Network Adequacy Checklist

Company Name:

SERFF Tracking #:

On or Off Exchange (List all that apply):

Individual, Small, or Large Group (List all that apply):

Network Name(s):

Checklist Directions

- This checklist must be completed to indicate where in the filing the requirements are met. An issuer 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 Checklist is to be downloaded and submitted with this filing in SERFF.

All templates are found on the Department's website; https://idoi.illinois.gov/companies/checklists-life-accident-health.html

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 IAC 4540.50.

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SECTION A - GENERAL FILING REQUIREMENTS AND REQUIRED TEMPLATES

Line	Review Requirement	Reference	Description	Location/Affirmed
a.1	Review Requirements Checklist	50 IAC 4540.40(r)	Each filing must include a completed Review Requirements Checklist that must contain a completed "Location/Affirmed" column for each required element of the filing; including the proper document name and/or form number, page number/section, SERFF Tracking number (if applicable) that contains the proper information for each line item. An incomplete "Location/Affirmed" column will result in a rejection of the filing.	
a.2	Filing Type	Filing Type	Network Adequacy filings will be filed as a separate 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 Filing(s)	50 IAC 4540.40(a)	Under the Supporting Documents tab, please include a list of the network plan names, associated SERFF Tracking Numbers, and applicable form numbers that will use the network. This must be the most recently filed information.	
a.4	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 will enforce the ECP standards as described in the "2027 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.5	Illinois Department of Public Health Approval	50 IAC 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 insurer has been granted the authority to operate.	
a.6	MCO and PPPA Template	50 IAC 4540.40(b)(2)	for HMOs, submit a list of the MCOs. The list must include each MCO's legal entity name, corporate address, point of contact at the entity, and point of contact's phone number and email address. Please use the "MCO and PPPA Template" provided on the Department's website.	

