Health Insurer Filing Requirements

TITLE 50: INSURANCE

1) Must file through SERFF. No paper applications will be accepted.
2) Must be filed under tax ID for the entity receiving certification.
3) Instructions for registering your entity and tax ID can be found here: https://Serff.com/Serff_getting_started.htm
4) Must use TOI: Managed Care Entities Sub-TOI: Preferred Provider Administrators
5) Must use filing type: Initial, Renewal, or Update
6) Select Bypass fees on fees tab

Name of Firm		Tax # (FEIN)
Business Address (Number, Street, City, State & Zip)		
Phone	Fax	Email Address
Person Responsible for submitting application:		Phone

HEALTH CARE PREFERRED PROVIDER PROGRAM PAYOR AGREEMENTS	**REFERENCE** 50 Ill. Adm. Code 2051.280	**COMMENTS**	**REFERENCE** Please type or print where the information is located.
Each insurer shall file sample copies of all payor agreements, when applicable. Agreements at a minimum shall contain the following provisions.			
Incentives	50 Ill. Adm. Code 2051.280(a)	Terms requiring and specifying all incentives to be provided to the beneficiary to utilize services of a preferred provider.	
Out-of-Network Referrals	50 Ill. Adm. Code 2051.280(b)	Terms stating that, whenever an administrator or a preferred provider finds it medically necessary to refer a beneficiary to a non-preferred provider, the payor shall ensure that the beneficiary so referred shall incur no greater out of pocket liability than had the beneficiary received services from a preferred provider. Subsection (b) does not apply to a beneficiary who willfully chooses to access a non-preferred provider for health care services available through the administrator's panel of participating providers. In these circumstances, the contractual requirements for non-preferred provider reimbursements will apply.	
Identification Card References	50 Ill. Adm. Code 2051.280(c)	Terms requiring that both the payor's and, if applicable, the administrator's name and toll-free telephone numbers be contained on the beneficiaries' identification card.	

Prohibition on Administrator Assuming Risk	50 Ill. Adm. Code 2051.280(d)	Terms specifying that only the payor may assume any underwriting risk when that risk is part of the delivery of services.	

HEALTH CARE PREFERRED PROVIDER PROGRAM AGREEMENTS	**REFERENCE** 50 Ill. Adm. Code 2051.290	**COMMENTS**	**REFERENCE** Please type or print where the information is located.
Each insurer shall file sample copies of all provider agreements, when applicable. Agreements at a minimum shall contain the following provisions.			
Covered Services/Beneficiary Payment Responsibility	50 Ill. Adm. Code 2051.290(a)	A provision identifying the specific covered health care services for which the preferred provider will be responsible, including any discount services, copayments, benefit maximums, limitations and exclusions, as well as any discount amount or discounted fee schedule reflecting discounted rates	
Provider Administrative Responsibilities	50 Ill. Adm. Code 2051.290(b)	A provision requiring the provider to comply with applicable administrative policies and procedures of the insurer including, but not limited to credentialing or recredentialing requirements, utilization review requirements, and referral procedures.	
Availability of Medical Records	50 Ill. Adm. Code 2051.290(c)	A provision requiring that when payments are due to the provider for services rendered to a beneficiary, the provider must maintain and make medical records available to the administrator and/or the insurer for the purpose of determining, on a concurrent or retrospective basis, the medical necessity and appropriateness of care provided to beneficiaries. Such medical records must also be made available to appropriate State and federal authorities and their agents involved in assessing the accessibility and availability of care or investigating member grievances or complaints and to comply with the applicable State and federal laws related to privacy and confidentiality of medical records.	
Provider Licensure Requirements	50 Ill. Adm. Code 2051.290(d)	A provision requiring providers to be licensed by the State, and to notify the insurer immediately whenever there is a change in licensure or certification status.	
Hospital Admitting Privileges	50 Ill. Adm. Code 2051.290(e)	A provision requiring all physician providers licensed to practice medicine in all its branches to have admitting privileges in at least one hospital with which the insurer has a written provider contract. The insurer shall be notified immediately of any changes in privileges at any hospital or admitting facility. Reasonable exceptions shall be made for physicians who, because of the type of clinical specialty, or location or type of practice, do not customarily have admitting privileges.	

