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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:

- 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.
- Provider does not meet carrier's credentialing requirements. Carrier must cite the reason(s) provider does not meet carrier's credentialing requirements.
- Carrier has made a good faith effort to contract with provider and offered a contract at the same/similar rate as other providers of 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.
- 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

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.

██████	Lori Nelson, Medica Insurance Company, SVP Provider Strategy and Network Management
Name, Company, Title	Date Attestation Signed 7/20/2018

