

## CY 2017 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- Other Factors in accordance with 42 CFR 422.112 a (10)(v) that CMS determines are relevant in setting a standard for an acceptable health care delivery network in a particular service area.**

Select the one most relevant justification for your exception request by checking the appropriate box.

- ☐ An insufficient number of providers are available within CMS's current time and distance criteria to meet the HSD network adequacy standards for this county and provider type as specified in the CY 2017 HSD Reference File. However, our contracted provider network is consistent with the current pattern of care and provides enrollee access to covered services that is equal to or better than the prevailing original Medicare pattern of care.
- ☐ RPPO (only for RPPOs proposing alternative arrangements to a contracted provider network). Applicants should contact CMS through the MA Applications tab located at <https://dmao.lmi.org/>.

### RATIONALE FOR WHY EXCEPTION IS NECESSARY

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

- ☐ Yes
- ☐ No

**Question 2.** If the applicant responded "yes" to Question 1, above, did the applicant's review identify providers within CMS's current time and distance criteria, and with which the applicant has not contracted?

- ☐ Yes
- ☐ No

**Question 3.a.** Did the applicant contract with providers who are outside CMS's current time and distance criteria?

- ☐ Yes
- ☐ No

## CY 2017 MEDICARE ADVANTAGE HSD EXCEPTION REQUEST TEMPLATE

**Question 3.b.** Are there other non-contracted providers outside CMS's current time and distance criteria who are located closer to plan enrollees?

☐ Yes

☐ No

**Question 4.** If applicant responded yes to question 2 or question 3.b, above, list the providers/facilities that were identified, the reason(s) they were not contracted, and the source of evidence supporting the reason(s) for which the identified provider/facilities were not contracted. For each provider/facility identified, use the table below to provide this information. If the sources of information used (and listed in the table below) are proprietary or otherwise not publically available, the applicant must describe how the information supports the reason for not contracting with a provider and provide evidence of the data source information (e.g., screenshots).

|   |  |
|---|--|
| <b>PROVIDER/FACILITY NAME:</b>  |  |
| <b>PROVIDER NPI/CCN:</b>  |  |
| <b>ADDRESS (street, city, state, ZIP code, and telephone number):</b> |  |
| <b>REASON FOR NOT CONTRACTING WITH PROVIDER:</b>                      | <p><input type="checkbox"/> Provider is no longer practicing (e.g., deceased, retired, etc.)</p> <p><input type="checkbox"/> Provider does not provide services at the office/facility address listed in database</p> <p><input type="checkbox"/> Provider does not provide services in the specialty type listed in the database and for which this exception is being requested</p> <p><input type="checkbox"/> Provider has opted out of Medicare</p> <p><input type="checkbox"/> Sanctioned provider on List of Excluded Individuals and Entities</p> <p><input type="checkbox"/> Other (please define): <i>(Note, Inability to contract is not a valid reason for submission of an Exception Request)</i></p> |
| <b>SOURCE(S) OF INFORMATION:</b>                                      | <p><input type="checkbox"/> Physician Compare</p> <p><input type="checkbox"/> Hospital Compare</p> <p><input type="checkbox"/> Nursing Home Compare</p> <p><input type="checkbox"/> NPI File/NPPES</p>   |

**CY 2017 MEDICARE ADVANTAGE HSD EXCEPTION REQUEST TEMPLATE**

|  |  |
|--|--|
|  | <p><input type="checkbox"/> Provider of Services File</p> <p><input type="checkbox"/> Other (Please Describe):</p> |
|--|--|