

Amended Alternative Access Delivery Request Form E

WAOIC#: Carrier:
AADR Name: Plan Year: Effective date:
Service: Network(s):
County:

NOTE: If any document (Access Plan, Form C, etc.) under the above approved AADR needs to be revised, it will result in the AADR approval being rescinded. The previously approved AADR will need to be re-reviewed and the OIC will need to issue a new approval before this Form E can be accepted and processed.

Step 1:

Send an email to OICNetworkAccess@oic.wa.gov with the Amended AADR Request Form.

Step 2:

Upload in the Network Access Portal:

1. One PDF document that includes:
 - a. A properly completed Amended Alternative Access Delivery Request Form E.
 - b. Certification by an Officer of the Carrier that the submission consists solely of true and accurate documentation.
 - c. The Health carrier representative's substantial good faith efforts to contract and why those efforts have been unsuccessful. Good faith documentation should be as specific as possible. The evidence should include, at a minimum, the following:
 - i. Provider organization name and affiliates name(s), business address, mailing address, telephone number, email address and organizations representative name and title.
 - ii. Health carrier's representative's name and title, mailing address, telephone number, and email address.
 - iii. If a contract was offered, a list that identifies the contract offer dates and a record of communication between the health carrier and provider.
 - iv. If a contract was not offered, provide an explanation why the health carrier did not offer a contract.

This Amended Alternative Access Delivery Request Form 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 Amended Alternative Access Delivery Request per service.

Filer:

Title:

Email:

Phone Number: