

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER ww: HEALTH CARE SERVICE PLANS

PART 4500
ILLINOIS HEALTH BENEFITS EXCHANGE

8	Section	
9	4500.10	Purpose
10	4500.20	Applicability
11	4500.30	Definitions
12	4500.40	QHP Issuer Certification
13	4500.50	QHP Recertification
14	4500.60	Non-certification of QHPs
15	4500.70	QHP Decertification
16	4500.80	Plan Suppression
17	4500.90	Minimum QHP Certification Standards
18	4500.100	Illinois SHOP
19	4500.110	Compliance Reviews of QHP Issuers
20	4500.120	Standards for QHP Issuers in Specific Types of Exchanges
21	4500.130	Casework Standards
22	4500.140	State Awards for Navigators and In-Person Counselor Organizations, and
23		Certifications for Certified Application Counselor Organizations and Certified
24		Application Counselors
25	4500.150	Agent and Broker Standards for Assisting with Enrollment in QHPs
26	4500.160	Cultural, Linguistic, and Accessibility Standards

27
28 AUTHORITY: Implementing Sections 5-5, 5-10, 5-21, and 5-23 of the Illinois Health Benefits
29 Exchange Law [215 ILCS 122], Sections 50 and 90 of the Grant Accountability and
30 Transparency Act [30 ILCS 708], and 42 U.S.C. 18031, and authorized by Section 50 of the
31 Grant Accountability and Transparency Act, Section 401 of the Illinois Insurance Code [215
32 ILCS 5], and Section 5-23 of the Illinois Health Benefits Exchange Law.

33
34 SOURCE: Adopted at 48 Ill. Reg. _____, effective_____.

35
36 **Section 4500.10 Purpose**

37
38 This Part implements State and federal requirements for the operation of the Illinois Health
39 Benefits Exchange as a State-based Exchange on the Federal Platform for plan year 2025 and as
40 a State-based Exchange for plan year 2026 onward. Nothing in this Part incorporating a federal
41 standard supersedes any more stringent or additional requirement provided under other State law
42 or rule applicable to the same health plan, health insurance issuer, or person unless the federal
43 standard requires the Exchange to enforce it without deviation.

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Section 4500.20 Applicability

This Part applies to:

- a) health insurance issuers, including companies, health maintenance organizations, limited health service organizations, and dental service plan corporations;
- b) insurance producers;
- c) Navigators, Certified Application Counselors, Certified Application Counselor Organizations, and In-Person Counselors;
- d) employers;
- e) applicants, application filers, and enrollees;
- f) any other individual or entity seeking to participate in or facilitate enrollment through the Exchange; and
- g) where applicable, officers, directors, employees, authorized representatives, or others in an agency relationship with the persons listed in subsections (a) through (f).

Section 4500.30 Definitions

The following definitions apply to this Part:

"2023 Letter" means the "2023 Final Letter to Issuers in the Federally-facilitated Exchanges" published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244 (Apr. 28, 2022) (no later editions or amendments), available online at https://www.cms.gov/sites/default/files/2022-04/Final-2023-Letter-to-Issuers_0.pdf.

"Advance payments of the premium tax credit" or "APTCs" means payments of the tax credits specified in 26 U.S.C. 36B that are provided on an advance basis to an eligible individual enrolled in a QHP through the Exchange.

"Affiliate" or "affiliated" has the meaning ascribed in Section 131.1(a) of the Code.

"Agent or broker" has the meaning ascribed in 45 CFR 155.20 (May 5, 2021) (no later editions or amendments).

87
88 "Annual open enrollment period" means the period each year when a qualified
89 individual may enroll or change coverage in a QHP through the Exchange for an
90 upcoming benefit year (see 45 CFR 155.20).
91
92 "Applicant" has the meaning ascribed in 45 CFR 155.20.
93
94 "Application filer" has the meaning ascribed in 45 CFR 155.20.
95
96 "Award" has the meaning ascribed in Section 15 of GATA.
97
98 "Benefit year" has the meaning ascribed in 45 CFR 155.20.
99
100 "Catalog of State Financial Assistance" has the meaning ascribed in Section 15 of
101 GATA.
102
103 "Certified Application Counselor" has the meaning ascribed in 50 Ill. Adm. Code
104 4515.20.
105
106 "Certified Application Counselor Organization" has the meaning ascribed in 50
107 Ill. Adm. Code 4515.20.
108
109 "Code" means the Illinois Insurance Code [215 ILCS 5].
110
111 "Company" has the meaning ascribed in Section 2(e) of the Code.
112
113 "Cost sharing" has the meaning ascribed in 45 CFR 155.20.
114
115 "Cost-sharing reductions" or "CSRs" has the meaning ascribed in 45 CFR 155.20.
116
117 "Dental service plan corporation" has the meaning ascribed in Section 3 of the
118 Dental Service Plan Act [215 ILCS 110].
119
120 "Department" means the Illinois Department of Insurance.
121
122 "Dependent" means any individual who is or who may become eligible for
123 coverage under the terms of a QHP because of a relationship to a qualified
124 individual or enrollee.
125
126 "Director" means the Director of the Department.
127
128 "Employee" has the meaning ascribed in 29 U.S.C. 1002(6).
129

130 "Employer" has the meaning ascribed in 29 U.S.C. 1002(5), except that the term
131 only includes employers of two or more employees. All persons treated as a single
132 employer under 26 U.S.C. 414(b), (c), (m), or (o) are treated as one employer for
133 purposes of this Part.

134
135 "Enrollee" has the meaning ascribed in 45 CFR 155.20.

136
137 "Essential community provider" or "ECP" has the meaning ascribed in 45 CFR
138 156.235(c) (Apr. 27, 2023) (no later editions or amendments).

139
140 "Exchange" or "Illinois Exchange" means the Illinois Health Benefits Exchange
141 established under Section 5-5 of the IHBE Law and 42 U.S.C. 18031.

