

1. These services meet most the definition of "telemedicine" in Minnesota Statutes [§62A.01, subd. 1\(1\)](#).
2. Carrier must describe the services to which telemedicine services are available
 - a. How many network providers of the requested provider type have contracts to conduct/provide telemedicine services?

Reason Code 4:

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

Carrier request:

1. Specify the network structure: Accountable Care Organization (ACO) or Network Network
 - a. For the network is an ACO, provide a brief description of the target health system participating in the network.
 - i. For all ACOs, list practice entities, describe the location of the network, the service areas.
 - For both ACOs and Network Networks, state what percentage of available Primary Care, Pediatric Services (Primary Care), General Hospital, and Mental Health providers are included in the network and the provider type for which a waiver is requested.
 - State what, if any, steps are taken to obtain evidence of networked access.
 - b. State why the geographic service area(s) cannot be met. Specify county (or geographic counties) not possible with this network design.
2. State how access will be provided for the provider type for the entirety of the affected county. For example, does the carrier allow enrollees to receive out-of-network care at non-network sites, provide transportation services, provide care options, other care services, or use telemedicine services?
 1. If telemedicine is used to provide access:
 - a. [These services meet most the definition of "telemedicine" in Minnesota Statutes §62A.01, subd. 1\(1\)](#).
 2. Carrier must describe the services to which telemedicine services are available
 - a. How many network providers of the requested provider type have contracts to conduct/provide telemedicine services?
 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 in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per the.
 - b. State the estimated percentage of areas in that county that is not covered.

Allowable Waiver Reason Codes and Guidelines for Subsequent Approval (Renewal)

in accordance with [Minn. Stat. § 62A.01, subd. 1\(1\)](#) waiver will automatically expire after one year.

Carrier seeking renewal, subsequent waiver 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 or the type requested in the waiver).

Carrier request:

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 negotiated, separate why.

Reason Code 2:

Provider does not meet carrier's credentialing requirements.

Carrier request:

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.

Carrier request:

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 Network Network.

Carrier request:

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.

Attention for the Request for Waiver

The subsequent waiver renewal is a representation of the carrier with geographical coverage of the network, and access for the applicable waiver requests, and that the waiver requests meet the requirements for the waiver as outlined above. The subsequent year shows 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 such providers.



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