



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 2025 Annual Report

Date: January 26, 2026

The Office of Consumer Health Insurance (OCHI) is proud to submit the 2025 Annual Report in compliance with the Managed Care Reform and Patient Rights Act (215 ILCS 134/90).

As a key division of the Illinois Department of Insurance (IDOI), OCHI serves an essential role in supporting consumers with health insurance inquiries, external reviews, and complaints. Our knowledgeable staff is well versed in health insurance laws and regulations, ensuring they provide accurate and helpful information to individuals seeking assistance.

The impact of OCHI is significant, enabling many Illinois health insurance consumers to receive coverage, services, or resolutions to their complaints, which might otherwise have gone unaddressed.

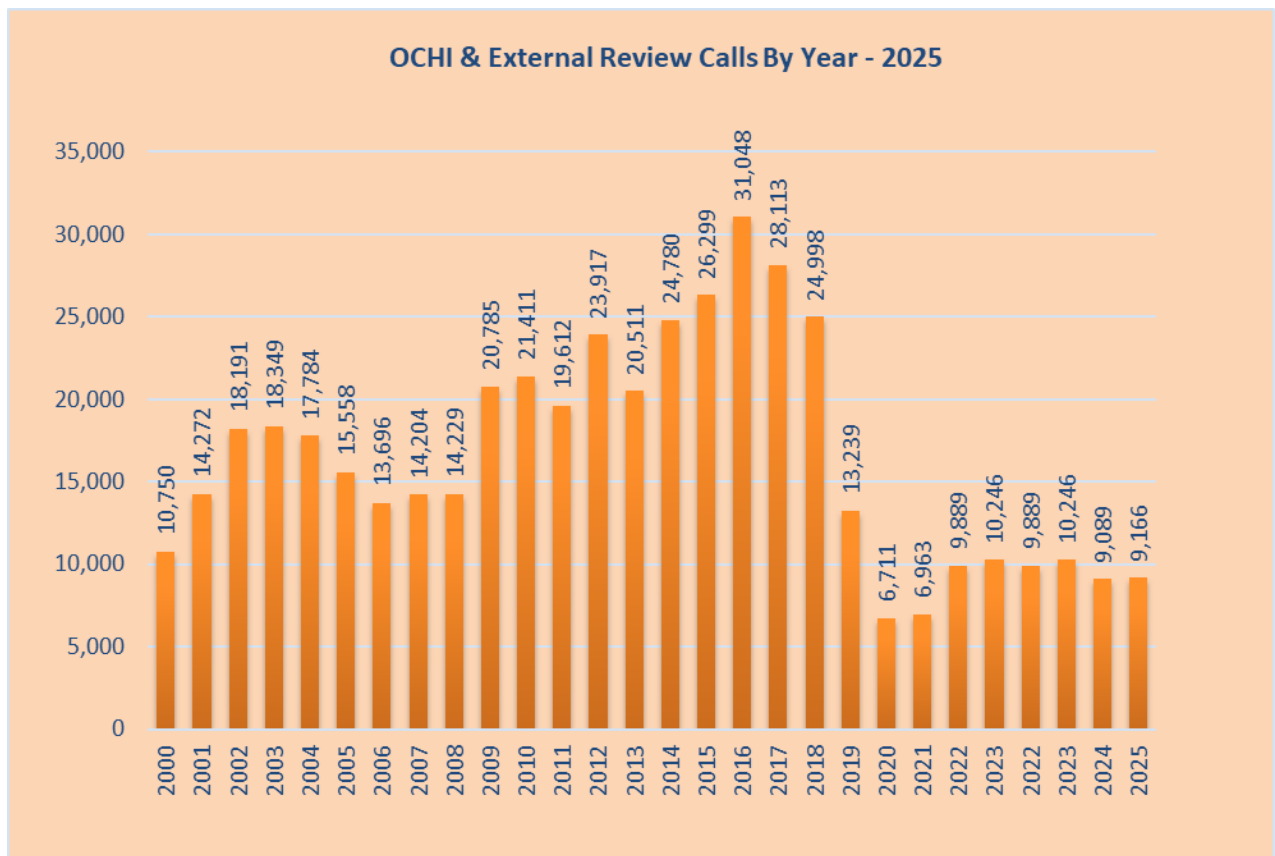
We anticipate continued successes in the future and encourage any feedback or suggestions.

Executive Summary

Established on January 1, 2000, under the Managed Care Reform and Patient Rights Act (215 ILCS 134/1 *et seq.*), OCHI is dedicated to helping consumers navigate their health insurance coverage. Our committed analysts provide crucial support by educating consumers about their rights, assisting in filing complaints and external reviews for denied claims, and connecting them with relevant resources.

OCHI serves a diverse audience, including individuals, employers, healthcare providers, attorneys, and advocates. Along with managing two consumer hotlines, OCHI reviews and responds to complaints, inquiries, and requests for external review related to health insurance.

Our staff is available Monday through Friday, from 8:30 a.m. to 5:00 p.m. at (877) 527-9431. Additionally, we offer support seven days a week at (877) 850-4740 for urgent external review requests outside regular hours, including weekends and holidays.



