



Illinois Department of Insurance

J.B. Pritzker
Governor

Kevin Fry
Acting Director

To: J.B. Pritzker, Governor
Kevin Fry, Acting Director of Insurance
Honorable Members of the General Assembly

From: The Office of Consumer Health Insurance/Uninsured Ombudsman

Re: The Office of Consumer Health Insurance 2018 Annual Report

Date: January 31, 2019

The Office of Consumer Health Insurance (OCHI) is pleased to submit its 2018 Annual Report as required by the Managed Care Reform and Patient Rights Act (215 ILCS 134/90).

OCHI is an essential resource and is frequently the first point of contact for consumers with health insurance related questions and serves as an advocate for individuals and businesses seeking health insurance information.

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

Consumers needing assistance with health insurance questions or problems can reach OCHI toll-free by calling 1-877-527-9431 and can reach the External Review team toll-free seven days a week at the Department's External Review Hotline 1-877-850-4740.

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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. OCHI operates within the Illinois Department of Insurance and serves Illinois residents by responding to health insurance problems and questions. OCHI responds to telephone calls, e-mails, letters, and walk-in visits from consumers. As of December 31, 2018, consumers have contacted the Department on over 376,057 occasions through the OCHI and External Review Hotline toll-free numbers. OCHI strives to directly answer the consumer's questions while on the phone or researches the issue of concern and responds to the consumer within 24 hours.

OCHI provides general information in the form of brochures and FACT sheets, OCHI also informs consumers of their options and rights under their policies, state laws and regulations.

To provide answers to consumer questions, staff is trained on the relevant sections of the Illinois Insurance Code and the Illinois Administrative Code. Familiarity with certain federal laws and regulations such as the Employee Retirement Income Security Act (ERISA) and COBRA (federal health and coverage continuation rights) is essential. Staff address unique coverage questions and challenges faced by consumers, particularly related to disease-specific mandates. OCHI staff uses additional resources, including the internet, as well as information from other State and local agencies to provide clear and helpful answers. OCHI continually monitors state and federal legislation, identifies significant trends and specific problems affecting health coverage for Illinois citizens; and sets forth specific recommendations to address those problems.

In addition to responding to consumer telephone inquiries, OCHI also aids Illinois consumers through various outreach mechanisms, including administration of the Uninsured Ombudsman Program (Ombudsman) (20 ILCS 1405/1405-25), participation at Rapid Response meetings for dislocated workers, involvement in community health fairs, and the development and distribution of consumer-focused brochures and fact sheets. Through these avenues, OCHI helps consumers understand their insurance coverage, informs consumers of their rights under insurance policies, help file complaints, internal appeals and requests for external reviews for denied claims, and connects Illinois residents with appropriate resources based on their current needs.

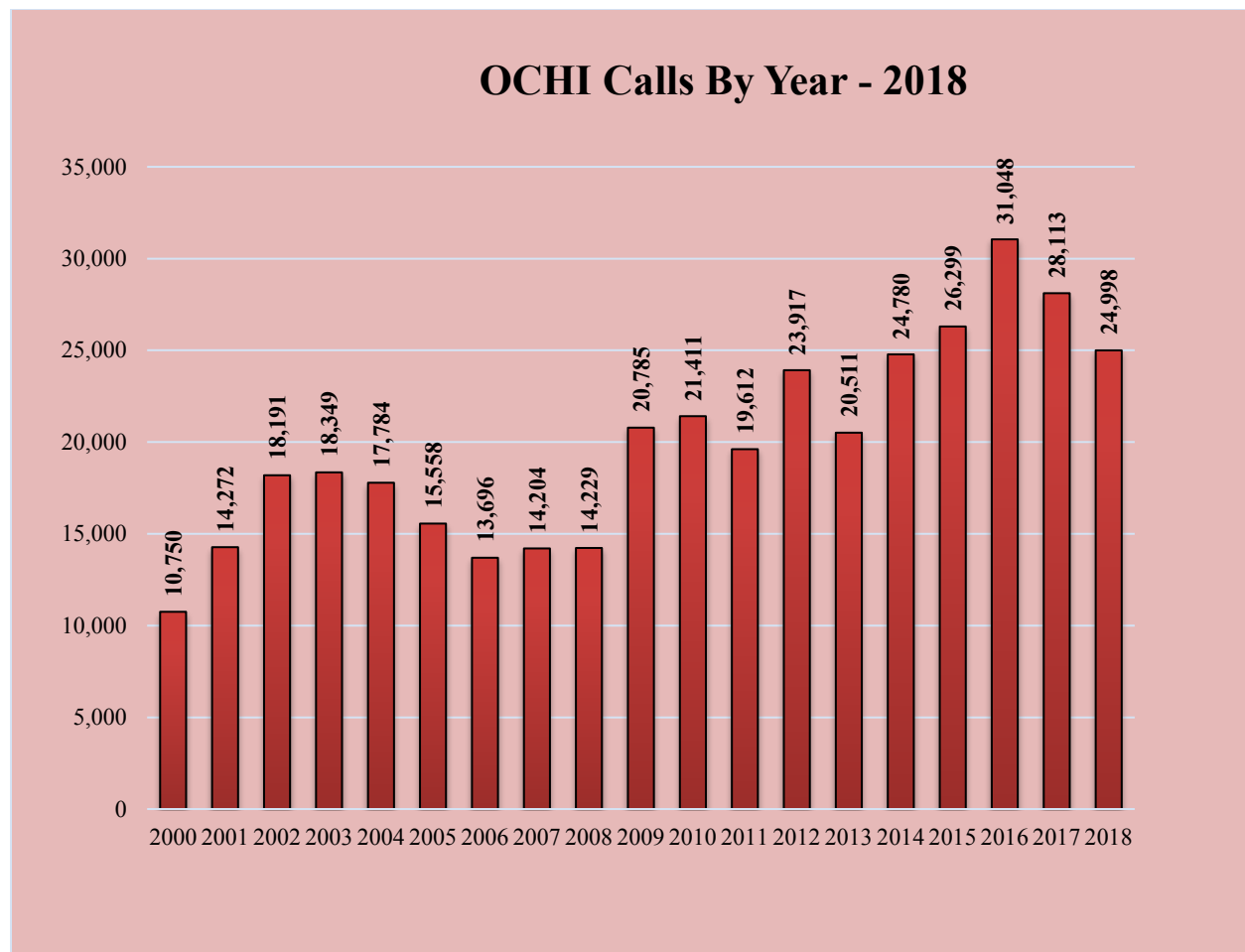
Goals during the most recent Marketplace Open Enrollment were to make Illinois consumers aware of several key messages:

