

Reclassification Request Special Access (Driving Time)

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 (Driving Time)

Is the requested area the closest area via driving time (minutes)? ___ Yes ___ No

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

Driving Time to Requested Area (in whole minutes): _____

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

CBSA Code of Next Closest Area: _____

CBSA Name of Next Closest Area: _____

Driving Time to Next Closest Area (in whole minutes): _____

Attach map support showing driving time 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.