<Carrier> Justification to Objection(s) Regarding Network Adequacy and/or Essential Community Provider

DATE

<CARRIER> has completed its review of the <CARRIER> ECP Tool. Upon review of <CARRIER> provider network, <CARRIER> has identified that it does not fully meet the network standards. <CARRIER> has offered or is in the process of offering a contract in good faith to <PROVIDER(S)>.

<CARRIER> will focus on contracting with the requisite ECPs as follows:

COUNTY	PROVIDER TYPE

Example 1: To Be Completed by Carrier

Indian Healthcare Provider Deficiency

County	Specialty
County A	Indian Healthcare Providers
County B	Family Planning Providers
County B	Mental Health Facilities
County B	Other ECP Providers
County C	Indian Healthcare Providers

<CARRER> has offered or is in the process of offering a contract in good faith to <PROVIDER/FACILITY> in <COUNTY>. Please see good faith letter(s) uploaded under Supporting Documentation.

Example 2: To Be Completed by Carrier

<Provider Type> Deficiency - No Provider(s) Available

There are no providers available in the following specialty in the following county:

Specialty	County	Reason
Ex. Rheumatology	County A	No providers available
Ex. Chiropractor	County B	Provider refuses to contract

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Example 3: To Be Completed by Carrier

<Provider Type> Deficiency - Does not meet time and distance standards

Specialty	County	Reason
Ex. Neurology	County A	Contracted with only available provider
Ex. Immunology	County B	Offering telemedicine only

CEAC DEFICIENCY TEMPLATE LANGUAGE

CEACs pose challenges to meeting network access requirements due to a shortage of providers available to provide services to members living in these extremely rural locations. <CARRIER> has in good faith attempted to contract with all providers who would close the servicing gaps in the CEAC counties. As new providers become available in the CEACs in Nevada, <CARRIER> will extend contract offers. To further help alleviate access issues in counties classified with extreme access considerations, members have access to <TELEHEALTH PROVIDER/ENTITY>, <PROVIDER TYPE(S)>.