- The Affordable Care Act is still the law and the Department of Insurance is here to help
- All Qualified Health Plans (QHP) must provide equal treatment (parity) for physical illnesses as for mental health and substance use disorders;
- Open Enrollment for 2019 was November 1, 2018, to December 15, 2018
- Shop before you decide, cost is not always the only factor, look both on and off exchange to maximize your benefits;
- Tax subsidies and Advanced Premium Tax Credits are available to those who qualify

As of January 3, 2019, 312,280 Illinoisans enrolled or re-enrolled in Marketplace QHPs during open enrollment.

OCHI staff is available Monday through Friday, 8:00 a.m. – 5:00 p.m. at (877) 527-9431. External review staff is available Monday through Friday, 8:00 am – 5:00p.m. at (877)850-4740. External Review staff are also available on weekends and holidays to handle expedited external review requests. In September 2018 improvements were made to the OCHI hotline. Menu options were updated for efficiency to connect callers to the appropriate agency. This resulted in a 16% decrease in calls from 2017. Staff participated in approximately 24,998 telephone calls in 2018. The OCHI toll-free number received 18,621 calls and placed 1,466 outgoing calls, for a total of 20,087. The External Review Hotline received 3,927 calls and placed 441 outgoing calls for a total of 4,368 (a 10% increase from 2017). Approximately 543 callers requested assistance in Spanish, and these calls were transferred to Department employees fluent in Spanish.

In addition, during the 2018 Open Enrollment Period, OCHI staff supported the Get Covered Illinois help desk functions. During the six-week Open Enrollment Period, OCHI and the Department received support from Get Covered Illinois through temporary contractual staff who provided detailed on-line plan information and phone support seven days a week. At the close of open enrollment, OCHI resumed the sole responsibility for all consumer calls. OCHI manages the remaining call volume independently. OCHI staff refers callers in need of assistance to the Marketplace, Medicaid or other related topics to the appropriate agency.



Section 1 - Educating Consumers about Health Insurance Rights and Options

OCHI staff continued to support an ever-changing landscape of questions from Illinois consumers in 2018. In 2018 OCHI staff received and responded to more than 26,000 questions from a variety of individuals and groups, including consumers, employers, agents, associations, attorneys, health care providers, and advocates. Staff assisted consumers through telephone inquiries, walk-in visits, email, and written correspondence. In addition to discussing issues with consumers by phone and in person, OCHI refers consumers to information available on the Department's internet site (<http://www.insurance.illinois.gov>) and outside websites. Based on income and age information provided, OCHI staff directed consumers to the appropriate resource to obtain coverage, such as Get Covered Illinois, the federal Marketplace, the Illinois Department of Health Care and Family Services (HFS) for Medicaid and All Kids, or the Department of Aging Senior Health Insurance Program for Medicare.

OCHI assisted consumers by providing information and education that aided consumers in understanding their health insurance needs and benefits, and helped consumers define, in practical terms, the specific challenges they are experiencing. OCHI explained differences between benefits available in individual, small group, and large group insurance products, and related rights guaranteed by federal and state laws

OCHI staff continued to track the call topics via the Phone Inquiry and Response Tracking System (PIRT). The system also tracked resources used by OCHI staff, referrals to other entities for assistance, and the action taken to resolve the call. The Department continued to maintain the On-line Agency Resources (OAR) to the PIRT system. Resources such as the Uninsured Ombudsman Service Finder Database, Fact Sheets, websites, telephone numbers and company-specific information were maintained for easy access by the OCHI staff. The Online Agency Resource contains over 1,000 resources, allowing for efficient call times with consistent and accurate information for consumers.

Throughout 2018, OCHI responded to more than 3,800 calls from Illinois residents who needed assistance or had questions regarding the Health Insurance Marketplace, including topics such as enrollment and eligibility, Essential Health Benefits (EHB), Advance Premium Tax Credits (APTC), QHPs, provider networks, Presidential Executive Orders and press releases, and the individual mandate.

