote	
23	MISREPRESENTATION	0915
23B	Misrepresentation-Duplication of Coverage	0923
24	REPLACEMENT	0908
25	Marketing Sales Delay	0925

Complaint Codes – Complaint Reason

31	UNSATISFACTORY SETTLEMENT	1005
31A	Unsatisfactory Settlement-Usual and Customary	1017
31B	Unsatisfactory Settlement-Medically Necessary	1007
31C	Unsatisfactory Settlement-PreCertification	1030
31D	Unsatisfactory Settlement-Policy Provision	1035
31E	Unsatisfactory Settlement-Second Opinion	1030
31F	Unsatisfactory Settlement-UR/Case Mgt.	1023
31G	Unsatisfactory Settlement-Betterment Deductions	1005
31H	Unsatisfactory Settlement-Storage/Towing Fees	1005
31I	Unsatisfactory Settlement-Advance Premium Payment	1105
31J	Unsatisfactory Settlement - Building Codes	1005
32	POST CLAIM UNDERWRITING	1010
32A	Post Claim Underwriting-Exclusion Rider	1035
32B	Post Claim Underwriting-Rate Up	1035
32C	Post Claim Underwriting-Rescission	0828
33	DENIAL OF CLAIM	1015
33A	Denial of Claim-Comparative Negligence	1015
33B	Denial of Claim-Definition Under Contract	1015
33C	Denial of Claim-Elimination/Waiting Period	1015
33D	Denial of Claim-Exclusions	1015
33E	Denial of Claim-Assignment	1015
33F	Denial of Claim-Insured Failed to Report Claim	1015
33G	Denial of Claim-No Evidence of Insurability	1015
33H	Denial of Claim-No Forcible Entry or Means	1015
33I	Denial of Claim-Improper Facility	1015
33J	Denial of Claim-PreExisting Condition	1015
33K	Denial of Claim-Unsatisfactory Proof of Loss	1015
33L	Denial of Claim-Experimental	1015
33M	Denial of Claim-Medically Necessary	1015
33N	Denial of Claim-Other	1015
33O	Denial of Claim-No Coverage	1015
33P	Denial of Claim-Contract Provisions	1015
33Q	Denial of Claim-Policy Not in Force	1015
33R	Denial of Claim-Emergency	1015
33S	Denial of Claim-Untimely Filing	1015
33T	Denial of Claim-No Referral	1015
33U	Denial of Claim-Mold	1014
34	COORDINATION OF BENEFITS	1020
34A	Coordination of Benefits-Self Funded Involved	1020
35	CLAIM DELAY/UNPAID	1025
35A	Claim Delay/Unpaid-Subrogation/Recovery	1025
35C	Claim Delay/Unpaid-Statement Under Oath	1025
36	Unsatisfactory Repair	1035
37	PROVIDER RELATIONS	1035
37A	Provider Relations-Referral Problems	1035
37B	Provider Relations-No Provider Assigned	1035
37C	Provider Relations-Wants to Change Provider	1035
37D	Provider Relations-Provider Dropped HMO/PPO	1035
37E	Provider Relations-HMP/PPO Dropped Provider	1035
37F	Provider Relations-Quality/Accessibility of Care	1035
37G	Provider Relations-Provider/Patient Dispute	1035
38	PROMPT PAY	1025
38A	Prompt Pay-IPA/PHO	1025
38B	Prompt Pay-Insurer/HMO	1025
41	PREMIUM NOTICE/BILLING PROBLEM	1105
41A	Premium Notice/Billing Problem-PreAuthorized Checks	1105
41B	Premium Notice/Billing Problem-Grace Period	1130

Complaint Codes – Complaint Reason

42	CASH VALUE	1110
42A	Cash Value-NonForfeiture Option	1130
42B	Cash Value-Policy Loan	1130
42C	Cash Value-Automatic Premium Loan	1130
42D	Cash Value-Dividends	1130
42E	Cash Value-Surrender Charges	1130
42F	CASH SURRENDER - DELAY	1130
42G	Unsatisfactory Interest Return	1130
43	SERVICE DELAYS	1115
43A	Service Delays-SR22 Not Filed	1115
43B	Service Delays-Policy Issuance	1115
43C	Service Delays-Free Look Period	1130
43D	Service Delays-Conversion	1130
43E	Service Delays-Policy Change	1130
43F	Service Delays-Return of Premium	1120
43G	Service Delays-State Continuation	1130
43H	Service Delays-Federal Continuation	1130
43I	Service Delays-1035 Exchange	1130
43J	Service Delays-Reinstatement	1130
43K	Service Delays-Assignment & Release	1130
43L	Service Delays-Statistical Information	1130
43M	Service Delays-No Response	1115
43N	Service Delays-Loss Info Not Furnished	0845
43O	Beneficiary Problem	1130
90	OTHER	1130

