**NC Medicaid**

**Report Information**

Report Name: Alternative Arrangements Narrative

Report Description: Explanation of changes to plan to address members’ needs made since alternative arrangement’s last approval

Report ID: PRV017-J

Business Unit: Provider

Reporting Frequency: Quarterly (as required)

Report Due Date: Submit with PRV002\_J Approved Essential Provider Alt Arrange Report (as required); 45 Calendar Days After each calendar quarter end (or on the next business day if that day falls on a holiday and/or a weekend)

File naming convention: PHPID\_PRV017-J\_EssntProvAlt\_Narrative\_YYYY\_MMDD.docx

Document Type: Text Document

**PHP Information**

PHP ID:

PHP Name:

PHP Contact:

PHP Contact Email:

Report Period Start Date:

Report Period End Date:

Date Completed:

*(This plan can be submitted in any format. However, this document must be completed and submitted with the PHP055 Network Adequacy Exception Report if required by that report)*

**Definitions and Instructions:**

The PHP shall provide an update to the response(s) to Section VI.1 and/or V.2 from the most recently approved respective Essential Provider Alternative Arrangement Request.

1. Explain how the PHP will provide access to the types of services offered by the Essential Provider, including a description of how the alternative arrangement will meet Medicaid Members’ needs.

Response:

2. Explain how the PHP will remedy the need for the alternative arrangement including a suggested timeline for implementation.

Response:

**Version:**

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| Document version number | v1.0 | |  |  |  |  |  |  |  |  |  |  |
| Date of most recent update | 1/30/2019 | |  |  |  |  |  |  |  |  |  |  |
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| **Version Notes** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date** | **Section updated** | **Change** |  |  |  |  |  |  |  |  |  |  |
| 1/30/2019 | Initial Document Draft | Original |  |  |  |  |  |  |  |  |  |  |
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