

## Request for Waiver

Plan Year: 2022

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 Structure*
HealthPartners Inc (HPI)	Achieve	<b>Narrow Network</b>
Name	Title	Enrollees in Network*
Martin Michael	Senior Director Provider Relations & Network Management	

**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
<i>Genetics</i>	<i>McLeod</i>	<i>1</i>	<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>The following additional websites were searched for available providers:  <a href="http://mhcpproviderdirectory/dhs.state.mn.us">http://mhcpproviderdirectory/dhs.state.mn.us</a>  <a href="https://www.medicare.gov/physiciancompare/healthgrades.com">https://www.medicare.gov/physiciancompare/healthgrades.com</a></p> <p>These are websites updated by government sources with frequent data updates so we feel these are good sources for identification of new providers.</p> <p>If new providers are identified, the information is forwarded to the contracting department so they can pursue a contract. 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>Gaps will be monitored on a quarterly basis and we will pursue contracts with new providers as they are identified. No additional providers have been identified to date.</p> <p><b>ENROLLEE ACCESS TO SERVICES IN 2020:</b>  Referral to metropolitan area clinics and facilities  Genetics services are provided 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 genetics services.</p> <p><b>Provider clinics or outreach locations</b>  CentraCare, Gillette Children's Hospital and Children's Health Care have locations in the St Cloud and Twin Cities metropolitan areas that offer genetics services. Genetics consultations and counseling are also available via telemedicine. If labs are needed for genetics testing, enrollees can get those services at outreach locations within the area.</p> <p><b>Network Reviews</b>  There were two reviews of our network conducted in 2020 instead of quarterly due to COV-ID and not having staff or resources available to conduct the quarterly reviews we usually do. Networks were reviewed on February 2, 2020 and June 8, 2020 and again March 1, 2021 for 2022 networks. HealthPartners has resumed quarterly monitoring in 2021.</p> <p>Sources used to check for new providers/locations  Healthgrades  Medicare Physician Compare  Minnesota Health Care Programs Provider Directory  National Institute of Health US National Library of Medicine MedlinePlus Directories  New providers 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
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

**Allowable Waiver Reason Codes and Guidelines for Subsequent Approval (Renewals)**

*In accordance with 62K.10 Subd. 5 (d), waivers will automatically expire after one year.*

**Carriers seeking identical, subsequent waivers for plan year 2022 will be required to show steps taken to address network inadequacies in plan year 2021 (see below).**

**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. Meet all of the requirements set forth for initial approval
2. Provide a description of how access was provided for affected enrollees in the previous approval year
3. Show evidence of quarterly efforts to assess provider availability throughout the last calendar year. Did new providers become available in affected areas? If so, describe any efforts to pursue contracts. If new providers became available and new contracts were not pursued, explain why.

**Reason Code 2:**

Provider does not meet carrier's credentialing requirements.

**Carriers must:**

1. Meet all of the requirements set forth for initial approval
2. Provide a description of how access was provided for affected enrollees in the last approval year

**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. Meet all of the requirements set forth for initial approval
2. Provide a description of how access was provided for affected enrollees in the last approval year

**Reason Code 4:**

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

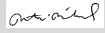
**Carriers must:**

1. Meet all of the requirements set forth for initial approval
2. Provide a description of how access was provided for affected enrollees in the last approval year

**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.



05/17/21

Martin Michael  
Sr Director Provider Relations & Network Mgmt

Date Attestation Signed