

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.