142
143 "Federal platform agreement" means an agreement between the Illinois Exchange,
144 including the SHOP, and HHS under which the Illinois Exchange agrees to rely
145 on the Federal platform to carry out select Exchange functions (see 45 CFR
146 155.20).

147
148 "Fraternal benefit society" has the meaning ascribed in Section 282.1 of the Code.

149
150 "Full-time employee" has the meaning ascribed in 26 U.S.C. 4980H(c)(4) as
151 implemented under 26 CFR 54.4980H-3 (Feb. 12, 2014) (no later editions or
152 amendments). This definition applies in all instances where the term "full-time
153 employee" appears in any provision incorporated by reference under this Part.

154
155 "GATA" means the Grant Accountability and Transparency Act [30 ILCS 708].

156
157 "Group health insurance coverage" has the meaning ascribed in 42 U.S.C. 300gg-
158 91(b)(4).

159
160 "Health insurance coverage" has the meaning ascribed in 42 U.S.C. 300gg-
161 91(b)(1).

162
163 "Health insurance issuer" has the meaning ascribed in 42 U.S.C. 300gg-91(b)(2).

164
165 "Health maintenance organization" has the meaning ascribed in Section 1-2(9) of
166 the Health Maintenance Organization Act [215 ILCS 125].

167
168 "Health professional shortage area" has the meaning ascribed in 42 U.S.C. 254e.

169
170 "HHS" means the United States Department of Health and Human Services.

171
172 "Health plan" has the meaning ascribed in 42 U.S.C. 18021(b)(1).

173
174 "Individual health insurance coverage" has the meaning ascribed in 42 U.S.C.
175 300gg-91(b)(5).
176
177 "IHBE Law" means the Illinois Health Benefits Exchange Law [215 ILCS 122].
178
179 "In-Person Counselor" has the meaning ascribed in 50 Ill. Adm. Code 4515.20.
180
181 "Insurance holding company system" has the meaning ascribed in Section
182 131.1(c) of the Code.
183
184 "Insurance producer" has the meaning ascribed in Section 500-10 of the Code.
185
186 "Limited health service organization" has the meaning ascribed in Section 1002 of
187 the Limited Health Service Organization Act [215 ILCS 130].
188
189 "Metal level" means the level of coverage described in 42 U.S.C. 18022(d).
190
191 "NATA" means the Network Adequacy and Transparency Act [215 ILCS 124].
192
193 "Navigator" has the meaning ascribed in 50 Ill. Adm. Code 4515.20.
194
195 "Notice of Funding Opportunity" or "NOFO" has the meaning ascribed in 44 Ill.
196 Adm. Code 7000.30.
197
198 "Person" has the meaning ascribed in Section 2(l) of the Code.
199
200 "Plain language" has the meaning ascribed in 42 U.S.C. 18031(e)(3)(B).
201
202 "Plan year" has the meaning ascribed in 45 CFR 155.20.
203
204 "Product" has the meaning ascribed in 45 CFR 144.103 (May 6, 2022) (no later
205 editions or amendments).
206
207 "Qualified employee" has the meaning ascribed in 45 CFR 155.20.
208
209 "Qualified employer" has the meaning ascribed in 45 CFR 155.20.
210
211 "Qualified health plan" or "QHP" has the meaning ascribed in 42 U.S.C.
212 18021(a).
213
214 "Qualified health plan issuer" or "QHP issuer" means a health insurance issuer
215 that offers a QHP in accordance with a certification from the Exchange.

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"Qualified health plan service area" or "QHP service area" means the entire geographic area of a county or group of counties where a QHP may be offered, unless the Exchange has approved a smaller geographic area for the QHP under the criteria provided in 45 CFR 155.1055 (Mar. 27, 2012) (no later editions or amendments).

"Qualified individual" means an individual who has been determined eligible to enroll through the Exchange in a QHP in the individual market.

"SERFF" means the System for Electronic Rate and Form Filing.

"SHOP" or "Illinois SHOP" means the Small Business Health Options Program operated by the Exchange through which a qualified employer can provide its employees and their dependents with access to one or more QHPs.

"Small employer" has the meaning ascribed in 45 CFR 155.20 to the extent that definition sets a limit of 50 employees.

"Small group market" has the meaning ascribed in 45 CFR 155.20.

"Special enrollment period" means a period during which a qualified individual or enrollee who experiences certain qualifying events may enroll in, or change enrollment in, a QHP through the Exchange outside of the annual open enrollment period (see 45 CFR 155.20).

"Stand-alone dental plan" or "SADP" has the meaning ascribed in 45 CFR 156.400 (May 6, 2022) (no later editions or amendments).

"Standardized option" means, pursuant to 45 CFR 155.20, a QHP offered for sale through the Exchange in the individual market that either:

has a standardized cost-sharing structure specified in Table 12 of "Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025; Updating Section 1332 Waiver Public Notice Procedures; Medicaid; Consumer Operated and Oriented Plan (CO-OP) Program; and Basic Health Program", 88 Fed. Reg. 82510, 82605 (Nov. 24, 2023) (no later editions or amendments), available online at <https://www.govinfo.gov/content/pkg/FR-2023-11-24/pdf/2023-25576.pdf>; or

has the standardized cost-sharing structure specified in Table 12 that is modified only to the extent necessary to align with high deductible health

259 plan requirements under 26 U.S.C. 223 or the applicable annual limitation
260 on cost-sharing and HHS actuarial value requirements.

