

MANAGED CARE SYSTEMS
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Request for Waiver

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*
UCare Minnesota	UCare Individual and Family Plans	MNN001	ACO
Name	Title	Date	Enrollees in Network*
Missy Bean	Provider Network Analyst Sr	5/23/2022	34247

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	Altkin		There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with Riverwood HealthCare Center in Altkin, MN. This hospital does not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and confidence as each test to validate all General Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2022: Examined Non-Participating Claims In Quarter 4-2022: Examined Non-Participating Claims In Quarter 4-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	27	11	11	100
General Hospital facilities	Beitrami	1	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with Sanford Bemidji Medical Center in Bemidji, MN. This hospital does not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 4-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021; Studied Out of Network request tends In Quarter 4-22022; Examined Non-Participating Claims In Quarter 2-2022; Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	12	4	4	100
General Hospital facilities	Cass	1	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within Cass county. The hospitals do not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends in Quarter 1-2022: Examined Non-Participating Claims In Quarter 1-2022: Examined Non-Participating Claims In Quarter 1-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	218	37	37	100
General Hospital facilities	Clearwater	1	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with Sanford Bagley Medical Center in Bagley, MN. This hospital does not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021; Studied Out of Network request tends In Quarter 2-2022. Sounded Out of Network request tends In Quarter 2-2022. Compared the CMS Medicars Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	0	o	o	100

General Hospital facilities	Cook	There are network adequacy gaps in the northern counties of Minnescla, even though UCare contracts with all known hospitals within Cook county, Hospitals in this area do not cover the entity geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnescla Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends in Quarter 1-2022: Examined Non-Participating Claims in Quarter 2-2022: Examined Non-Participating Claims in Quarter 2-2022: Exampled the CMB Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	20	12	12	100
General Hospital facilities	Itasca	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within Itasca county. The hospitals do not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all Genera Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends in Quarter 4-2021: Studied Out of Network request trends in Quarter 4-2022: Examined Non-Participating Claims in Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	3	1	1	100
General Hospital facilities	Koochiching	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with Rainy Lake Medical Center in Internation Falls, MN. This hospital does not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consista with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. 1 Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. 1 Quarter 3-2021: Analyzed Complaints Appeals and Grievance trends in Quarter 4-2021: Studied Out of Network request trends in Quarter 1-2022: Examined Non-Participating Claims in Quarter 1-2022: Examined Non-Participating Claims in Quarter 1-2022: Examined Non-Participating Claims in Quarter 1-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.		2	2	100
General Hospital facilities	Lake	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within Lake county. Hospitals in this area do not cover the entiry geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all Genera Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends in Quarter 4-2021: Studied Out of Network request trends in Quarter 4-2022: Examined Non-Participating Claims in Quarter 2-2022: Exampled horn-Participating Claims in Quarter 2-2022: Exampled the CMB Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	41	30	30	100
General Hospital facilities	Lake Of The Woods	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals including LakeWood Health Center. This hospital does not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate: General Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends in Quarter 1-2022: Examined Non-Participating Claims in Quarter 2-2022: Examined Non-Participating Claims in Quarter 2-2022: Exampered the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.		5	5	100
General Hospital facilities	Marshall	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with North Valley Health Center in Warren, M This hospital does not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online searches to validate all General Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the patt of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 3-2021: Analyzed Complaints Appeals and Grievance trends in Quarter 4-2021: Standard Out of Network request trends in Quarter 4-2021: Standard Out of Network request trends in Quarter 4-2022: Examined Non-Participating Claims in Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.		19	19	100

General Hospital facilities	Roseau	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with LifeCare Medical Center in Roseau This hospital does not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online director online searches to validate all General Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Pro Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 1-2022; Examined Non-Participating Claims In Quarter 1-2022; Examined Non-Participating Claims In Quarter 1-2022; Examined Non-Participating Claims In Quarter 1-2022; Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	and pattern	o	o	100
General Hospital facilities	St. Louis	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within St. Louis county. The hospitals do not cover the en geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all Ge Hospital Facilities are in our network. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Pro Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	eral	2	2	100
Primary Care providers	Beitrami	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 33 a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those are Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Pro Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied are Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	š.	1	1	100
Primary Care providers	Cook	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 3 a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those are Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Pro Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	i.	6	6	100
Primary Care providers	Lake	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 33 a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those are Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Pro Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	s.	20	20	100
Primary Care providers	Lake Of The Woods	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 33 a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those are Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Pro Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 2-2022: Examined Non-Participating Claims In Quarter 2-2022: Examined Non-Participating Claims If newly available providers are identified, UCare will reach out for new contracting opportunities.	5.	1	1	100

