ANALYST CHECKLIST

ACCESS PLAN and ***ACCESS PLAN - AADR***

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ANALYST CHECKLIST

ACCESS PLAN and *ACCESS PLAN - AADR*

Carrier: WAOIC #:

Network: Date received:

Access Plan ☐   Access Plan AADR ☐

Authority to Review: WAC 284-170 Subchapter B, WAC 284-43-0200

☐ **ACCESS PLAN** ☐ **ACCESS PLAN – AADR*** *additional requirements for Access Plan – AADR listed on page 6			
Topic	Reference	Specific Issues	Located on page(s):
Is the Access Plan Cover Sheet attached (not required for Access Plan - AADR)?			
Does the information on the cover sheet match their carrier profile?			
Out-of-network care	WAC 284-170-280 (3)(f)(i)(A)	Criteria for determining when an out-of-network referral is required or appropriate	
		Timelines for processing out-of-network referrals	
	WAC 284-170-280 (3)(f)(i)(B)	Copayment and coinsurance determination standards for enrollees accessing care out-of-network	
Prior Authorization	WAC 284-170-280 (3)(f)(i)(F) WAC 284-170-280 (3)(f)(i)(G)	Triage and screening arrangements for prior authorization requests	
		Prior authorization processes that enrollees must follow	
		Responsibilities and scope of use of non-licensed staff to handle enrollee calls about prior authorization	

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ACCESS PLAN and *ACCESS PLAN - AADR*

Hours of operation	WAC 284-170-280 (3)(f)(i)(E)	Standard hours of operation and after-hours, for: • prior authorization • consumer and provider assistance • claims adjudication	
Standards of accessibility	WAC 284-170-280 (3)(f)(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)(f)(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	
Publications	WAC 284-170-280 (3)(f)(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.	

ACCESS PLAN and ACCESS PLAN - AADR

Publications (cont)	WAC 284-170-280 (3)(f)(i)(J)	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.	
Assessment of the health status	WAC 284-170-280 (3)(f)(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.	
Corrective Action	WAC 284-170-280 (3)(f)(i)(K)	Health carrier's process for corrective action for providers related to the provider's licensure, prior authorization, referral and access compliance. The process must include remedies to address insufficient access to appointments or services, timeline for implementing the plan, and follow-up steps to ensure corrective action was taken and has been effective.	
Provider termination		Detail about how the health carrier will identify and notify affected members, including steps they will take to prevent hardship on the member and the process for situations where an in-network provider is not available.	
Network structure		Detail about how the network is made up (ie does it utilize leased networks, and which ones, to make up its' provider base)	

ACCESS PLAN and *ACCESS PLAN - AADR*

Geo-Network Report deficiencies		Detail about any areas that do not meet the Geo-Network Report requirement [WAC 284-170-280(3)(e)] but an AADR is not required [WAC 284-170-200(15)]. For example: *Hospitals in ____ County: The average distance for all members in _____ County is 4.2 minutes. 27 members in the ____ network have access outside the 30 minute hospital access. Their average drive time to the closest hospital is 36.2 minutes to _____Hospital in _____ city. There are no additional hospitals to contract with that give them closer access.*	
NOTES:			

ANALYST CHECKLIST

ACCESS PLAN and *ACCESS PLAN - AADR*

Additional information to be included in a ACCESS PLAN – <u>AADR</u> [WAC 284-170-210]			
Topic	Reference	Specific Issues	Located on page(s):
Network deficiencies		Provider type(s) and service area (county) affected	
		How the health carrier will ensure access to care	
	WAC 284-170-200 WAC 284-170-210	If this AADR is being filed due to being unable to meet the standards for inclusion of essential community providers but there are no identified network deficiencies, this report might be identical to the Access Plan.	
NOTES:			

ANALYST CHECKLIST

Geo-Network Report

Geo-Network Report - AADR

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ANALYST CHECKLIST

Geo-Network Report

Geo-Network Report - AADR

Carrier: WAOIC #:

Network: Date received:

Medical ☐   SADP ☐   AADR ☐

Geo-Network Report – Medical (Geo-Network Report AADR on page 6)		
	Map Location	Access Statistic Table Location
Hospital and emergency services Map must identify provider locations, and demonstrate that each enrollee in the service area has access within thirty minutes in an urban area and sixty minutes in a rural area from either their residence or workplace to general hospital facilities including emergency services.		
Primary Care Providers Map must demonstrate that eighty percent of the enrollees in the service area have access within thirty miles in an urban area and sixty miles in a rural area from either their residence or workplace to a primary care provider with an open practice. The provider type selected must have a license under Title 18 RCW that includes primary care services in the scope of license.		
Mental Health Providers – general The map must demonstrate that eighty percent of the enrollees in the service area have access to a mental health provider, such as licensed psychiatrists, psychologists, social workers, and mental health nurse practitioners, within thirty miles in an urban area and sixty miles in a rural area from either their residence or workplace		

