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.