OCHI supported Get Covered Illinois by informing consumers how to locate available health plans, when to enroll, and how to obtain detailed assistance in selecting a plan, including website and telephone information for Get Covered Illinois and the federal Marketplace (www.getcoveredillinois.gov and (866) 311-1119; www.healthcare.gov and (800) 318-2596). OCHI also coordinated communication with insurance issuers directly and provided Medicare and Medicaid related resources where appropriate.

OCHI explained the ten categories of EHBs that all ACA compliant plans offered in the individual and small group markets (both inside and outside of the Marketplace) must provide:

- Ambulatory Service
- Emergency Room Services
- Hospitalization
- Maternity/Newborn
- Mental Health and Substance Use
- Prescription Drugs
- Rehabilitative and Habilitative Services
- Laboratory
- Preventive Services
- Pediatric Services

Additional essential health benefits are required in Illinois, based on a benchmark plan (Blue Cross Blue Shield of Illinois Blue PPO Gold 011 Plan) and state laws. OCHI addressed questions regarding Illinois Essential health benefit requirements by accessing Online Agency Resources (OAR), Department consumer fact sheets and Department issuer filing checklists.

OCHI educated consumers about federal premium tax credits which could help lower monthly insurance premiums for individuals with household incomes between 100 percent and 400 percent of the federal poverty level (FPL).

During 2018, the following four carriers offered individual qualified health plans through the federal marketplace to Illinois consumers:

1. Celtic Insurance Company;
2. CIGNA Healthcare of Illinois, Inc.;
3. Health Alliance Medical Plans, Inc. (HAMP);
4. Health Care Service Corporation, a Mutual Legal Reserve Company (Blue Cross Blue Shield of Illinois)

An analysis of 2018 plan information is provided at:

<http://insurance.illinois.gov/newsrsls/2017/11/2018IllinoisPlanAnalysisOnAndOffExchange.pdf>

Illinois had issuers available in all 102 Counties within the state, while Blue Cross Blue Shield of Illinois was the only carrier to cover the entire state. Three issuers offered off exchange health insurance plans for 2018 that complied with ACA requirements.

The long-term sustainability of the Health Insurance Marketplace, as established by the ACA, continued to be a nationwide source of discussion and speculation. Illinois worked diligently with issuers, a new insurer Gunderson Health Plan, Inc. entered the exchange, and no insurers from 2018 exited. The Department and OCHI were pleased to announce that five issuers would continue to offer individual QHPs for 2019. Illinois released the Plan Analysis for 2019 coverage, identifying the five 2019 issuers:

1. Celtic Insurance Company;
2. CIGNA Healthcare of Illinois, Inc.;
3. Gunderson Health Plan, Inc.
4. Health Alliance Medical Plans, Inc. (HAMP); and

5. Health Care Service Corporation, a Mutual Legal Reserve Company (Blue Cross Blue Shield of Illinois)

An analysis of 2019 plan information is available here

<http://insurance.illinois.gov/hirc/2019IllinoisExchangePlanAnalysis.pdf>

OCHI staff provided callers with information regarding the availability of the SHOP Marketplace. Health Alliance Medical Plans, Inc., is the only issuer that offered plans through SHOP for 2018 and 2019. Many issuers, including Blue Cross Blue Shield of Illinois, continue to offer small group plans outside the Marketplace.

Consumers also contacted OCHI with Marketplace concerns including:

- Marketplace determinations that some or all children of a household were potentially eligible for Public Aid causing the application to be transferred to HFS (resulting in a delayed coverage) although parent's income was over the minimum threshold;
- Denials of advance premium tax credits and/or cost sharing reductions;
- Special Enrollment opportunities;
- Miscalculation of advance premium tax credits;
- How to access 1095 forms;
- Coverage denials due to other reasons;
- Inability to qualify for Special Enrollment Periods or to get coverage once qualified;
- Miscommunication between the carriers and the Marketplace regarding payment of premiums and effectuation of coverage;
- Delays receiving insurance identification cards and policies; and
- Misunderstanding, by consumers, of distinct provider networks associated with specific plans, even if offered by the same carrier.

OCHI assisted callers with all above mentioned problems. In addition, OCHI helped consumers file appeals of Marketplace determinations and connected consumers with Marketplace and/or HFS staff who could assist depending on the situation. OCHI helped consumers file complaints with the Department when a carrier's action or inaction was in question. In circumstances where a person needed medicine or treatment, OCHI acted as liaison and sent expedited inquiries to the Marketplace, HFS and/or the carrier and then followed up with the consumer to ensure resolution.

In addition to the ACA related calls, OCHI continued to receive calls requesting information on many other topics including:

- Health carrier compliance with Illinois statutes, regulations and policy requirements;
- Instructions and timeframe requirements to file an Internal appeal/grievance with the carrier;
- How and when to file formal complaint with the Department;
- How and when to submit external review requests;
- Continuation of coverage rights under state and federal laws;
- Mental health/substance use disorder coverage, including parity requirements;
- Contact information for appropriate agency for plans not regulated by the Department;

- Network adequacy requirements and how to navigate provider network changes;
- Questions regarding rate increases

OCHI staff helped consumers understand their insurance coverage and provides awareness and education to Illinois consumers with complaints and inquiries regarding health insurance issues and assisting the consumer in determining the appropriate course of action to resolve their issue.

