

CONTRACTOR: _____
LINE OF BUSINESS
(LOB): _____

INSTRUCTIONS: The Contractor shall submit a Request for Exception to Network Standards including the elements below:

COUNTY(IES) COVERED UNDER THE REQUEST (CHECK ALL THAT APPLY)

- Apache Cochise Coconino Gila Greenlee Graham La Paz
 Maricopa Mohave Navajo Pima Pinal Santa Cruz Yavapai
 Yuma

PROVIDER TYPES COVERED UNDER THE REQUEST (CHECK ALL THAT APPLY)

- Behavioral Health Outpatient and Integrated Clinic – Adult
 Behavioral Health Outpatient and Integrated Clinic – Pediatric
 Behavioral Health Residential Facility (BHRF) Cardiologist - Adult Cardiologist – Pediatric
 Crisis Stabilization Facility Dentist – Pediatric Hospital Nursing Facility (NF)
 Obstetrician/Gynecologist (OB/GYN) Pharmacy Primary Care Provider (PCP) – Adult
 Primary Care Provider (PCP) – Pediatric Other – Specify: _____

GEOSPATIAL ANALYSIS SHOWING CURRENT MEMBER ACCESS TO THE PROVIDER TYPES AND COUNTIES COVERED UNDER THE REQUEST

ATTACH QUEST ANALYTICS OR OTHER GEOSPATIAL ANALYSIS

EXPLANATION DESCRIBING WHY THE CONTRACTOR CANNOT MEET ESTABLISHED NETWORK STANDARD REQUIREMENTS

EXPLANATION OF CONTRACTOR’S EFFORTS TO CONTRACT WITH NON-CONTRACTED PROVIDERS WHO COULD BRING THE CONTRACTOR INTO COMPLIANCE, INCLUDING IDENTIFYING THE PROVIDERS AND A DISCUSSION OF THE APPROPRIATENESS OF RATES OFFERED TO THESE PROVIDERS

THE CONTRACTOR’S PROPOSAL FOR MONITORING AND ENSURING MEMBER ACCESS TO SERVICES OFFERED BY THE PROVIDER TYPES UNDER THE EXCEPTION REQUEST

THE CONTRACTOR’S PLAN FOR PERIODIC REVIEW TO IDENTIFY WHEN CONDITIONS IN THE EXCEPTION AREA HAVE CHANGED AND THE EXCEPTION IS NO LONGER NEEDED.