

MANAGED CARE SYSTEMS  
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## Request for Waiver

Plan Year: **2023**

Please ensure that information contained on this waiver request coincides with information provided on the geographical access maps and provider list submitted with this application.

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

Carrier	Name Network	Network ID	Network Structure*
HealthPartners, Inc (HPI)	Achieve	MNN003	<b>Narrow Network</b>
Name	Title	Date	Enrollees in Network*
Martin Michael	Senior Director Providers Relations & Network Management	5/17/2022	

**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 provider type(s). Include the county and reason(s) for not meeting the requirements.

Provider Type	County	Reason Code	Notes	Affected Enrollees*	Percent Total Enrollees Affected	Percent Not Covered*	Percent Available Providers Included
Genetics	McLeod	1	<p>This county is primarily rural and has a smaller population. Due to the smaller community size, the hospitals and clinics in these areas don't have the technology or equipment to handle complex procedures or specialized services. Patients have to travel to providers in the larger metropolitan areas where specialty providers work in large facilities where the technology and equipment needed for complex cases are available.</p> <p>There is a limited number of Genetics providers in the state; the metropolitan areas of St. Paul/Minneapolis, St. Cloud, Duluth, Moorhead/Fargo/Grand Forks or Sioux Falls, SD. have services available through large care systems and consultations are also available through telemedicine.</p> <p>There are no additional providers available within the 60 mile requirement that are closer than those that are already part of our network.</p> <p>HealthPartners communicates routinely with providers through our newsletter every other month with reminders to keep information regarding their locations and providers up to date. Member complaints regarding access to care are monitored on a monthly basis. If trends in complaints regarding access to a particular type of provider are identified, the contracting department is notified and when new providers are identified, a contract is pursued.</p> <p>ENROLLEE ACCESS TO SERVICES IN 2023:                      Referral to metropolitan area clinics and facilities: Complex genetic services are performed at larger metropolitan care system hospitals and locations. HealthPartners' contracted providers refer their patients to metropolitan area providers who have access to large hospital facilities that provide genetic services.                      Provider clinics or outreach locations: Essentia, CentraCare, Fairview and Tri-County have satellite locations or provide outreach services at other locations in the region. In addition, telemedicine is an option for office visits, including consultations and post-operative visits.                      Network Reviews: We reviewed our networks in March, May, and August.</p> <p>Sources used to check for new providers/locations                      •Healthgrades                      •Medicare Physician Compare <a href="https://www.medicare.gov/hospitalcompare/">https://www.medicare.gov/hospitalcompare/</a>                      •Minnesota Health Care Programs Provider Directory <a href="http://mhcpproviderdirectory.dhs.state.mn.us/">http://mhcpproviderdirectory.dhs.state.mn.us/</a>                      •National Institute of Health US National Library of Medicine MedlinePlus Directories                      New providers identified: No additional providers were identified.</p>				

For all reason codes, carriers must demonstrate with specific data that geographic access standards cannot be met. Carriers must state what steps were and will be taken to address network inadequacies (MN Statutes § 62K.10, subdivision 5).

### **Allowable Waiver Reason Codes and Guidelines for Initial Approval**

Applications to waive the requirements in Minnesota Statutes 62K.10 Subd. 2 or 3 must fit one of the following reason codes. Waivers automatically expire after one year. The commissioner shall only approve a subsequent waiver application that satisfies the requirements in Minnesota Statutes 62K.10 Subd. 5, demonstrates that the carrier took the steps it proposed to address network inadequacy, and explains why the carrier continues to be unable to satisfy the requirements.

#### **Reason Code 1:**

Carrier has conducted a search for providers and determined that, for each county in the plan service area, there are no providers physically present of the type requested in the waiver.

#### **Carriers must:**

1. Provide a description of physical geography and/or other factors that affect the location of providers (as relevant)
2. Demonstrate consultation of at least two provider directories and/or data sources. Provide a description of the provider directories and/or data sources consulted, including a brief explanation of why the sources are believed to be accurate and complete. Examples of acceptable provider directories and data sources include, but are not limited to:
  - a. [NPPES NPI Registry](#)
  - b. [Medicare Physician Compare](#)
  - c. [Minnesota Health Care Programs Provider Directory](#)
  - d. [Healthgrades](#)
  - e. [SAMHSA Behavioral Health Provider Directories](#)
  - f. [National Institute of Health \(NIH\) U.S. National Library of Medicine MedlinePlus Directories](#)
  - g. Quest Analytics
3. For Primary Care, Pediatric Services (Primary Care), General Hospital and Mental Health provider types:
  - a. State the total number and percentage of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
  - b. State how access will be provided for this provider type for enrollees of the affected county.  
For example, does the carrier provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?
    - i. If, in its waiver application, a health carrier demonstrates to the commissioner that there are no providers of a specific type or specialty in a county, the commissioner may approve a waiver in which the health carrier is allowed to address network inadequacy in that county by providing for patient access to providers of that type or specialty via telemedicine
    - ii. If telemedicine is used to provide access:
      1. These services must meet the definition of "telemedicine" in Minnesota Statutes [62A.671, subdivision 9](#).
      2. Carrier must describe the extent to which telemedicine services are available
        - a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?
4. Describe how they will assess the availability of providers who begin practice in the service area where the standard cannot currently be met and agree to conduct this assessment quarterly
  - a. Assessment of availability must include consultation of at least two provider directories and/or data sources, as described in item 2, above

#### **Reason Code 2:**

Provider does not meet carrier's credentialing requirements.

#### **Carriers must:**

1. Cite the reason(s) provider does not meet credentialing requirements
2. For Primary Care, Pediatric Services (Primary Care), General Hospital, and Mental Health provider types
  - a. State the total number and percentage of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
3. State how access will be provided for this provider type for enrollees of the affected county. For example, does the carrier allow enrollees to receive out-of-network care at in-network rates, provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?
  - i. If telemedicine is used to provide access:
    1. These services must meet the definition of "telemedicine" in Minnesota Statutes [62A.671, subdivision 9](#).
    2. Carrier must describe the extent to which telemedicine services are available
      - a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?

#### **Reason Code 3:**

Carrier has made a good faith effort to contract with provider and provider has refused to accept a contract.

#### **Carriers must:**

1. Cite the reason(s) provider state(s) for refusing contract(s)
2. For Primary Care, Pediatric Services (Primary Care), General Hospital and Mental Health provider types
  - a. State the total number and percentage of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
3. State how access will be provided for this provider type for enrollees of the affected county. For example, does the carrier allow enrollees to receive out-of-network care at in-network rates, provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?
  - i. If telemedicine is used to provide access:
    1. These services must meet the definition of "telemedicine" in Minnesota Statutes [62A.671, subdivision 9](#).
    2. Carrier must describe the extent to which telemedicine services are available
      - a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?

#### **Reason Code 4:**

Network is an Accountable Care Organization (ACO) or Narrow Network.

#### **Carriers must:**

1. Specify the network structure: Accountable Care Organization (ACO) or Narrow Network
  - a. If the network is an ACO, provide a brief description of the major health systems participating in the network
  - b. If the network is a narrow network, describe the features of the network that restrict access
  - c. For both ACOs and Narrow Networks, state what percentage of available Primary Care, Pediatric Services (Primary Care), General Hospital, and Mental Health providers are included in the county and of the provider type for which a waiver is requested

