P.O. Box 64882, St. Paul, MN 55164-0882

Telephone: 651-201-5100

Email: <u>health.managedcare@state.mn.us</u>

Request for Waiver

Plan Year: 2018

Please ensure that information contained on this waiver request coincides with information provided on the geographical access maps and provider list submitted with this application.

1. Name and Title of Person Submitting this Document:

Carrier	Name Network	Network ID
Blue Plus	Blue Plus Southeast MN Network	MNN007
Name	Title	Date
Patricia Coates	Network Innovation Consultant	10/2/2017

2. By submitting this form, the above-referenced confirms:

- A. That person submitting this request has personal knowledge of the network contracting process involved in this submission, and
- B. That access cannot be met for the following provider type(s). Include the county and reason(s) for not meeting the requirements.

Provider Type	County	Reason Code	Notes
General Hospital facilities	Fillmore	1	
Colon and Rectal Surgery	Faribault, Houston, Martin, W atonwan, Nicollet	1	
Pediatric Services Providers	Fillmore	1	
Cardiac Surgery	Nicollet, Watonwan, Martin, F aribault, Houston	1	
Vascular Surgery	Nicollet, Watonwan, Martin, F aribault, Houston	1	
Thoracic Surgery	Nicollet,Watonwan,Martin,F aribault	1	
Pediatric Services Providers	Nicollet,	4	This network has an exclusive contract with a set of providers which prevents Blue Cross from adding competing providers. A waiver is requested due to a competing provider found in the area. Care is accessible for pediatricians in the southern portion of this county.
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Please use additional sheet if needed

Reason Codes:

- Carrier has conducted a good faith search for providers and there are no providers physically present in the service area.*
 Also use this code if an area of the state is not covered due to the topographic nature of the area such as lakes or forest.
- 2. Provider(s) do not meet carrier's credentialing requirements. Please explain what credentials are not met.
- Carrier has made a good faith effort to contract with provider(s) and provider(s) have refused. Please provide information indicating the date in which a contract was offered and the process used in an effort to secure a contract.
- 4. Other: Please describe why geographic access standards cannot be met. Please also describe how access will be provided for this provider type for the residents of the affected county or counties.
- C. That if new providers listed in (B) becomes available in the service area, carrier will make a good faith effort to contract with said providers.

[&]quot;In some situations when the geographic access standards for a given provider type cannot be met, access to the specified provider type may be provided via the use of Telehealth, or Telemedicine technologies. When this is applicable for a provider type with regard to limited or no accessin a particular county, the carrier should describe how access is being offered via the use of Telehealth technologies.