Special Needs Plan Alliance

Special Needs Plan Alliance

Technical Assistance Request Form

Date:

Contact:

Name

Email

Phone

Current Portfolio

Provider-Led Plan

I-SNP ____ H Number(s)

____ Overall Star Rating

States in Which Operated _____

C-SNP ____ H Numbers

____ Overall Star Rating

States in Which Operated _____

D-SNP ____ H Number(s)

Please Specify: CO D-SNP ___ HIDE ___ FIDE ___ H

Numbers by D-SNP Type: _____

Multiple Products (Please List): _____

H Numbers by Plans: _____

Insurer-Based

I-SNP

C-SNP

D-SNP

Please Specify: CO D-SNP ___ HIDE ___ FIDE ___

Multiple Products (Please List): _____

Technical Support Request: Please describe technical assistance desired outcomes, needed supports, deliverables (e.g., memo, slides, virtual consultation), and time frame for completion.

Disclaimer

Special Needs Plan Alliance basic education and basic technical support does not constitute business strategic guidance nor formal consultancy services for plan development. I also understand Special Needs Plan Alliance technical support is limited to 101 support and a finite amount of support based upon a negotiated work plan.

I have read the above and understand ☐

Name:_____

Date:_____