Complaint Codes -- Disposition

DOI Code	DOI Code Description	NAIC Code
10	RELIEF - Rate Problem Resolved	1287
13	RELIEF -Policy Restored	1205
14	_____Policy Issued	1205
15	Policy Reinstated	1205
15A	Illegal Non-Pay Cancel	1205
15B	Flat Cancel Illegal	1205
16	Cancellation Withdrawn	1260
16A	Cancellation Withdrawn-Voluntary	1260
16B	Cancellation Withdrawn-Illegal	1260
16C	Cancellation Withdrawn-Proof of Mailing Insufficient	1260
16D	Cancellation Withdrawn-Advance Notice Insufficient	1260
16E	Cancellation Withdrawn-Reason Not Valid	1260
16F	Cancellation Withdrawn-No Rehab Notice	1260
16G	Cancellation Withdrawn-With Change in Policy/Terms	1260
16H	Cancellation Withdrawn-Sending Rehab Notice	1260
17	Non-renewal Rescinded	1265
17A	Non-renewal Rescinded-Voluntary	1265
17B	Non-renewal Rescinded-Illegal	1265
17C	Non-renewal Rescinded-Proof of Mailing Insufficient	1265
17D	Non-renewal Rescinded-Advance Notice Insufficient	1265
17E	Non-renewal Rescinded-Reason Not Valid	1265
17F	Non-renewal Rescinded-No Rehab Notice	1265
17G	Non-renewal Rescinded-With Change in Policy/Terms	1265
17H	Non-renewal Rescinded-Sending Rehab Notice	1265
18	SB1200	1310
18A	SB1200-Increase Limited to 29.9%	1310
18B	SB1200-Increase Withdrawn/Not Legal	1310
18C	SB1200-Non-Renewal Rescinded	1310
18D	SB1200-Proof of Mailing Insufficient	1310
18E	SB1200-Advance Notice Insufficient	1310
18F	SB1200-Reason Not Valid	1310
19	Hearing Granted	1310
20	_____Premium Refunded	1215
20A	_____Premium Refunded-Rule of 78's	1215
20B	_____Premium Refunded-ProRated Refund	1215
30	_____Additional Monies Received	1210
30A	Additional Monies Received-Deductible Returned	1277
31	_____Coverage Extended	1220
32	_____Claim Reopened	1225
33	_____Claim Settled	1230
33A	_____Claim Settled-Compromise	1208
34	_____Deductible Returned	1277
41	_____Cash Surrender Paid	1310
41A	_____Cash Surrender Paid-1035 Exchange	1310
42	SR22 Filed	1310
44	_____Interest Paid	1310
45	_____Referral Approved	1310
46	_____Provider Assigned	1310
47	_____Provider Changed	1310
48	_____DisEnrolled	1310
50	_____Information Furnished	1253
50A	Information Furnished-by Company/Producer	1253
50B	Information Furnished-by IDOI	1253
51	_____Relief - Other	1310
52	NO RELIEF -Refer to Proper Agency	1240
55	Relief Justified	1310

Complaint Codes -- Disposition

56	Relief Unjustified	1310
60	_____Question of Fact	1285
60A	Question of Fact-Value	1285
60B	Question of Fact-Liablilty	1285
60C	Question of Fact-Coverage	1285
60D	Question of Fact-Representations/Warrant	1285
61	_____Contract Provisions	1290
62	_____Policy Not in Force	1201
63	Cancellation Upheld	1227
64	NonRenewal Upheld	1228
66	Company Position Upheld	1295
67	_____No Jurisdiction	1300
68	_____Attorney Retained-Insured	1233
68A	Attorney Retained-Third Party	1233
69	Entered Arbitration	1217
70	_____Insufficient Information-Complainant	1305
71	_____Ineligibility	1310
72	_____Public Health Involved	1310
73	_____Improper Facility	1310
74	_____Renewability Provision	1310
75	_____Policy Reformed	1310
76	_____Rescission Proper	1310
77	_____Denial Proper	1310
80	No Relief Justified	1310
81	No Relief Unjustified	1310
90	_____Information Furnished	1253
95	_____No Relief - Other	1310
97	_____Refer to Producer Regulatory	