a.7	MCO and PPPA Template	50 IAC 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 the PPPA's FEIN number. An insurer shall verify before filing that all PPPAs are registered with the Department and in good standing with the Secretary of State. Please use the "MCO and PPPA Template."	
a.8	Tiered Collection Template	50 IAC 4540.40(i)	Complete the Tiered Collection Template and attach under supporting documents. This template must be filled out in its entirety.	
a.9	County Facilities Template	215 ILCS 124/10(d) 50 IAC 4540.40(e)-(f)	Complete the Network Adequacy County Facilities Template and attach under the supporting documents tab. 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.10	Proposed Enrollment Template	215 ILCS 124/10(b)(3) 50 IAC 4540.40(j)	Complete the Proposed Enrollment Template and attach under the supporting documents tab. This template must be filled out in its entirety.	
a.11	Exception Form	215 ILCS 124/10(g) 50 IAC 4540.40(q)	Any exceptions requested for the network plan's compliance with any provider ratio, time and distance, or appointment waiting time standards specified or implemented under Section 10 of the Act, which shall be filed using the Network Adequacy Exception Form. The insurer must complete the form in it's entirety and satisfy all requirements under 50 Il Adm. 4540.40(q). Note: No exceptions will be granted for time and distance or appointment wait 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.	
			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 IAC 4540.40(d)	Except as provided in subsection (d)(2), for any network plan issued, delivered, or renewed on or after January 1, 2023, the filing required under Section 10 of the Act shall demonstrate compliance with the federal time and distance standards established in Tables 3.1 and 3.2 of the 2023 Letter for each county in the service area. These standards prescribe 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. The Department will ensure that distance standards are measured no less stringently than straight-line distance (i.e., "how the crow flies") between the beneficiary and the preferred provider, but an insurer may apply more stringent standards that measure distance based on travel along existing roads. Time standards shall be evaluated based on estimated driving time from the beneficiary to the preferred provider using mapping output data for travel along existing roads. Measurements of driving time must not be exclusively based on nor, if an average driving time is used, disproportionately weighted toward weekends, any day during the week of a Federal or State holiday, or times outside the range of 8 am through 5 pm. Please see Appendix A for professional provider specialties and Appendix B for facility provider types.	
b.2	Appointment Wait Time Standards (except MH/SUD)	215 ILCS 124/10(d)	Provide documentation that demonstrates compliance with Appointment Wait Time Standards from the 2026 Letter to Issuers (excluding MH/SUD standards).	
b.3	Ratio of Providers to Enrollees	215 ILCS 124/10(c)(1) 215 ILCS 124/10(b)(5)(B) 50 IAC 4540.40(e)	Provide documentation showing compliance for provider to enrollee ratios, listed in 50 IAC 4540.40(e): 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.4	Geographic Maps	215 ILCS 124/10(b)(1) 50 IAC 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. Each map must display all preferred providers of the provider specialty type with a dot point indicator marking the specific location of each preferred provider of that type and must highlight the areas that are covered by circles whose radii originate from each preferred provider's dot using both the time and the distance standards for the applicable provider specialty type in the county type or types that the preferred provider will serve. The map may omit overlapping boundary lines among two or more circles.	
b.5	Access to MH/SUD	215 ILCS 124/10(d-5) 50 IAC 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. The insurer shall provide evidence of its arrangements under which, if the network plan has no preferred provider available that meets the network adequacy standards of Section 10(d-5) in relation to a beneficiary, it will make the necessary exemptions to its network to ensure admission and treatment with a non-preferred provider or facility at no greater cost to the beneficiary than if the service or treatment had been provided by a preferred provider. Please see Appendix C for MH/SUD provider types.	
b.6	Access to Outpatient MH/SUD Services (Metro Counties)	215 ILCS 124/10(d-5)(1)(A) 45 CFR 156.230	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: • 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 10 business days between requesting a repeat or follow-up appointment and being seen by the outpatient MH/SUD facility or provider. Please see Appendix C for the current time and distance standards.	
b.7	Access to Outpatient MH/SUD Services (Non-Metro Counties)	215 ILCS 124/10(d-5)(1)(B) 45 CFR 156.230	Provide written policies and procedures that demonstrate beneficiaries residing in counties outside of Cook, DuPage, Kane, Lake, McHenry, and Will, timely and proximate access to treatment for MH/SUD requires: • 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 10 business days between requesting a repeat or follow-up appointment and being seen by the outpatient MH/SUD facility or provider. Please see Appendix C for the current time and distance standards.	
b.8	Access to Inpatient/Residential MH/SUD (All Counties)	215 ILCS 124/10(d-5)(2) 45 CFR 156.230	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. Please see Appendix C for the current time and distance standards.	
b.9	Health Care Service Delivery	215 ILCS 124/10(b)(5) 50 IAC 4540.40(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.	
b.10	Telehealth and Innovative Care	215 ILCS 124/10(b)(5)(D) 215 ILCS 5/356z.22 215 ILCS 124/10(f) 50 IAC 4540.40(p)(4)	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.	
b.11	Provider Changes	215 ILCS 124/10(a)(1) 50 IAC 4540.40(g)(1)	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.	
b.12	Referral Processes	215 ILCS 124/10(a)(2) 50 IAC 4540.40(g)(2)	For HMOs, the written policies and procedures for making referrals within and outside the network, if applicable.	