1. Claim-Related Appeals & Grievances

Questions regarding claim-related appeals and grievances continue to be one of the top reasons for consumer assistance requests received by OCHI. Filing an appeal/grievance can be a complex process for a consumer to navigate, OCHI is committed to providing prompt and accurate information during this critical time for consumers. In 2018 OCHI staff received over 6,000 requests for various claim related topics, a 54% increase from 2017. Topics included:

- Claim denial and delay;
- Unsatisfactory claim payments;
- Out of network payments;
- Contract exclusions;
- Usual and Customary payments;
- Emergency Care;
- Medical necessity;
- Experimental and/or investigational;
- Rescission of coverage;
- Pre-existing conditions;
- Drug Formulary issues;

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

Questions regarding denials of coverage based on medical necessity, rescission of coverage, preexisting conditions and/or if the service or treatment is believed to be experimental and/or investigational are advised that their claim denials might warrant filing an external review request with the Department.

2. Consumer Assistance and Education

OCHI received an increase of 24% of calls needing consumer assistance and education. Many calls to the OCHI toll-free numbers do not relate directly to insurance plans regulated by the Department; however, OCHI's mission includes referring consumers to the appropriate resource for assistance. Examples of consumer referrals include: calls related to self-insured plans, Medicaid questions, Marketplace escalations, calls intended for other state

agencies, calls for the carriers, and calls for other areas within the Department. OCHI assisted over 16,631 callers by listening to their needs and guiding them to the appropriate place for assistance.

3. Insurance Law

OCHI assisted approximately 1,254 callers about various state and federal insurance laws. As in past years, questions regarding federal and state continuation of coverage laws accounted for most of these questions. The Department continues to provide specialized training for OCHI staff on Illinois and Federal parity laws as well as the Illinois mandates regarding Mental Health and Substance Use disorder. Other laws of special interest included questions about:

- Autism coverage mandates
- Infertility coverage mandates
- Mental Health and Substance Use including parity requirements.
- Short Term Limited Duration plans (STLD)
- Pediatric Autoimmune Neuropsychiatric Disorders Associated with Strep (PANDAS) and Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)

4. General Company Information

OCHI received approximately 1,548 questions from consumers seeking general information about an issuer. This represents a 73% increase from 2017. Many of the callers requested address and phone numbers for insurance companies. OCHI also provided callers with the complaint history of specific carriers, and rating information accessed at A.M. Best Rating Services which rates companies based on their financial status and ability to pay claims.

5. Uninsured Ombudsman and Shopping for Coverage

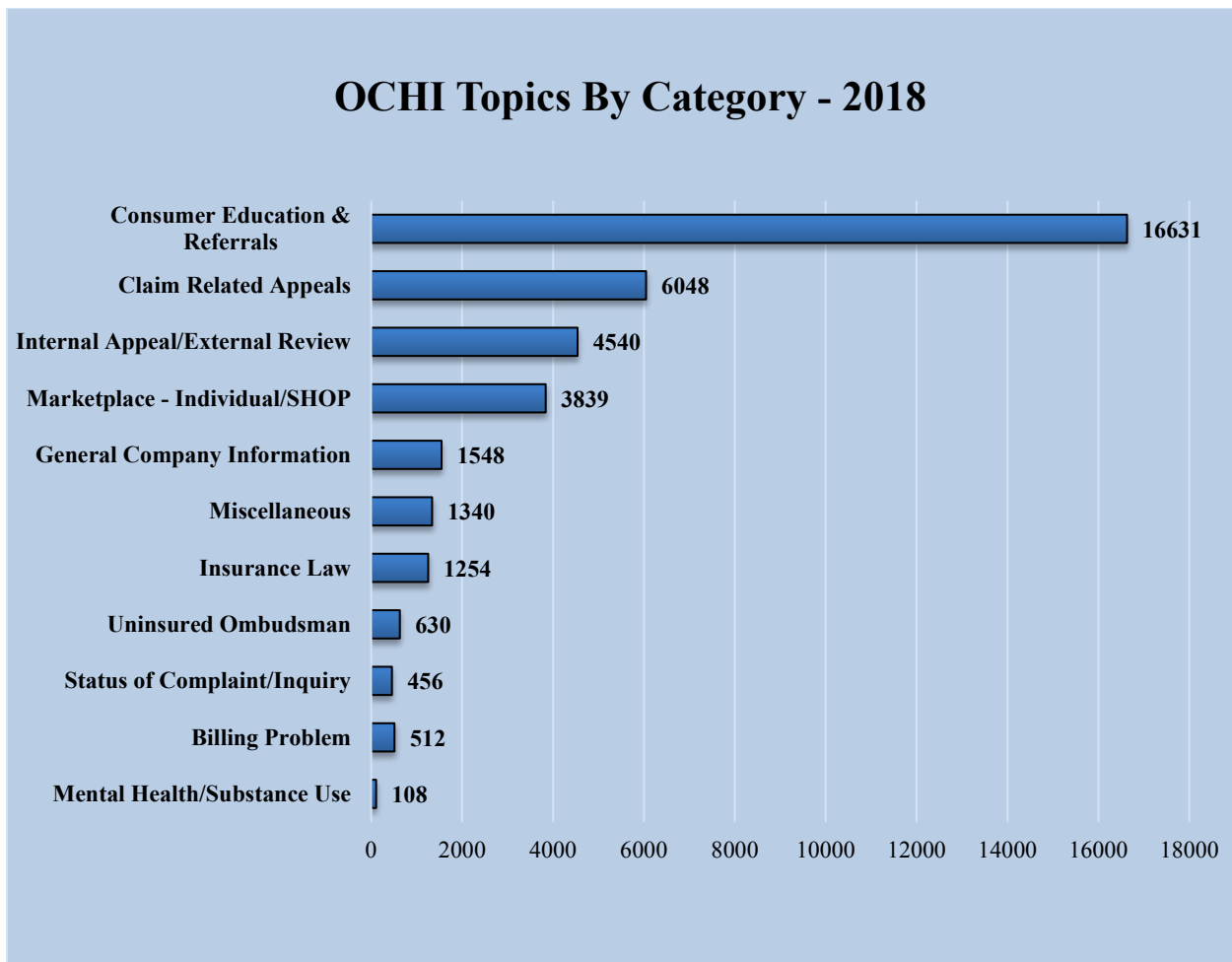
OCHI spoke to over 630 consumers regarding resources available through the Uninsured Ombudsman or for assistance in shopping for coverage such as long-term care coverage and Medicare Supplement (Medigap) coverage. OCHI used the resources from OAR to assist uninsured callers and direct them to medical clinics, pharmaceutical companies, and other entities that provide medical care for free or at a discounted rate. For those looking for other types of coverage, OCHI provided complaint history information and answered questions about the options available to the consumer. Additional information regarding the activities of the Uninsured Ombudsman is included in Section 5 of this report.