Complaint Codes – Contributing Factors

DOI Code	DOI Code Description	NAIC Code
ANC	Ancillary Provider	
B	Incorrect Policy Form	
C	No Applicable Law	
D	Building Codes	
E	Emergency - Balance Billing	
G	Senior Citizen	
GB	Gastric Bypass	
H	Further Regulatory Action	
I	IPA	
INF	Infertility	
ING	INGENIX U&C	
J	Legislative Suggestion	
MAF	Maximum Allowable Fee	
MIL	MILITARY	
MOP	Mail Order Prescription	
MUL	MULTIPLAN	
P	Ombudsman Referral	
PRESC	Prescription Drugs	
Q	HIPAA	
R	Mold	
RN	Registered Nurses/Advance Nurse Practioners	
S	CODING ISSUES	
SP	SPITZER INVESTIGATION	
URO	Utilization Review Organization	

ILLINOIS DEPARTMENT OF INSURANCE

Consumer Assistance and Patient Protection Project

Exhibit E:

Complaint Report 2009

Composite of Insurance Complaints Investigated by the Illinois Department of Insurance in the Year 2009

HMO Complaints	437
Insurance Company Complaints	7,883
	8,320
Not Categorized Complaints	2,074
Total Complaints	**10,394**

Complaints by Line of Coverage

Auto	2,449	*24%*
Homeowners	980	*9%*
Individual Life	509	*5%*
Individual Accident & Health	720	*7%*
Group Accident & Health	2,855	*27%*
HMOs	437	*4%*
Group Credit Accident & Health	12	*<1%*
Individual Annuity	94	*<1%*
All Other Coverages	264	*3%*
Not Categorized	2,074	*20%*
Total:	**10,394**	**100%**

Major Reasons for Complaints

	Insurance Companies		HMOs	
Underwriting	907	*12%*	15	*3%*
Marketing & Sales	188	*2%*	3	*1%*
Claims Handling	5,797	*74%*	400	*92%*
Policyholder Service	991	*13%*	19	*4%*
Total:	**7,883**	***100%***	**437**	***100%***

Distribution of Complaints by Zip Code

	Insurance Companies		HMOs	
Metro Cook County (600-605)	3,333	*42%*	198	*45%*
Chicago (606)	1,524	*19%*	98	*22%*
Downstate (607-629)	1,945	*25%*	120	*27%*
Outside Illinois	1,025	*13%*	21	*5%*
No Zip code Provided	56	*1%*	0	*0%*
Total:	**7,883**	***100%***	**437**	***100%***

Comparison of Complaints by Coverage & Reason 2008 - 2009

Coverage	Underwriting	Marketing & Sales	Claim Handling	Policyholder Service	Total	% of Change from Prior Year
Auto (2008)	281	84	2,208	87	2,660	
Auto (2009)	**265**	**86**	**2,009**	**89**	**2,449**	**-8%**
Homeowners (2008)	205	20	561	44	830	
Homeowners (2009)	**307**	**18**	**611**	**44**	**980**	**18%**
Individual Life (2008)	65	30	174	244	513	
Individual Life (2009)	**82**	**19**	**176**	**232**	**509**	**-1%**
Individual Annuity (2008)	3	27	32	64	126	
Individual Annuity (2009)	**6**	**16**	**20**	**52**	**94**	**-25%**
Individual A & H (2008)	131	15	535	76	757	
Individual A & H (2009)	**129**	**10**	**516**	**65**	**720**	**-5%**
Group A & H (2008)	41	5	2,439	372	2,857	
Group A & H (2009)	**58**	**10**	**2,320**	**467**	**2,855**	**<0%**
Group Credit A & H (2008)	0	0	12	2	14	
Group Credit A & H (2009)	**1**	**0**	**11**	**0**	**12**	**-14%**
HMOs (2008)	7	2	473	56	538	
HMOs (2009)	**15**	**3**	**400**	**19**	**437**	**-19%**
All Other Coverages (2008)	93	48	86	45	272	
All Other Coverages (2009)	**59**	**29**	**134**	**42**	**264**	**-3%**
Totals for 2009:	**922**	**191**	**6,197**	**1,010**	**8,320**	