Provider Contract Termination	50 Ill. Adm. Code 2051.290(f)	Termination provisions shall require: (1) Not less than 30 days prior written notice by either party who wishes to terminate the contract without cause; (2) That the insurer may terminate the provider contract for cause immediately; and (3) That the provider acting as primary care physician under plans requiring a gatekeeper option must provide the administrator with a list of all patients using that provider as a gatekeeper within 5 working days after the date that the provider either gives or receives notice of termination.	
Continuation of Services	50 Ill. Adm. Code 2051.290(g)	A provision explaining the provider responsibilities for continuation of covered services in the event of contract termination, to the extent that an extension of benefits is required by law or regulation, or that such continuation is voluntarily provided by the insurer.	
Delegation of Rights Under the Contract	50 Ill. Adm. Code 2051.290(h)	A provision stating that the rights and responsibilities under the contract cannot be sold, leased, assigned, assumed or otherwise delegated by either party without the prior written consent of the other party. The provider's written consent must be obtained for any assignment or assumption of the provider contract whenever an administrator or insurer is bought by another administrator or insurer. A clause within the provider contract allowing assignment will be deemed consent so long as the assignment is in accordance with the terms of the contract. The assignee must comply with all the terms and conditions of the contract being assigned, including all appendices, policies and fee schedules.	
Liability and Malpractice Coverage	50 Ill. Adm. Code 2051.290(i)	A provision stating that the preferred provider has and will maintain adequate professional liability and malpractice coverage, through insurance, self-funding, or other means satisfactory to the administrator. The administrator must be notified within no less than 10 days after the provider's receipt of notice of any reduction or cancellation of the required coverage.	
Non-Discrimination	50 Ill. Adm. Code 2051.290(j)	A provision stating that the provider will provide health care services without discrimination against any beneficiary on the basis of participation in the preferred provider program, source of payment, age, sex, ethnicity, religion, sexual preference, health status or disability.	
Requirement for Provider Collection of Out-of-Pocket Amounts from Beneficiary	50 Ill. Adm. Code 2051.290(k)	A provision regarding the preferred provider's obligation, if any, to collect applicable copayments, coinsurance and/or deductibles from beneficiaries as provided by the beneficiary's health care services contract, and to provide notice to beneficiaries of their personal financial obligations for non-covered services. This provision shall include any amount of applicable discounts or, alternatively, a fee schedule that reflects any discounted rates.	
24/7 Accessibility	50 Ill. Adm. Code 2051.290(*l*)	A provision regarding any obligation to provide covered health services on a 24 hour per day, 7 day per week basis.	

Payment Obligations	50 Ill. Adm. Code 2051.290(m)	A provision clearly describing the insurer's payment obligations to the provider. For DHCSPs, payors may not pay providers for health care services provided to beneficiaries. Payors may not accept money from a beneficiary for payment to a provider for specific health care services furnished or to be furnished to the beneficiary.	
Administrative Services	50 Ill. Adm. Code 2051.290(n)	A provision identifying the administrative services, if any, the insurer will perform and the types of information (financial, enrollment and utilization) that will be submitted to the provider as well as other information that is accessible to the provider.	
Payor Access	50 Ill. Adm. Code 2051.290(o)	A provision obligating the insurer to provide a method for providers to obtain initial information and adequate notice of change in benefits and copayments, and a provision obligating the insurer to provide all of the insurer's operational policies.	
Arbitration Procedures	50 Ill. Adm. Code 2051.290(p)	A provision identifying applicable internal appeal or arbitration procedures for settling contractual disputes or disagreements between the insurer and preferred provider.	

ADMINISTRATOR AGREEMENTS	**REFERENCE** 50 Ill. Adm. Code 2051.300	**COMMENTS**	**REFERENCE** Please type or print where the information is located.
Each insurer shall file sample copies of all administrative agreements, when applicable. Agreements at a minimum shall contain the following provisions.			
Due Diligence	50 Ill. Adm. Code 2051.300(a)	Before entering into a contract with an administrator to administer programs, policies or subscriber contracts in this State as provided by 215 ILCS 5/370i(b)(2), an administrator shall perform due diligence to ensure the other entity is properly registered under this Part or otherwise appropriately licensed under the Insurance Code.	
Terms for the Delegation of Rights Under the Contract	50 Ill. Adm. Code 2051.300(b)	Any provider contract or preferred provider program that is sold, leased, assigned, assumed or otherwise delegated must have the terms of that transaction affecting the provision of health care services by providers, including any additional discount, repricing or other consideration, clearly described in the contract. The administrator or payor accessing the provider network shall be contractually obligated to comply with all applicable terms, limitations and conditions of the provider network contract, including all appendices, policies and fee schedules. An administrator shall provide to the provider upon request a written or electronic list of all current payors to which the provider contract or program has been sold, leased, assigned, assumed or otherwise delegated.	

