

Date: _____

Contractor/Line of Business: _____

(1) PROVIDER NAME	(2) PROVIDER ID	(3) PROVIDER TYPE	(4) PCP	(5) COUNTY(IES) SERVED	(6) PROVIDER CAPACITY	(7) TERMINATION OR REDUCTION IN SERVICES	(8) REASON/DESCRIPTION	(9) WERE RATES PART OF THE REASON?	(10) NETWORK GAP

Instructions for Attachment D:

1. The name of the provider leaving the network, or reducing or diminishing its scope of services. If this is a provider group, list the group only, and if multiple provider types are included, list them in column 3.
2. The 6-digit AHCCCS provider identification number. Do not use a provider's National Provider Identification Number (NPI).
3. The Provider Type code as utilized in Pre-paid Medical Management Information System (PMMIS).
4. 'Y' yes or 'N' no (Is defined as a 08-MD, 31-DO, 19-NP, 18-PA; responsible for the management of a member's health care).
5. The county(ies) served by the provider's termination of diminished scope of services. If the provider serves the entire state, then "Entire State" is appropriate.
6. This column should be populated with the number of members assigned to, residing in, or regularly receiving services from the provider. In the case of hospitals, outpatient facilities, labs, etc. indicate the number of members (unduplicated) that on average utilized the providers during the three month time period prior to the termination date. In the case of nursing facilities and Alternative HCBS Settings indicate the number of members residing in the facility at the time of termination notice by the provider.
7. Describe if the change is a termination of the provider or a reduction in their scope of services.
 - a. ~~Provider-terminated-business/No longer operating.~~
 - b. ~~Provider-exiting-Medicaid/No longer serving-Medicaid-members,~~
 - c. ~~Increased-rate-requested-(provider-initiated),~~
 - d. ~~AHCCCS-FFS-rate-reduction-(pass-through),~~
 - e. ~~Contractor-rate-reduction-(not-associated-with-a-rate-reduction),-or~~
 - f. ~~Other-rate-related-reason-(Use-only-if-the-termination-reason-does-not-fall-under-c,-d,-e-and-is-a-rate-related-reason.-Describe-using-a-rate-related-reason.-If-the-provider-is-reducing-its-scope-of-services-due-to-rate-related-issues,-specify-the-nature-of-the-is-no-longer-offering-specific-services,-or-is-declining-specific-services-durations-(e.g.-per-diem-respite).-Specify-the-service-and/or-the-duration-of-reduced-services.-reduction.-Examples-include-provider-is-no-longer-seeing-new-members,-~~
8. Provide a narrative description of what is being termination or the scope of the services being reduced. Examples include, provider no longer in operation, could not agree on rates, discontinuation of services, facility closure, plan declined to re-contract (no
9. Identify if the rates offered by the Contractor or AHCCCS rates were part of the reason for the termination or reduction in services.
10. Include a statement if the loss of the provider will result in a network gap. See ACOM Policy 439 for possible additional reporting requirements. If there will be a gap, indicate how the Contractor will meet member needs after the provider leaves the network.