2009 Complaint Statistics of Insurance Companies Showing 10 or More Complaints for Coverage Type - Private Passenger Automobile	Complaints	Private Passenger Automobile 2009 Illinois Direct Written Premium $	2009 Private Passenger Automobile Complaint Ratio per $1 Million in Direct Written Premiums	Major Reasons Complaints were filed with the Illinois Department of Insurance			
				underwriting	marketing - sales	claims	policy service
AFFIRMATIVE INSURANCE COMPANY	**69**	$33,785,637	**2.04**	8	2	59	0
ALLSTATE INSURANCE COMPANY	**146**	$267,776,337	**0.55**	18	3	118	7
AMERICAN ACCESS CASUALTY COMPANY	**92**	$58,497,759	**1.57**	3	0	89	0
AMERICAN FAMILY MUTUAL INSURANCE COMPANY	**46**	$272,844,239	**0.17**	7	3	34	2
AMERICAN FREEDOM INSURANCE COMPANY	**57**	$10,411,678	**5.47**	4	0	53	0
AMERICAN HEARTLAND INSURANCE COMPANY	**30**	$9,216,871	**3.25**	0	0	30	0
AMERICAN SERVICE INSURANCE COMPANY INC.	**102**	$24,829,361	**4.11**	5	0	96	1
APOLLO CASUALTY COMPANY	**73**	$24,065,439	**3.03**	0	0	73	0
BRISTOL WEST INSURANCE COMPANY	**15**	$14,673,145	**1.02**	0	0	13	2
CONSTITUTIONAL CASUALTY COMPANY	**15**	$8,713,349	**1.72**	2	0	13	0
COUNTRY MUTUAL INSURANCE COMPANY	**21**	$233,883,931	**0.09**	6	0	13	2

2009 Complaint Statistics of Insurance Companies Showing 10 or More Complaints for Coverage Type - Private Passenger Automobile	Complaints	Private Passenger Automobile 2009 Illinois Direct Written Premium $	2009 Private Passenger Automobile Complaint Ratio per $1 Million in Direct Written Premiums	Major Reasons Complaints were filed with the Illinois Department of Insurance			
				underwriting	marketing - sales	claims	policy service
COUNTRY PREFERRED INSURANCE COMPANY	**14**	$202,155,197	**0.07**	3	1	10	0
DIRECT AUTO INSURANCE COMPANY	**14**	$9,356,675	**1.50**	0	0	14	0
ESURANCE INSURANCE COMPANY	**12**	$28,120,874	**0.43**	2	0	9	1
FARMERS AUTOMOBILE INSURANCE ASSOCIATION (THE)	**10**	$71,201,418	**0.14**	1	0	9	0
FIRST ACCEPTANCE INSURANCE COMPANY INC.	**35**	$24,878,818	**1.41**	1	1	32	1
FIRST CHICAGO INSURANCE COMPANY	**17**	$6,409,446	**2.65**	0	0	17	0
FOUNDERS INSURANCE COMPANY	**116**	$49,194,427	**2.36**	1	0	115	0
GEICO CASUALTY COMPANY	**20**	$2,741,115	**7.30**	6	0	14	0
GEICO GENERAL INSURANCE COMPANY	**12**	$116,388,302	**0.10**	2	0	10	0
GEICO INDEMNITY COMPANY	**12**	$68,738,033	**0.17**	0	0	11	1
ILLINOIS FARMERS INSURANCE COMPANY	**50**	$228,284,123	**0.22**	3	0	37	10

2009 Complaint Statistics of Insurance Companies Showing 10 or More Complaints for Coverage Type - Private Passenger Automobile	Complaints	Private Passenger Automobile 2009 Illinois Direct Written Premium $	2009 Private Passenger Automobile Complaint Ratio per $1 Million in Direct Written Premiums	Major Reasons Complaints were filed with the Illinois Department of Insurance			
				underwriting	marketing - sales	claims	policy service
INSURA PROPERTY AND CASUALTY INSURANCE COMPANY	**11**	$8,153,724	**1.35**	0	0	11	0
INTERSTATE BANKERS CASUALTY COMPANY	**73**	$17,084,289	**4.27**	2	0	69	2
LIBERTY MUTUAL FIRE INSURANCE COMPANY	**16**	$75,590,560	**0.21**	2	0	13	1
MADISON MUTUAL I NSURANCE COMPANY	**12**	$23,748,392	**0.51**	5	0	7	0
MEMBERSELECT INSURANCE COMPANY	**26**	$73,993,688	**0.35**	15	0	11	0
MERCURY INSURANCE COMPANY OF ILLINOIS	**11**	$21,913,591	**0.50**	2	0	8	1
NATIONAL HERITAGE INSURANCE COMPANY	**13**	$3,089,059	**4.21**	1	1	11	0
PROGRESSIVE DIRECT INSURANCE COMPANY	**17**	$60,545,289	**0.28**	1	0	15	1
PROGRESSIVE NORTHERN INSURANCE COMPANY	**19**	$126,477,550	**0.15**	4	0	15	0
SAFE AUTO INSURANCE COMPANY	**20**	$18,165,474	**1.10**	2	0	18	0
SAFECO INSURANCE COMPANY OF ILLINOIS	**12**	$58,661,264	**0.20**	2	0	9	1

