

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 and select the County and Specialty for which you are requesting an exception.

Contract ID:

State:

County:

Specialty:

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

PRA Disclosure Statement *This form is required by CMS to determine MAO compliance with network adequacy criteria under §422.116 and requirements under §§417.414, 417.416, 422.112(a)(1)(i), and 422.114(a)(3)(ii). The form is required when CMS performs a contract-level network review. Use of this form is considered mandatory under the authority of Section 1852(d)(1) of the Social Security Act which permits an MAO to select the providers from which an enrollee may receive covered benefits. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1346 (Expires: XX/XX/20XX). The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.