Commonwealth of Pennsylvania
Insurance Department and Department of Health

Preferred Provider Organization (PPO) Application Form

Application for review and approval of a PPO under the provisions of 40 P.S. §764a and 31 Pa. Code 152.1 et seq.

I. Please identify the primary contact person for the PPO. If a different person is responsible for providing additional information/clarification concerning the filing to the Departments, that person should also be identified.

Name: _____

Title: _____

Company Name: _____

Address: _____

_____

Statutory Home Address: _____

_____

Mailing Address: _____

_____

Telephone Number: _____

Fax Number: _____

Email: _____

NAIC Number: _____

FEIN Number: _____

II. If the PPO will be using an independent network (rather than contracting directly with providers), please provide the following information concerning the independent network:

Network Name: _____

Address: _____

_____

Telephone Number: _____

Name of Contact Person: _____

Title: _____

a. Has the independent network been approved by the Department of Health?
☐ **Yes** ☐ **No**

b. If **Yes**, please provide date when network was approved: _____

III. PPO Type (a separate application must be submitted for each type).

a. Type:

☐ **ERISA Exempt** *(See Exhibit I)*

☐ **Risk Assuming Licensed Insurer**

☐ **Non-Risk Assuming**

☐ **Risk Assuming (Not a Licensed Insurer)** *(See Exhibit II)*

b. Is this a **Gatekeeper** PPO?** ☐ **Yes** ☐ **No**

c. Is this an **Exclusive** Provider Organization (EPO)?** ☐ **Yes** ☐ **No**

d. If this is a **Limited** type PPO, please indicate type:

☐ **Hospital Only**

☐ **Dental-Capitated**

☐ **Physicians Only**

☐ **Dental-Fee for Service**

☐ **Vision Only**

☐ **Mental Health/Substance Abuse**

☐ **Other** (Describe) _____

****cannot answer "Yes" to both b. and c.**

IV. Does your PPO include provisions or arrangements which could lead to undertreatment or poor quality care, such as:

a. Provider capitation reimbursement? ☐ **Yes** ☐ **No**

b. Use of any type of financial incentive structure which conditions a provider's payment for service, or a portion thereof, upon gains or losses experienced by an insurer or purchaser or which allows a provider to share in such gains or losses, sometimes referred to as a fee withholding risk pool arrangement?

☐ **Yes** ☐ **No**

c. Is the difference in the level of coverage provided between a network provider and a non-network provider greater than 20%?

☐ **Yes** ☐ **No**

d. If **Yes**, please provide an explanation or justification for why the difference is greater than 20% and its impact on access to care and quality of care for the enrollee.

V. Please explain if your PPO policies, certificates or provider contracts contain any provisions or arrangements other than those listed in question IV which could lead to under-treatment or poor quality care:

_____

_____

a. Please explain safeguards employed to prevent under-treatment or poor quality care:

_____

_____

VI. Are all materials specified in 31 Pa. Code §152 et seq., included with this application?

☐ **Yes** ☐ **No**

If **No**, please list what materials have been excluded and reasons for exclusion:

_____

_____

VII. If applying as a Risk Assuming PPO, are all material specified in 31. Pa. Code §89 (relating to requirements for approval of accident and health insurance policy forms) included?

☐ **Yes** ☐ **No**

VIII. If applying as a Gatekeeper PPO, have the requirements of the Pennsylvania Quality Health Care Accountability and Protection Act (Act 68 of 1998) (40 P.S. §991.2101, et seq.) and regulations (31 Pa. Code §154.1 et seq. and 28 Pa. Code §9.601 et seq.) regarding managed care plans been addressed? ☐ **Yes** ☐ **No**

If **Yes**, please identify where the information can be found in the application?

_____

_____

If **No**, please list information omitted and reasons for omission.

_____

_____

IX. Does the PPO understand its ongoing responsibilities regarding the filing of additions, deletions and changes to an approved PPO (31 Pa. Code §152.3(e), (f), (g)) and annual reporting requirements (31 Pa. Code §152.19)? Note: These reports must be made with both Departments unless you are notified otherwise.