2009 Complaint Statistics of Insurance Companies Showing 10 or More Complaints for Coverage Type - Private Passenger Automobile	Complaints	Private Passenger Automobile 2009 Illinois Direct Written Premium $	2009 Private Passenger Automobile Complaint Ratio per $1 Million in Direct Written Premiums	Major Reasons Complaints were filed with the Illinois Department of Insurance			
				underwriting	marketing - sales	claims	policy service
SAFEWAY INSURANCE COMPANY	**38**	$14,635,620	**2.60**	1	0	35	2
STATE FARM FIRE & CASUALTY COMPANY	**16**	$99,846,122	**0.16**	7	1	6	2
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	**196**	$1,671,084,694	**0.12**	46	3	145	2
TRAVELERS HOME & MARINE INSURANCE COMPANY	**15**	$67,670,811	**0.22**	6	0	9	0
TRUMBULL INSURANCE COMPANY	**11**	$36,389,118	**0.30**	4	0	5	2
UNIQUE INSURANCE COMPANY	**138**	$26,278,356	**5.25**	5	1	132	0
UNITED AUTOMOBILE INSURANCE COMPANY	**42**	$6,745,601	**6.23**	2	2	38	0
UNITED EQUITABLE INSURANCE COMPANY	**54**	$11,085,139	**4.87**	8	1	45	0
UNIVERSAL CASUALTY COMPANY	**279**	$32,366,524	**8.62**	3	1	268	7
USAA CASUALTY INSURANCE COMPANY	**22**	$39,633,640	**0.56**	5	2	15	0

2009 Complaint Statistics of Insurance Companies Showing 10 or More Complaints for Coverage Type - Homeowners	Complaints	Homeowners 2009 Illinois Direct Written Premium $	2009 Homeowners Complaint Ratio per $1 Million in Direct Written Premiums	Major Reasons Complaints were filed with the Illinois Department of Insurance			
				underwriting	marketing - sales	claims	policy service
ALLSTATE INDEMNITY COMPANY	**18**	$230,990,825	**0.08**	7	0	11	0
ALLSTATE INSURANCE COMPANY	**187**	$136,711,287	**1.37**	29	3	147	8
AMERICAN FAMILY MUTUAL INSURANCE COMPANY	**57**	$129,829,019	**0.44**	7	3	44	3
COUNTRY MUTUAL INSURANCE COMPANY	**30**	$214,495,434	**0.14**	13	0	16	1
FARMERS AUTOMOBILE INSURANCE ASSOCIATION	**10**	$31,719,904	**0.32**	2	0	8	0
FARMERS INSURANCE EXCHANGE	**33**	$71,054,994	**0.46**	11	2	14	6
HOMESITE INSURANCE COMPANY OF ILLINOIS	**15**	$9,430,349	**1.59**	6	1	6	2
ILLINOIS FARMERS INSURANCE COMPANY	**28**	$75,396,104	**0.37**	7	0	17	4
MEMBERSELECT INSURANCE COMPANY	**25**	$33,492,408	**0.75**	9	0	16	0
METROPOLITAN PROPERTY & CASUALTY COMPANY	**11**	$4,759,487	**2.31**	3	0	7	1
PEKIN INSURANCE COMPANY	**18**	$12,515,583	**1.44**	2	0	16	0
PROPERTY & CASUALTY INSURANCE CO OF HARTFORD	**12**	$19,541,301	**0.61**	7	0	5	0

