

# Workers' Compensation Preferred Provider Program Administrator Application

## 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](https://Serff.com/Serff_getting_started.htm)
- 4) Must use the following TOI: Managed Care Entities Sub-TOI: Workers Compensation Preferred Provider Program
- 5) Select appropriate filing type: Initial, Renewal, or Update
- 6) Must set up EFT payment through SERFF. No paper checks will be accepted.

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

FEE REQUIREMENT	REFERENCE	COMMENTS	
Fee Required With Application	50 Ill. Adm. Code 2051.250	Initial registration fee of \$1,000	
		Renewal registration fee of \$500.00	
ADMINISTRATOR REQUIREMENTS	REFERENCE	COMMENTS	REFERENCE
	50 Ill. Adm. Code 2051.260		Please type or print where the information is located.
Signed Contracts	50 Ill. Adm. Code 2051.260(c)	Signed copies of all current administrative agreements with any entity with which the applicant contracts to provide services for or meet the requirements of the Act. Examples of these contracts may include, but are not necessarily limited to, agreements with other administrators, utilization review organizations, third party administrators, third party prescription program administrators, risk bearing entities, and employers or employer groups for the purposes of WC PPPs.	
Economic Evaluation	50 Ill. Adm. Code 2051.260(c)(7)	WC PPP administrators that utilize economic evaluation of their providers shall file a description of any policies and procedures related to the economic evaluation utilized by the program.	

Employee Notification	50 Ill. Adm. Code 2051.260(c)(8)	WC PPP administrators shall provide those policies and procedures instituted to insure the employer is providing proper notification to the covered employee in accordance with the form promulgated by the Workers' Compensation Commission.	
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<b>ORGANIZATIONAL REQUIREMENTS</b>	<b>REFERENCE</b> 50 Ill. Adm. Code 2051.270	<b>COMMENTS</b>	<b>REFERENCE</b> Please type or print where the information is located.
Organization Chart	50 Ill. Adm. Code 2051.270(a)	An organizational chart describing the relationship among the administrator, its parent organization and any affiliates, including the state of domicile and the primary business of each entity.	
Corporation Information	50 Ill. Adm. Code 2051.270(b)	Proof of registration with the Illinois Secretary of State and the company's FEIN.	
Biographical Affidavits	50 Ill. Adm. Code 2051.270(c)	A list of the names, addresses, official positions and biographical affidavits of the persons responsible for the conduct of the affairs of the administrator (as presented in the NAIC Biographical Affidavit Form).	
Office Location and Hours	50 Ill. Adm. Code 2051.270(d)	Location of the administrative offices of the administrator located in this State and regular business hours during which offices are open. If administrative offices are not in this State, then the name and address of the agent for service of process filed with the Illinois Secretary of State.	

<b>WORKERS' COMPENSATION PREFERRED PROVIDER PROGRAM PAYOR AGREEMENTS</b>	<b>REFERENCE</b> 50 Ill. Adm. Code 2051.285	<b>COMMENTS</b>	<b>REFERENCE</b> Please type or print where the information is located.
Each applicant for registration shall file sample copies of all payor agreements, when applicable. Agreements at a minimum shall contain the following provisions.			
Incentives	50 Ill. Adm. Code 2051.285(a)	Terms requiring and specifying all incentives to be provided to the insured to utilize services of a provider that has entered into an agreement with the administrator.	
Out-of-Network Referrals – Beneficiary	50 Ill. Adm. Code 2051.285(b)	Terms stating that, whenever an administrator or a preferred provider finds it medically necessary to refer a beneficiary to a non-preferred provider because the preferred provider program does not contain a provider who can provide the approved treatment, and if the beneficiary has complied with any reasonable pre-authorization requirements, the payor shall ensure that the beneficiary so referred shall incur no greater liability than had the beneficiary received services from a preferred provider, except as provided under Section 8.1a(c)(2) and Section 8.2(e) of the Workers' Compensation Act	