☐ **Yes** ☐ **No**

X. Provide any additional information/comments which might assist the Department in their review of your application.

_____

_____

XI. Using the table below, please identify the counties in which you are requesting approval to operate.

Adams		Lackawanna	
Allegheny		Lancaster	
Armstrong		Lawrence	
Beaver		Lebanon	
Bedford		Lehigh	
Berks		Luzerne	
Blair		Lycoming	
Bradford		McKean	
Bucks		Mercer	
Butler		Mifflin	
Cambria		Monroe	
Cameron		Montgomery	
Carbon		Montour	
Centre		Northampton	
Chester		Northumberland	
Clarion		Perry	
Clearfield		Philadelphia	
Clinton		Pike	
Columbia		Potter	
Crawford		Schuylkill	
Cumberland		Snyder	
Dauphin		Somerset	
Delaware		Sullivan	
Elk		Susquehanna	
Erie		Tioga	
Fayette		Union	
Forest		Venango	
Franklin		Warren	
Fulton		Washington	
Greene		Wayne	
Huntingdon		Westmoreland	
Indiana		Wyoming	
Jefferson		York	
Juniata			

XII. Certification by Company Officer

I certify that the information contained in this application, submitted for the purpose of review and approval of a preferred provider organization, is true and correct to the best of my knowledge and belief.

_____ _____

(Signature of Company Officer) (Date)

_____

(Title)

XIII. Please submit **two** (2) **signed** and **complete** copies of the application and supporting documents to **each** Department for review:

Pennsylvania Insurance Department
Office of Insurance Product Regulation and Administration
1311 Strawberry Square
Harrisburg, Pennsylvania 17120
Attn: **Bureau of Life, Accident and Health**

Pennsylvania Department of Health
Bureau of Managed Care
Room 912, Health and Welfare Building
7th and Forster Streets
Harrisburg, Pennsylvania 17120
Attn: **Division of Certification**

Exhibit I

CERTIFICATE OF ERISA PREEMPTION

Pursuant to Section 630(d)(1) of the Insurance Company Law, Act of May 17, 1921, P.L. 682, as amended, and 31 Pa. Code, Section 152.12, (Name of PPO): _____hereby certifies that, with respect to the self-insured employee benefit plans into which its preferred-provider arrangements will be incorporated, it will function solely as a third party administrator and will assume no financial risk, and that such plans will be operating in the Commonwealth of Pennsylvania so as to be governed and regulated under the provisions of the Employee Retirement Income Security Act of 1974 (Public Law 93-406, 88 Stat.29).

_____

(Name)

_____

(Title)

_____

(Date)

Exhibit II

RISK ASSUMING PREFERRED PROVIDER ORGANIZATIONS THAT IS NOT LICENSED AS AN INSURANCE COMPANY ("RANLI PPO")

1. A RANLI PPO must be incorporated as a **for-profit** business corporation.

2. It is recommended that all potential applicants for RANLI PPO licensure meet with personnel from both departments before preparing the application. You may contact either the Managed Care Bureau of the Department of Health or the Bureau of Company Licensing and Financial Regulation of the Insurance Department to arrange this meeting.

3. There is a $2,500 non-refundable application filing fee for RANLI PPOs. Please make check payable to "Commonwealth of Pennsylvania."

4. Provide biographical affidavits for those individuals identified in response to 31 Pa. Code §152.3(a)(3).

5. Provide a business plan conforming to DOI-134 found at: http://www.insurance.pa.gov/Companies/DoingBusiness/Documents/doi-134.pdf

6. Product filings may not be submitted with the application materials. The Insurance Department will advise applicants of the appropriate time to submit product filings.

7. The Insurance Department will submit notice of the filing to the *Pennsylvania Bulletin* and establish a 30-day public comment period for the application.

Feel free to contact the Pennsylvania Insurance Department, Company Licensing Division, with any questions on the RANLI PPO licensure procedures.

Pennsylvania Insurance Department
Company Licensing Division
1345 Strawberry Square | Harrisburg, PA 17120
Phone: 717.783.2144
E-mail: ra-in-companylicense@pa.gov