form revised 5/21/2018



MANAGED CARE SYSTEMS

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Request for Waiver

Plan Year:

2019

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 Metro MN Network	MNN005
Name	Title	Date
Bridget Schenten	Network Innovations Consultant	9/12/2018

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	Brown, Nicollet, Sibley	4	This network is an ACO and has a contract with a set of providers, which prevents Blue Cross from adding competing providers. A waiver is requested due to a competing specialty provider found in the area. Members have in-network access to care in the metro area.
Genetics	Brown,Kanabec,Nicollet,Sibley	4	This network is an ACO and has a contract with a set of providers, which prevents Blue Cross from adding competing providers. A waiver is requested due to a competing specialty provider found in the area. Members have access to in-network care in the metro areas due to the limited number of Genetics Specialists in the State of Minnesota.
Thoracic Surgery	Brown,Nicollet,Sibley	4	This network is an ACO and has a contract with a set of providers, which prevents Blue Cross from adding competing providers. A waiver is requested due to a competing specialty provider found in the area. Members have access to in-network care in the metro areas due to the limited number of Thoracic Surgeons in the State of Minnesota.
Vascular Surgery	Brown,Kanabec	4	This network is an ACO and has a contract with a set of providers, which prevents Blue Cross from adding competing providers. A waiver is requested due to a competing specialty provider found in the area. Members have in-network access to care in the metro area.
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Please use additional sheet if needed

As part of this waiver request for all reason codes, a carrier must demonstrate with specific data that the geographic access standards cannot be met in a particular service area or part of a service area and also state what steps were and will be taken to address the network inadequacy (MN Statutes § 62K.10, subdivision 5).

Reason Codes:

- 1. Carrier has conducted a good faith search for providers and determined that there are no providers physically present in the service area of the type requested in the waiver. MDH will not grant a waiver for this reason code unless the carrier demonstrates, with specific information, that there are no providers physically present in the part(s) of the service area for which the waiver is sought. Specific information may include provider directories and sources consulted, physical geography that affects the location of providers, or other information that affects the availability and location of providers. Telemedicine may be used as a means to provide access when there are no providers physically present to meet the standard. The carrier should describe how it will assess the availability of providers who begin practice in the service area where the standard cannot currently be met.
- 2. Provider does not meet carrier's credentialing requirements. Carrier must cite the reason(s) provider does not meet carrier's credentialing requirements.
- 3. Carrier has made a good faith effort to contract with provider and offered a contract at the same/similar rate as other providersof the same provider type in the network, and provider has refused to accept a contract. A carrier representative must attest, below, that a contract was offered at same/similar rates and provider refused to contract. BMS
- 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.

Attestation for the Request for Waiver

BMS

The undersigned attests that he/she is a representative of the carrier with personal knowledge of the network and reasons for the above waiver requests, and that the waiver requests meet the requirements for the waiver, as outlined above. The undersigned also attests that good faith efforts have been made to locate and contract with providers, as outlined above, and that if providers become available in the service area, carrier will make a good faith effort to contract with said providers at same or similar rates as other providers of the same type in carrier's network.

Bridget Schenten, Blue Cross Blue Shield MN, Network Innovation Consultant

September 12, 2018

Name, Company, Title

Date Attestation Signed