

**MANAGED CARE SYSTEMS**

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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
PreferredOne Community Health Plan	Complete	MNN003
Name	Title	Date
Kristopher Klinger	Manager, 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
<i>Chemical Dependency Inpatient</i>	St. Louis	1	
<i>Chemical Dependency Outpatient</i>	St. Louis	1	
<i>General Hospital facilities</i>	St. Louis	1	
<i>Mental health providers</i>	St. Louis	1	
<i>Pediatric Services Providers</i>	St. Louis	1	
<i>Pediatric Specialty Providers</i>	St. Louis	1	
<i>Primary Care providers</i>	St. Louis	1	
<i>Allergy, Immunology and Rheumatology</i>	St. Louis	1	
<i>Cardiac Surgery</i>	Swift, Lac qui Parle, Kandiyohi, St. Louis	1	
<i>Dermatology</i>	St. Louis	1	
<i>Endocrinology</i>	St. Louis	1	
<i>Neurology and Neurological Surgery</i>	St. Louis	1	
<i>Radiology and Nuclear Medicine</i>	St. Louis	1	
<i>Reconstructive Surgery</i>	St. Louis	1	
<i>Thoracic Surgery</i>	St. Louis	1	
<i>Vascular Surgery</i>	St. Louis	1	

Oncology	St. Louis	1	
<select one>	<select all that apply>	<select one>	
<select one>	<select all that apply>	<select one>	
<select one>	<select all that apply>	<select one>	
<select one>	<select all that apply>	<select one>	
<select one>	<select all that apply>	<select one>	
<select one>	<select all that apply>	<select one>	

Please use additional sheet if needed

**Reason Codes:**

1. 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.
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.

\*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 access in a particular county, the carrier should describe how access is being offered via the use of Telehealth technologies.