

TO BE COMPLETED BY COMPANY

Company Name:

SERFF Tracking #:

Is this Network associated with a Health Plan offered on the Illinois Marketplace?

Checklist Directions

- The checklist must be completed to indicate where in the filing the General Filing requirements appear, must acknowledge each General Form Requirement and must indicate where, in the filed materials, each required provision appears (e.g. form number, page number and section number).
- For requirements marked as “Affirmed,” companies are to acknowledge, by checking the appropriate box:
 - 1) their compliance with prohibited language; or
 - 2) their understanding of the informational nature of the requirement.
- This document is to be downloaded and submitted with this filing in SERFF. Alteration of this document will result in rejection of the filing.

IMPORTANT NOTICE: This Checklist does not include all of the requirements of Illinois laws, regulations or bulletins. Companies are responsible for reviewing Illinois laws, regulations and bulletins to ensure that materials are fully compliant before filing them. **Insurers are required to report to the Director any material change to an approved network plan within 15 days of the occurrence, but they may request a 15-day extension to provide all required information if preliminary information is reported as described in 50 Ill. Adm. Code 4540.50.**

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**SECTION A - GENERAL FILING REQUIREMENTS
AND REQUIRED TEMPLATES**

<u>Line</u>	<u>Review Requirement</u>	<u>Reference</u>	<u>Items that must be included with Filing</u>	<u>Location/Affirmed</u>
A.1	Review Requirements Checklist	Review Requirement Checklists	Each filing must include a completed Review Requirements Checklist that must contain a completed “Location of Standard in Filing” column for each required element of the filing. The proper document name and/or form number, page number/section, SERF Tracking number (if applicable) that contains the requirement for each entry. An incomplete “Location/Affirmed” column will result in a rejection of the filing.	
A.2	Filing Type	Form filings	Network Adequacy filings will be filed as a separate form filing type with the Network Adequacy TOI of NA00 and sub-TOI of NA01.000 (PPO) or NA01.001 (HMO). Networks can only be implemented upon completion of Departmental review.	
A.3	Associated Policy Filings	215 ILCS 124/10(b) 50 ADM 4540.40(a)	Under the Supporting Documents tab, please include a list of network plan names, associated SERFF Tracking Numbers, and applicable form numbers that will use the network	

A.4	Illinois Department of Public Health Approval	215 ILCS 124/10(b) 50 ADM 4540.40(b)(1)	For HMOs, attach under the Supporting Documents tab in SERFF, the certification letter from the Illinois Department of Public Health, including the county or counties, including partial counties, in which the HMO is approved to operate.	
A.5	Managed Care Organization	50 ADM 4540.40(b)(2)	For HMOs, include a list of MCOs used within the network with all information required in 50 Ill. Adm. Code 4540.40(b)(2).	
A.6	Preferred Provider Program Administrator	50 ADM 4540.40(b)(3)	All filers must attach, under the Supporting Documents tab in SERFF, a list of all PPPAs through which the filer has contracted to include providers in the network for the plans associated with this filing, including all information required in 50 Ill. Adm. Code 4540.40(b)(3).	
A.7	Network Name	50 ADM 4540.40(b)(4)	ALL filers also must provide the specific name of the network.	
A.8	Plan Network Adequacy	45 CFR 156.230 45 CFR 156.235	REQUIRED OF ALL QHPs - The provider network of each QHP must meet these standards: 1) Include essential community providers that serve predominately low income, medically underserved individuals 2) Maintain a network that is sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to assure that all services will be accessible without unreasonable delay. The Department enforces the ECP standards described in the "2025 Final Letter to Issuers in the Federally-facilitated Exchanges" . 3) Is consistent with the network adequacy provisions of section 2702(c) of the PHSA.	
A.9	Tired Collection Template	50 ADM 4540.40(i)	Complete the Tired Collection Template and attach under supporting documents. This template must be filled out in full.	
A.10	County Facility Template	215 ILCS 124/10(d) 50 ADM 4540.40(e)-(f)	Complete the Network Adequacy County Facilities template and attach under supporting documents. Please complete the hospital and behavioral health facility tabs by listing the name, address, and phone number of each facility by county. Acute Inpatient Hospital with Emergency Services Available 24/7 -- 1 per County Inpatient or Residential Behavioral Health Facility -- 1 per County For any county that the insurer seeks to include in its service area that does not have a contracted acute inpatient hospital or a contracted inpatient or residential behavioral health facility, the insurer must request an exception under Section 10(g) of the Act using the Network Adequacy Exception Form.	
A.11	Proposed Enrollment Template	50 ADM 4540.40(j)	Complete the Proposed Enrollment Template and attach under supporting documents. This template must be filled out in full.	

