## MSHO and MSC+ Network Adequacy Attestation

## Name and Title of Person Submitting this Document:

| Carrier, Name Network, Network ID |
| --- |

| Name | Title | Date |
| --- | --- | --- |

## Instructions:

Respond **Yes** or **No** to each of the attestations below and provide a signature to the Network Adequacy Attestation Document. Responses of **No** to any of the below attestations must be addressed through a justification provided in the attached Supplemental Response Form. If the applicant provides **Yes** responses to all attestations, the Supplemental Response Form is not required.

## Network Attestations:

1. Responder attests that it will maintain a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay.

[ ]  Yes[ ]  No

1. Responder attests that this filing complies with all applicable State network adequacy standards.

[ ]  Yes[ ]  No

1. Responder attests that network data provided is representative of signed contracts in place, and that all data submitted is accurate and current as of the date of filing.

[ ]  Yes

[ ]  No

1. If Responder currently provides MSHO/MSC+, Responder attests that the proposed network is at least as extensive as the Responder’s network currently in place for MSHO/MSC+ .

[ ]  Yes [ ]  No

1. Responder attests that the full MSHO network is available to enrollees of Responder’s MSC+ plan.

[ ]  Yes [ ]  No

1. Responder attests that they have a CMS approved network for MSHO or another Medicare Advantage plan covering the same service area that Responder is submitting a response for in this Request for Proposal and is available to MSHO/MSC+ members. Note the name of the plan in the supplemental form below.

☐ Yes ☐ No

1. Responder attests that the network available to enrollees of MSHO/MSC+ will be at least as extensive as the network submitted to MDH for licensure as an HMO in Minnesota.

[ ]  Yes [ ]  No

| Signature | Date |
| --- | --- |

## MSHO/MSC+Attestation Justification Supplemental Response Form

[Responder] is providing this supplemental response to offer justification for providing a response of No to an attestation listed in the Network Adequacy Attestation Document. In submitting this Supplemental Response Form, the Applicant notes that DHS maintains discretion to accept this justification as adequate and may ask for additional documentation if necessary.

| **Attestation** | **Response (Yes/No)** | **Justification/Clarification** |
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