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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
HEALTHPARTNERS, INC. (HPI)	PERFORM	MNN002
Name	Title	Date
CHARLES ABRAHAMSON	VICE PRESIDENT, NETWORK MANAGEMENT AND PROVIDER RELATIONS	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
Cardiac Surgery	Douglas,Kandiyohi,Todd,Wad ena	1	Carrier has conducted a good faith search for providers and there are no Cardiac Surgery providers physically present in Wadena, northern Todd, western Douglas or southwestern Kandiyohi counties
Colon and Rectal Surgery	Douglas,Kandiyohi,Todd,Wad ena	1	Carrier has conducted a good faith search for providers and there are no Colon and Rectal Surgery providers physically present in Wadena, northern Todd, western Douglas or southwestern Kandiyohi counties
Genetics	Douglas, Todd, Wadena	1	Carrier has conducted a good faith search for providers and there are no Genetics providers physically present in Wadena, northern Todd, or western Douglas counties
Genetics	McLeod	1	Carrier has conducted a good faith search for providers and there are no Genetics providers physically present in southwestern McLeod county
Pulmonary Disease	Kandiyohi	1	Carrier has conducted a good faith search for providers and there are no Pulmonary Disease providers physically present in southwestern Kandiyohi county
Reconstructive Surgery	Douglas,Kandiyohi,Todd,Wad ena	1	Carrier has conducted a good faith search for providers and there are no Recpnstructive Surgery providers physically present in Wadena, northern Todd, western Douglas or southwestern Kandiyohi counties

Thoracic Surgery	Douglas,Kandiyohi,Todd,Wad ena	1	Carrier has conducted a good faith search for providers and there are no Thoracic Surgery providers physically present in Wadena, northern Todd, western Douglas or southwestern Kandiyohi counties
<select one=""></select>	<select all="" apply="" that=""></select>	<select one=""></select>	
<select one=""></select>	<select all="" apply="" that=""></select>	<select one=""></select>	

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.
- 3. 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.
- 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.

^{*}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.