



Illinois Department of Insurance

To: JB Pritzker, Governor
Ann Gillespie, Acting Director
Honorable Members of the General Assembly

From: The Office of Consumer Health Insurance

Re: The Office of Consumer Health Insurance 2024 Annual Report

Date: January 29, 2025

The Office of Consumer Health Insurance (OCHI) is pleased to submit its 2024 Annual Report as required by the Managed Care Reform and Patient Rights Act (215 ILCS 134/90).

OCHI, part of the Illinois Department of Insurance, assists consumers with inquiries and complaints related to health insurance. The staff is knowledgeable about health insurance regulations and laws, enabling them to provide accurate information to consumers.

OCHI's work results in a positive outcome for many Illinois health insurance consumers who may have otherwise gone without health insurance coverage, been denied services or payment, or had their complaints unanswered.

We anticipate continued success in the upcoming years and value any comments or suggestions you may have.

Executive Summary

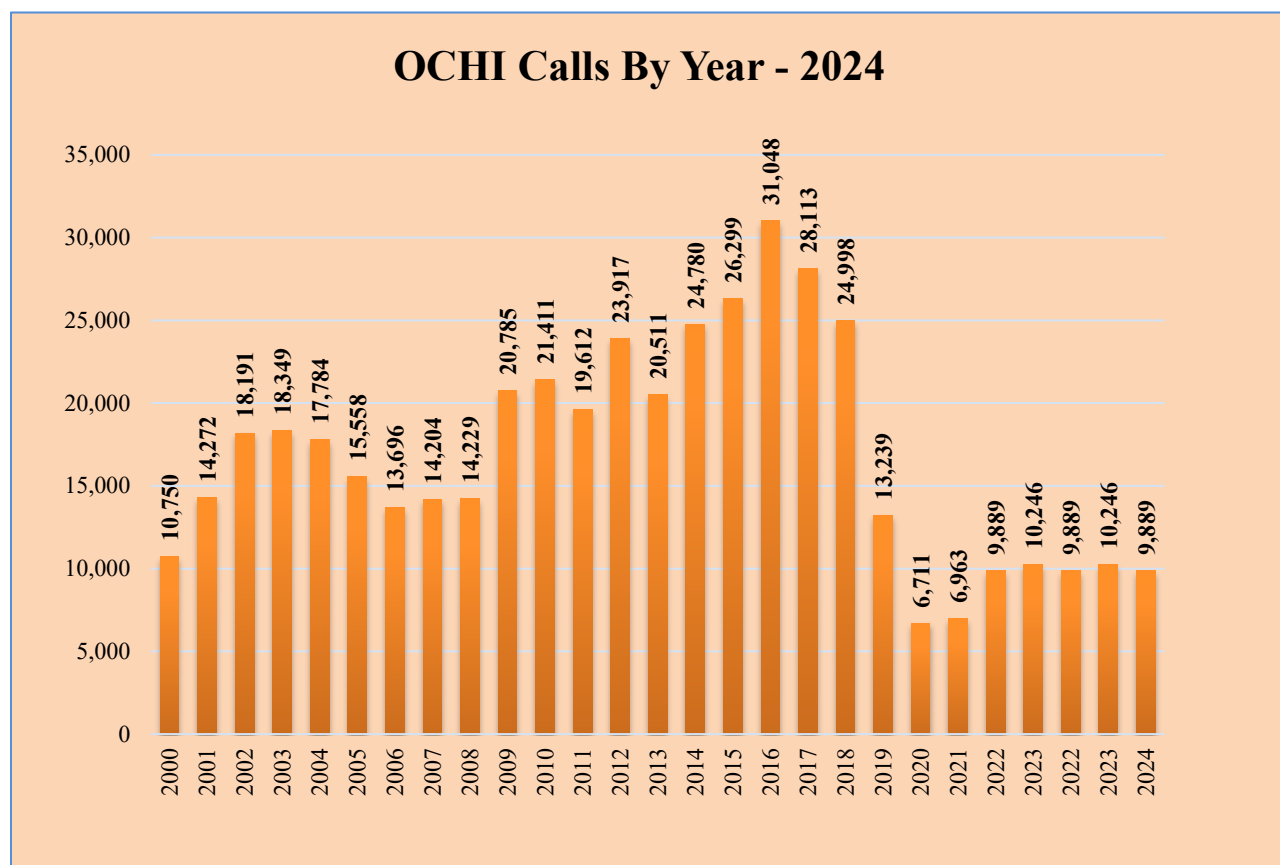
The Managed Care Reform and Patient Rights Act (215 ILCS 134/1 *et seq.*) established the Office of Consumer Health Insurance (OCHI), effective January 1, 2000.

