



2012 Preferred Provider Program Renewal Registration Form - PPA 2

Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767-0001
<http://insurance.illinois.gov>

Company Name: _____

Contact Person: _____

Contact Phone: _____

E-Mail Address: _____

Address: _____

FEIN Number: _____

For the Preferred Provider Administrator renewal registration, please provide the following information:

- Signed Contracts** – Signed copies of all current administrative agreements with any entity, including but not limited to other administrators and/or discounted health care services plan administrators, utilization review organizations, third party administrators, third party prescription program administrators, insurers, HMO's and health service corporations.
- Listing of Private Label Entities**, if applicable – a listing containing the name, address and FEIN of all entities that private label a discounted health care services plan of the administrator.
- Organizational Requirements** – any update or changes to the organization requirements as set forth in 50 IL Adm. Code 2051.270.
- Sample copies of payor, provider and administrative agreements.**
- Network Availability and Access** – including listing of provider names, addresses and specialty, method of marketing, number of anticipated ILLINOIS members, ratio of provider to beneficiaries, description of accessibility and availability of network, type of services to be provided, greatest travel distance, website and telephone number requirements, policies for closing network to new providers, policies for adding new providers, 24/7 network access, referral procedures, inadequate networks, special communication needs and identification card.
- Discounted Health Care Services Plan Agreements**, if applicable – documentation should include any enrollment forms completed by or provided to members.
- Fiduciary and bonding requirements**, if applicable.

Please sign and date this form and return it to the Department of Insurance with your registration renewal fee of \$500.00. **The check or money order must be payable to the Director of Insurance.**

Pursuant to 50 IL Adm. Code 2051, failure to renew this registration one (1) year from the date of your approval, will result in the cancellation of your registration.

Signature

Print Name and Title

Phone Number

Date