Primary Care providers	Marshall	1	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs conline directory to confirm no additional Primary Care Providers exist in those areas. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends in Quarter 1-2022; Examined Non-Participating Claims In Quarter 1-2022; Examined Non-Participating Claims In Quarter 1-2022; Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	o	o	o	100
Primary Care providers	St. Louis	1	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those areas. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 4-2012: Studied Out of Network request trends In Quarter 1-2022: Examined Non-Participating Claims In Quarter 1-2022: Examined Non-Participating Claims In Quarter 1-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	11	1	1	100
Mental health providers	Beltrami	1	Since UCare's last filing, we were able to close a mental health gap in Koochicing county. There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those areas. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards. In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends in Quarter 4-2021; Studied Out of Network request tends in Quarter 4-2021; Studied Out of Network request tends in Quarter 2-2022; Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	1	1	1	95
Mental health providers	Cook	1	Since UCare's last filing, we were able to close a mental health gap in Koochicing county. There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those areas. Members can receive care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. To ensure ongoing compliance, UCare's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and anacotal evidence from MSS (Mental Health and Substance Use Disorder Services), Saises, Customer Service, County Relations and other internal network stakeholders. Since UCare's previous filing in 2020, we have analyzed Complaints Appeals and Grievances logs for trends in Mental Health access, searched our Out of Network request logs for Mental Health provider requests, audited non-par claims utilization for Mental health contracting opportunities and reconciled our provider network to Medicare supply file raw data. There were many new mental health providers that UCare added to the network through out the 2nd half of 2021 and the first half of 2022. None of these provider groups; however, closed geographic access gaps. If newly available providers are identified. UCare will outreach for new contracting opportunities. Members in the gap areas have access available to them at the closest possible providers call UCar's local and fold-free Intales Triage Line to speak with our MH 8 SUD Services staff. Our Intale Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinators also answer general benefit questions and connect members and providers	15	9	9	95
Mental health providers	Lake	1	Since UCard's last filing, we were able to close a mental health gap in Koochicing county. There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Card Provider. We used Medicard's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Card Providers exist in those areas. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. To ensure orgoing compliance, UCard's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and aneoctal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations and other internal reheaved, stakeholders. Since UCard's previous filing in 2020, we have analyzed Complaints Appeals and Grievences logs for trends in Mental Health access, searched our Out of Network request logs for Mental Health provider requests, audited non-par claims utilization for Mental health contracting opportunities and reconciled our provider network to Medicare supply file raw data. There were many new mental health providers that UCare added to the network through out the 2nd half of 2021 and the first half of 2022. None of these provider groups; however, closed geographic access gaps. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members in the gap areas have access available to them at the closest possible provider for members. The coordinators also answer general benefit questions and connect members and providers for members. The coordinators also answer general benefit questions and connect members and providers to our MH & SUD Case Management Team.	11	7	7	95
Mental health providers	Lake Of The Woods	1	Since UCare's last filing, we were able to close a mental health gap in Koochicing county. There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs conline directory to confirm no additional Primary Care Providers exist in those areas. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. To ensure ongoing compliance, UCare's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and aneocotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations and other internal network stakeholders. Since UCare's previous filing in 2020, we have analyzed Complaints Appeals and Grievances logs for trends in Mental Health access, searched our Out of Network request logs for Mental Health provider requests, audited non-par claims utilization for Mental Health contracting opportunities and reconciled our provider whork to Medicare supply file raw data. There were many new mental health providers that UCare added to the network through out the 2nd half of 2021 and the first half of 2022. None of these provider groups; however, closed geographic access gaps. If newly available providers are identified, UCare will outreach for new contracting opportunities and reconciled our providers of the service of the part and the closest possible provider groups which are outside of the distance standards. Members and providers call UCare's local and toll-free Intake Triage Line to speak with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinato	1	5	5	95

Mental health providers Marshall	ali 1	Since UCard's last filing, we were able to close a mental health gap in Koochicing county. There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Card Provider. We used Medicard's Physician Compare tool and Minnesota Health Programs online directory to confirm on additional Primary Card Providers exist in those areas. Members can recieve care that is slightly outside the time and distance standards. This is consistant with the pattern of care within the area. To ensure ongoing compliance, UCard's Network Analytics team hosts a monthly cross departmental work group that combined quantitative claims and provider data analysis with qualitative observations and anectotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations and other internal network stakeholders. Since UCard's previous filing in 2020, we have analyzed Complaints Appeals and Grievances logs for trends in Mental Health access, searched our Out of Network request logs for Mental Health provider requests, audited non-par claims utilization for Mental Health contracting opportunities and reconciled our provider with to Medicare supply file are wide and the providers are identified. UCare will outreach for new contracting opportunities. Members in the gap areas have access available to them at the closest possible provider groups which are outside of the distance standards. Members and providers call UCare's local and toil-free Intake Triage Line to speak with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinators also answer general benefit questions and connect members and providers to our MH & SUD Case Management Team.	o	o	o	95	
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For all reason codes, carriers must demonstrate with specific data that departable access standards cannot be met. Carriers must state what steps were and will be taken to address network inadequacies

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.

- 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:

- NPPES NPI Registry Medicare Physician Compare
- Minnesota Health Care Programs Provider Directory
- Healthgrades SAMHSA Behavioral Health Provider Directories
- National Institute of Health (NIH) U.S. National Library of Medicine MedlinePlus Directories
- 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. 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?

 L. If, in its walver application, a health carrier demonstrates to the commissioner that there are no providers of a specific type or specifing in a county, the commissioner may approve a walver 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
 - If telemedicine is used to provide access:
 These services must meet the definition of "telemedicine" in Minnesota Statutes
 - 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
- Assessment of availability must include consultation of at least two provider directories and/or data sources, as described in item 2, above

Provider does not meet carrier's credentialing requirements.