The Office of Consumer Health Insurance (OCHI) is committed to assisting Illinois residents in navigating their health insurance coverage. Our dedicated analysts provide essential support by educating consumers about their rights, helping them file complaints and appeals for denied claims, and connecting them with appropriate resources.

OCHI responds to inquiries from a diverse range of individuals and groups, including consumers, employers, health care providers, attorneys, and advocates.

In addition to managing the consumer hotline, our staff reviews and responds to all complaints, inquiries, and external review requests, that are related to health insurance.

OCHI staff is available Monday through Friday, 8:30 a.m. to 5:00 p.m. at (877) 527-9431, our team also offers support seven days a week at (877) 850-4740 to promptly address urgent external review requests outside regular business hours, including weekends and holidays.



Educating Consumers about Health Insurance Rights and Options

In 2024, OCHI staff handled 9,889 calls to its consumer hotlines, assisting callers with understanding their health insurance coverage and addressing complaints, external reviews, and inquiries.

OCHI staff guided consumers on the appropriate steps to resolve their issues and directed them to relevant resources, including the federal Affordable Care Act (ACA) Health Insurance Marketplace, the Illinois Department of Healthcare and Family Services (HFS) for Medicaid and All Kids, and the Department on Aging Senior Health Insurance Program (SHIP) for Medicare. OCHI also referred consumers to information available on the Department's website (<http://www.idoi.illinois.gov>) and other websites, as appropriate.

OCHI provided information and education to help consumers understand their health insurance needs, benefits, and rights under federal and state laws.

During 2024, Illinois had issuers available in all 102 counties within the state, while Blue Cross Blue Shield of Illinois remained the only issuer to cover the entire state. The following 12 issuers offered individual qualified health plans (QHPs) through the federal ACA Marketplace to Illinois consumers:

1. Aetna Health Inc.
2. Aetna Life Insurance Company
3. Celtic Insurance Company
4. Cigna HealthCare of Illinois, Inc.
5. Health Care Service Corporation, a Mutual Legal Reserve Company (Blue Cross Blue Shield of IL)
6. Health Alliance Medical Plans, Inc. (HAMP)
7. MercyCare HMO, Inc.
8. Molina Healthcare of Illinois, Inc.
9. Oscar Health Plan, Inc.
10. Quartz Health Benefit Plans Corporation
11. Medica Central Health Plan (formerly SSM Health Plan)
12. UnitedHealthcare of Illinois, Inc.

[Click here for analysis of 2024 plan information](#)

The Department is pleased to announce that 11 issuers are offering individual QHPs for 2025. The Department released the Plan Analysis for 2025 coverage identifying the 2025 issuers:

1. Aetna Health Inc.
2. Aetna Life Insurance Company
3. Celtic Insurance Company
4. CIGNA HealthCare of Illinois, Inc.
5. Health Care Service Corporation, a Mutual Legal Reserve Company (Blue Cross Blue Shield of IL)
6. Health Alliance Medical Plans, Inc. (HAMP)
7. MercyCare HMO, Inc.
8. Molina Healthcare of Illinois, Inc.
9. Oscar Health Plan, Inc.
10. Quartz Health Benefit Plans Corporation
11. UnitedHealthcare of Illinois, Inc.

