

Date:

Carrier:

WAOIC #:

Step 1:

Send an email to OICNetworkAccess@oic.wa.gov requesting activation for an Alternative Access Delivery Request (AADR) submission assignment in the Network Access Portal

Step 2:

Complete this form by checking the appropriate box for consideration of either an:

1. Alternative Access Delivery Request per WAC 284-170-200(15)(a),
2. Alternative Access Delivery Request per WAC 284-170-200 (15)(b),
3. Alternative Access delivery Request per WAC 284-170-200 (15)(c); or
4. 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 1-4 for Essential Community Provider (ECP) – Narrative Justification.
2. Supporting reports outlined in item 4 - Alternative Access Delivery Request. A separate network access report, in the required format, per WAC 284-170-280(3)(d) and the Network Access Report Filing Instructions.

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:

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)(d):
 - 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 that an enrollee can access provider types that are subject to the request.
 - 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.
3. Certification by an Officer of the Carrier that the submission consists solely of true and accurate documentation.
4. The following off cycle reports must be submitted separately but concurrently with the Alternative Access Delivery Request Form C information.
 - a. Provider Network Form A - AADR demonstrating the addition and/or deletion of providers and facilities specific to this request. A Provider Directory Certification should not be filed concurrently with the proposed Provider Network Form A - AADR report. If the Insurance Commissioner approves this request, the health carrier must file an off-cycle Provider Network Form A and a Provider Directory Certification as requested in the approval letter.
 - b. A Network Enrollment Form B – AADR must be submitted with current enrollment.

“Current” means enrollment as of the last complete month prior to submission of this form. For example, submission of a Form C - AADR on June 10th requires a Network Enrollment Form B - AADR report for enrollment figures for January 1st – May 31st of the current year.

Essential Community Provider [ECP] – Narrative Justification requests must include:

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:
 - a. If the request is based, at least in part, upon a lack of sufficient ECPs with whom to contract, 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 ECP’s 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 address, mailing address, telephone number(s), email address, organizations 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 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.”
 - 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. 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.
 4. Documentation describing how the health carrier's provider network(s), as currently structured, provides an adequate level of service for low-income and medically underserved individuals. Your request must specify:
 - a. How the current network(s) provide adequate access to care for individuals with HIV/AIDS (including those with co-morbid behavioral health conditions).
 - b. How the current network(s) provide adequate access to care for American Indians and Alaska Natives.
 - c. How the current network(s) provide adequate access to care for low-income and underserved individuals seeking women's health and reproductive health services.