

CCPA MANAGED CARE PLAN ELECTION FORM

**** Please mark one of the three choices for each payer listed. ****

CCPA Contracted Payer	YES I agree to be a participating provider.	YES I agree to participate through CCPA but have an active agreement with this payer.	NO I do not wish to participate.
Aetna PPO			
Beech Street PPO			
CIGNA PPO, POS, HMO, EPO, OAP			
Cofinity PPO			
Coventry / First Health PPO			
Great West PPO, POS, HMO, Open Access*			
Healthcare's Finest Network (HFN) PPO, POS, EPO			
Humana / Choice Care PPO			
Independent Medical Systems PPO (formerly MCS)			
Interplan Health Group PPO (formerly PPI)			
Multiplan PPO			
National Preferred Provider Network PPO (NPPN)			
PHCS Savility PPO			
Preferred Network Access PPO			
Sagamore PPO			
USA Managed Care Organization PPO			

Please check this box if you are joining a practice that is a member of CCPA and you would like to opt-in to the same contracts as the other physicians in your practice. (It is a requirement of membership in CCPA that if one physician in a practice opts-in to one of the CCPA contracts, all of the physicians in that practice must also opt-in to that same contract.)

⇒ *If you check this box, you do not need to indicate individual contract choices above.*

Practice Name: _____

Physician Name(s): _____

Signature: _____

Print Name: _____ Date: _____

PLEASE FAX YOUR COMPLETED, SIGNED FORM TO LaVONNA SWILLEY AT 312.227.9526.

*Physicians practicing in Indiana are not eligible to participate in CCPA's contract with Great West

CCPA Managed Care Products

Aetna (LCHPCIN)

Aetna Select
Aetna Affordable Health Choices Indemnity
Aetna Affordable Health Choices PPO
Aetna Choice POS II
Aetna Elect Choice
Aetna Health Network
Aetna Health Network Option
Aetna Managed Choice POS
Aetna Open Access Aetna Select
Aetna Open Access Elect Choice
Aetna Open Access Managed Choice
Aetna Open Choice PPO
Aetna Traditional Choice
Aetna HMO

Beech Street Corporation

Beech Street PPO

Cigna (LCHPCIN)

Cigna HMO
Cigna POS
Cigna PPO
Cigna OAP
Cigna EPO
Cigna LocalPlus

Cofinity

Cofinity PPO

Coventry PPO

Coventry PPO
Coventry HMO
First Health (rental network)

Great West Healthcare

Great West HMO
Great West POS
Great West PPO
Great West Open Access

Healthcare's Finest Network

Healthcare's Finest Network HFN EPO
Healthcare's Finest Network HFN POS
Healthcare's Finest Network HFN PPO

Humana Inc.

Humana Choice Care
Humana PPO

Independent Medical Systems (fmr. MCS)

Independent Medical Systems PPO

Interplan Health Group/HealthSmart (fmr. PPI)

Interplan Health Group/HealthSmart PPO

Multiplan (PHCS fully absorbed into Multiplan)

Multiplan PPO

National Preferred Provider Network (NPPN)

NPPN PPO

PHCS Savility

PHCS Savility PPO

Preferred Network Access (PNA)

Preferred Network Access PPO

Sagamore Health Network

Sagamore Health Network PPO

USA Managed Care Organization

USA Managed Care HMO
USA Managed Care PPO

CCPA Managed Care Participation

CCPA actively pursues excellent payer contracts on behalf of its members. In addition to highly competitive reimbursement rates, CCPA advocates for contract terms that will protect physicians' interests and accommodate the unique needs of pediatric providers. Because CCPA is delegated by our contracted managed care companies to perform credentialing and recredentialing functions, members need only complete one initial credentialing or recredentialing application which applies to all of CCPA's payor agreements. All physicians who have been approved for CCPA membership are eligible to participate in any of CCPA's managed care plans (**participation in at least one CCPA plan is a membership requirement**) and have the flexibility to opt in and out of CCPA's plans at any time.

Please complete the attached form, "**CCPA Managed Care Election Form**" and return it to CCPA. *Please be advised that all CCPA physicians in your practice must opt in to the same CCPA plan(s). If you opt in or out of a CCPA plan, all other members in your practice must do the same. If you are joining an existing CCPA practice and do not complete the attached managed care response form, you will automatically be enrolled in the same CCPA plan(s) as the other members in your group.* Within 10 business days of receiving your completed form, CCPA will notify the payors of your request to be added to our CCPA contract (*physicians must be approved for CCPA membership before plans can be notified*). Please note that your effective date with each payor will be determined by the payor, and 60-120 days is often required from the date of notification for plans to approve your participation and load you into their network.