261 "State award" has the meaning ascribed in Section 15 of GATA.
262

263
264 **Section 4500.40 QHP Issuer Certification**
265

- 266 a) The Exchange will only offer health plans that have in effect a certification issued
267 or that are recognized as plans deemed certified for participation in the Exchange
268 as a QHP, unless specifically provided otherwise (see 45 CFR 155.1000(b) (Feb.
269 27, 2015) (no later editions or amendments)).
270
- 271 b) For certification in any given year, a QHP issuer must be validly accredited in
272 accordance with the timeline set at 45 CFR 155.1045(b) (Feb. 25, 2013) (no later
273 editions or amendments). An accreditation is valid if it complies with the
274 requirements of 45 CFR 156.275 (Feb. 25, 2013) (no later editions or
275 amendments). A QHP issuer's certification submission to the Department must
276 include evidence of compliance with accreditation standards for its place on the
277 timeline.
278
- 279 c) The Exchange will allow a limited scope dental benefits plan to be offered
280 through the Exchange under the conditions specified in 45 CFR 155.1065 (Mar.
281 27, 2012) (no later editions or amendments).
282
- 283 d) The Exchange may certify a health plan as a QHP in the Exchange if (see 45 CFR
284 155.1000(c)):
285
- 286 1) the health insurance issuer provides evidence during the certification
287 process that it complies with the minimum certification requirements
288 outlined in Section 4500.90, as applicable; and
289
 - 290 2) the Exchange determines that making the health plan available is in the
291 interest of the qualified individuals and qualified employers, except that
292 the Exchange will not exclude a health plan:
 - 293 A) on the basis that the plan is a fee-for-service plan;
294
 - 295 B) through the imposition of premium price controls; or
296
 - 297 C) on the basis that the health plan provides treatments necessary to
298 prevent patients' deaths in circumstances the Exchange determines
299 are inappropriate or too costly.
300
- 301

- 302 e) QHP certifications will be issued on a calendar-year basis. However, for the
 303 SHOP, except when the Exchange has decertified the QHP pursuant to Section
 304 4500.70, a certification will continue to remain in effect for the duration of any
 305 plan year beginning in the calendar year for which the QHP was certified, even if
 306 the plan year ends after the calendar year for which the QHP was certified (see 45
 307 CFR 155.1000(d)).
 308
- 309 f) At least six months before the start of the annual open enrollment period, the
 310 Exchange will annually publish on its website a timeline of QHP certification
 311 deadlines and milestones, including, but not limited to, the date the application
 312 period will open, an initial application deadline, a final application deadline, a
 313 deadline for QHP issuers to sign QHP certification agreements, and the date the
 314 Exchange will release certification notices to issuers along with fully executed
 315 QHP certification agreements. The certification notice and fully-executed QHP
 316 certification agreements will be released no later than 25 days before the start of
 317 the annual open enrollment period.
 318

319 **Section 4500.50 QHP Recertification**

320
 321 The criteria for initial certification apply to recertification, except that the Exchange will account
 322 for changes in applicable State and federal laws and rules as of the time of recertification. The
 323 Exchange will notify the QHP issuer of the recertification decision in the same manner as the
 324 initial certification no later than two weeks before the beginning of the annual open enrollment
 325 period.
 326

327 **Section 4500.60 Non-certification of QHPs**

- 328
- 329 a) If a QHP issuer elects not to seek certification for a subsequent, consecutive
 330 certification cycle within the Exchange, the QHP issuer, at a minimum, must:
 331
- 332 1) Notify the Exchange of its decision before the beginning of the
 333 recertification process, and no later than the deadline specified in 215
 334 ILCS 97/60, and adhere to the procedures adopted by the Exchange under
 335 45 CFR 155.1075 (Feb. 27, 2015) (no later editions or amendments);
 336
 - 337 2) fulfill its obligation to cover benefits for each enrollee through the end of
 338 the plan or benefit year through the Exchange;
 339
 - 340 3) fulfill data reporting obligations from the last plan or benefit year of the
 341 certification;
 342
 - 343 4) provide notice to enrollees as described in subsection (b); and
 344

- 345 5) terminate the coverage or enrollment through the Exchange of enrollees in
 346 the QHP in accordance with 45 CFR 156.270 (Apr. 27, 2023) (no later
 347 editions or amendments), as applicable (see 45 CFR 156.290(a) (Dec. 22,
 348 2016) (no later editions or amendments)).
 349
 350 b) When, for a subsequent, consecutive certification cycle, a QHP issuer elects not to
 351 seek certification with the Exchange, or the Exchange denies certification of a
 352 QHP, the QHP issuer must provide written notice to each enrollee in the form and
 353 manner specified in Part 2025 (see 45 CFR 156.290(b)).
 354

355 **Section 4500.70 QHP Decertification**
 356

- 357 a) At any time, the Exchange may decertify a health plan if the Exchange determines
 358 that the QHP issuer no longer complies with the certification criteria in subsection
 359 (c) (see 45 CFR 155.1080(c) (May 29, 2012) (no later editions or amendments)).
 360 In particular, the Exchange may decertify a QHP on one or more of the following
 361 grounds (see 45 CFR 156.810(a) (Mar. 8, 2016) (no later editions or
 362 amendments)):
 363
 364 1) the QHP issuer substantially fails to comply with federal or State laws and
 365 regulations applicable to QHP issuers participating in the Exchange;
 366
 367 2) the QHP issuer substantially fails to comply with the standards related to
 368 the risk adjustment, reinsurance, or risk corridors programs as described in
 369 45 CFR 156.810(a)(2);
 370
 371 3) the QHP issuer substantially fails to comply with the transparency and
 372 marketing standards of 45 CFR 156.220 (Mar. 27, 2012) (no later editions
 373 or amendments) and 45 CFR 156.225 (Apr. 27, 2023) (no later editions or
 374 amendments);
 375
 376 4) the QHP issuer substantially fails to comply with the health insurance
 377 issuer responsibilities for advance payments of the premium tax credit and
 378 cost-sharing in 45 CFR 156, Subpart E, as those provisions of the Code of
 379 Federal Regulations were in effect on January 12, 2024 (no later editions
 380 or amendments);
 381
 382 5) the QHP issuer is operating in the Exchange in a manner that hinders the
 383 efficient and effective administration of the Exchange;
 384
 385 6) the QHP no longer meets the applicable standards set forth under Section
 386 4500.90;
 387

