

Reclassification Request Special Access (Distance)

Priority of Request

Identify the priority order that the MGCRB should consider this reclassification request, (e.g., primary, secondary, tertiary, etc.): _____

Requested Area

CBSA Code of Requested Area: _____

CBSA Name of Requested Area: _____

Method – Special Access (Distance)

Is the requested area the closest area via distance (miles)? Yes No

If no, attach an explanation as to why the closest area was not selected.

Distance to Requested Area (in miles to the nearest tenth): _____

Attach map support showing mileage from the front entrance of the provider to the requested area.

CBSA Code of Next Closest Area: _____

CBSA Name of Next Closest Area: _____

Distance to Next Closest Area (in miles to the nearest tenth): _____

Attach map support showing mileage from the front entrance of the provider to the next closest area.

Wage Computations

Attach the provider's wage computations using 3-year average hourly wages (i.e., 106 and 82 percent comparison for hospitals located in rural areas and 108 and 84 percent comparison for hospitals located in urban areas).

Note: Per 42 C.F.R. § 412.230(a)(4), rounding of numbers is not permitted to meet the mileage or qualifying wage comparison percentage standards.