Carriors must

- Cite the reason(s) provider does not meet 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?
 - i. If telemedicine is used to provide access:
 - These services must meet the definition of "telemedicine" in Minnesota Statutes
 - 62A.671, subdivision 9

 Carrier must describe the extent to which telemedicine services are available

 - 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:

- Cite the reason(s) provider state(s) for refusing contract(s)
 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?
 - If telemedicine is used to provide access:
 These services must meet the definition of "telemedicine" in Minnesota Statutes

 - 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
 - If the network is an ACO, provide a brief description of the major health systems participating in the network If the network is an accordance of the network that restrict access

 - 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
- State what if any steps are taken to inform enrollees of restricted access.
- State what, it ally, steps are latent formatted encodes or restricted access as . State the total number of estimated enrollees in the network as of the submission date of the waiver
 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?
 - 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

- Continuit mass usessues are examined without performance services are available.

 6. For Primary Cane, Pea Lat Mow many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?

 6. For Primary Cane, Pea Lat Mow many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?

 a. State the total number and percentage of settimated remotes 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).

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.

- armers 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.

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

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

and reasons for the above waiver requests, and the as outlined above. The undersigned also attests the	e of the carrier with personal knowledge of the network e waiver requests meet the requirements for the waiver, good faith efforts have been made to locate and contract with providers, lie in the service area, carrier will make a good faith effort to contract with	
Name, Company, Title	Date Attestation Signed	

Provider Type		County	Reason Code	Notes	Affected Enrollees*	Percent Total Enrollees Affected	Percent Not Covered*	Percent Available Providers Included in Network
Mental health provid	iers	St. Louis	1	Since UCare's last filing, we were able to close a mental health gap in Koochicing county. There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those areas. Members can recieve care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area. To ensure ongoing compliance, UCare's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and anaecotaal evidence from MISS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations and other data of Network to Medicare supply file raw data. There were many new mental health provider requests, audited non-par claims utilization for Mental health contracting opportunities and reconcided our provider network to Medicare supply file raw data. There were many new mental health providers that UCare added to the network through out the 2nd half of 2021 and the first half of 2022. None of these provider groups; however, closed geographic access gaps, if newly available providers are identified, UCare will outreach for new contracting opportunities. Members in the gap areas have access available to them at the closes possible provider groups which are outled of the distance standards. Members and providers call UCare's local and toil-free Intake Triage Line to speak with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locale in-relevon't, geographically relevant providers to our MH & SUD Services Management.	11	1	1	95
Pediatric Services Pro	viders	Aitkin	1	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in the following counties: Lac Qui Parle, Martin, Redwood, and Renville. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tod, INN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability. UCare strives to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks analytic of the strategies of the strategi	54	21	21	100
Pediatric Services Pro	viders	Beltrami	1	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in the following counties: Lac Qui Parle, Martin, Redwood, and Renville. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tod, INN Health Programs online directory, web searches and direct outerach to provider locations to confirm provider availability. UCare stevies to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks are meeting for network stakeholders from access our organization. The team combines quantitative diams and provider data analysis with qualitative observations and aneodatal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 2-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2022: Studied to the Network request trends In Quarter 4-2022: Examined Non-Perhipotepting Claims In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	12	4	4	100
Pediatric Services Pro	viders	Big Stone	1	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in the following counties: Lac Qui Parle, Martin, Redwood, and Renville. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tod, INN Health Programs online directory, web searches and direct outerach to provider locations to confirm provider availability. UCare streves to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics team hosts at Maximizing Provider Networks are meeting for network stateholders from access our organization. The team combines quantitative desired atta analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2022: Examined Non-Perhipositing Claims In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	9	100	100	100
Pediatric Services Pro	viders	Clearwater	1	Since UCare's prior filing. Pediatric type physicians became available in areas that expanded access to these type of providers in the following counties: Lac Qui Parle, Martin, Redwood, and Renville. There are rural areas in Minneacia where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tod, NN Health Programs online directory, web searches and direct outeneds to provider locations to confirm provider availability. UCare strives to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks making for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecotoal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied out of Network request trends In Quarter 4-2021: Studied out of Network request trends In Quarter 4-2022: Compared that CMS Medicare Supply File data to UCare provider data ### ### ###########################	o	o	o	100
Pediatric Services Pro	viders	Cook	1	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in the following counties: Lac Qui Parle, Martin, Redwood, and Renville. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the notives (ages by using Medicare's Physician Compare Tod, IMN Health Programs online directory, web searches and direct cutreach to provider locations to confirm provider availability. UCare strives to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics steam hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecototal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 2-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied to Ur of Network request trends In Quarter 4-2021: Studied to Ur of Network request trends In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	174	100	100	100

