

# **ATTACHMENT 15**

## **FORM A-102 EVIDENCE OF LACK OF PROVIDERS AND PROVIDERS REFUSAL TO CONTRACT**

**Attachment 15: Form A-102 - Evidence of Lack of Providers and Providers Refusal to Contract**

Pursuant to section 9.1.10 of the Contract, the Contractor must use this Form to evidence the lack of providers in its Network or refusal to contract as part of the General Network or the PPN. The Contractor must carry out all efforts to contract with those providers including specialists ensuring network adequacy requirements are met. The Contractor must validate and submit all supporting documents evidencing the lack of Providers or refusal to contract required in this Form.

Provider Name \_\_\_\_\_

NPI \_\_\_\_\_

Specialty \_\_\_\_\_

Municipality \_\_\_\_\_

List of MCO's Recruitment Activities and dates of such activities:

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Provide the Dates and Outcomes of Meetings with provider:

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Explain the issues causing concerns or barriers to Contracting:

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**Contrato Número**

*AS*

*EMR*

Provide description of contract offers to the provider including fees and any other incentives:

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Provide reasons why the provider refused the contract:

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Describe provider counter offers:

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Describe remedies offered by MCO to address provider's concerns in order to come to terms with the contract

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Please attach to this form any relevant document in support of your responses.

*RE*

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*EMR*

**Contrato Número**