Educating Consumers about Health Insurance Rights and Options

In 2025, OCHI answered 9,166 calls on its consumer hotlines, assisting individuals with understanding health insurance coverage and through processing complaints, inquiries, and external reviews.

Our team directed consumers to essential resources such as the ACA Health Insurance Marketplace, Illinois Department of Healthcare and Family Services (HFS) for Medicaid and All Kids, and the Illinois Department on Aging Senior Health Insurance Program (SHIP) for Medicare. Our staff also educated the public about the transition to a State Based Exchange in 2026, directed consumers to Get Covered Illinois for enrollment assistance, ensured consumers had access to vital information through our department's website [Home - IDOI](#) and other relevant sources, as appropriate.

In 2025, the following 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. UnitedHealthcare of Illinois, Inc.

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

In 2026, the Department is excited to announce that Illinois will have the following issuers offering individual qualified health plans (QHPS) through the [Get Covered Illinois](#) enrollment platform, Illinois' official health insurance marketplace.

1. Celtic Insurance Company
2. CIGNA HealthCare of Illinois, Inc.
3. Health Care Service Corporation, a Mutual Legal Reserve Company (Blue Cross Blue Shield of IL)
4. MercyCare HMO, Inc.
5. Molina Healthcare of Illinois, Inc.
6. Oscar Health Plan, Inc.
7. UnitedHealthcare of Illinois, Inc.

[Click here for analysis of 2026 plan information](#)

OCHI facilitated connections between consumers and ACA Marketplace staff or the Illinois Department of Healthcare and Family Services (HFS) according to their individual needs. When consumers required urgent medication or treatment, OCHI acted as a liaison, ensuring timely communication with relevant parties.

Beginning in plan year 2026, OCHI will direct consumers with Individual market plans to Get Covered Illinois or HFS for assistance.

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. Additionally, OCHI assisted with the development of [Health Coverage FAQs](#) which are made publicly available on the Department's website.

Health Insurance Related Inquiries

OCHI continued to address calls from consumers, providers, and stakeholders on a variety of topics including:

- 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
- Mental health and substance use disorder coverage, including parity requirements
- Marketing issues – questions and concerns about how coverage is marketed including but not limited to misleading marketing tactics and unauthorized plan transfers
- Continuation of coverage rights under state and federal laws
- Health plan compliance with Illinois statutes, regulations, and policy requirements
- Effects of enacted legislation
- 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

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 Complaints, Appeals and External Reviews

OCHI is committed to supplying prompt and accurate information to consumers needing help navigating appeals, complaints, and external reviews. In 2025, 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.

Complaint Investigation

Consumers and health care providers may file complaints against insurers, HMO’s, agents, and other regulated entities licensed or registered with the Illinois Department of Insurance. The Department reviews each complaint individually to ensure that claims are not denied in violation of policy terms or applicable insurance laws and regulations for insurance plans regulated by the Department.

In 2025, OCHI staff reviewed and handled 2,533 complaints received by the Department. OCHI investigates all health insurance complaints submitted to the Department by working with both insurance companies and consumers to determine appropriate action, in accordance with state and federal law.

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 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 information on how to file a complaint with the Department and explain both the complaint and the internal appeal process to the consumer.

External Review

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.

