

Rec'd 5/28/2019 @ 11:31 Am

MANAGED CARE SYSTEMS
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Request for Waiver

Plan Year: 2020

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	Reason Code 4: Network Structure*
Blue Cross Blue Shield of Minnesota	Strive Metro Region	MNN011	ACO
Name	Title	Date	Reason Code 4: Enrollees in Network*
Eric Hoag	Vice President, Provider Relations	5/24/2019	0

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	Affected Enrollees*	Percent Not Covered*
General Hospital facilities	Carver	4	Blue Plus Strive Metro Region Network plans are offered at a lower cost since eligible individuals agree to use a more focused network of Strive Metro Region Network providers and facilities. Enrollees can choose to see any licensed provider in the Strive Metro Region Network for covered services without a referral. For routine or non-emergent medical services outside of Strive Metro Region Network, enrollees will need prior approval to receive in-network benefits. Strive Metro Region providers partner to coordinate the care of ACO members to ensure an exceptional member experience, reduce the duplication of services and reduce the cost of care.	0	5
General Hospital facilities	Scott	4	Blue Plus Strive Metro Region Network plans are offered at a lower cost since eligible individuals agree to use a more focused network of Strive Metro Region Network providers and facilities. Enrollees can choose to see any licensed provider in the Strive Metro Region Network for covered services without a referral. For routine or non-emergent medical services outside of Strive Metro Region Network, enrollees will need prior approval to receive in-network benefits. Strive Metro Region providers partner to coordinate the care of ACO members to ensure an exceptional member experience, reduce the duplication of services and reduce the cost of care.	0	1
<select one>	<select all that apply>	<select one>			

- e. State the total number of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver.
- f. State the estimated percentage of area in that county that is not covered.

Attestation for the Request for Waiver

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.

Eric Hoag, Blue Cross Blue Shield of Minnesota, Vice President, Provider Relations
Name, Company, Title

Date Attestation Signed

May 24, 2019

