



Provider-Initiated Request for Alternative Payment Arrangement

In the Medicaid Coordinated Care Networks (CCN) program, the Louisiana Department of Health and Hospitals (DHH) requires CCN-Prepaid (CCN-P) entities to reimburse in-network Providers no less than the Medicaid fee-for-service rate in effect on the date of service for defined core benefits and services.

DHH will consider requests for alternative payment arrangements that are initiated by a provider. Any such request must be approved by DHH Medicaid Director Don Gregory.

Providers may request to enter into an Alternative Payment Arrangement with CCN-P entities by submitting the following:

1. Provider's name (or company name), Tax ID, National Provider Identifier, address and telephone number, along with main internal contact name for this subject matter and their direct contact information;
2. The name(s), address(es), and telephone number(s) of the CCN-P(s), along with the direct contact information for the person(s) provider has been communicating with concerning the Alternative Payment Arrangement;
3. A detailed explanation of the Provider's justification for the Alternative Payment Arrangement request; and
4. A copy of the unsigned reimbursement agreement that will be initiated between the Provider and CCN-P(s) if DHH approval is granted.

If you are a Provider interested in seeking DHH approval for an Alternative Payment Arrangement, please submit the information requested above to:

Louisiana Department of Health & Hospitals

Medicaid Managed Care Section

Attn: Steve Annison

628 North 4th Street, 6th Floor

Baton Rouge, LA 70802