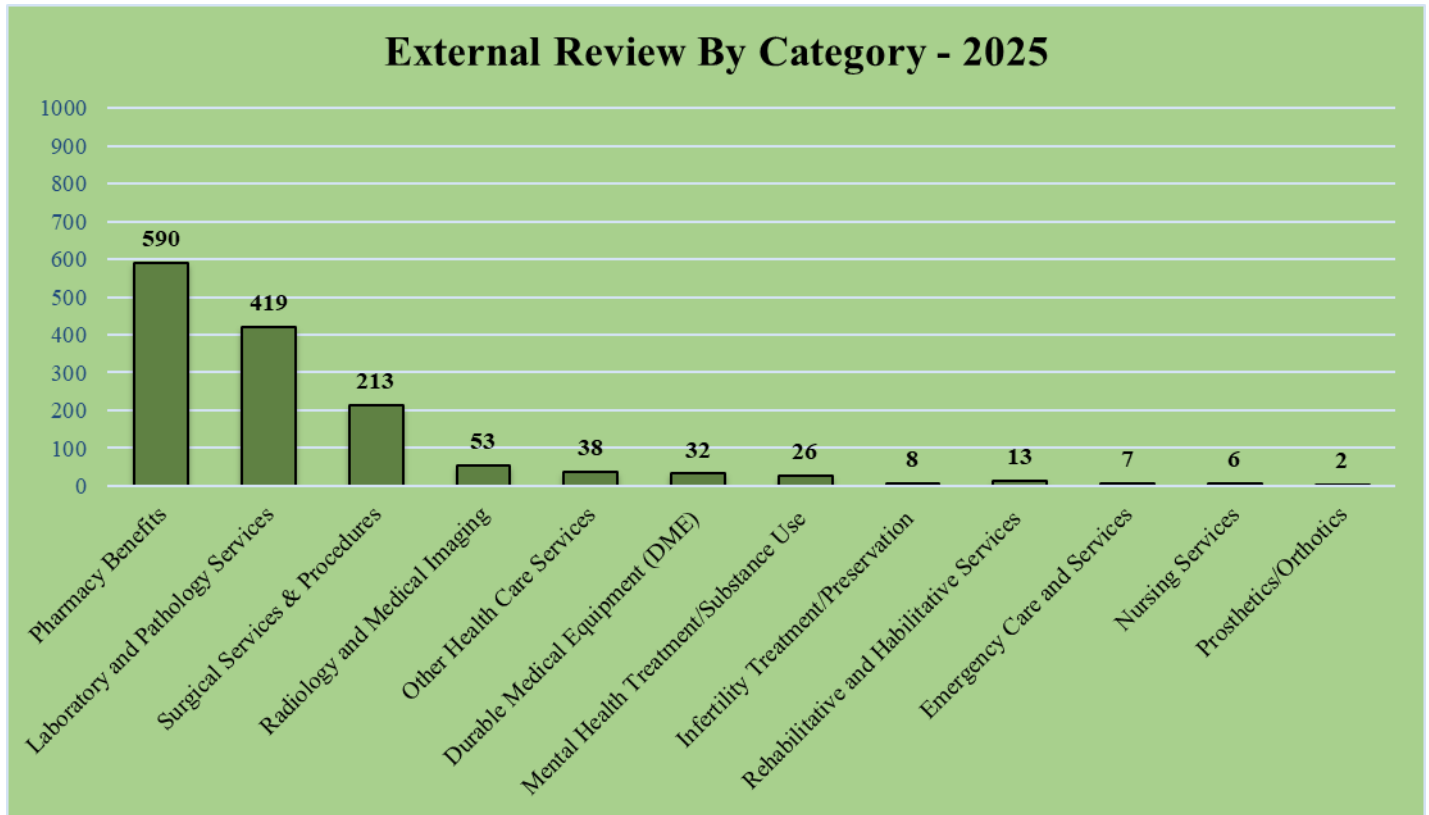
OCHI assisted consumers faced with adverse determinations through internal appeal procedures (mandated by the Managed Care Reform and Patient Rights Act 215 ILCS 134/45) and the external independent review process (mandated by the Health Care External Review Act 215 ILCS 180/et. Al). Under the External 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 3,713 external review requests in 2025. Many of these (2,306) 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 1,407 external review requests that were eligible under Illinois law in 2025, resulted in the following determinations:

- 643 Adverse determinations were overturned in favor of the consumer
- 749 Adverse determinations upheld the carriers' original adverse determination
- 15 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.





Written Inquiries

OCHI staff also responded to inquiries received in writing to ensure consumers received the guidance and help necessary to navigate the increasing complexities of health insurance.

In 2025, OCHI staff replied to 3,607 written inquiries received by the Department. Written inquiries in 2025 included:

- Complaints lacking sufficient information for a formal investigation
- General questions about health insurance or health insurance related laws
- Requests for help on matters outside the Department’s jurisdiction

Trends, Recommendations, and Solutions

Through ongoing, frequent interaction with consumers, OCHI is uniquely positioned to identify emerging issues and recommend improvements in health insurance regulation and consumer assistance. As the 2026 health insurance landscape continues to evolve, both in Illinois and nationally, OCHI will maintain and enhance its efforts to educate consumers and strengthen available support.

1. Use of utilization review programs to deny services based on location, site of care, or setting.

Remedy

The Department issued [Company Bulletin 2025-12](#) addressing inappropriate claims denials and exclusions based on location, site of care, or setting. The bulletin reminds issuers that determinations for “medically necessary” services shall be based upon “generally accepted standards of care” as defined in 215 ILCS 134/10 or “generally accepted standards of mental, emotional, nervous, or substance use disorder or condition care” as defined at 215 ILCS 5/370c(h).

Additionally, the [Healthcare Protection Act](#) will limit utilization review programs to three types of sources of utilization review criteria for medical and surgical services. The new law will substantially inhibit a health insurance issuer from using, or from requiring or permitting a utilization review organization (URO) to use, custom utilization review criteria for medical and surgical services.

2. Consumer and health care provider education on internal appeal and external review rights.

Remedy

The statistics reflect a high level of misunderstanding in the use of the external review process. The Department received 3,713 requests for an external review with only 38% of which were eligible based on statutory requirements.

Continued focus on educating consumers and health care providers to ensure they can effectively challenge insurance denials through better understanding of the internal appeal and external review process.

3. Artificial Intelligence (AI)

AI continues to be a widely discussed topic across the nation and continues to impact and evolve the delivery of health care.

Remedy

IDOI has engaged national experts to learn more about AI and better understand its impact on health insurance. IDOI is committed to working with stakeholders and increasing our knowledge and understanding of these processes and programs to ensure consumers are protected from AI overreach such as excessive prior authorization and denials of care. IDOI continues to participate in and monitor the work of the Big Data and Artificial Intelligence (H) Working Group through the National Association of Insurance Commissioners (NAIC).