A.12	Exception Form	215 ILCS 124/10(g) 50 ADM 4540.40(q)	<p>The Network Adequacy Exception form can be found at: Network Adequacy Exception Form (illinois.gov)</p> <p>Failure to fulfill with the directions on the Exception Form, could result in a rejection of the filing.</p> <p>Note: No exceptions will be granted for time and distance or appointment waiting time requirements set forth in 215 ILCS 124/10(d-5) pursuant 215 ILCS 124/10(g), but insurers are still required to report any deficiencies in meeting those standards. Insurers must use the Network Adequacy Exception Form.</p>	
SECTION B - STATE REQUIREMENTS				
B.1	Maximum Travel Distance and Time (except MH/SUD)	215 ILCS 124/10(b)(5)(C) 215 ILCS 124/10(d) 50 ADM 4540.40(d)	Demonstrates compliance with time and distance standards for plan beneficiaries in each county of the service area. Except for standards related to providers of treatment for mental health and substance use disorders, the maximum limits of travel in minutes and miles that a beneficiary residing in a given county type may be expected to undertake to a preferred provider of a given provider specialty type (as the crow flies) are provided in Appendix A for individual providers and Appendix B for facility providers.	
B.2	Ratio of providers to enrollees: Individual Providers	215 ILCS 124/10(c)(1) 215 ILCS 124/10(b)(5)(B) 50 ADM 4540.40(e)	<p>Provide documentation showing compliance for provider to enrollee ratios, listed in 50 ADM 4540.40(e):</p> <ul style="list-style-type: none"> 1 per 1,000 – PCP/Pediatrician 1 per 2,500 – OB/GYN 1 per 5,000 – General Surgery, and Behavioral Health 1 per 10,000 – Cardiology, Chiropractor, Dermatology, Endocrinology, Gastroenterology, Nephrology, Ophthalmology, Orthopedic Surgery, Pulmonary, Rheumatology, and Urology 1 per 15,000 – Infectious Disease, Allergy/Immunology, ENT/Otolaryngology, Oncology/Radiation, and Physiatry/Rehabilitative 1 per 20,000 – Plastic Surgery, and Neurology 	
B.3	Geographic Map	215 ILCS 124/10(b)(1) 50 ADM 4540.40(h)	Insurers are required to file geographic maps of the area proposed to be served by the plan by county service area and zip code, including marked locations for preferred providers and highlighted areas for the applicable time and distance standards. Maps should be in the aggregate, consisting of all preferred providers under the plan, including all contracted network groups, except that for network plans with tiered networks that are not solely offered as group health plans, the map must only include preferred providers from the lowest cost-sharing tier. A separate map with marked locations should be provided for each provider type listed under Appendix A or B or under 215 ILCS 124/10(d-5).	
B.4	Access to MH/SUD	215 ILCS 124/10(d-5) 50 ADM 4540.40(d)(2) 45 CFR 156.230	Provide written policies and procedures that demonstrate timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions in accordance with the provisions of paragraph (4) of subsection (a) of Section 370c of the Illinois Insurance Code. In the event a preferred provider is not available, necessary exceptions will apply pursuant to 50 Ill. Adm. Code 4540.40(d)(2).	
B.5	Access to Outpatient MH/SUD Services (Metro Counties)	215 ILCS 124/10(d-5)(1)(A) 45 CFR 156.230	<p>Except in counties where federal requirements establish a more stringent time and distance standard for Qualified Health Plans, as shown in Appendix C, provide written policies and procedures that demonstrate for beneficiaries residing Metropolitan counties of Cook, DuPage, Kane, Lake, McHenry, and Will, timely and proximate access to treatment for MH/SUD requires:</p> <ul style="list-style-type: none"> • Beneficiary shall not have to travel longer than 30 minutes or 30 miles from the beneficiary's residence to receive outpatient MH/SUD benefits; • Beneficiaries shall not be required to wait longer than 10 business days between requesting an initial appointment and being seen by the outpatient MH/SUD facility or provider; • Beneficiaries shall not be required to wait longer than 20 business days between requesting a repeat or follow-up appointment and being seen by the outpatient MH/SUD facility or provider. 	