Out of Network Referrals – Payor	50 Ill. Adm. Code 2051.285(c)	Terms stating that, whenever an administrator or a preferred provider finds it medically necessary to refer a beneficiary to a non-preferred provider because the preferred provider program does not contain a provider who can provide the approved treatment, and if the beneficiary has complied with any reasonable pre-authorization requirements consistent with Section 8.1a of the Workers' Compensation Act, the WC PPP shall ensure that the covered employee will be provided the covered services by a non-preferred provider in accordance with the fees established by the Workers' Compensation Fee Schedule (see 50 Ill. Adm. Code 9110.90 and the WCC website at <a href="https://iwcc.ingenix.com/iwcc.asp">https://iwcc.ingenix.com/iwcc.asp</a> ).	
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<b>WORKERS' COMPENSATION PREFERRED PROVIDER PROGRAM PROVIDER AGREEMENTS</b>	<b>REFERENCE</b> 50 Ill. Adm. Code 2051.395	<b>COMMENTS</b>	<b>REFERENCE</b> Please type or print where the information is located.
Each applicant for registration shall file sample copies of all provider agreements, when applicable. Agreements at a minimum shall contain the following provisions.			
Compliance with Workers' Compensation Act	50 Ill. Adm. Code 2051.295(a)	A provision stating, within the preamble, that the agreement conforms to the requirements of Section 8.1a of the Workers' Compensation Act [820 ILCS 305/8.1a].	
Covered Services/Beneficiary Payment Responsibility	50 Ill. Adm. Code 2051.295(b)	A provision identifying the specific covered health care services for which the preferred provider will be responsible, including any discount services, limitations and exclusions, as well as any discount amount or discounted fee schedule reflecting discounted rates.	
Provider Administrative Responsibilities	50 Ill. Adm. Code 2051.295(c)	A provision requiring the provider to comply with applicable administrative policies and procedures of the Administrator, including, but not limited to, credentialing, recredentialing, utilization review requirements and referral procedures.	
Availability of Medical Records	50 Ill. Adm. Code 2051.295(d)	A provision requiring that, when payments are due to the provider for services rendered to a beneficiary, the provider must maintain and make the beneficiary's medical records available 1) To the administrator and/or payor for the purpose of determining, on a concurrent or retrospective basis, the compensability, medical necessity and appropriateness of care provided to beneficiaries. 2) 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 3) To show compliance with the applicable State and federal laws related to privacy and confidentiality of medical records	

Provider Licensure Requirements	50 Ill. Adm. Code 2051.295(e)	A provision requiring providers to be licensed by the state and to notify the administrator immediately whenever there is a change in licensure or certification status.	
Hospital Admitting Privileges	50 Ill. Adm. Code 2051.295(f)	A provision requiring all physician providers licensed to practice medicine in all its branches to have admitting privileges in at least one hospital. The administrator 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 2051.295(g)	Termination provisions shall require: (1) Not less than 30 days prior written notice by either party who wishes to terminate the contract without cause; and (2) That the administrator may terminate the provider contract for cause immediately.	
Continuation of Services	50 Ill. Adm. Code 2051.295(h)	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 the continuation is voluntarily provided by the administrator.	
Delegation of Rights Under the Contract	50 Ill. Adm. Code 2051.295(i)	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. Similarly, 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 checklists, policies and fee schedules	
Liability and Malpractice Coverage	50 Ill. Adm. Code 2051.295(j)	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 ten days after the preferred provider's receipt of notice of any reduction or cancellation of the coverage.	
Non-Discrimination	50 Ill. Adm. Code 2051.295(k)	A provision stating that the provider will provide health care services without discrimination against any beneficiary on the basis of participation in the PPP, source of payment, age, sex, ethnicity, religion, sexual preference, health status or disability.	
Requirement for Provider Notification of Beneficiaries Personal Financial Obligations for Non-Covered Services	50 Ill. Adm. Code 2051.295(l)	A provision regarding the preferred provider's obligation to provide notice to beneficiaries of their personal financial obligations for non-covered services.	

Services Determined Not Compensable under Workers' Compensation Act	50 Ill. Adm. Code 2051.295(m)	A provision that providers may charge covered employees for those services determined to be not compensable under the Workers' Compensation Act.	
24/7 Accessibility	50 Ill. Adm. Code 2051.295(n)	A provision regarding any obligation to provide covered health care services on a 24 hour per day, 7 day per week basis.	
Payment Obligations	50 Ill. Adm. Code 2051.295(o)	A provision clearly describing the administrator's and payor's payment obligations to the provider, including but not limited to the payment of statutory interest on late payments as required in Section 8.2(d)(3) of the Workers' Compensation Act.	
Administrative Services	50 Ill. Adm. Code 2051.295(p)	A provision identifying the administrative services, if any, the administrator 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.	
Administrator Responsibilities	50 Ill. Adm. Code 2051.295(q)	A provision obligating the administrator to provide a method for providers to access each payor to obtain benefit information and a provision obligating the administrator to provide all of the administrator's operational policies.	
Arbitration Procedures	50 Ill. Adm. Code 2051.295(r)	A provision identifying applicable internal appeal or arbitration procedures for settling contractual disputes or disagreements between the administrator and preferred provider.	