- 388 7) based on credible evidence, the QHP issuer has committed or participated
389 in fraudulent or abusive activities, including submission of false or
390 fraudulent data;
391
- 392 8) the QHP issuer substantially fails to meet the requirements under Section
393 4500.90(k) related to network adequacy standards or Section 4500.90(l)
394 related to inclusion of essential community providers;
395
- 396 9) the QHP issuer substantially fails to comply with State or federal laws and
397 regulations related to internal claims and appeals and external review
398 processes, including, but not limited to, the Managed Care Reform and
399 Patient Rights Act and the Health Carrier External Review Act;
400
- 401 10) the Department's policy form compliance or premium rate review
402 divisions recommend to the Exchange that the QHP should no longer be
403 available in the Exchange;
404
- 405 11) the QHP issuer substantially fails to comply with the privacy or security
406 standards in 45 CFR 155.260 (Nov. 15, 2021) (no later editions or
407 amendments);
408
- 409 12) the QHP issuer substantially fails to meet the requirements related to the
410 cases forwarded to QHP issuers under Section 4500.130;
411
- 412 13) the QHP issuer substantially fails to meet the requirements related to the
413 offering of a QHP under 45 CFR 156, Subpart M, as those provisions of
414 the Code of Federal Regulations were in effect on June 4, 2024 (no later
415 editions or amendments);
416
- 417 14) the QHP issuer offering the QHP is the subject of a pending, ongoing, or
418 final State regulatory or enforcement action or determination that relates to
419 the issuer offering QHPs in the Exchange; or
420
- 421 15) the Department or HHS reasonably believes that the QHP issuer lacks the
422 financial viability to provide coverage under its QHPs until the end of the
423 plan year.
424

425 b) Sanctions and determinations
426

- 427 1) The Exchange may consider regulatory or enforcement actions taken by
428 the Department or HHS against a QHP issuer as a factor in determining
429 whether to decertify a QHP offered by that issuer.
430

- 431 2) The Exchange may decertify a QHP offered by an issuer based on a
432 determination or action by the Department as it relates to the issuer
433 offering QHPs in the Exchange, including when the State places an issuer
434 or its parent organization into receivership or when the Department's
435 policy form compliance or rate review division recommends to the
436 Exchange that the QHP no longer be available in the Exchange (see 45
437 CFR 156.810(b)).
438
- 439 c) For standard decertifications on grounds other than those described in subsection
440 (a)(7) through (a)(9), the Exchange will provide written notice to the QHP issuer
441 and enrollees in the QHP, which will include the following (see 45 CFR
442 156.810(c)):
443
- 444 1) the effective date of the decertification, which will be no earlier than 30
445 days after the date of issuance of the notice;
446
- 447 2) the reason or reasons for the decertification, including the statute, statutes,
448 regulation, or regulations that are the basis for the decertification;
449
- 450 3) for the written notice to the QHP issuer, information about the effect of the
451 decertification on the issuer's ability to offer the QHP in the Exchange,
452 which will include information about the procedure for appealing the
453 decertification by making a hearing request within 10 days of the issuance
454 of the notice; and
455
- 456 4) for the written notice to the QHP enrollees, information about the effect of
457 the decertification on enrollment in the QHP and about the availability of a
458 special enrollment period, as described in 45 CFR 155.420.
459
- 460 d) For expedited decertifications on grounds described in subsection (a)(6) through
461 (a)(9), the Exchange will provide written notice to the QHP issuer and enrollees in
462 the QHP, which will include the following (see 45 CFR 156.810(d)):
463
- 464 1) the effective date of the decertification as determined by the Exchange;
465 and
466
- 467 2) the information required by subsection (c)(2) through (c)(4).
468
- 469 e) An issuer may appeal the decertification of a QHP offered by that issuer under
470 subsection (c) or (d), or the denial of certification of a health plan as a QHP, by
471 filing a request for hearing before the Department within 10 days of the issuance
472 of the written notice to the QHP issuer. The hearing will be conducted under 50

473 III. Adm. Code 2402. If an issuer files a request for hearing on a decertification
 474 (see 45 CFR 156.810(e)):

- 475
- 476 1) If the decertification is under subsection (b)(1), the decertification will not
 477 take effect before the issuance of the final administrative decision in the
 478 appeal, notwithstanding the effective date specified in subsection (b)(1);
 479 and
- 480
- 481 2) If the decertification is under subsection (b)(2), the decertification will
 482 take effect on the date specified in the notice of decertification, but the
 483 certification of the QHP may be reinstated immediately upon issuance of a
 484 final administrative decision that the QHP should not be decertified.
 485
- 486 f) If the Exchange decertifies a QHP, the QHP issuer must terminate the enrollment
 487 of enrollees through the Exchange only after (see 45 CFR 156.290(c) (Dec. 22,
 488 2016) (no later editions or amendments)):
- 489
- 490 1) the Exchange made notification as described in 45 CFR 155.1080; and
 491
- 492 2) enrollees have had an opportunity to enroll in other coverage.
 493

494 **Section 4500.80 Plan Suppression**

495

496 The Exchange may temporarily make a QHP certified to be offered through the Exchange
 497 temporarily unavailable for enrollment through the Exchange on one or more of the following
 498 grounds (see 45 CFR 156.815(a) through (b) (Feb. 27, 2015) (no later editions or amendments)):
 499

- 500 a) The QHP issuer notifies the Exchange of its intent to withdraw the QHP from the
 501 Exchange when one of the exceptions to guaranteed renewability of coverage
 502 related to discontinuing a particular product or discontinuing all coverage applies
 503 under 45 CFR 147.106(c) or (d) (Apr. 25, 2019) (no later editions or
 504 amendments);
 505
- 506 b) Data submitted for the QHP is incomplete or inaccurate;
 507
- 508 c) The QHP is in the process of being decertified as described in Section 4500.70(c)
 509 or (d), or the QHP issuer is appealing a completed decertification through a
 510 hearing in accordance with 50 Ill. Adm. Code 2402;
 511
- 512 d) The QHP issuer offering the QHP is the subject of a pending, ongoing, or final
 513 State or HHS regulatory or enforcement action or determination that could affect
 514 the issuer's ability to enroll consumers or otherwise relates to the issuer offering
 515 QHPs in the Exchange; or

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- e) One of the exceptions to guaranteed availability of coverage related to special rules for network plans or financial capacity limits under 45 CFR 147.104(c) or (d) (May 6, 2022) (no later editions or amendments) applies.

