



Treatment Contract Amendment Request Form

Agency Name:

Date Requested:

Person Requesting:

Effective Date:

Amended Location(s):

Proposed New Treatment Services	
Add/Remove Location <input type="checkbox"/>	Add/Remove Service Code(s) <input type="checkbox"/> Other <input type="checkbox"/>
Add/Remove	Locations or Codes

Rationale, Description of Service Code Use and Comments:

--



Treatment Contract Amendment Proposal Form

INSTRUCTIONS

Purpose: This form is to be used by Providers to request an amendment to their contract. Providers can submit this form at any time during the fiscal year in which they are contracted. However, please note that the PIHP will not accept an amendment request after the end of the fiscal year (back-dating to the previous fiscal year).

The Provider is responsible for notifying the PIHP of any changes to the Usual and Customary Rates as necessary, such as rate changes or the addition of PIHP-approved services. The Provider must provide a minimum of 60 days' notice to the PIHP prior to implementing any changes.

Process: If a Provider wishes to request an amendment to their services contract at any time during the fiscal year, they must complete the Treatment Contract Amendment Proposal Form and submit it to the PIHP.

1. If the Provider proposes a new service, the amendment must also include a rationale explaining the Provider's justification for requesting the code(s) for their organization and provide a detailed description of the service code(s) that will be used.
2. The PIHP will review and consider the proposed amendment request.
3. If the proposed amendment request is denied by the PIHP, the PIHP will respond by email stating the rationale for denial within 10 business days.
4. If the amendment request is approved, the PIHP will create an amendment to the Provider Services Contract and send it back to the Provider for review and signature. The amendment should be returned to the PIHP within 5 business days.
5. Once the Amendment has been signed by the Provider and returned to the PIHP with an updated Usual and Customary Rate Sheet, it will be placed in the Provider contract folder.
6. PIHP PNM Department submits the MIX location form listing the update to the providers schedule A to the PIHP Data Department.

Instructions:

Agency Name: Print the name of the agency requesting the amendment.

Date Requested: Print the date the contract amendment proposal form is submitted to the PIHP.

Person Requesting: Print the name of the individual who is requesting the amendment.

Effective Date: Print the date when the provider would like the amendment to be effective. Please note that for rate changes or the addition of services, a minimum of 60-day notice is required.

Location(s): Print the location(s) where the amendment will be effective. If there are multiple locations, please provide this information in the comments section.

Proposed New Treatment Services: Check Add/Remove Location, Add/Remove Service Code(s), or Other, depending on the type of amendment being requested.