Pediatric Services Providers	Itasca	1	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in the following counties: Lac Qui Parle, Martin, Radwood, and Renville. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tod, INN Health Programs online directory, web searches and direct outlete has horized the network agreed by using Medicare's Physician Compare Tod, INN Health Programs online directory, web searches and direct outlete has motes a Maximizing Provider Data & Network Analytics amen hosts a Maximizing Provider Networks meeting for network slatch/does from access our organization. The team combine quantitative desirates and provider data analysis with qualitative observations and anacotical evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied by ut of Network request trends In Quarter 4-2021: Studied by ut of Network request trends In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	12	2	2	100
Pediatric Services Providers	Kittson	1	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in the following counties: Lac Qui Parle, Martin, Radwood, and Renville. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tod, INN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability. UCare stress network gaps by using Medicare's Physician Compare Tod, INN Health Programs onthine directory, web searches and direct outreach to provider locations to confirm provider availability. UCare stress network application of the programs of the provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network slatch/does from care sour or graphical Compared an access our organization. The team combine quantitative diseases distained and provider shall be administrated to the provider of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied to Ur of Network request trends In Quarter 4-2021: Studied to Ur of Network request trends In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	5	83	83	100
Pediatric Services Providers	Koochiching	1	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in the following counties: Lac Qui Parle, Martin, Radwood, and Renville. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gays by using Medicare's Physician Compare Tod, INN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability. UCare steves to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics tame hosts a Maximizing Provider Networks meeting for network slatch/dotes from access our organization. The team combines quantitative designs and provider data analysis with qualitative observations and anacotical evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied to Ur of Network request trends In Quarter 4-2021: Studied to Ur of Network request trends In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	215	100	100	100
Pediatric Services Providers	Lake	1	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in the following counties: Lac Qui Parle, Martin, Redwood, and Renville. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tod, MN Health Programs online directory, web searches and direct cutiestach to provider locations to confirm provider availability. UCare steves to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics tame hosts a Maximizing Provider Networks meeting for network salarchotes have been accessed or generation and provider state analysis with qualitative observations and anacotatal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied to ut of Network request trends In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	99	63	63	100
Pediatric Services Providers	Lake Of The Woods	1	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in the following counties: Lac Qui Parle, Martin, Redwood, and Renville. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tod, INN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability. UCare strives to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics stam hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied out of Network request trends In Quarter 4-2021: Compered that CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	20	100	100	100
Pediatric Services Providers	Marshall	1	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in the following counties: Lac Qui Parle, Martin, Redwood, and Renville. There are rural areas in Minnescha where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tod, NM Health Programs online directory, web searches and circe culterable hip provider locations to confirm provider availability. UCare silves to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network slakeholders from excess our organization. The leasm combines quantitative desired attain analysis with qualitative observations and anextodal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2022: Examined Non-Participating Claims In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	5	24	24	100

Pediatric Services Providers	Mille Lacs	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of Redwood, and Renville. There are rural areas in Minnesoda where no Pediatric Service provider exists to meet the gether network, gaps by using Medicare's Physician Compare Tool, MN Health Programs orline directory, web searches availability. UCare slives to address network gaps through many different strategies. Once a month, uCare's Provider Data 8, Nementing for mover Services from across or organization. The team combines quantitative claims and provider-evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relation may be missing from our network. The meeting fightlights a different type of analysis every month. Some of the highli in Quarter 4-2021: Studied Out of Network request trends in Quarter 4-2021: Studied Out of Network request trends in Quarter 4-2022: Examined Non-Participating Care in Care in Care in Quarter 4-2022: Examined Non-Participating Care in Care in Quarter 4-2022: Examined Non-Participating Care in Care in Quarter 4-2022: Examined Non-Participating Care in Quarter 4-2021: Successive Non-Participating C	ographic network adequacy standard. UCare has validated and direct outless to provider locations to confirm provider work and direct outless to provider locations to confirm provider work Analytics learn hosts a Maximizing Provider Networks catala analysis with qualitative observations and amocdotal as its oroot out additional providers, and provider data that	4	4	100
Pediatric Services Providers	Roseau	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of Redwood, and Renville. There are rural areas in Minnesofa where no Pediatric Service provider exists to meet the gether network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches availability. UCare elives to address network gaps through many different strategies. Once a month, UCare's Provider Data 8, Ne meeting for rehwork stakeholders from across tor organization. The team combines quantitathe claims and provider evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relation may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highling Quarter 4-2021: Studied Out of Network request trends in Quarter 4-2021: Sudied Out of Network request trends in Quarter 4-2022: Examined Nen-Participating Carlos in Carlos (Participating Carlos In Quarter 2-2022: Examined Nen-Participating Carlos (Participating In Quarter 2-	ographic network adequacy standard. UCare has validated and direct outleast ho provider locations to confirm provider work Analytics team hosts a Maximizing Provider Networks data analysis with qualitative observations and anecodial no to root out additional providers, and provider data that	,	1	100
Pediatric Services Providers	St. Louis	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of Redwood, and Renville. There are rural areas in Minnesoda where no Pediatric Service provider exists to meet the gether network gaps by using Medicare's Physician Compare Tool, MN Health Programs orline directory, web searches availability. UCare silves to address network gaps through many different strategies. Once a month, uCare's Provider Data 8, New meeting for rework stakeholders from across tor organization. The learn combines quantitative claims and provider evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relation may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlight of Quarter 4-2021: Sudied Out of Network request trends in Quarter 4-2021: Sudied Out of Network request trends in Quarter 4-2022: Examined hor-Participating Claims in Quarter 4-2022: Examined hor-Participating Claims in Quarter 2-2022: Examined hor-Participating Claims in Quarter 2-2022: Examined hor-Participating Claims in Quarter 2-2022: Examined hor-Participating Claims in Quarter 3-2022: Compared the CMS Medicare Supply File data to UCare provider data	ographic network adequacy standard. UCare has validated and direct outleast hor provider locations to confirm provider work Analytics learn hosts a Masimizing Provider Network Analytics learn hosts a Masimizing Provider Networks totals analysis with qualitative observations and annocated as no torout and distingational providers and provider data that	10	10	100
Pediatric Services Providers	Stevens	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of Reducod, and Renville. There are rural areas in Minnesoda where no Pediatric Service provider exists to meet the ge the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches availability. UCare silves to address network gaps through many different strategies. Once a month, uCare's Provider Data 8, Ne meeting for rehover stakeholders from across our organization. The team combines quantitative claims and provider-evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relationary to missing from our network. The meeting highlights a different type of analysis every month. Some of the highlight of Quarter 4-2021: Studied Out of Network request trends in Quarter 4-2021: Studied Out of Network request trends in Quarter 2-2022. Examined Nnn-Participating Carlos and Carlos Services of the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	ographic network adequacy standard. UCare has validated and direct outreach to provider locations to confirm provider work Analytics team hosts a Maximizing Provider Networks data analysis with qualitative observations and aneodotal ns to root out additional providers, and provider data that	53	53	100
Pediatric Services Providers	Traverse	Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of Redwood, and Renville. There are rural areas in Minnesoda where no Pediatric Service provider exists to meet the ge the network gaps by using Medicare's Physician Compare Tod, MN Health Programs online directory, web searches availability. UCare silves to address network gaps through many different strategies. Once a month, care's Provider Data 8, New meeting for rehow's takeholders from across to organization. The team combines quantitative claims and provider evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relation may be missing from our network. The meeting Indighits a different type of analysis every month. Some of the highlit in Quarter 4-2021: Studied Out of Network request trends in Quarter 4-2021: Sudied Out of Network request trends in Quarter 4-2022: Examined hor-Paticipating Claims in Quarter 4-2022: Examined	ographic network adequacy standard. UCare has validated and direct outless to provider locations to confirm provider work Analytics team hosts a Maximizing Provider Networks clada analysis with qualitative observations and annocodial not bord out additional providers, and provider data that	80	so	100
Allergy, Immunology and Rheumatology	Beltrami, Cook, Kittson, Koochiching, Lake, Lake Of The Woods, Roseau, St. Louis	Although UCare's network was able to close gaps in Itasca, Alkin, Lincoin, Lyon, and Yellow Medicine counties, supplimited. There are rural areas in the northern, boarder counties where members are outside of the geographic access Rheumaticopy providers available; however, members have access to the next closest providers custailed of the lime a provider search, the cnine Minescath Health Care programs directory and direct collaboration with our care system of the county of	slandards. There are no Allery, Immunology, and nd distance. UCare has validated this from the Medicare arthers. Park, Superior National Forest, the Boundary Waters work Analytics team hosts a Maximizing Provider Networks data analysis with qualifative observations and anecddal as to root out additional providers, and provider data that	16	16	100

