

Network Adequacy Checklist

TO BE COMPLETED BY COMPANY

Company Name:

SERFF TOI:

SERFF SUB TOI:

SERFF Tracking #:

ELECTRONIC REFERENCES - FEDERAL

- [Code of Federal Regulations](#)
- [United States Code](#)

ELECTRONIC REFERENCES - ILLINOIS

- [Illinois Insurance Code](#)
- [Administrative Rules](#)
- [Illinois Company Bulletins](#)

Illinois is providing health insurance issuers a Web Portal through which rate filings and actuarial memorandum may be electronically reported. This reporting process does not replace existing requirements for the submission of these materials through SERFF.

[Web Portal 2.1 User Guide – Link](#)

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 policy form, 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.

<u>Page</u>	<u>Part</u>	<u>Title</u>
	<u>Part 1</u>	<u>ALL POLICIES</u>
3	Section A	GENERAL FILING REQUIREMENTS
4	Section B	STATE GUIDELINES

PART 1 - ALL POLICIES				
SECTION A - GENERAL FILING REQUIREMENTS				
Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
1.A.1	Review Requirements Checklist	Review Requirements 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. Please indicate the proper page # and form # for each entry. Each filing must also include a completed Network Adequacy Collection Template and a Proposed Enrollment Template.	
1.A.2	PLAN NETWORK ADEQUACY - REQUIRED OF ALL QHPs	45 CFR 156.230 45 CFR 156.235	The provider network of each QHP must meet these standards:1) Include essential community providers that serve predominately low income, medically underserved individuals2) 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 delay3) Is consistent with the network adequacy provisions of section 2702(c) of the PHSA.	

SECTION B - STATE GUIDELINES				
Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
1.B.1	Network Adequacy General Recommendations	215 ILCS 5/401 215 ILCS 5/370i	DOI shall determine sufficiency by reference to any reasonable criteria, which may include, but shall not be limited to, the guidelines set forth herein: a) Provider-covered person ratios by specialty b) Primary care professional-covered person ratios c) Geographic accessibility of providers d) Geographic variation and population dispersion e) Waiting times for an appointment with participating providers f) Hours of operation g) The ability to meet needs of covered persons, including low-income persons, children & adults with serious, chronic or complex health conditions or physical or mental disabilities, or persons with limited English proficiency h) Other health care service delivery system options, such as telemedicine or telehealth, mobile clinics, centers of excellence and other ways of delivering care i) Volume of technological & specialty care services available to serve the needs of covered persons requiring technologically advanced or specialty care services.	
1.B.2	Provider and Hospital Directories		Web-based physician and hospital directory must be up to date, and include accurate location and contact information. Providers available by telehealth or innovative methods should be clearly identified.	
1.B.3	Suggested Maximum Travel Distance or Time	215 ILCS 5/370i	The maximum recommended distance from any point of service area to a point of service area is: · 30 minutes or 30 miles for primary care, OB-GYN and general hospital care for urban · 60 minutes or 60 miles for primary care, OB-GYN and general hospital care for rural · 45 minutes or 60 minutes for specialist in urban · 75 minutes or 100 miles for specialist in rural	

SECTION B - STATE GUIDELINES - <u>CONTINUED</u>				
Line	Review Requirement	Reference	Items that must be included with Filing	Location/Affirmed
1.B.4	Suggested Ration of providers and facilities to enrollees		Hospital Facility -- 1 per county Mental Health Facility -- 1 per county PCP/Pediatrician -- 1 per 1,000 Allergy/Immunology -- 1 per 15,000 Behavioral Health -- 1 per 5,000 Cardiology -- 1 per 10,000 Chiropractor -- 1 per 10,000 Dermatology -- 1 per 10,000 Endocrinology -- 1 per 10,000 ENT/Otolaryngology -- 1 per 15,000 Gastroenterology -- 1 per 10,000 General Surgery -- 1 per 5,000 Infectious Disease -- 1 per 15,000 Nephrology -- 1 per 10,000 Neurology -- 1 per 20,000 OB/GYN -- 1 per 2,500 Oncology/Radiation -- 1 per 15,000 Ophthalmology -- 1 per 10,000 Orthopedic Surgery -- 1 per 10,000 Physiatry/Rehabilitative -- 1 per 15,000 Plastic Surgery -- 1 per 20,000 Pulmonary -- 1 per 10,000 Rheumatology -- 1 per 10,000 Urology -- 1 per 10,000	
1.B.5	Telehealth and Innovative Care	215 ILCS 5/356z.22	Companies are encouraged to explore and include innovative methods of providing high quality care at lower costs. Use of telehealth services to satisfy network adequacy requirements must be clearly identified and explained.	

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 forms are fully compliant before filing the forms.

Contact Person: Sandra Ross Assistant Deputy Director of Health Products
217-558-3749 Sandra.Ross@Illinois.gov