

Reclassification Request Proximity (Employee Commuting Pattern)

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 – Proximity (Employee Commuting Pattern)

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.

Percentage of Employees Residing in Requested Area _____

Attach employee commuting support documentation in accordance with 42 C.F.R. § 412.230(c)(2).

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.