Anesthesiology Physicians and Certified Registered Nurse Anesthetists	Cook, Kittson, Lake	1	Since UCare's prior filing, Anesthesiology Physicians and CRNAs physicians became available in areas that expanded access to these type of providers in Beltrami, Koochiching and Lake of the Woods countes. There are rural counties in Northern Minnesota which are showing network, gaps in Anesthesiology. Although UCare stives to encourage our provider network to continue and expand it's offerings in rural Minnesota were carnot directly influence our contracted provider networks' practitioners offered at sociation. No their providers have been identified in these areas from the Medicare providers areas, Minnesota Health Care Programs (Marchador, Jordacov), ror crimine searches. To remain on top of our provider network's geography. UCare's Provider Relations and Contracting department collects data and information about our network gaps. The sub-PRC team: Provider Data & Network Analytics, conduction monthly monitoring of available market providers and facilities through the use of the Couet Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had in Quarter 4-2021; Analyzed Complaints Appeals and Grievance trends in Quarter 4-2021; Studied Out of Network request trends in Quarter 4-2021; Studied Out of Network request trends in Quarter 2-2022; Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	208	62	62	100
Cardiac Surgery	Big Stone, Cook, Grant, Koochiching, Lake, St. Louis, Stevens, Traverse	1	Since UCare's prior filing, Cardiac Surgery physicians became available in areas that expanded access to these type of providers in Beltrami, Kittson, Lac Oui Parla, Lake of the Woods, Lincohn, Lyon, and Bossau counties. However, gaps opened in additional counties, including, Grant, Stevens, Treverse, and Yellow Medicine. UCare was able to sachieve this milescent he you or oppoing collaboration with care systems in northwestern Minnescka. UCare confirmed these network gaps by cross checking the Medicare Physician compare tool with the MCHP online directory and validating further by conducing web searches. UCare confinues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts at Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecodale evidence from Clinical, Sales, Customer Service, Caroliny Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 2-2022 Lamined Non-Parlia Appeals and Golivenace trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	457	16	16	100
Cardiovascular Disease	Cook	1	A geographic access age exists in Cook countly for Cartifovascular Disease type providers. Cook countly is the Arrowhead of Minnesota and is bound by Caradia to the North and I also Superior to the South-East. The are is considered a Countly with Extreme Access Considerations (CEAC) by the Centers for Medicare Services (CMS). This classification was designated based on the low population and sprare population density. The main provider in the country is North Short Medicare Services (CMS). This classification was designated based on the low population and sprare population density. The main provider in the country is North Short Medicare Physician Compare to CM, MHCP provider directory and colinies web searches. Additionally, UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative claims and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 4-2021: Studied Out of Network request trends in Quarter 4-2021: Studied out of Network request trends in Quarter 4-2021: Studied out of Network request trends in Quarter 4-2021: Studied out of Network request trends in Quarter 4-2021: Studied out of Network request trends in Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.		83	83	100
Colon and Rectal Surgery	Aitkin, Becker, Beitrami, Big Stone, Cass, Chippewa, Clearwater, Cook, Cottonwood, Crow Wing, Douglas, Grant, Hubbard, Itasca, Jackson, Kandiyohi, Kitta Gun Parke, Kandiyohi, Kitta Gun Parke, Joon, Mahnomen, Marshall, Martin, Nobles, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, Roseau, St. Louis, Slevens, Swift, Todd, Traverse, Wadena, Wilkin, Yellow Medicine	1	Uzare had some new gaps open up in southwestern region of the stale due to providers leaving locations. Wride spread gaps in Northern and central Minnesota exist for Color and Rectal Surgery along with a small area of Southern Minnesota, as well. Most of the areas that without access are rural in nature. Ucare leveraged Medicare Physician compare, MHCP Online Provider Directory and web searches to validate provider availability. Ucare stives to address network gaps through many different strategies. Once a month, Ucare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network attached from across our organization. The learn combines quantitative claims and provider data analysis with qualitative observations and anacodotal evidence from Clinical, Sales, Custome Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting hapitigation a different type of mayble every month. Some of the hapitigation calc leaves to get the provider of the hapitigation and providers and provider data that may be missing from our network. The meeting hapitigation and intervent type of mayble every month. Some of the hapitigation and leaves to get the provider data in a contract of the provider data in Quarter 4-2021; Sudied Out of Network request trends in Quarter 4-2022; Examined Non-Participating claims in Quarter 4-2022; Compared the CMS Medicare Supply File data to Ucare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	3957	45	41	100
Dermatology	Cook, Koochiching, Lake, St. Louis	1	A few network gaps remain in rural areas in northeastern Minnesota. There are no Dermatology providers available in these rural areas due to the area being sparsely populated. These areas include Voyageur National Park, Superior National Forest and the Boundary Waters Canoe area. These areas are known for their pristine environment as opposed to Dermatology providers. UCare stives to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for retwork stateholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anaedotal evidence from Clinical, Sales, Customer Service, Counly Relations to root out additional providers, and provider data that may be missing from our network. The meeting hapitights a different type of analysis every month. Some of the hapitights can be latered to the providers are lest year's filing include; In Quarter 3-2021: Analyzed Complaints Appeals and Grievance trends in Quarter 1-2022: Evanimed Non-Participating Claims in Quarter 1-2022: Evanimed Non-Participating Claims in Quarter 1-2022: Compared the CNM Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.		14	14	100
Endocrinology	Cook, Jackson, Koochiching, Lake, St. Louis	1	Since UCare's prior filing, Endocrinology physicians became available in areas that expanded access to these type of providers in Big Stone, Nobles, and Traverse counties. UCare strives to remain in compliance, and validates our provider data to the Medicare Physician compare, MHCP provider directory. We often finds itself in this network game of whack-a-mole, where provider movements may close one gap and open another. Nevertheless, UCare nearisin committed to strive for consistent provider network adequacy. UCare continues to work to increase access to members broughout our service area. Once a month, UCare's Provider Data & Network Analytics Islam inotes a Maximizing Provider Networks meeting for network stakeholders from across our organization. The to not out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights in Quarter 4-2021: Manalyzed Compliants Appeals and Grievance trends in Quarter 4-2021: Studied out of Network request trends in Quarter 4-2021: Studied out of Network request trends in Quarter 4-2022: Examined Non-Participating Claims in Quarter 4-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	449	15	15	100

