

## Request for Waiver (ECP)

**Plan Year: 2024**

**1. Name and Title of Person Submitting this Document:**

Carrier	Name Network	Network ID
Medica Insurance Company	Bold by M Health Fairview and Medica	MNN017
Name	Title	Date
Jennifer Alm	Vice President, Provider Partnerships & Solutions	11/7/2023

**2. By submitting this form, the above-referenced confirms:**

- A. That person submitting this request has personal knowledge of the network contracting process involved in this submission, and
- B. That access cannot be met for the following ECP categories. Include the county and reason(s) for not meeting the requirements.  
**It is not necessary to request a waiver in situations where there is no ECP of a required category available in the county:**

ECP Category	County	Reason Code	Notes
<i>ECP Mental Health</i>	<i>Chisago</i>	2	Canvas Health, North Branch (5842 Old Main Street, Suite 2, North Branch) - We have made multiple attempts to contract with no response. We reach out annually to offer a contract at same or similar rates and the provider has not responded. Canvas Health was sent a letter offering a contract at the same or similar rates as other in-network providers annually. No response was received from the provider. Medica will and will continue to review the network quarterly offering a contract to providers that meet the criteria.
<i>ECP Chemical Dependency</i>	<i>Chisago</i>	2	Canvas Health, North Branch (5842 Old Main Street, Suite 2, North Branch) - We have made multiple attempts to contract with no response. We reach out annually to offer a contract at same or similar rates and the provider has not responded. Canvas Health was sent a letter offering a contract at the same or similar rates as other in-network providers annually. No response was received from the provider. Medica will and will continue to review the network quarterly offering a contract to providers that meet the criteria.
<select one>	<select all that apply>	<select one>	
<select one>	<select all that apply>	<select one>	
<select one>	<select all that apply>	<select one>	
<select one>	<select all that apply>	<select one>	

Please use additional sheet if needed

**Reason Codes:**

- 1. Provider does not meet carrier's data requirements, utilization review, and quality assurance requirements; or
  - 2. Carrier has made a good faith effort to contract with provider(s). Please provide a statement of what was done to attempt to contract with the provider.
- C. That if new providers listed in (B) becomes available in the service area, carrier will make a good faith effort to contract with said providers.