Section 4500.90 Minimum QHP Certification Standards

To participate in the Exchange, a health insurance issuer must have in effect a certification issued or recognized by the Exchange to demonstrate that each health plan it offers in the Exchange is a QHP in accordance with 45 CFR 156.200(a) through (f) and (h) (May 6, 2022) (no later editions or amendments).

- a) For the purpose of 45 CFR 156.200(b)(1), the Exchange establishes subsections (e) through (v) and Section 4500.80. The Exchange also adopts 45 CFR 156.200(b)(2) through (b)(7) and 156.200(c).
- b) For the purpose of 45 CFR 156.200(d), the Department's approval pursuant to applicable State law of all policy forms and, beginning for Plan Year 2026, all rates to be used in connection with a QHP is among the conditions for participation in the Exchange.
- c) For the purpose of 45 CFR 156.200(e), in accordance with 50 Ill. Adm. Code 2603, a QHP issuer must not discriminate on the basis of gender identity or sexual orientation regardless of whether federal law continues to recognize them as discrimination on the basis of sex.
- d) For 45 CFR 156.200(f), the phrase "the Illinois Exchange" is substituted for "a Federally-facilitated Exchange".
- e) A QHP issuer must comply with the requirements related to standardized options and non-standardized options codified at 45 CFR 156.201(b) (Apr. 27, 2023) (no later editions or amendments) and 45 CFR 156.202(b) through (e) (Apr. 15, 2024) (no later editions or amendments).
- f) A QHP issuer must comply with the rate and benefit information requirements in 45 CFR 156.210 (Apr. 27, 2023) (no later editions or amendments). For purposes of 45 CFR 156.210(b) through (c), the rate submissions and justifications must comply with 50 Ill. Adm. Code 2026.
- g) In order for a health plan to be certified as a QHP initially and to maintain certification to be offered in the individual market on the Exchange, the issuer must meet the requirements related to the administration of cost-sharing reductions and advance payments of the premium tax credit set forth in 45 CFR

- 559 156, Subpart E (see 45 CFR 156.215 (Mar. 11, 2013) (no later editions or
560 amendments).
561
562 h) A QHP issuer must provide specified types of information to the Exchange, the
563 Department, HHS, the public, and individuals in plain language as provided in 45
564 CFR 156.220 (Mar. 27, 2012) (no later editions or amendments).
565
566 i) A QHP issuer must comply with the requirements for access to and exchange of
567 health data and plan information provided in 45 CFR 156.221 (May 1, 2020) (no
568 later editions or amendments), substituting "the Illinois Exchange" for "a
569 Federally-facilitated Exchange."
570
571 j) A QHP issuer and its officials, agents, employees, and representatives must
572 comply with the marketing and benefit design requirements of 45 CFR 156.225
573 (Apr. 27, 2023) (no later editions or amendments).
574
575 k) In addition to any other network adequacy and transparency requirements
576 applicable under State law, for the purpose of implementing 45 CFR
577 156.230(a)(1)(ii), (a)(1)(iii), (a)(2)(i)(A), (a)(2)(ii), (a)(3), and (a)(4) (Apr. 27,
578 2023) (no later editions or amendments) for State-based Exchanges and State-
579 based Exchanges on the Federal Platform, and subject to 42 U.S.C. 300gg-1(c):
580
581 1) For a medical QHP, a QHP issuer must file with the Department a network
582 adequacy and transparency description for each QHP in compliance with
583 50 Ill. Adm. Code 4540. However, for mental health and substance use
584 disorder providers, the QHP issuer must demonstrate compliance with the
585 time and distance standards in Tables 3.1 and 3.2 of the 2023 Letter in any
586 county where those standards are more stringent than the standards in
587 Section 10(d-5) of NATA. (see 45 CFR 156.230(a)(2)(i)(A)) Nothing in
588 this subsection (k)(1) supersedes the requirement that, if the applicable
589 time and distance standards under 215 ILCS 124/10(d-5) are not met
590 within a county, the issuer shall provide the necessary exceptions to its
591 network as described in 215 ILCS 124/10(d-5)(3).
592
593 2) For an SADP, a QHP issuer must file with the Department a network
594 adequacy and transparency description that satisfies the provisions of 50
595 Ill. Adm. Code 4540.30 and 50 Ill. Adm. Code 4540.40(a), (b)(3), (b)(4),
596 (c), (d)(1), (g)(1), (g)(2), (h), (i), (j), (p), (q)(1), (q)(2), (q)(5), and (r). For
597 50 Ill. Adm. Code 4540.40(d)(1), Table 3.3 of the 2023 Letter applies
598 instead of Tables 3.1 and Table 3.2 (see 45 CFR 156.230(a)(2)(i)(A)).
599
600 3) For exception requests, a QHP issuer must include a completed QHP
601 network adequacy justification form (see 45 CFR 156.230(a)(2)(ii)).

