

## MMP and MN Senior Health Options D-SNP Exception Request Template

MMPs and MN Senior Health Options D-SNPs are required to use the exception request template below to submit all exception requests. CMS will not accept any request submitted on the Medicare Advantage template. MMPs and MN Senior Health Options D-SNPs can access the template by going to HPMS>Network Management>Documentation>Templates>MMP Exception Template. Incomplete or erroneously filled templates could result in a denial of your request. MMPs are responsible to fill out all of the information in this template. Please read all the questions carefully.  
(File naming convention: Contract ID\_County Code\_Specialty Code) – 15 characters

### Part I: Exception Information

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*Type in your organization's contract ID, and select from the drop down the county name/code and specialty name/code for the exception request that your organization is seeking.*

**CONTRACT ID:**

**COUNTY NAME AND CODE:**

**SPECIALTY NAME AND CODE:**

### Part II: 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.

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

An insufficient number of providers are available within CMS' current time and distance criteria to meet the HSD network adequacy standards for this county and provider/facility type as specified in the current Medicare-Medicaid Plan (MMP) HSD Reference File. However, our contracted provider network, which may include services provided by telehealth providers, mobile health clinics, or in-home delivery of medical services, 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. **(Complete Part III below)**

Low utilization **(For existing counties only, skip to Part VIII below)**

### Part III: Rationale for why Exception is Necessary

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**Question 1.** Has the MMP/MN MSHO D-SNP previously received an exception approval for this specialty and county?

**Question 2.** Does the MMP/MN Senior Health Options D-SNP (MMP/MN MSHO D-SNP) attest that it has reviewed publicly available databases and other sources to determine availability of providers with respect to the exception being requested?

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- Question 3.** Did the MMP/MN MSHO D-SNP review publicly available databases and other sources to/and identify providers within CMS’ MMP/MN MSHO D-SNP current time and distance criteria, and with which the MMP/MN MSHO D-SNP has not contracted? **(If you answer yes, please complete Part IV below).**
- Question 4.** Did the MMP/MN MSHO D-SNP contract with providers who are outside CMS’ MMP/MN MSHO D-SNP current time and distance criteria? **(If you answer yes, please complete Part VI below.)**
- Question 5.** Does your organization contract with telehealth providers, mobile health clinics, or in-home medical services that do not meet the MMP/MN MSHO D-SNP time and distance standard for the provider/facility type in the county? **(If you answer yes, please complete Part VII below.)**

### Part IV: Sources

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*In the rows below, please enter any sources (up to six) you used to identify providers/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 organizations and CMS. If you have more than six sources, or a source not included on the drop-down list, please describe the additional sources in the Part V: Narrative Text section below. The drop-down options for the sources are:*

- Physician Compare
- Hospital Compare
- Nursing Home Compare
- Dialysis Compare
- NPI file/NPPES
- Other (Please describe the other source(s) in the “Part V: Narrative Text” section)
- Provider of Services (POS) file
- Direct outreach to provider
- Provider website
- State licensing data
- Online mapping tool

Source 1

Source 4

Source 2

Source 5

Source 3

Source 6

## Part V: Narrative Text (Optional)

*Please use the below box to enter any additional text to justify your exception request. This section may also be used to explain “Other” and additional sources from the Part IV: Sources section.*

*This section may be also used to explain relevant changes to consider, that may have occur, after the submission of the HSD tables.*

## Part VI: Non-Contracted Providers/Facilities

*For each provider/facility identified, use 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 MMP/MN Senior Health Options D-SNP must describe how the information supports the reason for not contracting with a provider/facility and provide evidence of the data source information (e.g., screenshots).*

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|---|---|
| – Provider is no longer practicing (e.g., deceased, retired, etc.)  | – Provider/Facility type better than prevailing Original Medicare pattern of care |
| – Provider does not provide services at the office/facility address listed in database  | – Contract offered to provider/facility but declined/rejected                     |
| – Provider does not provide services in the specialty type listed in the database and for which this exception is being requested | – Geographic limitations, explain below   |
| – Provider does not contract with Medicare-Medicaid Plans   | – Provider is at capacity and is not accepting new patients                       |
| – Sanctioned provider on List of Excluded Individuals and Entities  | – Other (please enter explanation on the last column of the table)                |
| – Provider has opted out of Medicare  |   |

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**Part VII: Telehealth Providers, Mobile Health Clinics, and In-Home Medical Services**

Complete the table below if answered "Yes" to question 5 above

Provider/ Facility Name	Provider Street Address	Provider City	Provider State (Drop- Down)	Provider ZIP Code (5 Digits)	NPI (10 Digits)/CCN	Provider Phone Number (10 Digits)	Provider Type (Drop-Down)	Additional Notes for Consideration

**JUSTIFICATION FOR TELEHEALTH PROVIDERS**

Answers to the questions below are **required** if you answered ***"Yes"*** to question 5 above

a. How does the telehealth provider provide services for the entire population in the service area?	
b. What are the requirements for beneficiaries to be eligible to participate in telehealth?	
c. How do the beneficiaries access telehealth services?	
d. How does your organization provide access to a provider when an in-person visit is deemed necessary following a telehealth visit?	
e. Provide additional details or considerations to support your organization's option to utilize these types of providers over providers in a physical location.	

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## JUSTIFICATION FOR MOBILE HEALTH CLINICS

*Answers to the questions below are **required** if you answered "Yes" to question 5 above*

a. Explain the medical services provided by the mobile health clinic(s).	
b. How do beneficiaries access mobile health clinic services?	
c. Is the mobile health clinic contracted directly with your organization or is the mobile health clinic associated with facility or provider group contracted with your organization?	
d. Provide the mobile health clinic's fixed schedule that specifies the date(s) and location(s) for services.	
e. Provide any additional details for consideration that supports your organization's option to utilize these types of providers over providers in a standard physical building location.	

## JUSTIFICATION FOR IN-HOME MEDICAL SERVICES

*Answers to the questions below are **required** if you answered "Yes" to question 5 above*

a. Explain the medical services provided in the beneficiaries' home?	
b. How do beneficiaries access the in-home medical services? Are there any specific requirements for beneficiaries to be able to qualify for in-home visits?	
c. Explain the timeframe for when beneficiaries requests the in-home medical services to when the in-home medical service is provided.	
d. How does your organization provide access to a provider when an in person visit is deemed necessary following an in-home visit?	
e. Provide any additional details for consideration that support your organization's option to utilize these types of providers over providers in a standard physical building location.	

**Part VIII: Low Utilization**

If the basis for the exception request is due to low utilization of the provider/facility type for the demonstration population, your organization must only complete the table in this section. **Note:** CMS will only consider low utilization exception requests for existing counties. MMPs cannot demonstrate low utilization of a provider type for a county where the MMP has not been deemed ready to enroll beneficiaries.

<b>Answers to the questions below are <u>required</u> if your exception request is due to low utilization</b>	
a. Provide the volume of enrollees who access the specialty type within the specific county over the last year.	
b. Provide the volume of enrollees who accessed the specialty type under the MMP's/MN Senior Health Options D-SNP'S overall Service Area over the past year.	
c. Provide the rationale for why enrollees do/do not utilize provider/facility services in the area, which might contribute to the low utilization.	
d. How will the MMP/MN Senior Health Options D-SNP provide the existing provider/facility service to current enrollees?	
e. How will the MMP/MN Senior Health Options D-SNP provide the provider/facility services should utilization increase?	
f. How will the MMP/MN Senior Health Options D-SNP provide ongoing monitoring of provider/facility type utilization?	
g. Provide additional information to support low utilization reason.	