Contact Person:

Yvonne Clearwater

217- 785-5987

Yvonne.Clearwater@Illinois.gov

Illinois Division of Insurance

Review Requirements Checklist

320 West Washington Street

Springfield, IL 62767-0001

Effective 01/01/2014

For Policies issued after 01/01/2014

Line(s) of Business	Line(s) of Insurance
PPO Network Adequacy	All PPO, accident and health products

Illinois Insurance Code Link	Illinois Compiled Statutes Online		
Illinois Administrative Code Link	Administrative Regulations Online		
Product Coding Matrix	**Product Coding Matrix**		
REVIEW REQUIREMENTS	**REFERENCE**	**DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS**	**LOCATION OF STANDARD IN FILING**
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
FORM FILING REQUIREMENTS	**REFERENCE**	**DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS**	**LOCATION OF STANDARD IN FILING**
Accredited		To the extent an issuer provides proof of URAC or NCQA accreditation, network adequacy requirements will be deemed to have been met.	
Review Requirements Checklist	Go to Review Requirements Checklists on DOI web site. See next column	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.	
MANAGED CARE PLAN NETWORK ADEQUACY	CFR Section 156.230 Network Adequacy standards.	The Affordable Care Act sets out the minimum requirements for network adequacy that a plan must meet to be certified as a QHP. Subpart C – Qualified Health Plan Minimum Certification	

		Standards, section 156.230 Network Adequacy standards, states that a QHP issuer must ensure that the provider network of each of its QHPs meets these standards: 1) Include essential community providers, that serve predominately low-income, medically underserved individuals, such as health care providers defined in section 340B(a)(4) of the PHSA and in accordance with §156.235. 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. 3) Is consistent with the network adequacy provisions of section 2702(c) of the PHSA.	
COMPANY REQUIREMENTS			
Service Area and Network Adequacy	215 ILCS 370i CFR sections 156.230 & 156.235. Sections 340B(a)(4) &2702(c) of the PHSA.	All covered health care plans that are offered by the PPO shall have sufficient in number and location to be readily available and accessible within the geographical service area to all enrollees. The PPO must sufficient number of primary care physicians (PCP) and specialist with hospital admitting privileges at participating facilities who are accessible 24 hours per day, seven days per week within the PPO's service area. The PPO must have an agreement with at least a hospital located in each geographic county if available of the surrounding county's hospital.	
Greatest Travel Distance	215 ILCS 370i CFR sections 156.230 & 156.235. Sections 340B(a)(4) &2702(c) of the PHSA.	The distance from any point in the PPO's service area to a point of service can be no greater than: 30-45 miles for primary care, OB-GYN and general hospital care for urban 60-100 miles for primary care, OB-GYN and general hospital care for rural 45 -60 miles for specialist in urban 75-100 miles for specialist in rural	

Ratio of provider to enrollees	215 ILCS 370i CFR sections 156.230 & 156.235. Sections 340B(a)(4) &2702(c) of the PHSA.	PCP Specialty Cardiology Gastroenterology General Surgery Neurology OB/GYN Oncology Ophthalmology Urology	1 per 1,000 1 per 10,000 1 per 10,000 1 per 5000 1 per 20,000 1 per 2,500 1 per 15,000 1 per 10,000 1 per 10,000	