SNBC Geographic Access Map Specifications

1. Submit one geographic access map 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, subd. 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
			+ Neurodevelopmental Disabilities
			+ Pediatric Cardiology
			+ Pediatric Endocrinology
			+ Pediatric Gastroenterology
			+ Pediatric Hematology-Oncology
			+ Pediatric Nephrology
			+ Pediatric Pulmonology
			+ Pediatric Rheumatology
		21. Physical Therapy, Occupational Therapy and Speech Therapy Services
			+ 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 section may be left blank.