6. Premium Billing Problems and Rates

OCHI spoke to approximately 512 callers regarding billing problems with insurance carriers, a 20% increase from 2017. The OCHI team assisted consumers having difficulty with effective dates, premiums, billing or other similar issues. Consumers also called regarding long-term care coverage rate increases. OCHI explained how rates are filed with the Department and encouraged consumers to file complaints to shed more light on this situation.

7. Other topics explored by callers to OCHI during 2018 included:

- Impacts of enacted legislation;
- Shopping for Coverage – questions regarding the types of products available and asking for information regarding those products to make an informed decision;
- Disability insurance – questions and concerns regarding problems with disability insurance;
- Marketing issues – questions and concerns regarding how carriers, producers and the Marketplace marketed coverage;
- Confirming status of complaints made against carriers;
- Long-term care coverage and premiums; and
- Special Enrollment Period criteria.



Section 2 - Helping Consumers Navigate Appeals, Complaints and External Reviews

Internal Appeals

Under Illinois law, two classifications of health claim denials exist. 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 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 representative, may file an internal appeal with the carrier within 180 days after receiving an explanation of benefits (EOB) that contains a denial or partial denial of a claim or request for coverage. A carrier may require one or two levels of appeals. In a two-appeal level situation, both must be completed within the time frames set forth in the law. Depending on the type of appeal (pre-service, concurrent service or post-service), the time frame 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 provides access to the Department's complaint form and explains both the complaint and the internal appeal process to the consumer.

External Reviews

External Review is an additional type of relief for adverse determinations available after the consumer exhausts his/her 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 regarding the patient's medical situation and counsel callers regarding the various appeal routes available to them. OCHI analysts work closely with the Complaints unit to monitor cases where external review rights apply, and guide consumers through the internal appeal process and to the external review process without delay.

In addition to medical necessity and investigation/experimental adverse determinations, a consumer may request external review when carriers deny claims due to pre-existing conditions limitations and 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). 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 IRO to review the request.