<b>ADMINISTRATOR AGREEMENTS</b>	<b>REFERENCE</b> 50 Ill. Adm. Code 2051.300	<b>COMMENTS</b>	<b>REFERENCE</b> Please type or print where the information is located.
Each applicant for registration shall file sample copies of all payor 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 another 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 administrator shall approve in writing prior to use all advertisements, marketing materials, brochures and, if applicable, identification cards used by any other administrator to market, promote, sell or enroll members in its PPP.	
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.	

<b>WORKERS' COMPENSATION NETWORK AVAILABILITY</b>	<b>REFERENCE</b> 50 Ill. Adm. Code 2051.315	<b>COMMENTS</b>	<b>REFERENCE</b> Please type or print where the information is located.
Each applicant for registration shall file the following information and documents with the Director.			
Method of Marketing	50 Ill. Adm. Code 2051.315(a)(1)	Provide the Department with information relating to the method of marketing the program.	
Geographic Map with Providers Marked	50 Ill. Adm. Code 2051.315(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 2051.315(a)(3)	The names, addresses and specialties of the providers who have entered into preferred provider agreements under the program	
Number of Estimated Beneficiaries	50 Ill. Adm. Code 2051.315(a)(4)	The number of beneficiaries estimated to be covered by the providers listed in subsection (a)(3)	
Website and Telephone Number Requirements	50 Ill. Adm. Code 2051.315(a)(5)	An Internet website and toll-free telephone number for insureds, beneficiaries and prospective beneficiaries to access regarding up-to-date lists of preferred providers, as well as any other information necessary to conform to this Part. A WC PPP shall identify specific providers in a beneficiary's area, confirm specific provider participation or provide a listing of preferred providers in the delivery mode requested by the beneficiary. 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', WC PPP administrators' and insurers' Internet website addresses shall be prominently displayed on all advertisements, marketing materials and brochures.	
Description of Accessibility and Availability of Network	50 Ill. Adm. Code 2051.315(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 2051.315(a)(6)(A)	The type of health care services to be provided by the administrator.	

Ratio of Providers to Beneficiaries	50 Ill. Adm. Code 2051.315(a)(6)(B)	The ratio of providers to beneficiaries by specialty, including primary treating physicians, when applicable under the contract, necessary to meet the health care needs and service demands of the estimated covered employees.	
Policies for Closing a Network to New Providers	50 Ill. Adm. Code 2051.315(a)(6)(C)	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 2051.315(a)(6)(D)	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	
Referral Procedures	50 Ill. Adm. Code 2051.315(a)(6)(E)	The procedures for making referrals within and outside the network.	
Special Communication Needs	50 Ill. Adm. Code 2051.315(a)(6)(F)	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	
Utilization of Another Administrator's or Insurer's PPP	50 Ill. Adm. Code 2051.315(a)(7)	If a WC PPP 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.	
Medical Record Costs	50 Ill. Adm. Code 2051.315(a)(8)	A statement that covered employees are not responsible for any costs associated with medical record transmission or duplication in order to have a claim adjudicated.	
Description of Reasonably Accessible and Available	50 Ill. Adm. Code 2051.315(b)(1)(A)	A description of how health care services to be rendered under the preferred provider program are reasonably accessible and available to beneficiaries.	
Good Faith Effort – Payor	50 Ill. Adm. Code 2051.315(b)(1)(B)	File a provision ensuring that, whenever a covered employee has made a good faith effort to utilize network providers for a covered service and it is determined the administrator does not have the appropriate preferred providers due to insufficient number, type or distance, the administrator shall ensure, directly or indirectly, by terms contained in the payor contract, that the covered employee will be provided the covered services by the non-preferred provider in accordance with the fees established by the Workers' Compensation Fee Schedule. This subsection (b)(1)(B) does not apply to a covered employee who violates Section 8.1a(c) and (d) of the Worker's Compensation Act for health care services available through the administrator's panel of participating providers. In these circumstances, the requirements of Section 8.2 of the Workers' Compensation Act for non-preferred provider reimbursements will apply.	

