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form revised 5/21/2018

MANAGED CARE SYSTEMS
 P.O. Box 64882, St. Paul, MN 55164-0882
 Telephone: 651-201-5100
 Email: health.managedcare@state.mn.us

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.
<select one>	<select all that apply>	<select one>	
<select one>	<select all that apply>	<select one>	
<select one>	<select all that apply>	<select one>	

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.~~ *BMS*

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

September 12, 2018

Name, Company, Title

Date Attestation Signed