Administrator Marketing Responsibility	50 Ill. Adm. Code 2051.300(c)	An insurer shall approve in writing prior to use all advertisements, marketing materials, brochures and identification cards used by any administrator or other insurer to market, promote, sell or enroll members in its preferred provider program.	
Delegation of Rights Under the Contract	50 Ill. Adm. Code 2051.300(d)	No preferred provider program may be sold, leased, assigned, assumed or otherwise delegated to another administrator without the prior written consent of the providers contracting under the program. A clause within the provider contract allowing assignment will be deemed consent so long as the assignment is in accordance with terms of the contract. The assignee must comply with all the terms and conditions of the contract being assigned, including all checklists, policies and fee schedules.	

HEALTH CARE PREFERRED PROVIDER PROGRAM NETWORK AVAILABILITY AND ACCESS	**REFERENCE** 50 Ill. Adm. Code 2051.310	**COMMENTS**	**REFERENCE** Please type or print where the information is located.
Each insurer shall file the following information and documents with the Director.			
Method of Marketing	50 Ill. Adm. Code 2051.310(a)(1)	The method of marketing the program	
Geographic Map with Providers Marked	50 Ill. Adm. Code 2051.310(a)(2)	A geographic map of the area proposed to be served by the program by county and zip code, including marked locations of preferred providers.	
List of Providers Names, Addresses and Specialties	50 Ill. Adm. Code 2051.310(a)(3)	The names, addresses and specialties of the providers who have entered into preferred provider agreements under the program;	
Number of Anticipated Beneficiaries	50 Ill. Adm. Code 2051.310(a)(4)	The number of beneficiaries anticipated to be covered by the providers listed in subsection (a)(3)	
Website and Telephone Number Requirements	50 Ill. Adm. Code 2051.310(a)(5)	An Internet website and toll-free telephone number for beneficiaries and prospective beneficiaries to access regarding up-to-date lists of preferred providers, additional information about the DHCSP, as well as any other information necessary to conform to this Part. A plan shall identify specific providers in a beneficiary's area, confirm specific provider participation or provide a listing of preferred providers by mail. Preferred provider lists requested by phone must be sent within 3 working days. The up-to-date provider list applies to all providers that have entered arrangements to provide services under the program either directly, or indirectly through another administrator. Administrators' and insurers' Internet website addresses shall be prominently displayed on all advertisements, marketing materials, brochures, benefit cards and identification cards.	
Description of Accessibility and Availability of Network	50 Ill. Adm. Code 2051.310(a)(6)	A description of how health care services to be rendered under the preferred provider program are reasonably accessible and available to beneficiaries. Standards shall address:	
Type of Services to be Provided	50 Ill. Adm. Code 2051.310(a)(6)(A)	The type of health care services to be provided by the administrator	

Ratio of Providers to Beneficiaries	50 Ill. Adm. Code 2051.310(a)(6)(B)	The ratio of providers to beneficiaries by specialty, including primary care physicians, where applicable under the contract, necessary to meet the health care needs and service demands of the currently enrolled population.	
Greatest Travel Distance	50 Ill. Adm. Code 2051.310(a)(6)(C)	The greatest distance or time that the beneficiary must travel to access: (i) Preferred provider hospital services where applicable under the contract; (ii) Primary care physician and woman's principal health care provider services where applicable under the contract; (iii) Any applicable health care service providers.	
Policies for Closing a Network to New Providers	50 Ill. Adm. Code 2051.310(a)(6)(D)	Written policies and procedures for determining when the program is closed to new providers desiring to enter into preferred provider arrangements;	
Policies for Adding New Providers	50 Ill.Adm. Code 2051.310(a)(6)(E)	Written policies and procedures for adding providers to meet patient needs based on increases in the number of beneficiaries, changes in the patient to provider ratio, changes in medical and health care capabilities, and increased demand for services;	
24/7 Network Access	50 Ill. Adm. Code 2051.310(a)(6)(F)	The provision of 24 hour, seven day per week access to network affiliated primary care and woman's principal health care providers.	
Referral Procedures	50 Ill. Adm. Code 2051.310(a)(6)(G)	The procedures for making referrals within and outside the network.	
Inadequate Networks	50 Ill. Adm. Code 2051.310(a)(6)(H)	In any case whereby a beneficiary has made a good faith effort to utilize preferred providers for a covered service and it is determined the insurer does not have the appropriate preferred providers due to insufficient number, type or distance, the insurer shall ensure, directly or indirectly, by terms contained in the payor contract, that the beneficiary will be provided the covered service at no greater cost to the beneficiary than if the service had been provided by a preferred provider. Subsection (a)(6)(H) does not apply to a beneficiary who willfully chooses to access a non-preferred provider for health care services available through the administrator's panel of participating providers. In these circumstances, the contractual requirements for non-preferred provider reimbursements will apply.	

