

Alternate Access Delivery Request Form C (Form C - AADR)

Before completing this form, you must submit an [AADR Request Form](#)
via e-mail to OICNetworkAccess@oic.wa.gov.

Submission Date:

Effective Date:

WAOIC #:

Carrier:

Affected Network(s):

Covered Services:

Affected Counties:

Is this AADR being filed for a Balance Billing Protection Act covered service? YES NO

Step 1:

Please confirm:

1. An alternate access delivery request (WAC 284-170-210) may be proposed only if one of the following conditions apply. It is mandatory that you select a reason for this AADR:

There are sufficient numbers and types of providers or facilities in the service area to meet the standards under WAC 284-170-200, but the issuer is unable to contract with sufficient providers or facilities to meet the network standards in WAC 284-170-200;

An issuer's provider network has been previously approved under this section, and a provider or facility type subsequently becomes unavailable within a health plan's service area;

A county has a population that is fifty thousand or fewer, and the county is the sole service area for the plan;

A qualified health plan issuer is unable to meet the standards for inclusion of essential community providers, as provided under WAC 284-170-310(3).

Step 2:

Complete this form and select one report type (below options) for consideration. Additional information on requirements shown once selected on page 2. Complete all required fields in this form and submit in SPNRR.

Alternate Access Delivery Request per WAC 284-170-200(15)(a), WAC 284-170-200 (15)(b), or WAC 284-170-200 (15)(c), or;

Essential Community Provider (ECP) – Narrative Justification per WAC 284-170-200(15)(d).

AADR is being filed due to WAC 284-170-200(15)(a),
WAC 284-170-200 (15)(b), or WAC 284-170-200 (15)(c):

1. Cover letter specifically setting forth the health carrier’s request by network, action plan, and resolution.

Template with box checked on page 2 “Alternative Access Delivery Request must include:”

Certification by an Officer of the Health carrier that the submission consists solely of true and accurate documentation.

2. The following supporting documentation per WAC 284-170-280(3)(e) and WAC 284-170-210:

Supporting data describing how the proposed plan ensures enrollees will have reasonable access to sufficient providers, by number and type for covered services.

A description and schedule of fixed cost-sharing amount requirements for providers subject to the request, coinsurance must be waived.

How the provider directory will be updated so that an enrollee can access provider types that are subject to the request.

The health carrier’s marketing plan to accommodate the time-period that the alternative access delivery system is in effect, and specifically describe how it impacts current and future enrollment.

The request should include substantial evidence of the health carrier’s good faith efforts to contract and state why those efforts have been unsuccessful. Evidence of the health carrier’s good faith efforts to contract will include, at a minimum:

Provider information identifying the provider organization name and affiliates name(s), business address, mailing address, telephone number(s), email address, organizations representative name and title.

Health carrier’s information identifying the health carrier representative’s name and title, mailing address, telephone number, and email address.

If a contract was offered, a list that identifies contract offer dates and a record of the communication between the health carrier and provider. For example, you should indicate whether contract negotiations are still in progress or the extent to which you are not able to agree on contract terms.

If a contract was not offered, explain why the health carrier did not offer to contract. Documentation must provide as much detail and be as specific as possible.

Step 3:

A complete submission must include the following:	
Alternate Access Delivery Request Form C	One PDF document that includes <ul style="list-style-type: none"> • A properly completed Alternate Access Delivery Request Form C; and • Items 1-2 for Alternate Access Delivery Request; or • Items 1-6 for Essential Community Provider (ECP) – Narrative Justification
Access Plan – AADR	Access Plan AADRs should be specific to the provider types and proposed services. DO NOT repeat the yearly Access Plan report. If a section required under WAC 284-170-280(3)(h) is not applicable, you may put N/A in the section.
Geo-Network Report – AADR	The Geo-Network Report AADR must be specific to the AADR Form C and demonstrate access as it will be if the AADR is approved. It must include any provider type(s) or county(ies) included in the AADR request, along with any neighboring counties being used to support access under the AADR. The Geo-Network Report AADR should not be a duplicate of the annually filed Geo-Network Report.
Network Enrollment Form B – AADR	The Network Enrollment Form B AADR must include the most current plan year enrollment information available to the carrier for each network listed in Step 1.
Provider Network Form A – AADR	Complete Provider Network Form A AADR

This Alternate Access Delivery Request Form C (Form C – AADR) and supporting documentation is submitted for consideration and approval by the Washington state Office of the Insurance Commissioner. In this submission I have filed only one Alternate Access Delivery Request.

Filer:

Title:

Email:

Phone Number:

ADR Report Type Not Selected

QHP has Insufficient ECPs [WAC 284-170-200(15)(d) only]:
1. Cover letter specifically setting forth the health carrier’s request by network, action plan, and resolution.
2. Documentation fully describing and demonstrating why the health carrier’s plan does not meet the requirements of WAC 284-170-310.
If the request is based, at least in part, on a lack of sufficient ECPs to contract with, the health carrier should include information demonstrating the number and location of available ECPs.
If the request is based, at least in part, upon an inability to contract with certain ECPs, the request should include substantial evidence of the health carrier’s good faith efforts to contract with additional ECPs and state why those efforts have been unsuccessful. Provider information identifying the provider organization name and affiliates name(s), business address, mailing address, telephone number(s), email address, organizations representative name and title. Health carrier’s information identifying the health carrier representative’s name and title, mailing address, telephone number, and email address. If a contract was offered, a list that identifies contract offer dates and a record of the communication between the health carrier and provider. For example, you should indicate whether contract negotiations are still in progress or the extent to which you are not able to agree on contract terms. If a contract was not offered, explain why the health carrier did not offer to contract. Documentation must provide as much detail and be as specific as possible.
3. The following supporting documentation per WAC 284-170-280(3)(e) and WAC 284-170-210:
Supporting data describing how the proposed plan ensures enrollees will have reasonable access to sufficient providers, by number and type for covered services.
A description and schedule of fixed cost-sharing amount requirements for providers subject to the request, coinsurance must be waived.
How the provider directory will be updated so that an enrollee can access provider types that are subject to the request
The health carrier’s marketing plan to accommodate the time period the alternative access delivery system is in effect, and how it impacts current and future enrollment.
4. Documentation identifying how the health carrier plans to increase ECP participation in the provider network during the current plan year and subsequent Exchange filing certification request.
5. Documentation describing how the carrier’s provider network(s), as currently structured, provide adequate access for low-income and medically underserved individuals. Including:
How the network(s) provide adequate access to care for individuals with HIV/AIDS (including those with co-morbid behavioral health conditions).
How the network(s) provide adequate access for American Indians and Alaska Natives.
How the network(s) provide adequate access to care for low-income and underserved individuals seeking women’s health and reproductive health services.
6. Certification by an Officer of the Carrier that the submission consists solely of true and accurate documentation.