Gastroenterology K	Betrami Cook, Jackson, (ittson, Koochiching, Lake Of The Woods, Marshall, Nobles, Roseau, St. Louis	1	Since UCare's prior filing, Gastroenterdogy physicians became available in areas that expanded access to these type of providers in Big Stone, Lac Qui Parle, Lincoln, Martin and Yellow Medicine counties. UCare strives to remain in compliance, and validates our provider data to the Medicare Physician compare, MHCP provider directory. We often finds itself in this network game of whack-a-mole, where provider movements may close one gap and open another. Nevertheless, UCare remains committed to strive for considerate provider network adequacy, UCare continues to work to increase access to members Broughout our service asso. Once a month, UCare's Provider Data, & Network Analysis, Learn Roots a Maximizing Provider Networks meeting for network state-address from across our organization. The sense or continues to work to increase a Coscas to members Broughout our service asso. Once a month, UCare's Provider Data, & Network Analysis extended the Analysis for network state-address from across our organization. The sense combined providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights in Quarter 4-2021: Studied out of Network request trends In Quarter 4-2021: Studied out of Network request trends In Quarter 4-2021: Studied out of Network request trends In Quarter 4-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	542	17	17	95
General Surgery C	Cook	1	A geographic access gap exists in Cook county for Surgery type providers. Cook county, is the Arrowhead of Minnesota and is bound by Canada to the North and Lake Superior to the Southeast. The area is considered a County with Externe Access Considerations (CEAC) by the Centre for Medicare Services (CIAS). This classification was designated by the second for the County in Centre of Ce		83	83	100
S C H Genetics L M T R R	Aitkin, Becker, Beltrami, Big Stone, Cass, Clearwater, Cook, Crow Wing, Douglas, Grant, Mubbard, Itasca, Kitson, Goochiching, Lac Qui Parle, ase, Lake O'The Woods, Ase, Lake O'The Woods, Ase Lake, Chaca, St. Louis, Eve Lake, Rosea, St. Louis, Stevens, Swift, Todd, Traverse, Wadena, Wilkin	1	Ucare was able to make some progress on Genetrics access since our last filing. UCare was able to close gaps in the following counties: Blue Earth. Brown, Cartlon, Martin, Nicolet, Pine, Renville, and Sibley. UCare is contracted with all known Genetic providens throughout Minnesota. However, due to the uniqueness of the specialty, it is typically offered in the population centers of the state. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches. UCare confined to work to increase access to members throughout our sensitive reason. One a more Min, UCare's Provider Date & Network Apalytics team hosts a Maximizing Provider Networks meeting for retwork stakeholdens from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and enecodal evidence from MSS (Mental Health and Substance) but Bloader's bericos). Sales, Customer Service, Court and additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2022: Estamient Non-Perticipating Claims In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	4942	60	60	100
Nephrology C	Dook, Lake, St. Louis	1	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, we have sections of Lake, Cook counties and the very northern point of St. Louis county that are not within 60 miles of a Nephrology provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches. UCare confinues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecotals evidence from MSS (Minetal Health and Substance) Lee Disorder Services. Sales, Customer Service, County duralitative observations and anecotals evidence from MSS (Minetal Health and Substance) Lee Disorder Services. Sales, Customer Service, County and customer services are considered as that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2022: Estimated Non-Participating Claims In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	184	55	55	100
Neurology and Neurological Surgery C	Cook, Lake	1	There are rural areas in northern Minnesoda counties in which all available neurology and/or neurological surgery providers are contracted; however, because of the low population density, we have sections of counties that are not within 60 miles of a neurology and/or neurological surgery provider. Members are referred to providers in Duluth. Ulcare validates the network togets by using Medicare's Physician Compare Tool and veto searches. Ulcare continues town to increase access to members throughout our service area. Once a month, Ulcare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecobal evidence from MSS (Minnel Health and Substance). Bue Disorder Services, Sales, Customer Service, Countilisations to not out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Comptaints Appeals and Grievance trends In Quarter 4-2021: Studied Out of Network requises trends In Quarter 3-2022; Compared the CMS Medicare Supply File data to Ulcare provider data If newly available providers are identified, Ulcare will reach out for new contracting opportunities.	169	97	97	100
Obstetrics and Cynecology C	Dook	1	A gap exists for Obstetrics and Gynecology providers in this area of the Arrowhead Region. UCare is contracted with all known Obstetrics and Gynecology providers in this area. However, because of the low population density, we have sections of counties that are not within 60 miles of an Obstetrics and Gynecology provider. UCare validates the network ages by using Medicare's Physician Compare Tool and web searches. UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecodate evidence from MISS (Minett Health and Substance) use Disported reviews). Sales, Customer Service, Countines for not cut additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 4-2021: Studied Out of Network request trends in Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.		83	83	100

Oncology	Cook, Lake, St. Louis	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, we have sections of Cook counties and the very northern point of St. Louis county that are not within 60 miles of an Oncology provider. UCare validates the network gaps by using Medicare' Physician Compare Tool and web searches. UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizin Provider Network in the County Relations from a consolidation of the County Relations for the County Relations to not out additional deservations and anochold evidence from MSS (Mental Health and Substance Use Biotoder Service), Sales, Quotamer Accounty Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 1-2022: Examined Non-Participating Claims In Quarter 1-2022: Examined Non-Participating Claims In Quarter 1-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.		58	58	100
Ophthalmology	Cook, Kittson, Lake	Gaps confinue to exist in Lake, Cook and Kritton counties. There are no Ophthalmidogy providers in this area of the Arrowhead Region. UCare is contracted with all kno Ophthalmidogy providers in the area. However, because of the low population density, we have sections of counties that are not within 60 miles of an Ophthalmidogy provider validates the network gaps by using Medicarie's Physician Compare Tool and web searches. UCare continues to not be increase access to members throughout our service ana. Once a month, UCare's Provider Dais & Network Analytics team hosts a Maximizin Provider Network in the continues to not be increase accessed to the continues to not be increased as the continues of the highlights and extended the continues of the highlights and the continues of the highlights	ider.	94	94	95
Orthopedic Surgery	Cook	A gap exists for Orthopedic Surgery providers in this area of the Arrowhead Region. UCare is contracted with all known Orthopedic Surgery providers in this area. Howe because of the low population density, we have sections of counties that are not within 60 miles of an Orthopedic Surgery provider. UCare validates the network gaps by Medicare's Physician Compare Tool and web searches. UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Date & Network Analytics team hosts a Massimizin Provider Network services are to members throughout our service area. Once a month, UCare's Provider Date & Network Analytics team hosts a Massimizin Provider Network services are serviced and the serviced and the services are serviced	sing	83	83	100
Otolaryngology	Beltrami, Cook, Kittson, Koochiching, Lake, Lake Of The Woods, St. Louis	Gaps continue to exist in the Arrowhead Region and Kittson county. UCare is contracted with all known Oldaryngology providers in this area. However, because of the Ic population density, we have sections of counties that are not within 60 miles of an Oldaryngology provider. UCare validates the network gaps by using Medicare's Physic Compare Tool and web searches. UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Date & Network Analytics team hosts a Maximizin Provider Network took increase access to members throughout our service area. Once a month, UCare's Provider Date & Network Analytics team hosts a Maximizin Provider Network took increase access to members throughout our service area. Once a month, UCare's Provider Date & Network Analytics team hosts a Maximizin Provider Old and analysis with qualitative observations and anocheolid evidence from MSS (Mental Health and Substance Use Blooder's Survice, Outstances, County Relations to not out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year include; In Quarter 3-2021: Analyzed Complaints Appeals and Grievance trends in Quarter 1-2022: Examined Non-Participating Claims in Quarter 1-2022: Examined Non-Participating Claims in Quarter 1-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.		15	15	100
Pediatric Specialty Providers	Beltrami, Cook, Kittson, Koochiching, Lake, Lake Of The Woods, Roseau, St. Louis, Traverse	Gaps confinue to exist for Pediatric Specialty in areas of northern Minnesota and a small portion of Traverse county but there are no additional providers for UCare to confill these gaps. UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizin Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualifative observations and anactical evidence from NSS (Mental Health and Substance Use Disorder Service), Sales, Oustomer Society, Courtly Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year includer. **No curster 3-2021: Analyzed Complaints Appeals and Grievance trends **No Curster 4-2021** Sulvider Out of Network request francts **No Curster 4-2021** Sulvider Out of Network request trends **No Curster 4-2021** Sulvider Out of Network request francts **No Curster 4-2021** Sulvider Out of Network regulating Claims **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curster 4-2021** Sulvider Out of Network (regulating Claims) **No Curst		16	16	100
Physical Medicine and Rehabilitation and Occupational Medicine	Cook	UCare was able to make some progress on Physical Medicine and Rehab and Occupational Medicine access since our last filing. UCare was able to close gaps in the for counties: Bethami, Big Stone, Lac Qui Parle, Lake of the Woods, and Roseau. A gap continues to exist in Cook county. UCare is contracted with all known Physical Med and Rehabilition and Coupational Medicine providers in these areas. However, Because of the low population density, we sections of counties that are not within of a Physical Medicine and Rehabilition and Occupational Medicine provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web of UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Newbork Analysics beant hosts a Maximizin Provider Networks meeting for network stakeholders from arcss our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root du distinual providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year to the provider data and provider data and provider data of the provider data of the provider data in Quarter 4-2021; Analyzed Complaints Appeals and Grievance trends in Quarter 4-2022: Studied Out of Network request trends in Quarter 4-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	ine) miles arches.	83	83	100

