

## Stand Alone Dental Plan Network Adequacy Checklist

**Company Name:** \_\_\_\_\_

**SERFF Tracking #:** \_\_\_\_\_

**Network Name:** \_\_\_\_\_

### Checklist Directions

\* The 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 Location/Affirmed Column, each required provision is met (e.g. form number, page number and section number).

\*1For 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 can be 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

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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. The "Location/Affirmed" column must include the proper document name and/or form number, page number/section, SERFF Tracking number (if applicable) that contains the requirement for each entry.	
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 (PPG) or NA01.001 (HMO). Networks can only be implemented upon completion of Departmental review.	
a.3	Associated Policy Filing	50 IAC 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.5	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.6	Tiered Collection Template	50 IAC 4540.40(j)	Complete the Tiered Collection Template and attach under the supporting documents tab. This template must be filled out in its entirety.	
a.7	Proposed Enrollment Template	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.8	Exception Form	215 ILCS 124/10(g) 50 IAC 4540.40(q)	The Network Adequacy Exception form can be found on the Department's website in an Excel Format. 1) All filers are to comply with the directions on the Excel Exception Form. 2) If no exception is required, please indicate "NA" in the "Location/Affirmed" column.	

### SECTION B - STATE REQUIREMENTS

b.1	Maximum Travel Distance and Time	215 ILCS 124/10(d) 50 IAC 4540.40(d) 50 IAC 4500.90(k)(2)	Provide documentation that demonstrates compliance with Time and Distance Standards for plan beneficiaries in each county of the service area. Maximum Time and Distance Standards: Large Metro County 30/15 Metro County 45/30 Micro County 80/60 Rural County 90/75 CEAC 125/110	
b.2	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.3	Dental Service Delivery	50 IAC 4540.40(p)	Provide written policies and procedures that demonstrate how dental 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.4	Provider Changes	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.5	Referral Processes	50 IAC 4540.40(g)(2)	For HMOs, the written policies and procedures for making referrals within and outside the network.	

### 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	
c.2	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) (OPTIONAL), 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	

c.3	Accessibility and Transparency (Print)	<p>215 ILCS 124/25(a)(4)  215 ILCS 124/25(d)  215 ILCS 124/25(e)  50 IAC 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 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) (OPTIONAL), H) Whether the health care professional accepts appointment request from patients.</p> <p>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.</p> <p>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.</p> <p>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</p>	
c.4	Provider Directory Language	<p>215 ILCS 124/25(a)(5)  215 ILCS 124/25(a)(6)  215 ILCS 124/25(a)(7)</p>	<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 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.</p> <p>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.</p>	