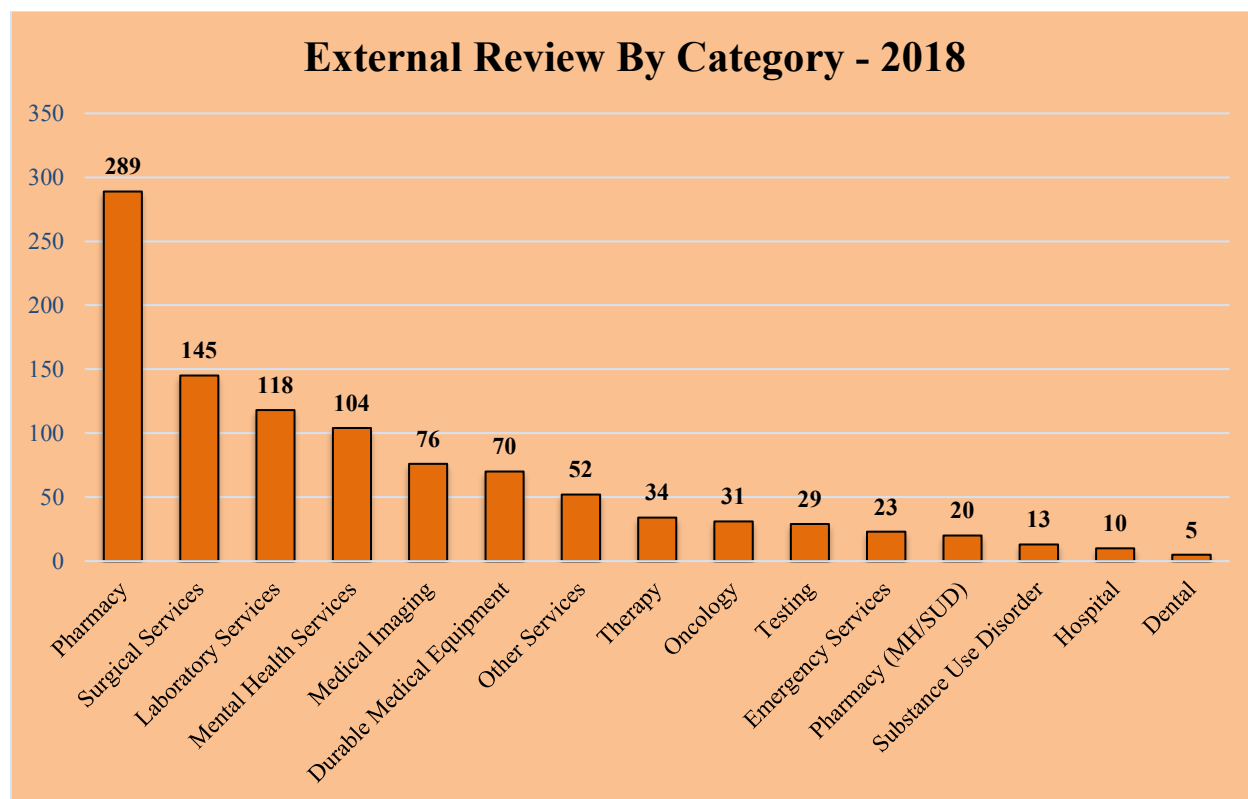
In 2018, OCHI staff spoke to consumers, health care providers, authorized representatives, insurance carriers, and IROs regarding external reviews. OCHI staff explained the information needed for the request, the relevant time periods, and the patient's health care provider's role in the process. OCHI staff also directed individuals to the on-line external review form.

Illinois consumers submitted approximately 2,929 external review requests in 2018, a 12% increase from 2017. Many of these (1,938) were not eligible for external review for a variety of reasons including: not exhausting internal appeals and administrative denials by the issuers which do not meet the statutory external review criteria. The decisions for the 991 external reviews that met requirements under Illinois law 2018 were:

- 375 adverse determinations were overturned in favor of the consumer;
- 596 adverse determinations were upheld; and
- 20 adverse determinations were partially overturned.

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





**margin of error due to multiple services on same external review*

Section 3 - Additional Services Provided By OCHI

OCHI staff also responded to consumer concerns and inquiries received in writing to ensure consumers receive the guidance and assistance necessary to navigate the increasingly complex realm 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 to resolve their issue.

1. Written Inquiries

OCHI staff continued to assist in reviewing and responding to written inquiries from consumers. Written inquiries consist of correspondence that does not constitute a complaint based on one or more of the following reasons: (i) a letter from a consumer addressed to an insurer with a copy to the Department; (ii) a letter of complaint that does not contain enough information for the Department to begin a formal investigation; (iii) a general question about insurance or insurance law; or (iv) a letter requesting assistance on a matter that is not within the jurisdiction of the Department.

2. Complaints

In 2018, OCHI staff assisted the Health Complaint Unit with written consumer complaints. OCHI staff, time permitting, assisted with complaints and had a direct impact on the responsiveness of the Complaint Unit for Illinois consumers. For example, OCHI analysts are responsible for written complaints that contain potential external review issues. Analysts must handle these complaints in a timely manner to ensure the consumer does not lose external review rights which must be exercised within four months of the date of the adverse determination.

3. Emails

OCHI staff members respond to inquiries sent to the Department's general email address (DOI.InfoDesk@illinois.gov) available on the Department's website for the public. One OCHI analyst is dedicated to drafting responses to these emails. In 2018, OCHI staff replied to approximately 384 consumer inquiries sent to the general email address, a 9.7% increase from 2018.

Section 4 - Expanding Public Awareness of OCHI

During 2018, OCHI used various methods to expand public knowledge about the services it provides to Illinois consumers.

1. Brochures

In 2018, the Department of Insurance distributed the following brochures for Illinois consumers, providers, other agencies and agents/brokers:

- a. Consumer Toolkit for Navigating Behavioral Health and Substance Use Disorder– Aids consumers in navigating mental health and substance use disorder (MH/SUD) care through their health insurance plans;
- b. We Are Here For You – Reflects the Department's mission and provides important health insurance telephone numbers and websites for state resources;
- c. Uninsured Ombudsman Brochure – Provides information for uninsured Illinoisans including websites and telephone numbers for state and federal agencies and programs that provide services to help consumers find qualified health plans. The brochure was recently updated to reflect aspects of Marketplace plans including information on tax credits, discounts on out-of-pocket costs, low cost or free health coverage through Medicaid and information on finding Navigators or Assisters and licensed agents who are reliable and available to explain and help explore options for purchasing health care coverage through the Marketplace;
- d. Premium Rate Review Brochure – Provides information regarding premiums, medical loss ratios and the rate review process; and
- e. External Review Brochure – Provides important information on consumer rights and guidelines.

