

MANAGED CARE SYSTEMS

P.O. Box 64882, St. Paul, MN 55164-0882 Telephone: 651-201-5100 Email: health.managedcare@state.mn.us

Request for Waiver

Plan Year: 20

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*
UnitedHealthcare	Core Essential	MNN002	ACO
Name	Title	Date	Enrollees in Network*
Amie Tunheim	Sr. Project Manager	5/26/2020	0

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
General Hospital facilities	Isanti	4	Because this is an ACO offering between M Health Fairview and North Memorial Health in the 11-county metro area, there are no general hospital facilities in northern Isanti County. This is a new product offering effective 1/1/21 with no current membership. Members are informed about their restricted access to providers within these two health systems upon enrolling in the product, when accessing the respective provider directories, and when referencing the Core directory on myuhc.com. Where gaps have been identified, members in the affected county for this provider type have the ability to seek care virtually via a telehealth visit with a provider using an audio-video or audio-only telecommunication system (such as Teladoc, Doctors on Demand, and Oncare); conduct a virtual check-in with providers using a recorded video and/or images submitted by the patient; or visit an electronic provider-patient portal to engage in care communication.	o	o	o	1
General Hospital facilities	Sherburne	4	Because this is an ACO offering between M Health Fairview and North Memorial Health in the 11-county metro area, there are no general hospital facilities in northwestern Sherburne County. This is a new product offering effective 1/1/21 with no current membership. Members are informed about their restricted access to providers within these two health systems upon enrolling in the product, when accessing the respective provider directories, and when referencing the Core directory on myuhc.com. Where gaps have been identified, members in the affected county for this provider using an audio-video or audio-only telecommunication system (such as Teladoc, Doctors on Demand, and Oncare); conduct a virtual check-in with providers using a recorded video and/or images submitted by the patient; or visit an electronic provider-patient portal to engage in care communication.	0	0	0	1

Because this is an ACO offering between M Health Fairview and North Memorial Health in the 11-county metro area, there are no general hospital facilities in western Wirght County. This is a new product offering effective 1/1/21 with no current membership. Members are informed about their restricted access to providers within these two health systems upon enrolling in the product, when accessing the respective provider directories, and when referencing the Core directory on myunc.com. Where gaps have been identified, members in the affected county for this provider type have the ability to seek care virtually via a telehealth visit with a provider using a recorded video and/or images submitted by the patient; or visit an electronic provider-patient portal to engage in care communication. Because this is an ACO offering between M Health Fairview and North Memorial Health in the 1-county metro area, there are no mental health providers in northern less of county. This is a new product offering effective 1/1/21 with no current membership. Members are informed about their restricted access to providers within these two health systems upon enrolling in the product, when accessing the respective provider directories, and when referencing the Core directory on myunc.com. Where gaps have been identified, members in the affected county for this provider type have the ability to seek care virtually via a telehealth visit with a provider per have the ability to seek care virtually via a telehealth visit with a provider per have the ability to seek care virtually via a telehealth visit with a provider county for this provider per have the ability to seek care virtually via a telehealth visit with a provider using a seek care virtually via a telehealth visit with a provider virtual accessing the respective provider declaration experient (such as
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Teladoc, Doctors on Demand, and Oncare); conduct a virtual check-in with providers using a recorded video and/or images submitted by the patient; or visit an electronic provider-patient portal to engage in care communication.
Because this is an ACO offering between M Health Fairview and North Memorial Health in the 11-county metro area, there are no mental health providers in southwestern Wright County. This is a new product offering effective 1/1/21 with no current membership. Members are informed about their restricted access to providers within these two health systems upon enrolling in the product, when accessing the respective provider directories, and when referencing the Core of directory on myuhc.com. Where gaps have been identified, members in the affected county for this provider using an audio-video or audio-only telecommunication system (such as Teladoc, Doctors on Demand, and Oncare); conduct a virtual check-in with providers using a recorded video and/or images submitted by the patient; or visit an electronic provider-patient portal to engage in care communication.
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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)
- 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:
 - 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:
 - 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.

- For Primary Care, Pediatric Services (Primary Care), General Hospital, and Mental Health provider types
 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?
 - If telemedicine is used to provide access:

1. Cite the reason(s) provider does not meet credentialing requirements

- These services must meet the definition of "telemedicine" in Minnesota Statutes
- 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 $\mbox{\it reason}(s)$ provider states for $\mbox{\it refusing a contract}$
- 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:
 - 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.

- 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

and reasons for the above waiver requests, as outlined above. The undersigned also at	resentative of the carrier with personal knowledge of the and that the waiver requests meet the requirements for tests that good faith efforts have been made to locate an ome available in the service area, carrier will make a goo	rthe waiver, nd contract with providers,
Amie Tunheim, Sr. Project Manager	5/26/2020	