



PA22 – PPS
APPLICATION FOR PREFERRED PROVIDER STATUS (PPS)
FOR TREATMENT OF HEPATITIS C

Executive Office of Health & Human Services (EOHHS)

RI MEDICAID FEE FOR SERVICE (FFS)

Gainwell Technologies ATTN: PHARMACIST

301 Metro Center Blvd., 3rd Floor • Warwick, RI 02886 • FAX (401) 784-3889

EOHHS IS REQUIRING THAT ONLY THOSE PROVIDERS WITH APPROPRIATE CLINICAL EXPERTISE AND CARE MANAGEMENT CAPACITY BE INVOLVED WITH PRESCRIBING OF HEPATITIS C MEDICATIONS.

THIS APPLICATION SHOULD BE COMPLETED, SIGNED BY THE PRESCRIBER, & RETURNED BY FAX. ONCE APPROVED, THE PROVIDER WILL REMAIN ACTIVE WITH PREFERRED STATUS, UNLESS OTHERWISE NOTIFIED BY EOHHS.

PRESCRIBER INFORMATION:

NAME: _____ NPI: _____

OFFICE STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____@_____

OFFICE PHONE NUMBER: () _____ OFFICE FAX NUMBER: () _____

INDICATE YOUR DEGREE: _____ MD _____ DO _____ NP _____ PA

IF YOU ARE A NP OR A PA, ARE YOU EMPLOYED BY AN APPROVED PREFERRED PROVIDER? _____ YES _____ NO

IF YOU ARE A NP OR A PA, ARE YOU CO-LOCATED WITH AN APPROVED PREFERRED PROVIDER? _____ YES _____ NO

IF YES TO BOTH OF THE ABOVE QUESTIONS, WHO IS THE PREFERRED PROVIDER? _____

PRACTICE SPECIALTY:

WHAT IS YOUR SPECIALTY? _____ GASTROENTEROLGY _____ HEPATOLOGY _____ INFECTIOUS DISEASE

IF YOUR SPECIALTY IS NOT LISTED ABOVE, PROVIDE DETAILS OF YOUR TRAINING AND EXPERIENCE IN TREATMENT OF HEPATITIS C:

CARE MANAGEMENT:

DOES YOUR OFFICE PRACTICE HAVE IN PLACE A HCV CARE MANAGEMENT STRATEGY THAT WILL PROVIDE; PATIENT EDUCATION & TREATMENT PLANNING, MONITORING OF MEDICATION COMPLIANCE AND SIDE EFFECTS, AND TREATMENT EFFICIENCY? _____ YES _____ NO

PRESCRIBER SIGNATURE _____ DATE: ____/____/____

BY SIGNATURE, THE PRESCRIBER CONFIRMS THE INFORMATION ABOVE IS ACCURATE, VERIFIABLE AND AVAILABLE FOR REVIEW UPON REQUEST.

CONTACT GAINWELL TECHNOLOGIES CUSTOMER SERVICE FOR QUESTIONS 1-401-784-8100

FOR STATE USE ONLY:

APPROVAL: _____ YES _____ NO DATED PROVIDER NOTIFIED : ____/____/____ By: _____ EMAIL _____ FAX

DENIAL REASON: _____ PRESCRIBER DOES NOT MEET CRITERIA OF SPECIALTY OR TRAINING

_____ MID-LEVEL PRESCRIBER IS NOT EMPLOYED BY AND CO-LOCATED WITH AN APPROVED PHYSICIAN

_____ OFFICE PRACTICE DOES NOT HAVE AN ESTABLISHED CARE MANAGEMENT STRATEGY

_____ OTHER: