

Alternative 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.

Date:

WAOIC #:

Carrier:

Network:

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. Please select the reason for this AADR (*select only one*):

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).

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

Step 2:

Complete this form and check the appropriate box on page 2 or 3 for consideration of one report type listed below (*select only one*). Sign the form once complete.

1. Alternative Access Delivery Request per WAC 284-170-200(15)(a), WAC 284-170-200 (15)(b), or WAC 284-170-200 (15)(c), or;
2. Essential Community Provider (ECP) – Narrative Justification per WAC 284-170-200(15)(d).

Step 3:

Upload in the Network Access Portal:

1. One PDF document that includes:
 - a. A properly completed Alternative Access Delivery Request Form C; and
 - b. Items 1-3 for Alternative Access Delivery Request; or
 - c. Items 1-6 for Essential Community Provider (ECP) – Narrative Justification.
2. Access Plan - AADR
3. Geo-Network Report - AADR
4. Network Enrollment Form B - AADR

5. Provider Network Form A - AADR

Alternative Access Delivery Request – must include:

1. Cover letter specifically setting forth the health carrier’s request by network, action plan, and resolution.
2. The following supporting documentation per WAC 284-170-280(3)(e):
 - a. Supporting data describing how the proposed plan ensures enrollees will have reasonable access to sufficient providers, by number and type for covered services.
 - b. A description and schedule of cost-sharing requirements for providers subject to the request.
 - c. How the provider directory will be updated so enrollees can access provider types under the AADR.
 - d. 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.
 - e. The request should include substantial evidence of the health carrier’s good faith efforts to contract with additional providers and state why those efforts have been unsuccessful.
 - Evidence of the health carrier’s good faith efforts to contract will include, at a minimum:
 - i. Provider information identifying the provider organization name and affiliates name(s), business and mailing address, telephone number(s), email address, organization representative name and title.
 - ii. Health carrier’s information identifying the health carrier representative’s name and title, mailing address, telephone number, and email address.
 - iii. If a contract was offered, a list that identifies contract offer dates and a record of the communication between the health carrier and provider. You must 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 two weeks, the parties still had contract provisions which they were unable to agree upon, and they were unable to compromise further” or “parties exchanged draft contract provisions and met in person, but their positions were widely divergent and we were unable to come to an agreement.”
 - iv. If a contract was not offered, explain why the health carrier did not offer to contract. Documentation must be as specific as possible.
 - The assessment of whether the health carrier has made good faith efforts to contract is an assessment of the efforts to contract, not an assessment of the particular terms being offered by either party. Evidence regarding the parties’ positions on particular terms, or the reasonableness of terms, should not be included.
3. Certification by an Officer of the Carrier that the submission consists solely of true and accurate documentation.

Essential Community Provider (ECP) – Narrative Justification requests – must include:

1. Cover letter describing 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:
 - 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.
 - b. 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.
 - Evidence of the health carrier’s good faith efforts to contract will include, at a minimum:
 - v. Provider information identifying the provider organization name and affiliates name(s), business and mailing address, telephone number(s), email address, organization representative name and title.
 - vi. Health carrier’s information identifying the health carrier representative’s name and title, mailing address, telephone number, and email address.
 - vii. If a contract was offered, a list that identifies contract offer dates and a record of the communication between the health carrier and provider. You must 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 two weeks, the parties still had contract provisions which they were unable to agree upon, and they were unable to compromise further” or “parties exchanged draft contract provisions and met in person, but their positions were widely divergent and we were unable to come to an agreement.”
 - viii. If a contract was not offered, explain why the health carrier did not offer to contract. Documentation must be as specific as possible.
 - The assessment of whether the health carrier has made good faith efforts to contract is an assessment of the efforts to contract, and not the particular terms being offered by either party. Evidence regarding the parties’ positions on particular terms, or the reasonableness of terms, should not be included.
3. The following supporting documentation per WAC 284-170-280(3)(e):
 - a. Supporting data describing how the proposed plan ensures enrollees will have reasonable access to sufficient providers, by number and type for covered services.
 - b. Description and schedule of cost-sharing requirements for providers subject to the AADR.
 - c. How the provider directory will be updated so enrollees can access provider types under the AADR.
 - d. 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:
 - a. How the network(s) provide adequate access to care for individuals with HIV/AIDS (including those with co-morbid behavioral health conditions).
 - b. How the network(s) provide adequate access for American Indians and Alaska Natives.

- c. 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.

This Alternative 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 Alternative Access Delivery Request.

Filer:

Title:

Email:

Phone Number: