

Partners in Performance Special Exception Request Form

This form should not be used for member non-adherence. Please follow the non-adherent member exclusion procedure for these cases.

Special exception requests are reviewed by the PIP oversight committee. A response will be provided with the decision of the oversight committee. If an exception is granted, the member will be manually removed from the appropriate PIP measure(s) during the year-end settlement process.

Practice Name _____

Practice Address _____

Date of Request _____

Practice Contact Name _____

Contact Phone and e-mail _____

Member Name _____

Member Contract Number _____

Member's PCP _____

Physician Account Representative for the practice _____

Measure(s) for which exception is requested _____

Detail of exception request

Internal use

Date Received	Committee Review Date	Decision	Date Practice Notified	Date Entered in GDS