2009 Complaint Statistics of Insurance Companies Showing 10 or More Complaints for Coverage Type - Homeowners	Complaints	Homeowners 2009 Illinois Direct Written Premium $	2009 Homeowners Complaint Ratio per $1 Million in Direct Written Premiums	Major Reasons Complaints were filed with the Illinois Department of Insurance			
				underwriting	marketing - sales	claims	policy service
SAFECO INSURANCE COMPANY OF ILLINOIS	**12**	$30,437,789	**0.39**	4	0	8	0
STATE FARM FIRE & CASUALTY COMPANY	**200**	$856,482,534	**0.23**	105	3	88	4
TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY	**12**	$37,389,751	**0.32**	6	0	6	0

2009 Complaint Statistics of Insurance Companies Showing 10 or More Complaints for Coverage Type - Individual Life	Complaints	Individual Life Policies in Force in 2009	2009 Individual Life Complaint Ratio per 10,000 policies in force	Major Reasons Complaints were filed with the Illinois Department of Insurance			
				underwriting	marketing - sales	claims	policy service
AMERICAN GENERAL LIFE INSURANCE COMPANY	**19**	133,886	**1.42**	2	0	8	9
AMERICAN GENERAL LIFE & ACCIDENT INSURANCE COMPANY	**18**	93,405	**1.93**	1	0	9	8
ATLANTA LIFE INSURANCE COMPANY	**11**	48,754	**2.26**	5	0	4	2
BANKERS LIFE & CASUALTY COMPANY	**25**	40,130	**6.23**	8	1	5	11
CONSECO LIFE INSURANCE COMPANY	**15**	13,978	**10.73**	1	0	1	13
GLOBE LIFE & ACCIDENT INSURANCE COMPANY	**17**	174,981	**0.97**	2	0	9	6
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.	**13**	119,168	**1.09**	2	0	5	6
METROPOLITAN LIFE INSURANCE COMPANY	**13**	508,652	**0.26**	2	0	4	7
METROPOLITAN TOWER LIFE INSURANCE COMPANY	**12**	29,827	**4.02**	4	1	1	6
MONUMENTAL LIFE INSURANCE COMPANY	**40**	212,203	**1.88**	4	0	13	23
PRIMERICA LIFE INSURANCE COMPANY	**10**	84,401	**1.18**	1	1	4	4
PRUDENTIAL INSURANCE COMPANY OF AMERICA	**27**	551,825	**0.49**	2	0	12	13

2009 Complaint Statistics of Insurance Companies Showing 10 or More Complaints for Coverage Type - Individual Life	Complaints	Individual Life Policies in Force in 2009	2009 Individual Life Complaint Ratio per 10,000 policies in force	Major Reasons Complaints were filed with the Illinois Department of Insurance			
				underwriting	marketing - sales	claims	policy service
REASSURE AMERICA LIFE INSURANCE COMPANY	**14**	58,659	**2.39**	2	0	5	7
UNITED INSURANCE COMPANY OF AMERICA	**19**	184,563	**1.03**	2	0	11	6

2009 Complaint Statistics of Insurance Companies Showing 10 or More Complaints for Coverage Type - Individual Accident & Health	Complaints	Individual Accident and Health Policies in Force in 2009	2009 Individual A&H Complaint Ratio per 10,000 policies in force	Major Reasons Complaints were filed with the Illinois Department of Insurance			
				underwriting	marketing - sales	claims	policy service
AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY	**27**	5,828	**46.33**	3	0	24	0
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS	**24**	339,497	**0.71**	0	1	23	0
BANKERS LIFE & CASUALTY COMPANY	**23**	15,178	**15.15**	12	0	7	4
CONSECO HEALTH INSURANCE COMPANY	**19**	2,346	**80.99**	1	0	16	2
HEALTH CARE SERVICE CORPORATION	**272**	548,942	**4.95**	39	0	213	20
HUMANA INSURANCE COMPANY	**38**	17,489	**21.73**	4	0	31	3
NATIONAL STATES INSURANCE COMPANY	**13**	5,027	**25.86**	1	1	10	1
SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA	**34**	6,828	**49.79**	18	0	15	1
UNICARE HEALTH INSURANCE COMPANY OF THE MIDWEST	**50**	29,234	**17.10**	6	1	36	7
UNITED AMERICAN INSURANCE COMPANY	**11**	10,922	**10.07**	1	0	9	1
UNITEDHEALTHCARE INSURANCE COMPANY	**11**	312,888	**0.35**	3	0	6	2

