## Integrated SNBC/SNBC 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 SNBC, Responder attests that the proposed network is at least as extensive as the Responder’s network currently in place for SNBC.

[ ]  Yes [ ]  No

1. Responder attests that the full network for SNBC Integrated is available to SNBC members.

[ ]  Yes [ ]  No [ ]  Responder does not offer Integrated SNBC

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

[ ]  Yes [ ]  No

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

[ ]  Yes [ ]  No

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

## SNBC 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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