Good Faith Effort – Beneficiary	50 Ill. Adm. Code 2051.315(b)(1)(C)	File policies and procedures ensuring, directly or indirectly, that, whenever a covered employee has made a good faith effort to utilize network providers for a covered service and it is determined the administrator does not have the appropriate preferred providers due to insufficient number, type or distance, the administrator shall ensure, directly or indirectly, by terms contained in the payor contract, that the covered employee will be provided the covered services as if they been provided by a preferred provider, without any loss of provider choice under Section 8 or 8.1a(c) of the Workers' Compensation Act. This subsection (b)(1)(C) does not apply to a covered employee who violates Section 8.1a(c) and (d) of the Workers' Compensation Act for health care services available through the administrator's panel of preferred providers. In these circumstances, the requirements of Section 8.2 of the Workers' Compensation Act, including the Workers' Compensation Medical Fee Schedule, for non-preferred provider reimbursements will apply.	
Geographic Maps – Primary Treating Physician and Hospital Health Care Services for Emergency Health Care Services	50 Ill. Adm. Code 2051.315(b)(1)(D)	Geographic maps indicating primary treating physician and hospital health care services for emergency health care services within 30 minutes or 15 miles of each covered employee's residence.	
Geographic Maps	50 Ill. Adm. Code 2051.315(b)(1)(E)	Geographic maps indicating providers of occupational health services and specialists within 60 minutes or 30 miles of a covered employee's residence.	
Rural Areas Service Area Alternative Standard	50 Ill. Adm. Code 2051.315(b)(1)(F)	If the WC PPP administrator believes that, given the facts and circumstances with regard to a portion of its service area (specifically rural areas, including those in which health facilities are located at least 30 miles apart), the accessibility standards set forth in subsections (b)(1)(D) and (E) are unreasonably restrictive, the WC PPP administrator shall include proposed alternative standards in writing in its application or in a notice of program modification. The alternative standards shall provide that all services shall be available and accessible at a reasonable time to all covered employees.	
Coverage Outside the WC PPP	50 Ill. Adm. Code 2051.315(b)(1)(G)(i)	Provide written policy for arranging or approving non-emergency medical care for: 1) A covered employee authorized by the employer to temporarily work or travel for work outside the preferred provider program geographic service area when the need for medical care arises; 2) A former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the preferred provider program geographic service area; and 3) A covered employee who decides to temporarily reside outside the preferred provider program geographic service area during recovery.	



Accessibility Standards for Coverage Outside the WC PPP	50 Ill. Adm. Code 2051.315(b)(1)(G)(ii)	In the written policy, provide covered employees described in subsection (b)(1)(G)(i) with the choice of at least three providers outside the PPP geographic service area who either have been referred by the covered employee's primary treating physician within the PPP or have been selected by the WC PPP administrator. The referred providers shall be located within the access standards described in subsections (b)(1)(D) and (E)	
Appointment Standards – Initial	50 Ill. Adm. Code 2051.315(b)(1)(H)(i)	Ensure appointments for initial treatment is available within 3 business days after the WC PPP administrator's receipt of a request for treatment within the PPP.	
Appointment Standards – Specialists	50 Ill. Adm. Code 2051.315(b)(1)(H)(ii)	For treatment of common injuries experienced by covered employees, based on the type of occupation or industry in which the covered employee is engaged, ensure that an appointment is available within 20 business days after the WC PPP administrator's receipt of a referral to a specialist within the PPP.	
Coverage Outside the WC PPP non-emergency care	50 Ill. Adm. Code 2051.315(b)(2)	For purposes of subsection (b)(1)(G), nothing precludes a WC PPP administrator from having a written policy that allows a covered employee outside the preferred provider program geographic service area to choose his or her own provider for non-emergency medical care.	

<b>FIDUCIARY AND BONDING REQUIREMENTS</b>	<b>REFERENCE</b> 50 Ill. Adm. Code 2051.340	<b>COMMENTS</b>	<b>REFERENCE</b> Please type or print where the information is located.
Holder of Bond	50 Ill. Adm. Code 2051.340(c)(2) Appendix F	If a bond of indemnity is posted, it shall be held by the Director of Insurance in favor of the beneficiaries and payors of services under the PPP operated by the administrator.	

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)