B.6	Access to Outpatient MH/SUD Services (Non-Metro Counties)	215 ILCS 124/10(d-5)(1)(B) 45 CFR 156.230	<p>Except in counties where federal requirements establish a more stringent time and distance standard for Qualified Health Plans, as shown in Appendix C, provide written policies and procedures that demonstrate beneficiaries residing in counties <u>outside</u> of Cook, DuPage, Kane, Lake, McHenry, and Will, timely and proximate access to treatment for MH/SUD requires:</p> <ul style="list-style-type: none"> Beneficiary shall not have to travel longer than 60 minutes or 60 miles from the beneficiary's residence to receive outpatient MH/SUD benefits; Beneficiaries shall not be required to wait longer than 10 business days between requesting an initial appointment and being seen by the outpatient MH/SUD facility or provider; Beneficiaries shall not be required to wait longer than 20 business days between requesting a repeat or follow-up appointment and being seen by the outpatient MH/SUD facility or provider. 	
B.7	Access to Inpatient/Residential MH/SUD (All counties)	215 ILCS 124/10(d-5)(B)(2) 45 CFR 156.230	<p>Except in counties where federal requirements establish a more stringent time and distance standard for Qualified Health Plans, as shown in Appendix C, provide written policies and procedures that demonstrate that beneficiaries residing in all Illinois counties shall not have to travel longer than 60 minutes or 60 miles from the beneficiary's residence to receive inpatient or residential treatment for MH/SUD benefits.</p>	
B.8	Health Care Service Delivery	215 ILCS 124/10(b)(5) 50 ADM 4540.40(p)	<p>Provide written policies and procedures that demonstrate how health care services to be rendered under the network plan are reasonably accessible and available to beneficiaries, including the type of health care services to be provided by the network plan.</p>	
B.9	Telehealth and Innovative Care	215 ILCS 124/10(b)(5)(D) 215 ILCS 5/356z.22 215 ILCS 124/10(f) 50 ADM 4540.40(p)(4)	<p>A description of the availability of telehealth care, including how the use of telemedicine, telehealth, or mobile care services may be used to partially meet the network adequacy standards, if applicable.</p>	
B.10	Provider changes	215 ILCS 124/10(a)(1) 50 ADM 4540.40(g)(1)	<p>The written policies and procedures for adding providers to meet patient needs based on increases in number of beneficiaries, changes in patient-to-provider ratio, changes in medical and health care capabilities, and increased demand for services.</p>	
B.11	Referral processes	215 ILCS 124/10(a)(2) 50 ADM 4540.40(g)(2)	<p>For HMOs, the written policies and procedures for making referrals within and outside the network, if applicable.</p>	
B.12	24-7 Care	215 ILCS 124/10(a)(3) 50 ADM 4540.40(g)(3)	<p>The written policies and procedures on how the network plan will provide 24-hour, 7-day per week access to network-affiliated primary care, emergency services, and woman's principal health care providers.</p>	
B.13	Patient Advocacy	125 ILCS 124/10(a) 50 ADM 4540.40(o)	<p>Provide the page(s) from the Provider Contract containing language specifically noting that network providers are not prohibited from discussing any specific or all treatment options with beneficiaries irrespective of the insurer's position on those treatment options or from advocating on behalf of beneficiaries within the utilization review, grievance, or appeals processes established by the insurer in accordance with any rights or remedies available under State or Federal law.</p>	
B.14	Sample Notice of Termination	50 ADM 4540.40(k) 215 ILCS 124/15	<p>Samples of any notices of nonrenewal or termination that will be sent to providers <u>AND</u> beneficiaries served by those providers (see Section 15 of the Act).</p>	

