



## Network Adequacy Exception Request Form 7/1/2026 Update

### Contractor and Exception Information

Requesting

Organization: Enter MCO Name Date: 05/27/2026

Submitting

Representative: Enter First and Last name

Representative

Enter Representative

Title:

Enter representative title

Phone Number: Phone Number

Provider/Facility

Type (Limit One): Enter Provider or Facility Type

County (Limit

One): Enter County Name

Submit an e-mail notification to your assigned contract monitor and the Director of Targeted Oversight.

Create a Folder in SharePoint at Submissions/Required Submissions/Network Adequacy Exception Request/CURRENT FISCAL

YEAR/Organization\_DDMMYYYY\_FacilityType where Organization, DDMMYYYY and Facility Type match the above information. Create new folder as needed.

Submission

Directions:

Submit all documentation to SharePoint.

### Section #1 -Attestation and Rationale

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?

Response: Enter Yes or No

Question #2: If the applicant responded "Yes" to Question 1, above, did the applicant's review identify providers/facilities within the network adequacy criteria, and with which the applicant has not contracted?

Response: Enter Yes, No or N/A

Question #3: Did the applicant contract with providers/facilities who are outside of the current network adequacy criteria?

Response: Enter Yes or No

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Question #4 Are there other non-contracted providers/facilities outside the current network adequacy criteria who are located closer to plan enrollees/ members?

Response: Enter Yes or No

**Section #2- Resource Identification**

Question #5: In the rows below, please enter any sources (up to five) used to identify providers or facilities within or near the applicable network adequacy criteria. Provide links where applicable.

Source #1: Enter notes

Source #2: Enter notes

Source #3: Enter notes

Source #4: Enter notes

Source #5: Enter notes

**Section 4 – Supporting Documentation**

Question #6: Please list below any providers/facilities you have identified within or nearby the network adequacy criteria with whom you have not contracted and for each additional provider, please include Name, Street Address, City, Zip Code, NPI, Provider Phone Number and the Applicants Reason for Not Contracting. Applicants may submit as a word document, excel file, or free text.

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Response: Enter Free Text or Submit Provider List via SharePoint with the following format:  
Organization\_DDMMYYYY\_FacilityType\_Section#\_Question#

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Question #7: Provide a detailed description of all contracting alternatives used or explored, including physician extenders, telemedicine, and transportation coverage, used to ensure member access, and include associated policies and procedures.

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Response: Enter Free Text or Submit a response and optional supporting documentation via SharePoint with the following format:  
Organization\_DDMMYYYY\_FacilityType\_Section#\_Question#

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Question #8: Required, submit documentation supporting the need for an exception. Minimum requirement is the submission of a network adequacy assessment demonstrating access restraints.

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Response: Submit a network adequacy assessment and additional supporting documentation via SharePoint with the following format:  
Organization\_DDMMYYYY\_FacilityType\_Section#\_Question#

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Question #8: Submit any additional narrative and/or documentation the applicant would like considered during the exception review process.

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Response: Submit documentation via SharePoint with the following format:  
Organization\_DDMMYYYY\_FacilityType\_Section#\_Question#

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