Geographic Access Map Specifications

1. Submit one geographic access map per product that identifies the counties in the Responder’s proposed service area.
2. Submit geographic access maps for each product with provider locations charted on the map, demonstrating that the entire service area has 30 minute/30 mile access to each of the following provider types:
   * 1. General Hospital Facilities
     2. Primary Care Providers

Below are examples of the types of providers. If Responders have additional providers which they designate as primary care, include these on the primary care map and indicate in section E. below. Physician Assistants should only be included if they practice in a primary care clinic. Nurse Practitioners practicing independently may be listed as PCPs if they practice in adult or pediatric primary care.

* + - * Family Practice Physicians
      * General Practice Physicians
      * Internal Medicine Physicians
      * Nurse Practitioners
      * Physician Assistants
    1. Mental Health Providers as defined in Minnesota Statutes 245.462, subdivision 18. This map may include any of the following provider types (submit one map):
* Mental Health Nurse Practitioners
* Licensed Clinical Social Workers
* Licensed Psychologists
* Psychiatrists
* Licensed Marriage and Family Therapists
* Licensed Professional Clinical Counselors
* Other providers designated as mental health providers
  + 1. Pediatric Primary Care Providers may include any of the following (submit one map):
       1. Pediatric Physicians
       2. Pediatric Nurse Practitioners

1. Submit geographic access maps for each product with provider locations for the Responder’s network and subcontracted networks charted on the map, demonstrating that the entire service area has 60 minute/60 mile access to each of the following specialty provider types. You must submit a separate map for each specialty. Multiple specialties may not be combined on one map.
   * 1. Allergy, Immunology and Rheumatology
     2. Anesthesiology Physicians and Certified Registered Nurse Anesthetists
     3. Cardiac Surgery
     4. Cardiovascular Disease
     5. Chiropractic and Acupuncture Services
     6. Colon and Rectal Surgery
     7. Dental Providers
     8. Dermatology
     9. Endocrinology, Diabetes
     10. Gastroenterology
     11. General Surgery
     12. Genetics
     13. Nephrology
     14. Neurology and Neurological Surgery
     15. Obstetrics and Gynecology Physicians, Certified Nurse Midwife, Certified Professional Midwife, and OB/GYN Nurse Practitioner
     16. Oncology
     17. Ophthalmology
     18. Orthopedic Surgery
     19. Otolaryngology
     20. Pediatric Specialty
         + Neonatal-Perinatal Medicine
         + Neurodevelopmental Disabilities
         + Pediatric Cardiology
         + Pediatric Endocrinology
         + Pediatric Gastroenterology
         + Pediatric Hematology-Oncology
         + Pediatric Nephrology
         + Pediatric Pulmonology
         1. Pediatric Rheumatology
     21. Physical Therapy, Occupational Therapy and Speech Therapy Services
         1. Responders may submit providers that practice in only one of the PT/OT/Speech specialties. A clinic or provider does not have to include all specialties.
     22. Physical Medicine and Rehabilitation and Occupational Medicine
     23. Pulmonary Disease
     24. Radiology and Nuclear Medicine
     25. Reconstructive Surgery
     26. Substance Use Disorder (SUD) – submit a separate map for each of the services listed below:
         1. Outpatient
         2. Inpatient – Do not include “detox” facilities in this map. This map should only include inpatient/residential SUD providers
     27. Thoracic Surgery
     28. Urology
     29. Vascular Surgery
2. Submit geographic access maps with provider locations for the Responder’s network and subcontracted networks charted on the map, demonstrating that the entire service area has access for the following provider type:
   1. Home Health Care Providers

* Identify the location of the Home Health Care Agency providers and the counties they serve.

1. If Responder has any additional clarifying information regarding additional providers or the geographic access maps, please submit a narrative. If Responder has no additional information to provide, this may be left blank.