

CY 2018 MEDICARE ADVANTAGE HEALTH SERVICE DELIVERY EXCEPTION REQUEST TEMPLATE

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

Part I: Exception Information

Please enter the Contract ID, County/SSA Code, and Specialty Code, for which you are requesting an exception. The County Name, State, and Specialty Name fields will auto-populate based on your responses. If you need to make changes to the fields, please delete the County/SSA Code and the Specialty Code fields.

Contract ID

County/SSA Code

County Name

State

Specialty Code

Specialty Name

Part II: Rationale for Exception

Please respond to the questions below by selecting either "Yes" or "No" from the drop-down list for each question.

Question 1: Does the applicant attest that it has reviewed publicly available databases and other sources to determine availability of providers/facilities with respect to the exception being requested?

Question 2: If the applicant responded "yes" to Question 1, above, did the applicant's review identify providers/facilities within CMS's network adequacy criteria, and with which the applicant has not contracted?

Question 3: Did the applicant contract with providers/facilities who are outside CMS's current network adequacy criteria?

Question 4: Are there other non-contracted providers/facilities outside CMS's current network adequacy criteria who are located closer to plan enrollees?

Part III: Sources

In the rows below, please enter any sources (up to five) you used to identify provider/facilities within or nearby CMS's network adequacy criteria. To enter a source, select an option from the drop-down list, which is comprised of sources commonly used by MAOs and CMS. If you have more than five sources, or a source not included on the drop-down list, please describe the additional sources in the Part IV: Narrative Text section below. The drop-down options for the sources are:

-Physician Compare

-Hospital Compare

-Nursing Home Compare

-Dialysis Compare

-NPI file/NPPES

-Provider of Services (POS) file

-Direct outreach to provider

-Provider website

-State licensing data

-Online mapping tool

-Other (Note to MAOs: Please describe the other source(s) in the "Part IV: Narrative Text" section)

Additionally, if you select "Other," please describe the other sources in the Part IV: Narrative Text section below.

Source 1

Source 2

Source 3

Source 4

Source 5

Provider/Facility Name	Provider Street Address	Provider City	Provider State (Drop-Down)	Provider ZIP Code (5 Digits)	NPI (10 Digits)	Provider Phone Number (10 Digits)	Reason for Not Contracting (Drop-Down)	Additional Notes on Reason for Not Contracting