[Click here for analysis of 2025 plan information](#)

OCHI facilitated connections between consumers and staff from the ACA Marketplace or the Illinois Department of Healthcare and Family Services (HFS) based on individual needs. When consumers required medication or treatment, OCHI served as a liaison sending urgent inquiries to the necessary parties and following up to ensure resolution. Additionally, OCHI continued to address calls from consumers, providers, and stakeholders on a variety of topics including:

Health Insurance Related Inquiries

- Mental health and substance use disorder coverage, including parity requirements
- Contact information for appropriate regulatory body for plans not regulated by the Department
- Network adequacy requirements and how to navigate provider network changes
- Questions and concerns about benefits and consumer rights under health insurance policies
- Marketing issues – questions and concerns about how carriers, producers, and the ACA Marketplace marketed coverage including but not limited to misleading marketing tactics and unauthorized plan transfers

Appeals, Complaints, and External Reviews

- Preauthorization issues
- Information on how to file an internal appeal with the insurance carrier
- How and when to file a complaint with the Department
- How and when to file a request for external review

Insurance Law

OCHI investigates all complaints, working with the insurance company and the consumer to determine the appropriate course of action, in accordance with state and federal laws. This includes complaints regarding:

- Continuation of coverage rights under state and federal laws
- Health plan compliance with Illinois statutes, regulations, and policy requirements
- Effects of enacted legislation

Additionally, the Department continues to provide specialized training for OCHI staff on Illinois mandates, including federal mental health and substance use disorder parity laws.

Consumer Assistance and Education

Many consumers contact OCHI for assistance that does not relate directly to insurance plans regulated by the Department. However, OCHI's mission includes referring consumers to the proper resource for assistance. Examples of consumer referrals include calls about self-insured plans, Medicaid and Medicare questions, ACA Marketplace escalations, other state and federal agencies, licensed Illinois insurance companies, and other areas within the Department. OCHI helped callers by listening to their needs and guiding them to the appropriate place for help.

Shopping for Coverage

OCHI spoke to consumers about resources available for low cost or subsidized medical services and shopping for insurance coverage. OCHI used available agency resources to help uninsured callers and directed them to HFS for Medicaid and All Kids, the Department on Aging SHIP for Medicare, Get Covered Illinois for information on ACA Marketplace Health Insurance plans, medical clinics, pharmaceutical companies, and other entities that provide medical care for a discounted rate. For those looking for other types of coverage, OCHI answered questions or directed consumers to appropriate resources regarding available options.

Helping Consumers Navigate Appeals, Complaints and External Reviews

OCHI is committed to supplying prompt and accurate information to consumers needing help navigating appeals, complaints, and external reviews. In 2024, OCHI staff received requests for various claim-related topics, including, but not limited to:

- Claim denial and delay
- Unsatisfactory claim payments
- Out of network payments
- Contract exclusions
- Balance billing disputes also known as “surprise billing”
- Usual and Customary payments
- Emergency Care
- Medical necessity
- Experimental and/or investigational services
- Rescission of coverage
- Pre-existing conditions
- Drug Formulary issues
- Network Adequacy

OCHI provided guidance to consumers by explaining their consumer rights and protections under Illinois law and the specific provisions of their policy. Staff provided guidance to consumers by researching and resolving concerns with their health plans including appeals and external review requests, and situations that called for filing a complaint with the Department.

Consumers with questions regarding denials of coverage based on medical necessity, rescission of coverage, pre-existing conditions, or denials for experimental and/or investigational services are advised that their claim denials may warrant filing an external review request with the Department. Urgent matters such as claims involving pre-service authorization, medication or treatment denials, and appeals are immediately reviewed to determine the best and most expedient handling approach. In most cases, staff contacts the insurer and reaches out to the consumer with guidance.

Complaints

Consumers have a right to file a complaint against an insurance company, health maintenance organization (HMO), insurance agents and other regulated entities that are licensed or registered with the Illinois Department of Insurance. Additionally, health care providers also seek assistance from IDOI when health claims are delayed, denied, or unsatisfactorily settled by insurance companies and HMOs, and IDOI assists providers to the extent our authority allows under Illinois law and regulations.

In 2024, OCHI staff processed and handled to 3,847 complaints received by the Department. The Department reviews each complaint individually to make sure that claims are not denied in violation of the policy’s terms of coverage or in violation of applicable insurance laws and regulations for insurance plans regulated by the Department.

When a consumer complaint is filed about a health plan regulated by the Illinois Department of Insurance, the Department submits the consumer complaint to the applicable insurer for a response. When a response is received, the Department reviews the response for compliance with Illinois statutes, regulations, and policy provisions. If the complaint has been resolved, the complaint is closed. If an insurance law has been violated or the company is not abiding by the terms of the policy, corrective action is taken by the Department.

The Department requires the insurer to respond to all questions and investigate the complaint. If no violation of Illinois insurance law or regulation is found, notice is sent that the Department investigation is being closed. A copy of the written response from the insurance company, along with an explanation of the results of the Department's investigation is provided to the complainant.

Internal Appeals

Under Illinois law, two classifications of health claim denials exist: adverse determinations and administrative determinations. First, an adverse determination relates to claims that involve medical judgment for which a carrier has found a service, supply, drug, or procedure not medically necessary and is denied or not covered by the plan. Adverse determinations include claims, services, supplies, drugs, or procedures denied as being experimental/investigational. Second, administrative determinations include all other types of denials, delays, unsatisfactory payments, referral issues, and contract disputes.

Health carriers must have internal appeal procedures in place for both adverse and administrative determinations. Consumers, or their authorized representatives, may file an internal appeal with the carrier for reconsideration. Depending on the type of appeal (pre-service, concurrent service or post-service), the time frames for resolving the appeal vary. Additionally, if the medical condition of the patient is urgent, the time frames are expedited.

For both administrative and adverse determinations, a consumer may file a complaint with the Department at any time. OCHI staff provide access to the Department's complaint form (online and by mail) and explain both the complaint and the internal appeal process to the consumer.

External Reviews

External Review is an additional type of relief available for adverse determinations after the consumer exhausts their internal appeal rights with the carrier. For urgent situations, the consumer may file an expedited internal appeal and/or an expedited external review request. OCHI analysts speak with callers about the patient's medical situation and counsel callers about the various appeal options available to them. OCHI analysts monitor complaints where external review rights may apply, and guide consumers through the internal appeal process and to the external review process without delay.

In addition to medical necessity and experimental/investigational adverse determinations, a consumer may request external review when carriers deny claims due to pre-existing conditions or when a policy has been rescinded.

OCHI assisted consumers faced with adverse determinations through internal appeal procedures (mandated by the Managed Care Reform and Patient Rights Act 215 ILCS 134/45) and the external independent review process (mandated by the Health Care External Review Act 215 ILCS 180/et. Al). Under the External Review Act, the Department receives requests for external review and, after the carrier and the Department confirm eligibility, the Department randomly assigns a registered Independent Review Organization (IRO) to review the request.

Illinois consumers submitted 4,468 external review requests in 2024. Many of these (3,117) were not eligible for external review for a variety of reasons including the following: consumer failure to exhaust internal appeal rights prior to the external review request and submitting requests ineligible for external review pursuant to statutory requirements. The 1,351 external reviews that were eligible under Illinois law in 2024, resulted in the following determinations:

- 627 adverse determinations were overturned in favor of the consumer
- 712 adverse determinations upheld the carriers' original adverse determinations
- 12 adverse determinations were partially overturned in favor of the consumer

These results provided a positive outcome for many Illinois health insurance consumers who would have otherwise been denied services or payment.





Additional Services Provided By OCHI

OCHI staff also responded to consumer concerns and inquiries received in writing to ensure consumers received the guidance and help necessary to navigate the increasing complexities of health insurance. OCHI provided a brief evaluation of all incoming complaints and inquiries to effectively address requests of an urgent nature and promptly provide information to consumers in efforts to resolve their issue in the most expedient manner.

