

ILHIC Regulatory Tracking 1-14-22

Regulator Item	Description	Status	Notes/Updates
Telehealth Executive Order E.O 2020-09	Requires health insurers to cover the costs of telehealth services rendered by in network providers.	In effect.	ONLY SECTIONS 9 and 10 were extended through January 8, 2022
Uniform Electronic Prior Authorization Form for Prescription Benefits (Proposed Amendment to 2018) <i>beginning on pg. 14406</i>	Requires insurers (beginning July 1, 2021) to accept and use a uniform prior authorization form for prescription benefits. Includes what must be within in the form and states that the Department will post the form on its website as a PDF.	In effect. Bulletin and Implementation PDF linked here .	
Policy Form Filing Requirements (Proposed Amendment to 916) <i>beginning on pg. 6211</i>	The proposed amendment would require life and health insurance companies to submit complete policy forms for all products by prohibiting matrix pages, insert pages, or modular filings.	Rule died procedurally on 4/24/21 . <i>If interested in pursuing the rule change, the Department must restart the rulemaking process.</i>	ILHIC (in conjunction with ACLI) submitted a comment letter on June 8, 2020. DOI did not issue a response to ILHIC/ACLI comments
Construction and Filling of Life Insurance and Annuity Forms 2021 DOI Regulatory Agenda <i>beginning on pg. 819</i> .	Prohibiting insurers from filing life and annuity contracts on a Matrix Insert Page Basis. Clarifying misstatements of age. Adding requirements for graded death benefit policies.	Introduced in Regulatory Agenda	Anticipates First Notice Spring 2021 (Late).
CB 2021-15 Log4j Vulnerability	This bulletin urges all regulated entities to review and monitor the CISA resource page and take steps to identify and mitigate any risks posed by the Log4j vulnerabilities.		
CB 2021-17 Expedited Hospital Transfers During COVID-19 Surge	This bulletin outlines the stress currently on the current COVID stress placed on hospital infrastructure and encourages all health insurers to take steps to expedite the transfer of patients to long-term care, nursing home or other alternative healthcare facilities		

	<p>when possible. The bulletin included steps that can be taken, which includes: 1. Ensuring of adequate staffing; 2. Elevated priority to prior authorization reviews for these facilities; 3. Increase communication between providers/ facilities; 4. Verify that the issuer's provider networks are adequate are adequate to handle an increased volume in discharge determinations. The bulletin explains that if the issuer does not have a participating provider or facility within the network with appropriate capacity or experience to meet the specific health needs of an insured, issuers should make exceptions to provide access to non-participating provider/ facility at no greater cost than if the benefits were provided at a participating provider/facility and include restrictions on balance billing; 5. For instances requiring utilization of non-participating facilities to accommodate timely transfer when a participating provider does not have capacity, to ensure good faith negotiations between the insurer of coverage and non-participating provider/facility to mitigate delays.</p>		
<p>Proposed Rule Misrepresentation and False Warranties <i>Beginning on page 15934</i></p>	<p>This proposed rule clarifies that misrepresentation of information shall not result in denial of an insurance claim unless there is intent of misrepresentation or materially affects the risk assumed by the insurer.</p>	<p>Proposed</p>	

<p>Proposed Rule Workers Compensation Act Beginning on page 16152</p>	<p>This proposed rule amends manual filings requiring companies to notify DOI at least 30 days prior the effective date of any rule change filed by its rating organization and adopted without modification by the company.</p>	<p>Proposed</p>	
<p>Proposed Rule Infertility Coverage Beginning on page 16140</p>	<p>This proposed rule implements various changes to the Illinois insurance code pertaining to group health insurance policies that provide pregnancy-related coverage to businesses with 25 or more full-time employees. Rulemaking aligns the definition of infertility to the recent bill that was pass (now PA 102-170) which includes a failure to establish a pregnancy or carry to live birth after 12 months (6 months for women over the age of 35). The rulemaking also requires the freezing and storage of sperm, oocytes, or embryos to be covered for a covered individual undergoing medical treatment that could cause infertility. The rule also removes abortion as an exclusion, while removing the word “women” to make language more inclusive.</p>	<p>Proposed</p>	<p>COMMENTS/FEEDBACK due to ILHIC by Jan 31st</p>
<p>Proposed Rule Credit for Reinsurance Beginning on page 15423</p>	<p>This proposed rule implemented standards adopted by NAIC in accordance with recent international agreements. This rule defines which entities this is credited under which a credit will be given for reinsurance. (Example) Coverage obtained by an insurance company from an assuming insurer to protect from loss ceded by domestic</p>	<p>Proposed</p>	

	insurers to an assuming insurer located in a reciprocal jurisdiction. Reciprocal jurisdiction is defined, and the Director must maintain and publish and update a list of reciprocal jurisdictions.		
COMPANY Bulletin #2022-01	The purpose of this Bulletin is to provide overall awareness and requirements for new Illinois health mandates signed into law as a result of the 2021 Illinois Spring Legislative Session		