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| Carrier: Click or tap here to enter text. |  | WAOIC #: Click or tap here to enter text. |
| Network: Click or tap here to enter text. |  | Date received: Click or tap to enter a date. |

Authority to Review: [WAC 284-170 Subchapter B,](http://apps.leg.wa.gov/WAC/default.aspx?cite=284-170) [WAC 284-43-210](http://apps.leg.wa.gov/WAC/default.aspx?cite=284-43-0200)

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| Topic | Reference | Specific Issues | Located on page(s): |
| **Information provided in the Access Plan AADR should be *relevant to the service gap mentioned in the Form C*. This should NOT be a repeat of Annual Access Plan.** | | | |
| Network Deficiencies Summary |  | Provider type and service area (county/ies) affected. |  |
| How the health carrier will ensure access to care. |  |
| Distance/times to closest provider covered under  the AADR. Carriers may not round up enrollee access numbers to demonstrate compliance. If a carrier has less than 100% access, the carrier must explain the deficiencies in the summary. |  |
| To expedite review, please provide a strike out underline version of the yearly access plan versus the Access Plan AADR. |
| Out-of-network care | WAC 284-170-280 (3)(h)(i)(A) | Referral of enrollees out of network: If this AADR proposes out of network referrals as part of the request to fill the gap, list the criteria that is considered. |  |
|
| Timelines for processing out-of-network referrals |  |
| WAC 284-170-280 (3)(h)(i)(B) | Copayment and deductible determination standards for enrollees accessing care out-of-network (*Coinsurance should not be included in an AADR*) |  |
| Balance billing determination standards for enrollees accessing out-of-network care |  |

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| Prior Authorization | WAC 284-170-280 (3)(h)(i)(F) | Triage and screening arrangements for prior authorization requests |  |
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| Prior authorization processes that enrollees and providers must follow. If this AADR includes prior authorization for services identified in the AADR, describe those prior authorization requirements. |  |
| WAC 284-170-280 (3)(h)(i)(G) | Responsibilities and scope of use of non-licensed staff to handle enrollee calls about prior authorization |  |
| RCW 48.43.830 | The timeframes and notification to participating providers and facilities regarding prior authorization determinations must not contradict requirements in the law. |  |
| Standards of accessibility | WAC 284-170-280 (3)(h)(i)(C) | Standards of accessibility expressed in terms of objectives and minimum levels below which corrective action will be taken by the health carrier, including the proximity of specialists and hospitals to primary care sources, and a method and process for documentation confirming that access will not result in delays detrimental to health of enrollees. |  |
| WAC 284-170-280(3)(h)(i)(D) | Monitoring policies and procedures for compliance, including tracking and documenting network capacity and availability. |  |
| WAC 284-170-200 | Chart or table showing enrollee access (by miles or minutes) to different provider types in urban and rural service areas.  \*\*not required but common practice by carriers |  |

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| Publications | WAC 284-170-280(3)(h)(i)(H) | Specific procedures and materials used to address the needs of enrollees with limited-English proficiency and literacy, with diverse cultural and ethnic backgrounds, and with physical and mental disabilities, including enrollees who are deaf, hard of hearing, or are speech disabled. |  |
| WAC 284-170-280 (3)(h)(i)(K) | Procedures for notification to enrollees regarding personal health information privacy rights and restrictions, termination of a provider from the network, and maintaining continuity of care for enrollees when there is a material change in the provider network, insolvency of the health carrier, or other cessation of operations.  The OIC requests access to a copy of the notice with the AADR submission. |  |
| Assessment of the health status | WAC 284-170-280 (3)(h)(i)(I) | Assessment of the health status of the population of enrollees or prospective enrollees, including incorporation of the findings of local public health community assessments, and standardized outcome measures, and use of the assessment data and findings to develop network or networks in the service area. |  |