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- 4) In general, the Exchange may grant an exception to a time and standard in Tables 3.1, 3.2, or 3.3 of the 2023 Letter if the Exchange determines that making the QHP available through the Exchange is in the interests of qualified individuals in this State (see 45 CFR 156.230(a)(3)). However, under Section 10(g) of NATA, the Department cannot grant an exception to any time and distance standard for mental health or substance use disorder providers specified in Section 10(d-5) of NATA. In any county where the time and distance standard in the 2023 Letter is more stringent than the standard in Section 10(d-5), the Exchange may grant an exception only to the extent that the QHP still complies with the time and distance standards in Section 10(d-5). If the QHP does not comply with the time and distance standards in Section 10(d-5) in a county, then the QHP must comply with the network exceptions provision in Section 10(d-5)(3).
- 5) The provisions of 45 CFR 156.230(a)(4) apply to the Exchange only when at least 80 percent of counties in the State are classified as Counties with Extreme Access Considerations (CEAC) as defined in 50 Ill. Adm. Code 4540.30.
- l) For the purpose of implementing the federal requirement at 45 CFR 156.235(a)(1) that a QHP issuer must include in its provider network a sufficient number and geographic distribution of essential community providers, where available, to ensure reasonable and timely access to a broad range of such providers for low-income individuals or individuals residing in Health Professional Shortage Areas within the QHP service area, in accordance with the network adequacy standards of the Exchange where the QHP is offered, the Illinois Exchange adopts the standards applicable in Federally-facilitated Exchanges as provided in 45 CFR 156.235.
- m) A QHP issuer must comply with the requirements for coverage through a direct primary care medical home provided in 45 CFR 156.245 (Mar. 27, 2012) (no later editions or amendments).
- n) A QHP issuer must provide all information that is critical for obtaining health insurance coverage or access to health care services through the QHP in the manner required under 45 CFR 156.250 (Feb. 27, 2015) (no later editions or amendments).
- o) A QHP issuer must comply with the limitations on rating variations provided in 45 CFR 156.255 (Mar. 27, 2012) (no later editions or amendments).

- 644 p) In the individual market, a QHP issuer must (see 45 CFR 156.260 (Mar. 27, 2012)
645 (no later editions or amendments)):
646
- 647 1) Enroll a qualified individual during the annual open enrollment periods
648 described in 45 CFR 155.410(e)(4) (Apr. 15, 2024) (no later editions or
649 amendments), and abide by the effective dates of coverage established at
650 45 CFR 155.410(f)(3);
651
 - 652 2) Make available, at a minimum, special enrollment periods for QHPs
653 described in 45 CFR 155.420(d) (Apr. 15, 2024) (no later editions or
654 amendments) and abide by the effective dates of coverage established at
655 45 CFR 155.420(b); and
656
 - 657 3) notify a qualified individual of the qualified individual's effective date of
658 coverage.
659
- 660 q) A QHP issuer must comply with the enrollment process for qualified individuals
661 provided in 45 CFR 156.265 (May 14, 2020) (no later editions or amendments).
662 Until the Exchange becomes a State-based Exchange, the Exchange will enforce
663 45 CFR 156.265(d) regarding binder payments and premium payment deadlines
664 in the manner required under 45 CFR 156.350(a)(4) (Apr. 17, 2018) (no later
665 editions or amendments).
666
- 667 r) A QHP issuer must comply with the termination of coverage or enrollment for
668 qualified individuals provided in 45 CFR 156.270.
669
- 670 s) A QHP issuer must comply with the provisions for issuer participation for the full
671 plan year specified in 45 CFR 156.272 (Dec. 22, 2016) (no later editions or
672 amendments), except that:
673
- 674 1) references within that rule to 45 CFR 156.815 instead will refer to Section
675 4500.80 of this Part; and
676
 - 677 2) references to a "Federally-facilitated Exchange" or "Federally-facilitated
678 SHOP" refer to the Illinois Exchange's individual market or the Illinois
679 SHOP, respectively.
680
- 681 t) For the abortion care and abortifacient coverages required under Sections 356z.4a
682 and 356z.60 of the Code, a QHP issuer must comply with 45 CFR 156.280(d)
683 through (i) (Sep. 27, 2021) (no later editions or amendments).
684
- 685 u) A QHP issuer offering a QHP through the SHOP must comply with 45 CFR
686 156.286 (Apr. 17, 2018) (no later editions or amendments).

- 687
 688 v) A QHP issuer must comply with the prescription drug distribution and cost
 689 reporting requirements of 45 CFR 156.295 (May 5, 2021) (no later editions or
 690 amendments).
 691

692 **Section 4500.100 Illinois SHOP**
 693

- 694 a) This Section applies at any time the Exchange operates a SHOP for the small
 695 group market. The Exchange may delegate or defer functions of the Illinois SHOP
 696 to HHS through a Federal platform agreement.
 697
- 698 b) The Exchange adopts the following provisions for the SHOP and related
 699 standards for individuals and entities to participate in the SHOP or in QHPs
 700 offered through the SHOP, except that references to the "Federally-facilitated
 701 SHOP" or "FF-SHOP" are substituted with "Illinois SHOP" unless the applicable
 702 section of the Code of Federal Regulations contains a conflicting or additional
 703 requirement for the type of Exchange operating in Illinois (see 45 CFR 155.706(a)
 704 (Apr. 17, 2018) (no later editions or amendments)):
 705
- 706 1) Sections 4500.40 through 4500.90;
 - 707
 - 708 2) the functions of an Exchange provided in 45 CFR 155, Subparts E, K, and
 709 M as those provisions of the Code of Federal Regulations were in effect
 710 on June 4, 2024 (no later editions or amendments), as modified by this
 711 Part; and
 - 712
 - 713 3) 45 CFR 155, Subpart H as those provisions of the Code of Federal
 714 Regulations were in effect on June 4, 2024 (no later editions or
 715 amendments), as modified by this Part.
 716
- 717 c) The following provisions do not apply to the Illinois SHOP (see 45 CFR
 718 155.706(a)):
 719
- 720 1) Requirements related to individual eligibility determinations in 45 CFR
 721 155, Subpart D as those provisions of the Code of Federal Regulations
 722 were in effect on June 4, 2024 (no later editions or amendments);
 723
 - 724 2) Requirements related to enrollment of qualified individuals described in
 725 45 CFR 155, Subpart E;
 726
 - 727 3) The requirement to issue certificates of exemption in accordance with 45
 728 CFR 155.200(b) (Dec. 27, 2019) (no later editions or amendments); and
 729