Most brochures are available in multiple languages including English, Spanish, Korean and Polish.

2. Fact Sheets

OCHI, in conjunction with the Department, continued to create and provide Fact Sheets in response to questions received from Illinois consumers. These Fact Sheets, which effectively explain complex insurance issues important to consumers, are available on the Department website. For callers who are unable to access this information via the internet, OCHI staff sent the requested material.

The Department continuously updates the consumer fact sheets as part of our ongoing mission to provide consumer outreach and education to Illinois consumers.

3. Rapid Response Meetings for Dislocated Workers

An OCHI staff representative participated in 48 Rapid Response meetings providing in-person assistance for more than 2,572 dislocated workers in 2018. The Illinois Department of Commerce and Economic Opportunity (DCEO) schedules these meetings when an employer reports anticipated lay-offs or business closure. More information regarding Rapid Response meetings can be found in Section 5.

4. Job Fairs and Health Fairs

An OCHI staff representative participated in Job Fairs and Transition Center events throughout Illinois. These efforts provided in person assistance to thousands of Illinois consumers. More information about these events can be found in Section 5 of this report.

Section 5 – Uninsured Ombudsman Program

OCHI established the Uninsured Ombudsman Program (Ombudsman) in 2002 to educate uninsured and underinsured Illinois residents about health insurance options and benefits, including rights guaranteed by state and federal law. The Ombudsman also informs uninsured and underinsured consumers about available resources for low-cost or subsidized medical services. As in previous years, calls came from the following: uninsured persons, advocates, organizations that aid the uninsured, other state agencies, legislators, insurance agents, and families. Since its inception, Ombudsman staff has continued to work with various state and local agencies to locate resources that provide medical services to the uninsured and underinsured populations.

In 2018, OCHI staff continued to receive calls from consumers regarding the entire spectrum of health coverage issues, often concerning specific diseases or conditions and the related financial burdens faced by those who are uninsured or underinsured. To provide answers to consumer questions, the Department trains OCHI staff on the relevant sections of the Illinois Insurance Code and the Illinois Administrative Code. General familiarity with certain federal laws and regulations (e.g., ERISA (Employee Retirement Income Security Act) and COBRA (Consolidated Omnibus Budget Reconciliation Act – continuation of coverage)) is also required. Given the unique coverage questions and challenges faced by consumers, particularly relating to disease-specific mandates, OCHI staff uses additional resources, including the internet, as well as information from other state and local agencies

(e.g., state and local public health departments), to provide clear and helpful answers. In many cases, OCHI directs uninsured and underinsured consumers to providers of low cost or subsidized medical services.

2018 Rapid Response Workshops for Dislocated Workers

Ombudsman staff actively participated on the Rapid Response Team for Dislocated Workers. At Rapid Response meetings, team members from various agencies answered questions and provided the most current information about local resources and services for dislocated workers. The Ombudsman staff provided critical information about continuation rights available through the former employer's group health insurance; and information regarding special enrollment rights which allow dislocated workers to enroll on a spouse's employer group health plan. The Rapid Response Team distributed printed OCHI materials to help consumers through the period of transition after job loss. Ombudsman staff personally connected with Illinois dislocated workers by attending the following workshops and outreach events in 2018:

Rapid Response Workshops

Date	Employer	Workshop Location	# of Employees Impacted
1/9/18	Airtex	Fairfield	8
1/26/18	Morpho Trust Company	Springfield	40
3/1/18	Walmart	Marion	25
3/6/18	Honeywell	Metropolis	125
3/12/18	Choices Coordinated Care Solutions, Inc.	Champaign	18
3/13/18	Bergner's	Peoria	47
3/14/18	Bergner's	Peoria	40
3/16/18	Kmart	Mt. Vernon	70
3/16/18	Kmart	West Frankfort	30
3/19/18	Carson's	Danville	51
4/4/18	Honeywell	Metropolis	100
4/5/18	Sears	Marion	32
4/17/18	Toys R Us	Peoria	21
4/18/18	Toys R Us	Peoria	22
4/19/18	Toys R Us	Bloomington	33
5/8/18	Dynergy	Collinsville	60
5/14/18	Bergner's	Forsyth	53
5/15/18	Benedictine University	Springfield	15
5/16/18	Choices Coordinated Care	Champaign	24
5/18/18	Bergner's	Bloomington	33
5/18/18	Bergner's	Springfield	120
5/21/18	Toys R Us	Champaign	20
5/22/18	Toys R Us	Champaign	24
5/25/18	Bergner's	Bloomington	95
5/30/18	Bergner's	Pekin	55
6/8/18	Bergner's	Peoria	85
6/11/18	Carson's	Mattoon	45
6/15/18	Bergner's	Peoria	75
7/11/18	Bergner's	Champaign	72
7/17/18	Fresh Market	Peoria	56
7/19/18	Fresh Market	Normal	58
7/20/18	Pleasant Hill Healthcare	Girard	66
7/27/18	Sears	Springfield	78