It is ultimately your responsibility to verify your effective date with all payors prior to rendering services to members of these plans. When calling to verify your effective date, please specifically ask for the effective date of your participation with the CCPA contract. Page 2 of this form lists general phone numbers for each of CCPA's plans to aid you in this process. CCPA will also assist you by sending you an email notification when we have received all of your effective dates from the plans that you have opted into (please note that this may take 60–120 days from the time CCPA sends notification to the plans). **Please complete the bottom portion of this form with your email address or the address of an authorized individual from your practice and return it to CCPA.** If you would like an effective date update sooner, please feel free to call LaVonna V. Swilley at 312.227.7425 or email lswilley@luriechildrens.org.

Once your effective date has been verified, please check your Explanation of Benefits to ensure that you are being paid according to the CCPA contracted rate. Failure to verify your participation may result in claims being processed as "out of network" or being paid incorrectly. If your reimbursement amounts are not in accordance with the CCPA contract, please contact the payor directly. If the issue is not resolved after notifying the payor, please contact CCPA and we will assist you. If you experience difficulties in verifying your effective dates with our managed care plans after the 60-120 day timeframe, please contact CCPA.

Physician: _____ Practice: _____

Name and Title of email account holder: _____

Email address: _____

Please check here if the email address provided above may be used by CCPA to send pertinent information regarding our organization. **This may include, but is not limited to: notices regarding our managed care contracts, updates to our fee schedule, event invitations and reminders and CCPA newsletters.** Your email address will not be distributed to any outside parties. If this box is left blank, your email address will only be used by CCPA for the purpose of sending your effective date notification.

CCPA Managed Care Participation Contact Information

Aetna

P 800.624.0756
<https://www.aetna.com>

Beech Street

P 800.877.1444
<http://www.beechstreet.com>

Cigna

P 800.882.4462
<http://www.cigna.com>

Cofinity

P 800.831.1166
<http://www.cofinity.net>

Coventry

P 800.937.6824
<http://www.coventryhealthcare.com>

Great-West Healthcare

P 888.663.8081
<http://www.cigna.com>

HFN, Inc.

P 800.295.5444
<http://www.hfninc.com>

Humana

P 800.626.2741
<http://www.humana.com>

Independent Medical Systems (formerly MCS)

P 800.853.7003
<http://www.imsppo.com>

Interplan Health Group (formerly PPI)

P 800.687.0500
<http://www.healthsmart.com/NetworkSolutions/ProviderNetworks/InterplanHealthGroup.aspx>

Multiplan

P 800.546.3887
<http://www.multipan.com>

National Preferred Provider Network (NPPN)

P 800.543.5260 / 800.557.1656
<http://www.nppn.com>

PHCS Savility

P 877.728.4548
<http://www.multipan.com>

Preferred Network Access, Inc. (PNA)

P 630.493.0905
<http://www.pna-usa.com>

Sagamore Health Network

P 800.320.0015
<http://www.sagamorehn.com>

USA Managed Care Organization

P 800.872.0820
<http://www.usamco.com>

Please feel free to contact CCPA for any managed care questions or issues:

LaVonna V. Swilley
Manager of Operations, CCPA
P 312.227.7425
E lswilley@luriechildrens.org

Kena Norris
Executive Director, CCPA
P 312.227.7406
E knorris@luriechildrens.org

Tisa Williams
Member Relations Specialist, CCPA
P 312.227.7567
E twilliams@luriechildrens.org

ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO KIDS DOC
CCPA PHYSICIAN REFERRAL FORM

Once approved for Ann & Robert H. Lurie Children's Hospital of Chicago Medical Staff privileges, the KIDS DOC department at Lurie Children's will use the information on this form to enter your information into their system and place you in the hospital's referral rotation. If this form is not completed and returned, you may not receive referrals from Lurie Children's. Please return your complete form to the address listed above or fax to 312.227.9526.

Physician Name: _____

Practice Name: _____

Languages Spoken: _____

Board Certifications: _____

I will accept new patients referred by KIDS DOC

Yes

No

Physicians Signature: _____

Date: _____

CCPA SUPPLEMENTAL QUESTIONS FORM

PERSONAL INFORMATION

PLEASE NOTE: Ann & Robert H. Lurie Children's Hospital of Chicago's Medical Staff Office is not permitted to share physician information with any outside party, including CCPA. Even if you have previously provided any/all of the information below to the Medical Staff Office, CCPA may not have this information on file. Please complete and return this page to the address listed above or fax to **312.227.9526**.

1. Name & Title: _____

2. Practice Name: _____

3. Home address: _____
Street (include Apt. # if applicable) City State Zip

4. What percentage of your patients are pediatric? _____
Please note that in order to be in CCPA, majority of your patients must be pediatric.

5. If any items are missing from your CCPA application or have expired, who should CCPA contact?

Name & Title: _____

How should this individual be contacted? *(please check all acceptable methods)* Fax: (____) _____

Email *(preferred by CCPA)*: _____ Phone: (____) _____

6. Do you wish to receive pertinent information from CCPA via your e-mail address? YES NO

This may include, but is not limited to: notices regarding managed care contracts, updates to our fee schedule, event invitations and reminders, and CCPA newsletters. Your email address will not be distributed to any outside parties.

If yes, please provide your preferred email address: _____

INFORMATION FOR FIND A DOCTOR – PLEASE PRINT LEGIBLY OR TYPE

Once approved for CCPA membership, your profile will be posted on the Find A Doctor feature of the Lurie Children's website. The information below will be used in creating your profile.

1. Please list the name(s) of the hospital(s) and/or medical center(s)/facility(s) where you completed your training *(please do not list the names of college(s) and/or university(s) as you may have listed on your State of Illinois application).*

Internship(s): _____

Residency(s): _____

Fellowship(s): _____

2. Please list your special clinical interests (i.e. child obesity, ADHD, allergies, etc.)

3. Please list all professional societies in which you currently hold membership (i.e. American Academy of Pediatrics, American Medical Association, etc.). Please do not list any past memberships.

4. Do you have a recent headshot on file with Lurie Children's Audio-Visual Department? YES NO

Note: If you do not have a recent photo on file, you are advised to contact the Audio-Visual Department at **312.277.5043** or your Physician Liaison to schedule an appointment to have your picture taken (*Liaisons may be able to make office visits to accommodate your schedule*). Your picture will be displayed with your profile.

CCPA SPECIAL INTEREST & MEDIA SURVEY

Once approved for CCPA membership, this survey will be forwarded to Ann & Robert H. Lurie Children's Hospital of Chicago's Public Affairs Department. You will be contacted by Public Affairs if your expertise and/or involvement are needed with a media-related event, interview, or publication and you have expressed interest in participating. This survey will be kept on file for future reference and possible use.

Please Print or Type:

First & Last Name:	Academic Title:
Practice Name:	Preferred Phone Number:

1. Are you interested in being a media spokesperson YES NO

2. May we contact you by email? YES NO

If so, please provide email address: _____
(This email address will be used only by CCPA and/or the Public Affairs Department for media-related purposes)

3. Have you participated in media training offered by Children's Memorial? YES NO

4. Have you participated in media training at another organization? YES NO **If so, which?**

5. Check area(s) in which you are most comfortable/willing to do media interviews (check all that apply):

- Print publication (newspaper, magazine, etc.) Television
 Radio I do not wish to participate in media interviews

6. Are you fluent in any languages other than English?

Spanish Other(s):

7. Do you have a recent photo (headshot) on file with Children's Memorial's Audio-Visual Department?

YES NO

Note: If you do not have a recent photo on file, you are advised to contact the Audio-Visual Department at **312.227.5043** to schedule an appointment to have your picture taken. Your picture may be used not only for media-related purposes, but also for your profile on the Find A Doctor feature of the Children's Memorial Website.

Please list any research projects on which you are currently working and the anticipated length of the study (attach additional page(s) as needed):

- _____
- _____

CCPA SPECIAL INTEREST & MEDIA SURVEY (cont.)

List your specific areas of expertise/interest. For the “media-related” topics, include general “everyday” issues of interest to the public (anything from immunizations to frostbite, pediatric trends, social issues that affect children, etc.). *Please use layman’s terms for your specialties when possible.*

With respect to each area of expertise, please indicate:

1. Whether or not you would be willing to discuss that topic with the media;
2. Whether you want the topic listed as a “special interest” of yours in the Children’s Memorial Hospital’s Provider Directory;
3. Whether you would like to deliver a Continuing Medical Education lecture or community (i.e. parent audience) lecture on this topic; and
4. Whether this is a topic in which you have done research.

Topic	1. Media	2. Provider Directory	3. CME	4. Research
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please attach additional forms as needed.