

MANAGED CARE SYSTEMS  
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## Request for Waiver

Plan Year: 2021

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*
Delta Dental of Minnesota	Delta Dental PPO plus Premier	MNN001	<select one>
Name	Title	Date	Enrollees in Network*
Julie Holloway	Sr Product Filing and Operations Specialist	8/24/2020	

**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
Pediatric Dental Care	Beltrami	1	There are no available pediatric dentists in the county to contract with				
Pediatric Dental Care	Kittson	1	There are no available pediatric dentists in the county to contract with				
Pediatric Dental Care	Koochiching	1	There are no available pediatric dentists in the county to contract with				
Pediatric Dental Care	Lake Of The Woods	1	There are no available pediatric dentists in the county to contract with				
Pediatric Dental Care	Cook	1	There are no available pediatric dentists in the county to contract with				
Pediatric Dental Care	Lake	1	There are no available pediatric dentists in the county to contract with				
Pediatric Dental Care	St. Louis	1	There are no available pediatric dentists in the county to contract with				
<select one>	<select all that apply>	<select one>					
<select one>	<select all that apply>	<select one>					
<select one>	<select all that apply>	<select one>					
<select one>	<select all that apply>	<select one>					
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<select one>	<select all that apply>	<select one>					
<select one>	<select all that apply>	<select one>					
<select one>	<select all that apply>	<select one>					
<select one>	<select all that apply>	<select one>					

For additional rows, please see the "Additional" tab of this document. DO NOT add rows to this sheet.

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.

### 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.

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 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.

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.

1. Cite the reason(s) provider states for refusing a contract
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.

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

2. State what, if any, steps are taken to inform enrollees of restricted access
3. State the total number of estimated enrollees in the network as of the submission date of the waiver
4. State why the geographic access standards cannot be met. Explain why full geographic access is not possible with this network design
5. State how access will be provided for this provider type for the 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?
6. 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 the estimated percentage of area in that county that is not covered

**Attestation for the Request for Waiver**

The undersigned attests that he/she is a representative of the carrier with personal knowledge of the network and reasons for the above waiver requests, and that the waiver requests meet the requirements for the waiver, as outlined above. The undersigned also attests that good faith efforts have been made to locate and contract with providers, as outlined above, and that if providers become available in the service area, carrier will make a good faith effort to contract with said providers.

Julie Holloway, Sr Product Filing Specialist  
Name, Company, Title

9/3/2020

Date Attestation Signed