b.13	24-7 Care	215 ILCS 124/10(a)(3) 50 IAC 4540.40(g)(3)	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.	
b.14	Patient Advocacy	125 ILCS 124/10(a) 50 IAC 4540.40(o)	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.	
b.15	Notice of Termination of a Provider	215 ILCS 124/15	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.	
b.16	Sample Notice of Termination (Providers)	215 ILCS 124/15 50 IAC 4540.40(k) 50 IAC 4540.70	Samples of any notices of nonrenewal or termination that will be sent to providers (see Section 15 of the Act). The notice shall include a name and address to which a beneficiary or provider may direct comments and concerns regarding the nonrenewal or termination and the telephone number maintained by the Department for consumer complaints.	
b.17	Sample Notice of Termination (Beneficiaries)	215 ILCS 124/15 50 IAC 4540.40(k) 50 IAC 4540.70	Samples of any notices of nonrenewal or termination that will be sent to beneficiaries (see Section 15 of the Act). The notice shall include a name and address to which a beneficiary or provider may direct comments and concerns regarding the nonrenewal or termination and the telephone number maintained by the Department for consumer complaints.	
			SECTION C - PROVIDER DIRECTORY REQUIREMENTS	
c.1	Provider Directories	215 ILCS 124/25(a)(1) 215 ILCS 124/10(b)(4) 50 IAC 4540.40(c)	Please provide the web address in the location/affirmed column. A network plan shall post electronically an up-to-date, accurate, and complete provider directory for each of its network plans, with the information and search functions, as described in this Section. (1) In making the directory available electronically, the network plans shall ensure that the general public is able to view all of the current providers for a plan through a clearly identifiable link or tab and without creating or accessing an account or entering a policy or contract number. An Internet website and toll-free telephone number for beneficiaries and prospective beneficiaries to access current and accurate lists of preferred providers in each plan, additional information about the plan, as well as any other information required by Department rule.	
c.2	Provider Directory Language	215 ILCS 124/25(a)(5) 215 ILCS 124/25(a)(6) 215 ILCS 124/25(a)(7)	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 provider E) A telephone number and email address for a customer service representative to whom directory inaccuracies may be reported F) A detailed description of the process to dispute charges for out-of-network providers, hospitals, or facilities that were incorrectly listed as in-network prior to the provision of care and a telephone number and email address to dispute such charges. A network plan shall make it clear for both its electronic and print directories what provider directory applies to which network plan, such as including the specific name of the network plan as marketed and issued in this State. The network plan shall include in both its electronic and print directories a customer service email address and telephone number or electronic link that beneficiaries or the general public may use to notify the network plan of inaccurate provider directory information and contact information for the Department's Office of Consumer Health Insurance. 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.	

c.3	Accessibility and Transparency (Online)	215 ILCS 124/25(b) 215 ILCS 124/25(c) 50 IAC 4540.40(c)	Electronic directories must also make the following information available in a SEARCHABLE FORMAT: 1) Health Care Professionals - A) Name, B) Gender, C) Participating office locations, D) Patient population served (such as pediatric, adult, elderly, or women) and specialty or subspecialty, 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)(1)(K)(i)-(iii), L)Whether health care professional accepts appointment requests from patients, M) the anticipated date the provider will leave the network, if applicable, which shall be included no more than 10 days after the issuer confirms that the provider is scheduled to leave the network. 2) Hospitals - A) hospital name, B) hospital type, C) participating hospital location, D) hospital accreditation status, E) The anticipated date the hospital will leave the network, if applicable, which shall be included no more than 10 days after the issuer confirms the hospital is scheduled to leave the network. 3) Facilities other than hospitals - A) facility name, B) facility type, C) types of services performed, D) participating facility location or location E) The anticipated date the facility will leave the network, if applicable, which shall be included no more than 10 days after the issuer confirms the facility is scheduled to leave the network. In addition to the information required to be searchable, the electronic directory shall include: 1) Health Care Professionals - A) contact information including both a telephone number and digital contact information, if the provider has supplied digital contact information B) language spoken other than English by clinical staff, if applicable 2) Hospitals - A) telephone number and digital contact information 3) Facilities other than hospitals- A) telephone number	
c.4	Accessibility and Transparency (Print)	215 ILCS 124/25(a)(4) 215 ILCS 124/25(d) 215 ILCS 124/25(e) 50 IAC 4540.40(c)	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: 1) Health Care Professionals - A) Name, B) Contact information including telephone number and digital contact information if the provider has supplied digital contact information, C) Participating office location or locations, D) Patient population (such as pediatric, adult, elderly, or women and specialty or subspecialty, 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)(1)(G)(i)-(iii), H) Whether the health care professional accepts appointment request from patients 2) Hospitals - A) Hospital name, B) hospital type (such as acute, rehabilitation, children's, or cancer) C) participating hospital locations, telephone numbers, and digital contact information. 3) Facilities other than hospitals - A) Facility name, B) Facility type, C) Patient population (such as pediatric, adult, elderly, or women) served, and types of services performed, D) Participating facility location or locations, telephone numbers, and digital contact information for each location. The network plan 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 issuer's electronic provider directory on its website and contact the provider. The network plan shall also include a telephone number and email address in the print format provider directory for a customer service representative where the beneficiary can obtain current provider directory information or report provider directory inaccuracies. The printed provider directory shall include a detailed description of the process to dispute charges for out-of-network providers, hospitals, or facilities that were incorrectly listed as in-network prior to the provision of care and a telephone number and email address to dispute those charges.	
SECTION D - ATTESTATIONS				
d.1	In-Network Provider Availability	215 ILCS 124/10(b)(6) 50 IAC 4540.40(l)	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. 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.	Affirmed ☐