Lack of Specialty Providers	50 Ill. Adm. Code 2051.310(a)(6)(I)	The procedures for paying benefits when particular physician specialties are not represented within the provider network, or the services of such providers are not available at the time care is sought. In any case in which a beneficiary has made a good faith effort to utilize network providers, by satisfying contractual obligation specified in the benefit contract or certificate, for a covered service and the administrator does not have the appropriate preferred specialty providers (including but not limited to radiologists, anesthesiologists, pathologists and emergency room physicians) under contract due to the inability of the administrator to contract with the specialists, or due to the insufficient number or type of, or travel distance to, specialists, the administrator shall ensure that the beneficiary will be provided the covered service at no greater cost to the beneficiary than if the service had been provided by a preferred provider. This subsection (a)(6)(I) does not apply to a beneficiary who willfully chooses to access a non-preferred provider for health care services available through the administrator's panel of participating providers. In these circumstances, the contractual requirements for non-preferred provider reimbursements will apply.	
Same Benefit Level (emergency care)	50 Ill. Adm. Code 2051.310(a)(6)(J)	A provision that the beneficiary shall receive emergency care coverage such that payment for this coverage is not dependent upon whether the services are performed by a preferred or non-preferred 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 subsection (a)(6)(J), "the same benefit level" means that the beneficiary will be provided the covered service at no greater cost to the beneficiary than if the service had been provided by a preferred provider.	
Pre-Certification Penalty	50 Ill. Adm. Code 2051.310(a)(6)(K)	A limitation that, 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	
Special Communication Needs	50 Ill. Adm. Code 2051.310(a)(6)(L)	Efforts to address the needs of beneficiaries with limited English proficiency and literacy and/or diverse cultural and ethnic backgrounds, and to comply with the Americans With Disabilities Act of 1990	
Identification Card	50 Ill. Adm. Code 2051.310(a)(6)(M)	A sample beneficiary identification card in conformity with the Uniform Health Care Service Benefits Information Card Act [215 ILCS 139], and the Uniform Prescription Drug Information Card Act [215 ILCS 138] when pharmaceutical services are provided as part of the program's health care services.	
Gatekeeper	50 Ill. Adm. Code 2051.310(a)(6)(N)	When a gatekeeper option is included as part of the program, insurers shall make a good faith effort to provide written notice of termination of a provider to all beneficiaries who are patients seen on a regular basis by a provider whose contract is terminating. Where a contract termination involves a primary care physician, in a gatekeeper option, all beneficiaries who are patients of that primary care physician shall also be notified.	

Medical Record Costs	50 Ill. Adm. Code 2051.310(c)	Enrollees are not responsible for any reasonable costs associated with medical record transmission or duplication in order to have a claim adjudicated.	
Administrative Consent Clause	50 Ill. Adm. Code 2051.310(b)	If an administrator is leasing, buying or otherwise using another administrator's or insurer's program, and the required information has previously been filed by the other administrator or insurer, then only the administrative agreement and verification that the providers have consented to the agreement pursuant to Section 2051.300(d) need to be filed. A clause within the provider contract allowing assignment will be deemed consent in the absence of material modification of the provider's obligations under the contract.	

INSURER REQUIREMENTS	**REFERENCE** 50 Ill. Adm. Code 2051.330	**COMMENTS**	**REFERENCE** Please type or print where the information is located.
Each insurer shall file sample copies of all DHCSP agreements, when applicable. Agreements at a minimum shall contain the following provisions.			
Waiver of filing requirements	50 Ill. Adm. Code 2051.330(b)	When incorporated in a policy filing, the filing requirements for Section 2051.330(a) may be waived if the preferred provider arrangement information had previously been filed and is identified in the subsequent filing.	

Declaration:
The undersigned declares that the statements made in this application are true, correct and complete to the best of his/her knowledge and belief.

Signature Date

Print Name and Title Phone

(Source: Amended at 43 Ill. Reg. 11356, effective September 24, 2019)