

**SB2787**



**99TH GENERAL ASSEMBLY**

**State of Illinois**

**2015 and 2016**

**SB2787**

Introduced 2/17/2016, by Sen. Chapin Rose

**SYNOPSIS AS INTRODUCED:**

215 ILCS 180/65

Amends the Health Carrier External Review Act. Provides that each health carrier shall submit a report on all requests for external review to the Director of Insurance by June 1 (rather than March 1) of each year. Effective January 1, 2017.

LRB099 16154 MLM 40480 b

**A BILL FOR**

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Health Carrier External Review Act is  
5 amended by changing Section 65 as follows:

6 (215 ILCS 180/65)

7 Sec. 65. External review reporting requirements.

8 (a) Each health carrier shall maintain written records in  
9 the aggregate, by state, and for each type of health benefit  
10 plan offered by the health carrier on all requests for external  
11 review that the health carrier received notice from the  
12 Director for each calendar year and submit a report to the  
13 Director in the format specified by the Director by June 1  
14 ~~March 1~~ of each year.

15 (a-5) An independent review organization assigned pursuant  
16 to this Act to conduct an external review shall maintain  
17 written records in the aggregate by state and by health carrier  
18 on all requests for external review for which it conducted an  
19 external review during a calendar year and submit a report in  
20 the format specified by the Director by March 1 of each year.

21 (a-10) The report required by subsection (a-5) shall  
22 include in the aggregate by state, and for each health carrier:

23 (1) the total number of requests for external review;

1           (2) the number of requests for external review resolved  
2           and, of those resolved, the number resolved upholding the  
3           adverse determination or final adverse determination and  
4           the number resolved reversing the adverse determination or  
5           final adverse determination;

6           (3) the average length of time for resolution;

7           (4) a summary of the types of coverages or cases for  
8           which an external review was sought, as provided in the  
9           format required by the Director;

10          (5) the number of external reviews that were terminated  
11          as the result of a reconsideration by the health carrier of  
12          its adverse determination or final adverse determination  
13          after the receipt of additional information from the  
14          covered person or the covered person's authorized  
15          representative; and

16          (6) any other information the Director may request or  
17          require.

18          (a-15) The independent review organization shall retain  
19          the written records required pursuant to this Section for at  
20          least 3 years.

21          (b) The report required under subsection (a) of this  
22          Section shall include in the aggregate, by state, and by type  
23          of health benefit plan:

24                  (1) the total number of requests for external review;

25                  (2) the total number of requests for expedited external  
26          review;

1           (3) the total number of requests for external review  
2 denied;

3           (4) the number of requests for external review  
4 resolved, including:

5                 (A) the number of requests for external review  
6 resolved upholding the adverse determination or final  
7 adverse determination;

8                 (B) the number of requests for external review  
9 resolved reversing the adverse determination or final  
10 adverse determination;

11                (C) the number of requests for expedited external  
12 review resolved upholding the adverse determination or  
13 final adverse determination; and

14                (D) the number of requests for expedited external  
15 review resolved reversing the adverse determination or  
16 final adverse determination;

17           (5) the average length of time for resolution for an  
18 external review;

19           (6) the average length of time for resolution for an  
20 expedited external review;

21           (7) a summary of the types of coverages or cases for  
22 which an external review was sought, as specified below:

23                 (A) denial of care or treatment (dissatisfaction  
24 regarding prospective non-authorization of a request  
25 for care or treatment recommended by a provider  
26 excluding diagnostic procedures and referral requests;

1 partial approvals and care terminations are also  
2 considered to be denials);

3 (B) denial of diagnostic procedure  
4 (dissatisfaction regarding prospective  
5 non-authorization of a request for a diagnostic  
6 procedure recommended by a provider; partial approvals  
7 are also considered to be denials);

8 (C) denial of referral request (dissatisfaction  
9 regarding non-authorization of a request for a  
10 referral to another provider recommended by a PCP);

11 (D) claims and utilization review (dissatisfaction  
12 regarding the concurrent or retrospective evaluation  
13 of the coverage, medical necessity, efficiency or  
14 appropriateness of health care services or treatment  
15 plans; prospective "Denials of care or treatment",  
16 "Denials of diagnostic procedures" and "Denials of  
17 referral requests" should not be classified in this  
18 category, but the appropriate one above);

19 (8) the number of external reviews that were terminated  
20 as the result of a reconsideration by the health carrier of  
21 its adverse determination or final adverse determination  
22 after the receipt of additional information from the  
23 covered person or the covered person's authorized  
24 representative; and

25 (9) any other information the Director may request or  
26 require.

1 (Source: P.A. 96-857, eff. 7-1-10; 97-574, eff. 8-26-11.)

2 Section 99. Effective date. This Act takes effect January  
3 1, 2017.