Written Inquiries

OCHI staff review and respond to written inquiries from consumers. In 2024, OCHI staff replied to 1,718 written inquiries received by the Department. Written inquiries consist of correspondence that does not constitute a complaint based on one or more of the following reasons:

- A letter from a consumer addressed to an insurer with a copy to the Department
- A letter of complaint that does not contain enough information for the Department to begin a formal investigation
- A general question about insurance or insurance law
- A letter requesting assistance on a matter that is not within the jurisdiction of the Department

Trends, Recommendations, and Solutions

OCHI remains focused on providing assistance and information to all health insurance consumers in Illinois, in accordance with the Department's mission statement: ***"To protect consumers by providing assistance and information, by efficiently regulating the insurance industry's market behavior and financial solvency, and by fostering a competitive insurance marketplace."***

The cost of health insurance and low literacy regarding health plans remain significant barriers to enrollment for many consumers. Therefore, it is essential for the OCHI team to continue educating consumers about the benefits of health insurance and to provide valuable information that helps them evaluate their coverage options.

Many consumers struggle to resolve claims and coverage issues and navigate the regulatory processes associated with these challenges. OCHI offers various resources to help consumers understand their health insurance, with the primary goal of being a trusted source of information for Illinois residents.

Through frequent interactions with consumers, OCHI has the unique opportunity to recommend improvements in insurance regulation, particularly in the area of consumer assistance. As the health insurance market evolves, OCHI will maintain its efforts to educate consumers and enhance support services.

1. Pharmacy Benefit Manager (PBM) reforms

A handful of the largest PBMs are vertically integrated into and/or owned by the largest health insurance companies. They have grown to control approximately 80% of the PBM market. As a direct result of market domination and influence over the pharmacy sphere, PBMs come under increased scrutiny. Congress has considered sweeping PBM legislation, and several states have enacted PBM reforms to help consumers. Illinois currently only requires PBMs to register with the state, and the Department has only limited PBM exam and oversight authority.

Remedy

The Department has met extensively with consumer advocates, pharmacists, and others in the PBM industry to determine an appropriate path for reform. The Department has also worked with legislators on proposals that would increase consumer pharmacy choice, lower prices, and increase transparency. The Department continues to advocate for PBM reform and oversight.

2. Short-term, limited duration (STLD) insurance ban

The Department continues to encounter consumer confusion and harm related to Short-Term Limited Duration (STLD) health plans. This confusion stems from varying layers of misleading marketing and direct enrollment sites. STLD plans do not offer the same level of consumer protections or comprehensive benefits offered by comprehensive ACA compliant major medical health plans. Often, consumers only become aware of these gaps in consumer protections and overall coverage after incurring a health-related event subjecting the consumer to financial harm for benefits that are minimally covered or completely excluded under the terms of the STLD plan.

Remedy

The Department worked with stakeholders and the Governor's office to promote legislation banning STLD plans. As a result, [Public Act 103-0649](#), was signed into law and, as of 1/1/2025, STLD plans may no longer be sold in Illinois. We look forward to building on this progress by educating consumers about comprehensive ACA-compliant plans available on Get Covered IL, the official ACA marketplace.

3. Increase access to mental health services and prescription drugs

The Department continues to hear from consumers and providers about barriers to accessing mental health services and prescription drugs.

Remedy

Governor Pritzker signed [Public Act 103-0650](#), the Healthcare Protection Act (HPA), into law in July of 2024. The HPA works to improve healthcare consumer experiences and access to care by banning step therapy on prescription drugs and prior authorization for inpatient mental healthcare, requiring insurance companies be more transparent. Additionally, the Department completed its second annual mental health parity ad campaign with radio, digital, and social media ads in several markets, including Chicago, Springfield, Rockford, and Peoria to raise awareness about mental health parity.