

CY 2014 MEDICARE ADVANTAGE HSD EXCEPTION REQUEST TEMPLATE

(File naming convention: Contract ID_County Code_Specialty Code) – 15 characters

CONTRACT ID:	
COUNTY CODE:	
SPECIALTY CODE:	

JUSTIFICATION FOR EXCEPTION: (Select the <i>one</i> most relevant justification)	<input type="checkbox"/> Patterns of Care (care is accessed from providers/facilities that do not meet the ACC criteria) <input type="checkbox"/> RPPO (only for RPPOs proposing alternative arrangements to a contracted provider network)
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YOUR PLAN FOR ENSURING ACCESS TO SERVICES:	<p>1.) <i>Are there providers/facilities of the specialty code type, located within the ACC's time and distance criteria, with which you have not contracted? Provide their names and addresses (and telephone numbers, if available), specifically identifying those providers located within the ACC's time and distance criteria of zip codes not meeting the ACC's 90% accessibility requirement. Use the HSD Beneficiary Coverage by Zip Code Report to identify the zip codes not meeting the ACC's 90% accessibility requirement.</i></p> <p>2.) <i>What sources of information did you rely on to identify the providers/facilities (or lack thereof)? Your sources must be verifiable by CMS. Provide the full citation of your sources and the location of the specific information.</i></p> <p>3.) <i>If you answered yes to Question 1, explain why you have not contracted with the providers/facilities.</i></p> <p>4.) <i>What is the pattern of care to access providers/facilities of the specialty code type for this county? Support this description with data and, following question 2, provide the verifiable sources.</i></p> <p>5.) <i>Explain how you will provide access to providers/facilities of the specialty code type for this county. For example, have you contracted with providers/facilities consistent with the pattern of care described in question 4? In your explanation, include (a) your analysis of the HSD Beneficiary Coverage by Zip Code Report and the Part D Eligibility File, (b) identify the zip codes in the county that do not meet the ACC's 90% accessibility requirement, and(c) explain how those zip codes' Medicare beneficiaries are ensured access to contracted providers/facilities of the specialty code type.</i></p> <p>6.) <i>Instead of providers/facilities of the specialty code type, are you proposing using "alternate" providers/facilities to provide the services of the specialty code type? If yes, explain and include written assurances from the alternate provider/facility, assuring that it (a) is currently providing services of the specialty code type to Medicare beneficiaries, (b) is willing to provide these services to your plan enrollees, and (c) provides authorization to list it in your provider directory as offering the services of the specialty code type. Provide documentation that the alternate provider/facility meets all license, education and experience requirements to meet your credentialing policies and procedures and meets all State and Federal laws and requirements that apply to the specialty code type's services. List the contracted alternate providers/facilities, below, as well as the next nearest providers/facilities of the specialty code type.</i></p>
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LIST THE CONTRACTED PROVIDERS/FACILITIES THAT WILL ENSURE ACCESS (THEY MUST BE LISTED IN THE HSD TABLE UNDER THE COUNTY THEY'RE PROVIDING SERVICES TO). ALSO, LIST THE CLOSEST CONTRACTED PROVIDER/FACILITY OF THE SPECIALTY CODE TYPE.

NAME FROM HSD TABLE:	
PROVIDER NPI:	
SPECIALTY TYPE:	
ADDRESS (street, city, state, zip code, and	

telephone number):	
DISTANCE FROM MEDICARE BENEFICIARIES IN THE COUNTY:	
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NAME FROM HSD TABLE:	
PROVIDER NPI:	
SPECIALTY TYPE:	
ADDRESS (street, city, state, zip code, and telephone number):	
DISTANCE FROM MEDICARE BENEFICIARIES IN THE COUNTY:	
<hr/>	
NAME FROM HSD TABLE:	
PROVIDER NPI:	
SPECIALTY TYPE:	
ADDRESS (street, city, state, zip code, and telephone number):	
DISTANCE FROM MEDICARE BENEFICIARIES IN THE COUNTY:	