B.15	Notice of Termination of a provider	215 ILCS 124/15 50 ADM 4540.70	Provide the page(s) from the Provider Contract containing language specifically noting a network must give at least 60 days-notice of nonrenewal or termination of a provider to the provider and to the beneficiaries served by the provider. Immediate written notice may be provided without 60 days' notice when a provider's license has been disciplined by a State licensing board or when the network plan reasonably believes direct imminent physical harm to patients under the provider's care may occur.	
SECTION C – Provider Directory Requirements				
C.1	Provider Directories	215 ILCS 124/25 215 ILCS 124/10(b)(2) 215 ILCS 124/10(b)(4) 50 ADM 4540.40(c)	Web-based directory of health care professionals and facilities must be up to date, and include accurate provider/facility type, location, contact information, and all other information required under 215 ILCS 124/25. Providers available by telehealth or telemedicine should be clearly identified and include information required under 215 ILCS 124/25(b)(1)(K). Please provide the web address in the Location/Affirm column.	
C.2	Provider Directory Language	215 ILCS 124/25(a)(5)	<p>Required language in both print and online directories: a) in plain language, a description of the criteria the plan has used to build its provider network; b) if applicable, in plain language, a description of the criteria the insurer or network plan has used to create tiered networks; c) if applicable, in plain language, how the network plan designates the different provider tiers or levels in the network and identifies for each specific provider, hospital, or other type of facility in the network which tier each is placed; d) if applicable, a notation that authorization or referral may be required to access some providers.</p> <p>Provider directories shall accommodate the communication needs of individuals with disabilities and include a link to or information regarding available assistance for persons with limited English proficiency.</p>	
C.3	Accessibility and Transparency (Online)	215 ILCS 124/10(b)(4) 215 ILCS 124/25(a)(1) 215 ILCS 124/25(a)(2) 215 ILCS 124/25(b) 215 ILCS 124/25(c) 50 ADM 4540.40(c)	<p>The description shall include an internet website and toll-free number for beneficiaries and prospective beneficiaries to access current and accurate lists of network providers. The website is prohibited from requiring beneficiaries to create accounts or enter a contract or policy number, in order to access the provider directory. The online provider directory shall be updated at least monthly and clearly identify which plan or plans for which it is applicable. Electronic directories must also make the following information available in a SEARCHABLE FORMAT:</p> <p>1) Health Care Professionals - A) name, B) gender, C) participating office locations, D) specialty, if applicable, E) medical group affiliations, if applicable, F) facility affiliations, if applicable, G) participating facility affiliations, if applicable, H) languages spoken other than English, if applicable, I) whether accepting new patients; J) board certifications, if applicable, K) use of telehealth or telemedicine use of telehealth or telemedicine at minimum, the requirements listed in 215 ILCS 124/25 (b)(K)(i)-(iii)</p> <p>Hospitals - A) hospital name, B) hospital type, C) participating hospital location, D) hospital accreditation status,</p> <p>2) Facilities other than hospitals - A) facility name, B) facility type, C) types of services performed, D) participating facility location or locations.</p> <p>In addition to the information required to be searchable, the electronic directory shall include:</p> <p>1) Health Care Professionals - A) contact information, B) language spoken other than English by clinical staff, if applicable</p> <p>2) Hospitals - A) telephone number</p> <p>3) Facilities other than hospitals - A) telephone number</p>	

C.4	Accessibility and Transparency (Print)	<p>215 ILCS 124/25(a)(4) 215 ILCS 124/25(d) 215 ILCS 124/25(e) 215 ILCS 124/25(f) 215 ILCS 124/25(a)(5) 50 ADM 4540.40(c)</p>	<p>A company must submit a PDF of its most recent print copy of the provider directory along with any errata in the Supporting Documents tab in SERFF. Print copies of the provider directory must be available to any beneficiary or prospective beneficiary upon request. Print copies must be updated quarterly. Print copies must clearly identify for which plans they associated. Required information to be included for each provider:</p> <p>1) Health Care Professionals - A) Name, B) contact information, C) participating office location or locations, D) specialty, if applicable, E) languages spoken other than English, if applicable, F) whether accepting new patients, G) use of telehealth or telemedicine at minimum, the requirements listed in 215 ILCS 124/25(d)(G)(i)-(iii)</p> <p>2) Hospitals - A) Hospital name, B) hospital type, C) participating hospital locations and telephone numbers</p> <p>3) Facilities other than hospitals - A) Facility name, B) Facility type, C) Types of services performed, D) Participating facility location or locations and telephone numbers.</p> <p>Print directories shall include a disclosure in the print format provider directory that the information included in the directory is accurate as of the date of printing and that beneficiaries or prospective beneficiaries should consult the insurer's electronic provider directory on its website and contact the provider. The network plan shall also include a telephone number in the print format provider directory for a customer service representative where the beneficiary can obtain current provider directory information.</p>	
SECTION D – Attestations				
D.1	In-Network Provider Availability	<p>215 ILCS 124/10(b)(6) 215 ILCS 124/10(a)(2) 50 ADM 4540.40(i)</p>	<p>Please attest the policy(ies) associated with this network filing contain language allowing for in-network benefits to be paid to Out of Network Providers when a provider with the required specialty is not available in the network and the member has made a good faith effort to utilize a preferred provider.</p> <p>In the case of an HMO policy, the plan contains language specifying the procedure for a Primary Care Physician to follow in order to refer outside the network when a specialist is not available within the HMO.</p> <p>Please attest that the requirement is met within the policy by indicating the SERFF Tracking number, form number and corresponding page number in which the language appears.</p>	
D.2	Emergency Care	<p>215 ILCS 124/10(b)(7) 50 ADM 4540.40(m)</p>	<p>Please attest the policy associated with this network contains a provision that the beneficiary shall receive emergency care coverage such that payment for this coverage is not dependent upon whether the emergency services are performed by a preferred or non-preferred provider (in-network or out-of-network provider) and the coverage shall be at the same benefit level as if the service or treatment had been rendered by a preferred provider.</p> <p>Please attest that the requirement is met within the policy by indicating the SERFF Tracking number, form number and corresponding page number in which the language appears.</p>	