2009 Complaint Statistics of Insurance Companies Showing 10 or More Complaints for Coverage Type - Group Accident & Health	Complaints	Group Accident & Health Certificates in Force in 2009	2009 Group Accident & Health Complaint Ratio per 10,000 Certificates in force	Major Reasons Complaints were filed with the Illinois Department of Insurance			
				underwriting	marketing - sales	claims	policy service
AETNA LIFE INSURANCE COMPANY	**73**	677,503	**1.08**	2	0	64	7
CONCERT HEALTH PLAN INSURANCE COMPANY	**23**	4,047	**56.83**	0	0	23	0
CONNECTICUT GENERAL LIFE INSURANCE COMPANY	**14**	94,619	**1.48**	0	0	14	0
DESTINY HEALTH INSURANCE COMPANY *	**11**	0	**N/A**	0	0	9	2
GOLDEN RULE INSURANCE COMPANY	**34**	9,180	**37.04**	9	0	24	1
GUARANTEE TRUST LIFE INSURANCE COMPANY	**12**	69,314	**1.73**	3	1	6	2
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	**33**	362,678	**0.91**	1	0	31	1
HEALTH CARE SERVICE CORPORATION	**431**	1,786,161	**2.41**	16	0	366	49
HUMANA INSURANCE COMPANY	**49**	93,663	**5.23**	1	0	41	7
MEGA LIFE AND HEALTH INSURANCE COMPANY	**10**	16,488	**6.07**	0	0	10	0
METROPOLITAN LIFE INSURANCE COMPANY	**16**	4,748,874	**0.03**	0	0	14	2

2009 Complaint Statistics of Insurance Companies Showing 10 or More Complaints for Coverage Type - Group Accident & Health	Complaints	Group Accident & Health Certificates in Force in 2009	2009 Group Accident & Health Complaint Ratio per 10,000 Certificates in force	Major Reasons Complaints were filed with the Illinois Department of Insurance			
				underwriting	marketing - sales	claims	policy service
PERSONALCARE INSURANCE OF ILLINOIS INC.	**16**	25,954	**6.16**	1	0	14	1
PRINCIPAL LIFE INSURANCE COMPANY	**31**	261,208	**1.19**	0	0	30	1
TIME INSURANCE COMPANY	**51**	52,383	**9.74**	4	6	38	3
UNICARE HEALTH INSURANCE COMPANY OF THE MIDWEST	**86**	82,742	**10.39**	1	0	77	8
UNITEDHEALTHCARE INSURANCE COMPANY	**65**	579,492	**1.12**	1	0	56	8
UNITEDHEALTHCARE INSURANCE COMPANY OF ILLINOIS	**67**	43,858	**15.28**	1	0	58	8
UNITEDHEALTHCARE INSURANCE COMPANY OF THE RIVER VALLEY	**14**	22,050	**6.35**	2	0	10	2

*This company exited the Group A&H market and has no Group A&H certificates in force remaining.
The complaints handled during 2009 were regarding older claims.

2009 Complaint Statistics for Health Service Organizations - Complaints- Illinois Members Only	Complaints	Total Illinois Members as of 12/31/2009 in Force	Non-Medicaid/Non-Medicare Members/ Non-Federal Employer Health Benefit Plans Members as of 12/31/2009 *	Complaint Ratio per 10,000 Members Enrolled in Illinois	Underwriting	Marketing/Sales	Claims	Service
COMPBENEFITS DENTAL, INC.	**4**	49,144	44,008	**0.91**	0	0	4	0
DELTA DENTAL OF ILLINOIS	**15**	451,579	451,579	**0.33**	0	0	15	0
FIRST COMMONWEALTH LTD HEALTH SERV CORP	**1**	101	101	**99.01**	0	0	1	0

2009 Complaint Statistics for Health Maintenance Organizations - Complaints- Illinois Members Only	Complaints	Total Illinois Members as of 12/31/2009 in Force	Non-Medicaid/Non-Medicare Members/ Non-Federal Employer Health Benefit Plans Members as of 12/31/2009 *	Complaint Ratio per 10,000 Members Enrolled in Illinois	Underwriting	Marketing/Sales	Claims	Service
AETNA HEALTH OF ILLINOIS INC.	**23**	31,757	27,619	**8.33**	0	0	21	2
CIGNA HEALTHCARE OF ILLINOIS INC.	**2**	503	503	**39.76**	1	0	0	1
GROUP HEALTH PLAN INC.	**6**	16,395	10,216	**5.87**	2	0	4	0
HEALTH ALLIANCE MEDICAL PLANS INC.	**41**	143,028	131,837	**3.11**	0	0	41	0
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	**156**	652,454	652,454	**2.39**	10	1	134	11
HUMANA BENEFIT PLAN OF ILLINOIS, INC.	**9**	34,973	17,721	**5.08**	0	0	9	0
HUMANA HEALTH PLAN INC.	**23**	82,326	38,812	**5.93**	1	0	22	0
PERSONALCARE INSURANCE OF ILLINOIS INC.	**16**	37,274	35,140	**4.55**	0	0	16	0
UNICARE HEALTH PLANS OF THE MIDWEST INC.	**37**	77,097	68,713	**5.38**	1	0	36	0
UNITEDHEALTHCARE OF ILLINOIS INC.	**17**	20,433	20,433	**8.32**	0	0	17	0

UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	**3**	10,518	8,658	**3.47**	0	0	3	0

*In both of the above tables, the Total is adjusted to delete Medicaid/Medicare Members and FEHBP Members.

Enrollment numbers shown are derived from the 2009 Illinois Enrollment page included in the 2009 Annual Statement filing.

Illinois Licensed Health Maintenance Organizations Having Commercial Enrollment but No Complaints in 2009	Total Illinois Members as of 12/31/2009 in Force	Non-Medicaid/Non-Medicare Members/ Non-Federal Employer Health Benefit Plans Members as of 12/31/2009 *
CIGNA HEALTHCARE OF ST. LOUIS, INC.	50	50
HEALTH ALLIANCE MIDWEST INC.	644	644
MEDICAL ASSOCIATGES HEALTH PLAN INC.	2,884	2,884
UNITED HEALTHCARE OF THE MIDWEST INC.	8,483	333

*Total is adjusted to delete Medicaid/Medicare Members and FEHBP Members.

Enrollment numbers shown are derived from the 2009 Illinois Enrollment page included in the 2009 Annual Statement filing.

Illinois Licensed Health Service Organizations Having Commercial Enrollment but No Complaints in 2009	Total Illinois Members as of 12/31/2009 in Force	Non-Medicaid/Non-Medicare Members/ Non-Federal Employer Health Benefit Plans Members as of 12/31/2009 *
ALPHA DENTAL PROGRAMS INC.	100	100
DENTAL CONCERN LTD. THE	3,455	3,455
FIRST COMMONWEALTH INSURANCE COMPANY	146,218	146,218
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY *(LHSO enrollment only)*	58,170	58,170
NATIONAL DENTAL CARE INC.	1,385	1,385
OLYMPIA LIMITED HEALTH SERVICES ORGANIZATION, INC.	27,229	27,229

SIDNEY HILLMAN HEALTH CENTRE	6,512	5,567
TRUASSURE INSURANCE COMPANY	24,275	24,275
UNION HEALTH SERVICE INC *(LHSO enrollment only)*	35,875	34,349
UNION MEDICAL CENTER	9,064	8,273
UNION SECURITY INSURANCE COMPANY	21,811	21,811
VISION SERVICES PLAN OF ILLINOIS, NFP	1,274,589	1,274,589

*Total is adjusted to delete Medicaid/Medicare Members and FEHBP Members.

Enrollment numbers shown are derived from the 2009 Illinois Enrollment page included in the 2009 Annual Statement filing.

HMOs and Health Service Organizations with No Illinois Enrollment at Year End 2009	Total Illinois Members as of 12/31/2009 in Force	Non-Medicaid/Non-Medicare Members/ Non-Federal Employer Health Benefit Plans Members as of 12/31/2009 *
BCI HMO INC.	0	0
DENTAL BENEFIT PROVIDERS OF ILLINOIS INC. **	0	0
ESSENCE HEALTHCARE INC.	2,341	0
FIDELIS SECURECARE OF TEXAS INC.	0	0
HARMONY HEALTH PLAN OF ILLINOIS INC. ***	160,609	0
HEALTHLINK HMO INC.	0	0
HEALTHSPRING OF TENNESSEE, INC.	11,261	0
HMO MISSOURI, INC.	0	0
MERIDIAN HEALTH PLAN INC.	578	0

UNION HEALTH SERVICE INC *(HMO Enrollment Only)*	728	0

*Total is adjusted to delete Medicaid/Medicare Members and FEHBP Members.

** Health Service Organization

*** Medicaid only HMO. Complaints are handled by the Illinois Department of Public Aid.

Enrollment numbers shown are derived from the 2009 Illinois Enrollment page included in the 2009 Annual Statement filing.