

**TO BE COMPLETED BY COMPANY**

**Company Name:**

**SERFF Tracking #:**

**Is this Network associated with a Health Plan or SADP 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 and Federal 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.**

<u>Page</u>	<u>Section</u>	<u>Description</u>
1	A	General Filing Requirements and Required Templates
3	B	State Enforcement of Federal Requirements (Compliance with 215 ILCS 122, 215 ILCS 124/, 50 ADM 4540, 45 CFR 156.230)
4	C	Provider Directory Requirements
6	D	Attestations

**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.  <b>An incomplete “Location/Affirmed” column will result in a rejection of the filing.</b>	
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	Network Name	50 ADM 4540.40(b)(4)	ALL filers also must provide the specific name of 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, to assure that all services will be accessible without unreasonable delay. The Department enforces the ECP standards described in the " <a href="#">2025 Final Letter to Issuers in the Federally-facilitated Exchanges</a> ". 3) Is consistent with the network adequacy provisions of section 2702(c) of the PHSA.	
A.6	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.7	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.8	Exception Form	215 ILCS 124/10(g) 50 ADM 4540.40(q)	The Network Adequacy Exception form can be found at: <a href="#">Network Adequacy Exception Form (illinois.gov)</a>  Failure to fulfill with the directions on the Exception Form, could result in a rejection of the filing.	
<b>SECTION B - STATE REQUIREMENTS</b>				
B.1	Maximum Travel Distance and Time	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. 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 are provided in Appendix A for Dental Providers.	
B.2	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.	

B.3	Dental Service Delivery	215 ILCS 124/10(b)(5) 50 ADM 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	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)	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.5	Provider changes	215 ILCS 124/10(a)(1) 50 ADM 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 medical and health care capabilities, and increased demand for services.	
B.6	Referral processes	215 ILCS 124/10(a)(2) 50 ADM 4540.40(g)(2)	The written policies and procedures for making referrals within and outside the network, if applicable.	
<b>SECTION C – Provider Directory Requirements</b>				
C.1	Provider Directories	215 ILCS 124/25 215 ILCS 124/10(b)(2) 215 ILCS 124/10(b)(4) 215 ILCS 124/25(g) 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	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) 215 ILCS 124/25(g)  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>1) 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) Facilities other than hospitals - A) telephone number</p>	

C.3	Accessibility and Transparency (Printed)	<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>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>	
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**Appendix A**

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
Dental	30	15	45	30	80	60	90	75	125	110