



Illinois Insurance Facts

Illinois Department of Insurance

Workers' Compensation Preferred Provider Programs (WC PPPs)

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Updated

Note: This information was developed to provide consumers with general information and guidance about insurance coverages and laws. It is not intended to provide a formal, definitive description or interpretation of Department policy. For specific Department policy on any issue, regulated entities (Insurance industry) and interested parties should contact the Department.

What are the requirements for obtaining approval of the WC PPP?

Current PPP registration would require each applicant to meet the provisions of:

- a. 215 ILCS 5/370 k (Registration);
- b. 215 ILCS 5/370l (Fiduciary and bonding – where applicable);
- c. 215 ILCS 5/370m (Program requirements);
- d. 820 ILCS 305/8.1a(a)(1) (Occupational and non-occupational network adequacy);
- e. 820 ILCS 305/8.1a(a)(2) (Physician and provider network adequacy appropriate for treating injured workers);
- f. 820 ILCS 305/8.1a(a)(4) (Prohibition on inappropriate economic credentialing);
- g. 820 ILCS 305/8.1a(a)(5) (Prohibition against unreasonable discrimination in terms of noninstitutional provider agreements); and
- h. 820 ILCS 305/8.1a(b) (Description of any economic evaluation policies and procedures).

In conjunction with the statutory requirements listed above, all applicants seeking to be registered by the Director shall comply with the applicable sections of 50 Ill. Adm. Code 2051 which implement the aforementioned statutory references.

What is required to complete the application, and how much does it cost?

A checklist of application requirements is located on the Department's website here:

http://insurance.illinois.gov/prop_cas_is3_checklists/workerscompinspppchecklist.pdf

The materials that are required to be submitted to the Department are items that any organization in this line of business would have as part of its business model and should have readily available to the applicants for submission.

The cost of the initial registration is \$1,000 and there is an annual renewal fee of \$500.

How long does it take from application to approval?

The length of time it takes an applicant to complete the registration process is entirely dependent on the applicant. If an applicant correctly submits a complete registration, the approval time is a matter of days. There have been a handful of complete registrations that took longer than a week.

However, some applicants submit incomplete applications. In those cases, it is the applicant's responsibility to provide the Department with the missing or corrected information.

The PPP certification is one-year, does this mean that each employer/applicant must undergo the same approval process each year?

The Department reviews each renewal. The materials submitted for a renewal are the same as the materials submitted for the initial registration. However, the licensee is required to provide any applicable updated information. Again, the materials that are submitted to the Department should be readily available to the applicant or the licensee and should be materials that are part of their business model.

The Director may refuse to renew a registration pursuant to 50 Ill. Adm. Code 2051.240(e).

How many PPPs have been approved?

There have been numerous WC-PPPs approved as of the date of this Fact Sheet. The number of approved WC-PPPs varies because a WC-PPP may, for whatever reason, let their registration lapse and/or may not have submitted a complete renewal. An up to date list of all WC-PPP can be found at the following link:

http://insurance.illinois.gov/DOIReports/SSRS_PDF.aspx?rptid=RegulatedEntities/PPPWC/rptApprovedWebsiteList&parm1=OutsideRequest&value1=Y

Are the networks composed of doctors and facilities?

Yes. WC PPP networks may also be specialty networks.

Will an employer be allowed to select doctors from a specific group, or will they be forced to select all doctors from a given group when choosing that group?

To the extent that an employer desires to directly contract with individual providers (Section 8.1a), they may establish terms and conditions that must be met as long as such terms and conditions do not unreasonably discriminate against or among noninstitutional providers (Section 8.1a(a)(5)).

To the extent that an employer desires to directly contract with a WC PPP to use a “nested network” (a network which is a smaller component of the whole and such restricted network has been approved by the Department), the employer would also have that statutory flexibility.

Do specialty networks, such as pharmacy and physical therapy fall within the WC PPP? How will these networks be handled?

Specialty networks fall within the WC PPP and will be handled in the same manner as other providers.

Will current occupational medicine providers be required to join a WC PPP in order to qualify as a preferred provider?

Yes.

What are the requirements for employee notification of the WC PPP? Is the DOI working with the Commission to establish this form?

These requirements are stated in 820 ILCS 305/8(4)(A). The DOI is cooperating with the IWCC in developing the form to be used.

What confidentiality restrictions will apply to required WC PPP filings?

PPP filing documents will be handled similarly to other provider network filings with regard to both subpoenaed material and material requested under a Freedom of Information Act request. Section 8.1a(b)(1) of the Workers’ Compensation Act requires the Director not to publicly disclose any filed information determined to be confidential, proprietary, or a trade secret.

Will provider reimbursement rates be held confidential?

Yes.

Will a WC PPP administrator be notified when a request is made for a copy of their filing?

Not as a routine matter. Such a request would fall under FOIA standards and requirements. (5 ILCS 140/1).

Will an employer have to register as a WC PPP Administrator if they utilize more than one WC PPP?

Yes, if they are the entity which directly contracts with multiple WC PPPs.

Will WC PPPs have additional or alternative registration, fiduciary or bonding requirements than those in law and regulation?

Not currently.

What late payment standards will apply, given that there is one standard in the Insurance Code and another in the Workers' Compensation Act?

Standard rules of legislative construction will apply to resolve any apparent conflict. Section 370m(2) requires that notice be given to beneficiaries of "any limitations or exclusions" to coverage.

Must notice be given of all possible defenses under the WC Act?

No. Disclosures should provide notice to beneficiaries of possible financial liability if their WC claim is determined to be non-compensable.

Section 370m(4) requires that notice be given of a complaint procedure. Will there be a required DOI complaint procedure?

Notice must be given to beneficiaries of any complaint procedure.

For More Information

Call our Consumer Assistance Hotline toll free at (866) 445-5364, option 8,
or visit us on our website at <http://insurance.illinois.gov>