Geo-Network Report

Geo-Network Report - AADR

Mental Health Providers – specialty The map must demonstrate that eighty percent of the enrollees have access to the following types of service provider or facility: Evaluation and treatment, voluntary and involuntary inpatient mental health and substance use disorder treatment, outpatient mental health and substance use disorder treatment, and behavioral therapy. * If one of the types of specialty providers is not available as required above, the health carrier must propose an AADR to meet this requirement.		
Pediatric services – general The map must demonstrate that eighty percent of the covered children in the service area have access to a pediatrician or other provider whose license under Title 18 RCW includes pediatric services in the scope of license. This access must be within thirty miles in an urban area and sixty miles in a rural area of their family or placement residence.		
Pediatric services – specialty The map must demonstrate that eighty percent of covered children in the service area have access to pediatric specialty care within sixty miles in an urban area and ninety miles in a rural area of their family or placement residence. The pediatric specialty types include, but are not limited to, nephrology, pulmonology, rheumatology, hematology-oncology, perinatal medicine, neurodevelopmental disabilities, cardiology, endocrinology, and gastroenterology.		
Specialty services One map for the service area for specialties found on the American Board of Medical Specialties (ABMS) list of approved medical specialty boards. The map must demonstrate that eighty percent of the enrollees in the service area have access to an adequate number of providers and facilities in each specialty. Subspecialties are subsumed on the map.		

Geo-Network Report

Geo-Network Report - AADR

Therapy services One map that demonstrates that eighty percent of the enrollees have access to the following types of providers within thirty miles in an urban area and sixty miles in a rural area of their residence or workplace: Chiropractor, rehabilitative service providers and habilitative service providers.		
Home health, hospice, vision, and dental providers One map that identifies each provider or facility to which an enrollee has access in the service area for home health care, hospice, vision, and pediatric oral coverage, including allied dental professionals, dental therapists, dentists, and orthodontists.		
Pharmacy dispensing services One map that demonstrates the geographic distribution of the pharmacy dispensing services within the service area. If a pharmacy benefit manager (PBM) is used by the health carrier, the health carrier must establish that the specifically contracted pharmacy locations within the service area are available to enrollees through the PBM.		
Essential Community Providers (ECPs) One map that demonstrates the geographic distribution of essential community providers, by type of provider or facility, within the service area. This requirement applies only to qualified health plans as certified in RCW 43.71.065.		
NOTES:		

ANALYST CHECKLIST

Geo-Network Report

Geo-Network Report - AADR

Geo-Network Report – SADP (Geo-Network Report AADR on page 6)		Map Location	Access Statistic Table Location
Dental providers One map that identifies each provider or facility to which an enrollee has access in the service area for pediatric oral coverage, including allied dental professionals, dental therapists, dentists, and orthodontists.			
Essential Community Providers (ECPs) A health carrier must provide one map that demonstrates the geographic distribution of essential community providers, by type of provider or facility, within the service area. This requirement applies only to qualified health plans as certified in RCW 43.71.065.			
NOTES:			

ANALYST CHECKLIST

Geo-Network Report

Geo-Network Report - AADR

Geo-Network Report AADR		
	Map Location	Access Statistic Table Location
The Geo-Network Report AADR should show access as it will be if the AADR is approved. It must include any provider type(s)/county(ies) included in the AADR request. Most of the time, the Geo-Network Report AADR is not a duplicate of the Geo-Network Report.		
NOTES:		

ANALYST CHECKLIST

Alternative Access Delivery Request Form C (Form C – AADR)

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March 13, 2018

ANALYST CHECKLIST

Alternative Access Delivery Request Form C (Form C – AADR)

Carrier:

WAOIC#:

Date received:

Authority to Review: WAC 284-170

☐ QHP has Insufficient ECPs [WAC 284-170-200(15)(d) only]:	
Specific Issues	Located on page(s):
Cover letter specifically setting forth the health carrier's request by network, action plan, and resolution.	
Form C – AADR template with box checked on page 3 "Essential Community Provider [ECP] – Narrative Justification requests must include"	
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.	

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Alternative Access Delivery Request Form C (Form C – AADR)

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:	
1. How the current network(s) provide adequate access to care for individuals with HIV/AIDS (including those with co-morbid behavioral health conditions).	
2. How the current network(s) provide adequate access to care for American Indians and Alaska Natives.	
3. How the current network(s) provide adequate access to care for low-income and underserved individuals seeking women's health and reproductive health services.	
Documentation fully describing and demonstrating why the health carrier's plan does not meet the requirements of WAC 284-170-310:	
1. 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.	
2. Assess the health carrier's good faith efforts to contract with providers; do not assess the terms of the contracts offered. Do not include information regarding the parties' positions on the fairness of contract provisions.	

Alternative Access Delivery Request Form C (Form C – AADR)

3. 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: a. 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.	
b. Health carrier's information identifying the health carrier representative's name and title, mailing address, telephone number, and email address.	
c. 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."	
d. 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.	

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ANALYST CHECKLIST

Alternative Access Delivery Request Form C (Form C – AADR)

☐ AADR is being filed due to an inadequate network:	
Specific Issues	**Located on page(s):**
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.	
The following supporting documentation per WAC 284-170-280(3)(d):	
1. Supporting data describing how the proposed plan ensures enrollees will have reasonable access to sufficient providers, by number and type for covered services	
2. A description and schedule of cost-sharing requirements for providers subject to the request	
3. How the provider directory will be updated so that an enrollee can access provider types that are subject to the request	
4. 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.	

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