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| Gender Affirming Care (Not applicable to all AADRs) | WAC 284-170-280 (3)(h)(i)(J) | Standards of accessibility expressed in terms of objectives and minimum levels below which corrective action will be taken, including the proximity of gender affirming treatment services to primary care sources, and a method and process for documentation confirming that access will not result in delay detrimental to health of enrollees. |  |
| Monitoring policies and procedures for compliance, including tracking and documenting network capacity and availability. |  |
| Next Day Appointment Availability (Applicable to Behavioral Health related AADRs) | WAC 284-170-280 (3)(h)(i)(M) | The process for ensuring access to next day appointments for urgent, symptomatic behavioral health conditions. |  |
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| **Each report must include the provider and enrollee data points on each map, title the map as to the provider type or facility type it represents, include the network the map applies to, and the name of each county included on the report.** |
| The following Geo-Network Report AADR requirements apply to health benefit plans, stand-alone dental plans for pediatric EHB, and Essential Community Providers.  The Geo-Network Report AADR should be specific to the AADR Form C and compare access before and after the AADR’s approval. Specifically, the OIC is requesting the carrier submit one map with corresponding data tables demonstrating current compliance and a second map with corresponding data tables demonstrating access as it will be if the AADR is approved. A carrier may request to demonstrate this access using a different format; please contact your analyst. 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**.  Maps must identify provider locations and demonstrate that each enrollee in the service area has access within the time/distance standards in both urban and rural areas from either their residence or workplace to the AADR service type. If there are no providers within the time/distance standard, enrollees must be able to obtain health care services from a provider or facility within the **closest reasonable proximity** of the enrollee in a timely manner appropriate for the enrollee's health needs. |
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| **AADR Coversheet** | | | | | | | | | | |
| Date |  | Carrier |  | Filer |  | Email |  | Reason for submitting an AADR |  | |
| WAOIC |  | Networks Affected |  | Title |  | Phone Number |  | BBPA |  | |
| 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. | | | | | | | | | | | |
| 1. Documentation fully describing and demonstrating why the health carrier’s plan does not meet the requirements of [WAC 284-170-310](http://apps.leg.wa.gov/WAC/default.aspx?cite=284-170-310). | | | | | | | | | | | |
| a. 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. | | | | | | | | | |  | |
| 1. 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.    * 1. 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.      2. Health carrier’s information identifying the health carrier representative’s name and title, mailing address, telephone number, and email address.      3. 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. “Extent to which you are not able to agree” means quantification by some means of the distance between the parties’ positions. For example, “After working together for two weeks, the parties still had several contract provisions upon which they were unable to come to agreement, and neither party was able to compromise further” or “The parties exchanged draft contract provisions and met in person, but their positions were widely divergent, and we were unable to come to agreement.”      4. 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. | | | | | | | | | |  | |
| 1. The following supporting documentation per WAC 284-170-280(3)(e): | | | | | | | | | | | |
| 1. Supporting data describing how the proposed plan ensures enrollees will have reasonable access to sufficient providers, by number and type for covered services. | | | | | | | | | |  | |
| 1. Description and schedule of cost-sharing requirements for providers subject to the AADR. | | | | | | | | | |  | |
| 1. How the provider directory will be updated so enrollees can access provider types under the AADR. | | | | | | | | | |  | |
| 1. 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. | | | | | | | | | |  | |
| 1. 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. | | | | | | | | | | | |
| 1. Documentation describing how the carrier’s provider network(s), as currently structured, provide adequate access for low-income and medically underserved individuals. Including: | | | | | | | | | | | |
| 1. How the network(s) provide adequate access to care for individuals with HIV/AIDS (including those with co-morbid behavioral health conditions). | | | | | | | | | |  | |
| 1. How the network(s) provide adequate access for American Indians and Alaska Natives. | | | | | | | | | |  | |
| 1. How the network(s) provide adequate access to care for low-income and underserved individuals seeking women’s health and reproductive health services. | | | | | | | | | |  | |
| 1. Certification by an Officer of the Carrier that the submission consists solely of true and accurate documentation. | | | | | | | | | | | |

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| 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. |  |
| * + - 1. The following supporting documentation per WAC 284-170-280(3)(e) and WAC 284-170-210: | |
| 1. Supporting data describing how the proposed plan ensures enrollees will have reasonable access to sufficient providers, by number and type for covered services. |  |
| 1. A description and schedule of cost-sharing requirements for providers subject to the request |  |
| 1. How the provider directory will be updated so that an enrollee can access provider types that are subject to the request |  |
| 1. 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. |  |
| 1. 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:    1. 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.    2. Health carrier’s information identifying the health carrier representative’s name and title, mailing address, telephone number, and email address.    3. 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. “Extent to which you are not able to agree” means quantification by some means of the distance between the parties’ positions. For example, “After working together for two weeks, the parties still had several contract provisions upon which they were unable to come to agreement, and neither party was able to compromise further” or “The parties exchanged draft contract provisions and met in person, but their positions were widely divergent and we were unable to come to agreement.”    4. 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. |  |