D.3	Precertification	215 ILCS 124/10(b)(8) 50 ADM 4540.40(n)	<p>If a plan intends to impose penalties for failure to pre-certify an inpatient hospital treatment admission, the penalty must be defined in the policy and may not exceed \$1,000. The penalty may be no more frequent than a per confinement basis.</p> <p>Please attest that the requirement is met within the policy by indicating the SERFF Tracking number, form number and corresponding page number in which the language appears.</p>	
D.4	Required Exceptions to Non-Network MH/SUD Services	215 ILCS 124/10(d-5)(3) 50 ADM 4540.40(d)(2)	If no in-network facility or provider is available for a beneficiary to receive timely and proximate access to treatment for MH/SUD in accordance with the network adequacy standards, the issuer shall provide necessary exceptions to its network to ensure admission and treatment with a provider or at a treatment facility in accordance with the network adequacy standards.	<input type="checkbox"/> Affirmed
D.5	No Network Exception Requests for MH/SUD requirements	215 ILCS 124/10(g)	No Network Exception will be granted regarding the requirements set forth in 215 ILCS 124/10(d-5).	<input type="checkbox"/> Affirmed
D.6	Transition of services	215 ILCS 124/20	A network plan issuer shall provide for continuity of care for beneficiaries per the requirements set forth in 215 ILCS 124/20.	<input type="checkbox"/> Affirmed
D.7	Material Changes to Network	215 ILCS 124/10(h) 50 ADM 4540.50	Insurers must submit a new network adequacy filing, as described in Section 4540.50(a), within 15 days of any material change in an approved network plan, but they may request a 15-day extension to provide all required information if preliminary information is reported as described in 50 Ill. Adm. Code 4540.50(b).	<input type="checkbox"/> Affirmed

Appendix A

Individual Provider Specialty Type	Maximum Time and Distance Standards									
	Large Metro County		Metro County		Micro County		Rural County		CEAC	
	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance
Allergy and Immunology	30	15	45	30	80	60	90	75	125	110
Cardiology	20	10	30	20	50	35	75	60	95	85
Chiropractor	30	15	45	30	80	60	90	75	125	110
Dermatology	20	10	45	30	60	45	75	60	110	100
Endocrinology	30	15	60	40	100	75	110	90	145	130
ENT/Otolaryngology	30	15	45	30	80	60	90	75	125	110
Gastroenterology	20	10	45	30	60	45	75	60	110	100
General Surgery	20	10	30	20	50	35	75	60	95	85
Gynecology, OB/GYN	10	5	15	10	30	20	40	30	70	60
Infectious Diseases	30	15	60	40	100	75	110	90	145	130
Nephrology	30	15	45	30	80	60	90	75	125	110
Neurology	20	10	45	30	60	45	75	60	110	100
Oncology - Radiation	30	15	60	40	100	75	110	90	145	130
Ophthalmology	20	10	30	20	50	35	75	60	95	85
Orthopedic Surgery	20	10	30	20	50	35	75	60	95	85
Physiatry/Rehabilitative Medicine	30	15	45	30	80	60	90	75	125	110
Plastic Surgery	30	15	60	40	100	75	110	90	145	130
Primary Care Physician (Adult)	10	5	15	10	30	20	40	30	70	60
Primary Care Physician (Child)	10	5	15	10	30	20	40	30	70	60
Pulmonology	20	10	45	30	60	45	75	60	110	100
Rheumatology	30	15	60	40	100	75	110	90	145	130
Urology	20	10	45	30	60	45	75	60	110	100

