Mar 13, 2019

Request for Alternative Arrangement for an Essential Provider

Instructions

1. A PHP must complete this form each time it requests approval of an alternative arrangement for an Essential Provider. The PHP must submit this form for each alternative arrangement requested.
2. The PHP must submit a completed request form as needed with the PHP’s Network Access Plan and revisions thereto and/or the annual network submission, forty-five (45) calendar days before an approved alternative arrangement is set to expire if the alternative arrangement continues to be needed, and at any other time as needed.
3. If DHHS approves the alternative arrangement, the alternative arrangement will be time limited. Forty-five (45) calendar days before an approved alternative arrangement is set to expire, the PHP shall submit a new request for the alternative arrangement (along with an updated version of the form and supporting documentation). If the alternative arrangement is no longer needed, the PHP shall inform the Department by submitting an email to the PHP’s designated email at DHHS.
4. Only one Essential Provider may be submitted per each request form.
5. The PHP shall give each request a unique identifier. Insert this identifier in *Section I – Basic Information*. The PHP should use this identifier when communicating with DHHS relating to this alternative arrangement request. This identifier must be included in the Exception ID Field found in PHP Report PRV002-J: Essential Provider Alternative Arrangements Report.
6. In *Section I – Basic Information*, provide the name of the PHP, the unique identifier for the request, the PHP Region code (1 through 6) in which the provider is located, the date the request was submitted, and the date the request was submitted to the Essential Provider as required by PHP Contract Section V.D.1.f.ii.
7. In *Section II – Essential Provider Information*, provide basic information about the Essential Provider for whom an alternative arrangement is requested. Provide the Essential Provider’s name, NPI, address, county where located and indicate the Essential Provider’s type by clicking in the appropriate box.
8. In *Section III – Reason for Alternative Arrangement*, identify the reason for the alternative arrangement request by clicking the box for the reason that applies.
9. In *Section IV - Types of Services offered by the Essential Provider*, provide a summary of the types of services offered by the essential provider and for which the alternative arrangement is intended to cover.
10. In *Section V – Review Criteria and Plan for Ensuring Access to Types of Services offered by the Essential Provider*, provide supporting information based upon the review criteria to support this request. Attach additional pages as necessary.
11. In *Section VI – Additional Required Information*, provide the additional information requested in support of this request. Attach additional pages as necessary.

Technical Information

1. File Naming Convention: Refer to the most recent Inbound Deliverable Job Aid for instructions.
2. Submit to: Refer to the most recent Inbound Deliverable Job Aid for instructions.

Section I – Basic Information

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| --- | --- |
| PHP: |  |
| PHP Alternative Arrangement Request Identifier |  |
| PHP Region (1-6) |  |
| Date Submitted |  |
| Date Alternative Arrangement Request Provided to Essential Provider |  |

**Section II – Essential Provider Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential Provider’s Name** | |  | |
| **Essential Provider’s NPI** | |  | |
| **Essential Provider’s Address** | |  | |
| **Essential Provider’s County** | |  | |
| **Type of Essential Provider (select one)** | | | |
| Federally Qualified Health Center | Free Clinic | Local Health Department | Rural Health Center |

**Section III –Reason for Alternative Arrangement**

|  |  |
| --- | --- |
| **Reason Code for Alternative Arrangement**  **(Select only one)** | 1. PHP has made a good faith effort to contract with provider.  2. Provider Fails PHP’s Objective Quality Standards for Contracting |

**Section IV –****Types of Services offered by the Essential Provider**

As part of this alternative arrangement request for all reasons, a PHP must demonstrate with specific data that the PHP is unable to contract with the Essential Provider identified in Section II and also state what steps were and will be taken to secure the types of services offered by the Essential Provider (PHP Contract Section V.D.1.e.i.).

|  |  |
| --- | --- |
| **Types of services offered by the Essential Provider** |  |

**Section V –** **Review Criteria and Plan for Ensuring Access to Types of Services offered by the Essential Provider**

As part of this alternative arrangement request for all reasons, a PHP must demonstrate with specific data that the PHP is unable to contract with the Essential Provider identified in Section II and also state what steps were and will be taken to secure the types of services offered by the Essential Provider (PHP Contract Section V.D.1.e.i.).

|  |  |
| --- | --- |
| **DHHS Review Criteria for each Reason Code and PHP’s Supporting Information (Attach additional pages as necessary)** | 1. Explain all efforts the PHP has made in the past 12 months to contract with the Essential Provider and provide supporting documentation. Include a description of how the efforts adhered to the PHP’s Good Faith Contracting policy, dates, the number of contracting attempts, and a description of why contracting efforts were not successful. |
| 1. Provider does not meet PHP's Objective Quality Standards for contracting as outlined in the PHPs Credentialing and Recredentialing Policy. PHP must cite the reason(s) provider does not meet PHP's Objective Quality Standards and the date the Standards were last approved by DHHS. If the approval is pending, identify the date the Policy was last submitted to DHHS. |

**Section VI – Additional Required Information (attach additional pages as necessary)**

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| 1. Explain how the PHP will provide access to the types of services offered by the Essential Provider as provided in Section IV, including a description of how the alternative arrangement will meet Medicaid Member needs.. |
| 1. Explain how the PHP will remedy the need for the alternative arrangement including a suggested timeline for implementation. |
| 1. Summarize any feedback received from the Essential Provider in response to the request, if any. |

Version

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| --- | --- | --- |
| Date | Section Updated | Change |
| Jan. 31, 2019 | N/A | Initial document; dotx format |
| Mar 13, 2019 (v2.0) | Instructions, Section II | Updated instructions; revised Section II to remove pull down menu and replace with check boxes. |