- 730 4) Requirements related to the payment of premiums by individuals, Indian
731 tribes, tribal organizations, and urban Indian organizations under 45 CFR
732 155.240 (May 27, 2014) (no later editions or amendments).
733
- 734 d) A QHP issuer must not change its rates in the SHOP more frequently than
735 quarterly and must not vary rates for a qualified employer during the employer's
736 plan year. In addition to the Department's filing and approval requirements under
737 Section 355 of the Code and 50 Ill. Adm. Code 2026, updated rates must be
738 submitted to the SHOP at least 60 days before their effective date, which must be
739 January 1, April 1, July 1, or October 1 of the calendar year (see 45 CFR
740 155.706(b)(6)).
741
- 742 e) The uniform group participation rate requirements for Federally-facilitated
743 Exchanges in 45 CFR 155.706(b)(10)(i) also apply while Illinois has a State-
744 based Exchange on the Federal Platform.
745

746 **Section 4500.110 Compliance Reviews of QHP Issuers**
747

748 The Exchange adopts the requirements for compliance reviews of QHP issuers provided in 45
749 CFR 156.715 (Dec. 22, 2016) (no later editions or amendments), except that:

- 750
- 751 a) references to "a Federally-facilitated Exchange" are substituted with "the Illinois
752 Exchange";
753
- 754 b) references to "HHS" are substituted with "the Department";
755
- 756 c) the reference to "subpart I of this part" is substituted with "this Part"; and
757
- 758 d) until the Exchange operates as a State-based Exchange, the Exchange will enforce
759 45 CFR 156.715 in the manner required under 45 CFR 156.350(a)(3).
760

761 **Section 4500.120 Standards for QHP Issuers in Specific Types of Exchanges**
762

- 763 a) Until the Exchange operates as a State-based Exchange, a QHP issuer must
764 comply with the requirements related to changes in ownership provided in 45
765 CFR 156.330 (Oct. 30, 2013) (no later editions or amendments).
766
- 767 b) A QHP issuer must comply with the requirements related to downstream and
768 delegated entities depending on the type of Exchange in operation as provided in
769 45 CFR 156.340 (May 6, 2022) (no later editions or amendments).
770

771 c) Until the Exchange operates as a State-based Exchange, a QHP issuer must
772 comply with the requirements related to eligibility and enrollment standards in the
773 manner provided in 45 CFR 156.350.
774

775 **Section 4500.130 Casework Standards**
776

777 Until the Exchange operates as a State-based Exchange, a QHP issuer must comply with the
778 casework standards provided in 45 CFR 156.1010 (Aug. 30, 2013) (no later editions or
779 amendments). Nothing in this Section affects complaints subject to 50 Ill. Adm. Code 926.
780

781 **Section 4500.140 State Awards for Navigators and In-Person Counselor Organizations,**
782 **and Certifications for Certified Application Counselor Organizations and Certified**
783 **Application Counselors**
784

785 a) The Exchange will offer State awards for Navigators and certifications to
786 Certified Application Counselor Organizations. The Exchange may elect to offer
787 State awards for In-Person Counselors. The Exchange may delegate the
788 administration of its agreements, certifications, or State awards under this Section
789 to an eligible entity as allowed under 45 CFR 155.110(a) through (b) (Mar. 27,
790 2012) (no later editions or amendments).
791

792 b) As required by Section 50 of GATA, for all State awards under this Part, the
793 Exchange hereby incorporates by reference 2 CFR 200, Subparts A through F and
794 Appendices I through XII as those provisions of the Code of Federal Regulations
795 were in effect on January 12, 2024 (no later editions or amendments).
796

797 1) The terminology equivalences listed at 44 Ill. Adm. Code 7000.200(b)(1)
798 apply to the incorporation of 2 CFR 200.
799

800 2) Copies of the materials incorporated by reference are available for
801 inspection at the Illinois Department of Insurance, 320 West Washington
802 Street, Floor 4, Springfield, Illinois 62767 or online via the U.S.
803 Government Publishing Office at <http://www.ecfr.gov>.
804

805 3) The Exchange or its designee may submit a request for specific exceptions
806 or exemptions from GATA. Those exceptions or exemptions granted by
807 the Grant Accountability and Transparency Unit within the Illinois
808 Governor's Office of Management and Budget will be recorded in the
809 Catalog of State Financial Assistance. This subsection (b)(3) does not
810 apply when different provisions are required by State or federal law.
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812 c) To receive, renew, or maintain a State award as a Navigator or In-Person
813 Counselor, an entity or individual must:

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- 1) for Navigators, meet the criteria in 45 CFR 155.210(c)(1) (Apr. 27, 2023) (no later editions or amendments), including having an active certification from the Department under 50 Ill. Adm. Code 4515;
 - 2) for In-Person counselors, have an active certification from the Department under 50 Ill. Adm. Code 4515;
 - 3) comply with the applicable conflict-of-interest standards in 45 CFR 155.215(a) (Apr. 25, 2019) (no later editions or amendments);
 - 4) not engage in any conduct or hold any status prohibited under 45 CFR 155.210(d);
 - 5) comply with the applicable cultural, linguistic, and accessibility standards in Section 4500.160(b);
 - 6) enter an agreement to perform and in fact perform the duties described in 45 CFR 155.210(e);
 - 7) comply with any other requirements or standards specified in the NOFO, grant agreement, or cooperative agreement, as applicable; and
 - 8) for new and renewed grants, satisfactorily complete the following application process:
 - A) pursuant to 44 Ill. Adm. Code 7000.320, registration with the State of Illinois, prequalification, and being determined "qualified" as described in 44 Ill. Adm. Code 7000.70;
 - B) pursuant to 44 Ill. Adm. Code 7000.330, submission of the uniform grant application and uniform budget template;
 - C) pursuant to 44 Ill. Adm. Code 7000.350, receipt of a successful determination under the merit review process; and
 - D) any other applicable requirements under the GATA and 44 Ill. Adm. Code 7000.
- d) To receive, renew, or maintain certification by the Exchange as a Certified Application Counselor Organization, an entity must:

- 856 1) comply with 45 CFR 155.225(b)(1) (Apr. 27, 2023) (no later editions or
857 amendments);
858
- 859 2) enforce the standards of certification for its own Certified Application
860 Counselors specified in 45 CFR 155.225(d), including the requirement
861 that the Certified Application Counselor have an active certification from
862 the Department under 50 Ill. Adm. Code 4515;
863
- 864 3) comply with the availability of information and authorization requirements
865 in 45 CFR 155.225(f);
866
- 867 4) comply with the applicable accessibility standards in Section 4500.160(b);
868
- 869 5) meet the terms and conditions of the agreement entered with the Exchange
870 or its designee;
871
- 872 6) not engage in the conduct described in 45 CFR 155.225(g). The Illinois
873 Exchange adopts the provisions applicable to Federally-facilitated
874 Exchanges; and
875
- 876 7) for new and renewal certifications, successfully make an application on a
877 form prescribed by the Exchange addressing the requirements of this
878 subsection.
879
- 880 e) To receive, renew, or maintain certification to perform the duties in 45 CFR
881 155.225(c) as a Certified Application Counselor, an individual must:
882
- 883 1) meet the standards provided in 45 CFR 155.225(d), including the
884 requirement that the Certified Application Counselor have an active
885 certification from the Department under 50 Ill. Adm. Code 4515;
886
- 887 2) comply with the availability of information and authorization requirements
888 in 45 CFR 155.225(f);
889
- 890 3) meet the terms and conditions of the agreement entered with the Certified
891 Application Counselor Organization;
892
- 893 4) not engage in the conduct described in 45 CFR 155.225(g). The Illinois
894 Exchange adopts the provisions applicable to Federally-facilitated
895 Exchanges.
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- 897 f) Denials, suspensions, terminations, withdrawals, and appeals
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- 1) For Navigator and In-Person Counselor award applications, nothing in this subsection supersedes the requirements for the merit review and appeals process described in 44 Ill. Adm. Code 7700.350.
 - 2) The Exchange may deny, suspend, or terminate a Navigator or In-Person Counselor award, or deny, suspend, or withdraw a Certified Application Counselor Organization certification, if the applicant, certificate holder, or recipient:
 - A) provides incorrect, misleading, incomplete, or materially untrue information in the award or certificate application;
 - B) violates any insurance law, or violates any rule, subpoena, or order of the Director or of another state's insurance Director;
 - C) obtains or attempts to obtain an award or certificate through misrepresentation or fraud;
 - D) obtains or attempts to obtain any monies or property from Illinois consumers while conducting business under this Section;
 - E) intentionally misrepresents the terms of an actual or proposed insurance contract;
 - F) has been convicted of a felony, unless the applicant, certificate holder, or recipient demonstrates to the Director sufficient rehabilitation to warrant the public trust in accordance with Section 4515.140;
 - G) has admitted or been found to have committed any insurance unfair trade practice or fraud;
 - H) uses fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business in this State or elsewhere;
 - I) has a Navigator or In-Person Counselor award or Certified Application Counselor Organization certificate, or its equivalent, denied, suspended, terminated, or withdrawn by HHS or by the American Health Benefit Exchange for any other state, province, district, or territory;

- 941 J) forges a name to an application for insurance or a document related
942 to an insurance transaction;
943
944 K) fails to comply with an administrative or court order imposing a
945 child support obligation;
946
947 L) fails to pay Illinois state income tax or penalty or interest, or to
948 comply with any administrative or court order directing payment
949 of Illinois state income tax, or fails to file a return or to pay any
950 final assessment of any tax due to the Illinois Department of
951 Revenue; or
952
953 M) fails to make satisfactory repayment to the Illinois Student
954 Assistance Commission for a delinquent or defaulted student loan.
955
956 3) If the Exchange determines that any of the grounds listed in subsection
957 (f)(2) exists, the Exchange or its designee will send a written notice to the
958 entity or individual identifying the nature of the disciplinary action to be
959 taken, the specific reasons for the action, an effective date 10 days from
960 the date the notice is issued, and information about how to request a
961 hearing on the decision. The entity or individual may appeal by submitting
962 a request for hearing to the Department within 10 days. The appeal will
963 stay the effective date of the disciplinary action pending the outcome of
964 the hearing and any further administrative review. The hearing will be
965 conducted in accordance with 50 Ill. Adm. Code 2402. An entity or
966 individual may reapply for certification or an award one calendar year
967 after certification has been withdrawn or the award has been terminated.
968
969 4) A Certified Application Counselor Organization must have procedures to
970 withdraw a certification it has issued to a Certified Application Counselors
971 when the individual does not comply with the requirements of this
972 Section.
973

974 **Section 4500.150 Agent and Broker Standards for Assisting with Enrollment in QHPs**
975

976 To enroll qualified individuals, qualified employers, or qualified employees in a manner that
977 constitutes enrollment through the Illinois Exchange as a State-based Exchange on the Federal
978 Platform, or assists individual market consumers with submission of applications for APTCs and
979 CSRs through the Illinois Exchange as a State-based Exchange on the Federal Platform, an agent
980 or broker must comply with:

- 981
982 a) 45 CFR 155.220 (Apr. 15, 2024) (no later editions or amendments), including the
983 provisions referencing Federally-facilitated Exchanges;

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- b) 45 CFR 155.260(b); and
- c) State insurance producer licensing requirements.

Section 4500.160 Cultural, Linguistic, and Accessibility Standards

- a) A QHP issuer must comply with the accessibility standards provided in 45 CFR 155.205(c)(1), (c)(2)(i)(A), (c)(2)(ii), (c)(2)(iii)(A), (c)(2)(iv)(B), and (c)(3) (Apr. 15, 2024) (no later editions or amendments).
- b) Navigators and In-Person Counselors must comply with the standards for providing culturally and linguistically appropriate services under 45 CFR 155.215(c) and the standards to ensure access for persons with disabilities under 45 CFR 155.215(d). A Certified Application Counselor Organization must comply with 45 CFR 155.215(d) unless it provides an appropriate referral to a Navigator, In-Person Counselor, or the Exchange call center.