

Request for Expedited Exemption

This form is for use by an entity entering into, amending, or renewing a contract or arrangement under which the entity will assume global risk.

Please submit this form and the contract for global risk to the DMHC via email at OPLInquiries@dmhc.ca.gov or via mail at Department of Managed Health Care, Office of Plan Licensing, 980 9th Street, 5th Floor, Sacramento, CA 95814.

Name of Entity Requesting Exemption (Entity):	<hr/> <hr/>
Entity's Mailing Address	<hr/> <hr/> <hr/> <hr/>
Who should the DMHC contact with questions about the request for expedited exemption?	Name: <hr/> Phone #: <hr/> Email: <hr/>
The Entity is [Check one]: <input type="checkbox"/> A Risk Bearing Organization registered with the DMHC <input type="checkbox"/> A provider group that is not registered with the DMHC <input type="checkbox"/> A hospital or hospital system <input type="checkbox"/> Other [Please describe]:	

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<p>Names of the other parties to the contract, including any DMHC-licensed health plan(s), if any.</p>	<hr/> <hr/> <hr/> <hr/> <p>[Attach an additional sheet if more space needed to identify additional health plans]</p>
<p>Date on which the contract terminates:</p>	<hr/>
<p>On what pages in the contract is the risk arrangement described?</p>	<p>Pages: _____</p>
<p>Are you seeking confidential treatment for the contract or any portion of the contract (e.g., compensation rates)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, on a separate page or on the form created by the DMHC please provide the duration of confidentiality requested and the justification for confidential treatment.</p>