7/30/18	Walmart	Clinton	80
8/8/18	Belleville News Democrat	Belleville	24
8/15/18	Convey Health Solutions Inc	Decatur	155
9/18/18	Bunn Company	Springfield	20
10/22/18	Walmart	Pana	86
10/24/18	Shop 'n Save	Cahokia	31
10/26/18	Shop 'n Save	Granite City	91
10/26/18	Shop 'n Save	Belleville	97
10/29/18	Shop 'n Save	Springfield	76
10/31/118	Shop 'n Save	Jerseyville	47
11/2/18	Shop 'n Save	Springfield	78
11/16/18	Amdocs	Champaign	8
11/28/18	Kmart	Quincy	40
11/30/18	Covia Corporation	Culter	23
12/14/18	Bunn Company	Springfield	20

Other Outreach Events:

Date	Event	Location
3/28/18	Greene County Health Fair	Carrollton
3/29/18	Richland Community College Fair	Decatur
6/6/18	First Step Event Resource Fair	Springfield
7/13/18	American Legion Job Fair	Springfield
7/18/18	Workforce Investment Solutions Community Job Fair	Decatur
8/13/18	Illinois State Fair	Springfield

Section 6 - Market Status, Trends and Recommendations

Market Status

OCHI continued to focus on its mission of providing assistance and information to all health care consumers within the State and the mission of the Department of Insurance *“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 Illinois health insurance market remained strong with four Marketplace issuers offering individual coverage for Plan Year 2018, and five issuers offering individual Marketplace coverage for Plan Year 2019. The cost of coverage and low health insurance literacy continued to remain a significant barrier to enrollment for many consumers and it is critical that the OCHI team continues educating consumers about the benefits of obtaining health insurance coverage with the 2019 repeal of the ACA individual mandate penalty. OCHI staff provides valuable information to give consumers better education with which to evaluate their coverage options.

For many consumers health insurance is a complicated subject, and many are challenged with understanding how to resolve and issue and how the regulatory process for insurance works. The OCHI staff has several resources to help consumers understand their health insurance and our primary goal is to be a trusted source of insurance information for Illinois consumers.

OCHI staff is continuously working to improve the consumer assistance they provide based on the changing landscape of the health insurance market. OCHI has the valuable opportunity of providing recommendations for improvement in regulation and consumer assistance based on the frequent interactions with consumers.

Trends and Recommendations

1. Consumer Education for Department of Insurance Jurisdiction

OCHI receives thousands of calls each year that are outside of Department of Insurance jurisdiction. OCHI analysts work with the consumer to educate them on the resources available to them and the appropriate agency with the authority to assist and resolve their issue. The primary source of consumer confusion is the respective roles of HFS/Medicaid, the Marketplace and the Department of Insurance.

Possible Remedy

The Department of Insurance works closely with the HFS area to communicate issues and works together to try to minimize consumer confusion. An ongoing educational campaign for consumers would increase awareness of OCHI and the role of Medicaid within the State of Illinois. Another option would be to create a statewide combined health plan consumer resource with shared access to Medicaid and commercial insurance information.

2. Prescription Drugs; Understanding your Benefits

In 2018, the Department continued to receive complaints from consumers regarding the availability of prescriptions drugs and the cost of those drugs. Consumers did not understand the tiered approach for co-payments, the ability of carriers to exclude specific drugs and overall drug costs created concerns.

Possible Remedy

The Department and OCHI staff works to explain the importance of reviewing plans carefully prior to purchasing, but this continues to be an escalating issue for Illinois consumers.

3. Opioid Antagonist and HMO Plans

The Illinois Department of Insurance (DOI) is committed to combatting our state's deadly opioid epidemic by ensuring that all consumers are afforded the opportunity to purchase an opioid antagonist through their insurance policy to have with them in the event of an overdose on an opioid product. The opioid antagonist mandate is applicable to an individual or group policy of accident and health insurance. The mandate was not included in the HMO Act (215/5-3) and is not mandated for HMO Policies.

Possible Remedy

Recommend including a reference to 215 ILCS 5/356z.23 in the Insurance Code Provisions section of the HMO Act. Consumers with HMO plans should have the same access to opioid Antagonists. Although many HMO plans do offer the benefit within the policy voluntarily, requiring this mandate would ensure all Illinois consumers share the same benefits.

4. Mental Health/Substance Use Disorders (MH/SUD)

The external review team received 137 external review requests for services that involve Mental Health and Substance Use disorders. Providers reached out to the Department with concerns that many carriers are not covering medically necessary treatment; however, providers are reluctant to file external review requests via the formal process.

Possible Remedy

The Department continues to encourage health care providers to file external review requests on behalf of their patients. The Department will continue to provide frequent formal training to staff to ensure awareness of mental health parity. The Illinois Department of Insurance (DOI) is committed to combatting our state's deadly opioid epidemic by enforcing mental health parity while improving access to treatment of mental, emotional, nervous, and substance use disorders and conditions. The Department of Insurance will remain actively engaged with consumer advocacy groups to assess the rights and needs of Illinoisans related to Mental Health and Substance Use Disorders, to be sure consumers understand their rights under the laws, and to act as a trusted advisor to direct consumers to the appropriate resources whenever possible.