



APPENDIX B: Disclosure Reporting Template for Prior Authorization Exemptions

NAME OF CARRIER AND CONTACT INFORMATION:									
	Total number of providers offered an exemption or alternative program	Total number of providers offered an exemption or alternative program for prior authorization requests based on the following categories:		Total number of providers within each specialty type denied an exemption or alternative program for prior authorization requests:	Type of service for which an exemption or alternative program was offered:				
		Provider performance	Provider specialty or expertise		Prescription Drug	Diagnostic test	Medical	DME	Mental health or behavioral health
Total across all providers									
Behavioral or Mental Health									
Cardiology									
Dermatology									
Endocrinology									
Neurosurgery									
Obstetrics and gynecology									
Oncology									
Orthopedics									
Pathology									
Physical, Occupational and Speech Therapy									
Psychiatry									
Rheumatology									
All other									
Optional additional information on data clarifications									

*If an exemption is given at the practice level, the carrier should report the number of providers within the practice receiving the exemption. EX: Exemption is given to a practice with 6 providers, carriers should report the 6 providers.