d.2	Emergency Care	215 ILCS 124/10(b)(7) 50 IAC 4540.40(m)	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.For purposes of this requirement, “the same benefit level” means that the beneficiary is provided the covered service at no greater cost to the beneficiary than if the service had been provided by a preferred provider.	Affirmed ☐
d.3	Precertification	215 ILCS 124/10(b)(8) 50 IAC 4540.40(n)	If the plan provides that the beneficiary will incur a penalty for failing to pre-certify inpatient hospital treatment, the penalty may not exceed $1,000 per occurrence in addition to the plan cost sharing provisions.	Affirmed ☐
d.4	Inaccurate Provider Directory Information	215 ILCS 124/25(a)(2) 215 ILCS 124/25(h) 215 ILCS 124/25(i)	An issuer's failure to update a network plan's directory shall subject the issuer to a civil penalty of $5,000 per month. Providers shall notify the network plan electronically or in writing within 10 business days of any changes to their information as listed in the provider directory, including the information required in subsections (b), (c), and (d). If the issuer or the Department identifies a provider incorrectly listed in the provider directory, the issuer shall check each of the issuer's network plan provider directories for the provider within 2 business days to ascertain whether the provider is a preferred provider in that network plan and, if the provider is incorrectly listed in the provider directory, remove the provider from the provider directory without delay. If the Director determines that an issuer violated this Section, the Director may assess a fine up to $5,000 per violation, except for inaccurate information given by a provider to the issuer. If an issuer, or any entity or person acting on the issuer's behalf, knew or reasonably should have known that a provider was incorrectly included in a provider directory, the Director may assess a fine of up to $25,000 per violation against the issuer.	Affirmed ☐
d.5	Required Exceptions to Non-Network MH/SUD Services	215 ILCS 124/10(d-5)(3) 50 IAC 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.	Affirmed ☐
d.6	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).	Affirmed ☐
d.7	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.	Affirmed ☐
d.8	Material Changes to Network	215 ILCS 124/10(h) 50 IAC 4540.50(b)	Issuers are required to report to the Director any material change to an approved network plan within 15 business days after the change occurs and any change that would result in failure to meet the requirements of this Act. The issuer shall submit a revised version of the portions of the network adequacy filing affected by the material change, as determined by the Director by rule, and the issuer shall attach versions with the changes indicated for each document that was revised from the previous version of the filing. Upon notice from the issuer, the Director shall reevaluate the network plan's compliance with the network adequacy and transparency standards of this Act. For every day past 15 business days that the issuer fails to submit a revised network adequacy filing to the Director, the Director may order a fine of $5,000 per day. An insurer may request a 15-day extension to submit the filing described in this Section if, by the original deadline, the insurer reports to the Department the specific triggers for the material change, the provider specialty types known to be affected, the counties known to be affected, and the aggregate number of current beneficiaries affected.	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	COUNT Y 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**
Carroll	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**
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**
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**