Appendix B

Facility Specialty Type	Maximum Time and Distance Standards									
	Large Metro County		Metro County		Micro County		Rural County		CEAC	
	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance
Acute Inpatient Hospitals (Must have Emergency services available 24/7)	20	10	45	30	80	60	75	60	110	100
Cardiac Catheterization Services	30	15	60	40	160	120	145	120	155	140
Cardiac Surgery Program	30	15	60	40	160	120	145	120	155	140
Critical Care Services - Intensive Care Units (ICU)	20	10	45	30	160	120	145	120	155	140
Diagnostic Radiology (Freestanding; hospital outpatient; ambulatory health facilities with Diagnostic Radiology)	20	10	45	30	80	60	75	60	110	100
Mammography	20	10	45	30	80	60	75	60	110	100
Outpatient Infusion/Chemotherapy	20	10	45	30	80	60	75	60	110	100
Skilled Nursing Facilities	20	10	45	30	80	60	75	60	95	85
Surgical Services (Outpatient or ASC)	20	10	45	30	80	60	75	60	110	100
Urgent Care	20	10	45	30	80	60	75	60	110	100

Appendix C

COUNTY	COUNTY TYPE	Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)						Psychiatry						Inpatient or Residential Behavioral Health Facility Services					
		215 ILCS 124/10(d-5)(1)		2023 Letter to Issuers		Illinois QHP		215 ILCS 124/10(d-5)(1)		2023 Letter to Issuers		Illinois QHP		215 ILCS 124/10(d-5)(2)		2023 Letter to Issuers		Illinois QHP	
		Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance
Adams	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Alexander	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Bond	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Boone	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Brown	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Bureau	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Calhoun	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Carrroll	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Cass	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Champaign	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Christian	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Clark	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Clay	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Clinton	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Coles	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Cook	Large Metro	30	30	10	5	10	5	30	30	20	10	20	10	60	60	30	15	30	15
Crawford	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Cumberland	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
DeKalb	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
De Witt	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Douglas	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
DuPage	Large Metro	30	30	10	5	10	5	30	30	20	10	20	10	60	60	30	15	30	15
Edgar	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Edwards	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Effingham	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Fayette	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Ford	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Franklin	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Fulton	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Gallatin	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Greene	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Grundy	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Hamilton	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60

COUNTY	COUNTY TYPE	Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)						Psychiatry						Inpatient or Residential Behavioral Health Facility Services					
		215 ILCS 124/10(d-5)(1)		2023 Letter to Issuers		Illinois QHP		215 ILCS 124/10(d-5)(1)		2023 Letter to Issuers		Illinois QHP		215 ILCS 124/10(d-5)(2)		2023 Letter to Issuers		Illinois QHP	
		Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance
Hancock	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Hardin	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Henderson	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Henry	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Iroquois	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Jackson	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Jasper	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Jefferson	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Jersey	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Jo Daviess	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Johnson	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Kane	Metro	30	30	15	10	15	10	30	30	45	30	30	30	60	60	70	45	60	45
Kankakee	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Kendall	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Knox	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Lake	Large Metro	30	30	10	5	10	5	30	30	20	10	20	10	60	60	30	15	30	15
La Salle	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Lawrence	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Lee	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Livingston	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Logan	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
McDonough	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
McHenry	Metro	30	30	15	10	15	10	30	30	45	30	30	30	60	60	70	45	60	45
McLean	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Macon	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Macoupin	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Madison	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Marion	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Marshall	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Mason	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Massac	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Menard	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Mercer	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Monroe	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Montgomery	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Morgan	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Moultrie	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Ogle	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Peoria	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45

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		215 ILCS 124/10(d-5)(1)		2023 Letter to Issuers		Illinois QHP		215 ILCS 124/10(d-5)(1)		2023 Letter to Issuers		Illinois QHP		215 ILCS 124/10(d-5)(2)		2023 Letter to Issuers		Illinois QHP	
		Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance
Perry	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Piatt	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Pike	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Pope	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Pulaski	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Putnam	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Randolph	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Richland	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Rock Island	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
St. Clair	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Saline	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Sangamon	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Schuyler	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Scott	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Shelby	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Stark	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Stephenson	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Tazewell	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Union	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Vermilion	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Wabash	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Warren	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Washington	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Wayne	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
White	Rural	60	60	40	30	40	30	60	60	75	60	60	60	60	60	90	75	60	60
Whiteside	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60
Will	Metro	30	30	15	10	15	10	30	30	45	30	30	30	60	60	70	45	60	45
Williamson	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Winnebago	Metro	60	60	15	10	15	10	60	60	45	30	45	30	60	60	70	45	60	45
Woodford	Micro	60	60	30	20	30	20	60	60	60	45	60	45	60	60	100	75	60	60