Pulmonary Disease	Beltrami, Cook, Lake Of The Woods, Marshall, Pennington, Roseau	1	UCare is contracted with all known Pulmonary Disease providers in this area. However, we have sections of counties that are not within 60 miles of a Pulmonary Disease provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches. UCare continues to work to increase access to member stroughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and enecodate invience from MSS (Mental Health and Substance Use Discorder Service), Sales, Countern Service, Countries to too clust deditional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights aince last year's filing include; In Quarter 3-2021; Shaded Out of Network request trends In Quarter 1-2022; Studied Out of Network request trends In Quarter 1-2022; Examined Non-Participating Claims In Quarter 2-2022; Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	249	38	38	100
Reconstructive Surgery	Beltrami, Cass, Clearwater, Cook, Hubbard, Itasca, Jackson, Koochiching, Lake, Lake Of The Woods, Lincoin, Lyon, Marshali, Nobles, Roseau, St. Louis, Yellow Medicine	1	Since UCare's prior filing, Reconstructive Surgery physicans became available in areas that expanded access to Chippewa county, UCare is contracted with all known Reconstructive Surgery provider in the areas we currently have gaps in. However, we have sections of hese countees that are not within 60 miles of a Reconstructive Surgery provider. UCare validates the network gaps by using Medicare's Physician Compare Too and web searches. UCare confinitions to work to increase access to member the trusophout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualifiative claims and provider data analysis with qualifiative claims and provider data analysis with qualifiative claims and provider, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends in Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	1101	25	25	95
SUD (Chemical Dependency) - Inpatient	Big Stone, Cook, Kittson, Lac Qui Parle, Lake, Lake Of The Woods, Roseau, St. Louis	1	Gaps still exist in some Northern counties, in Big Stone and Lac Qui Parle counties due to the ruralness of these areas. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches. UCare confinues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecodate elivence from MSS (Mental Health and Substance Use Discorder Services), Sales, Countern Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 2-2021: Suitade Out of Network request trends in Quarter 1-2022: Evanimed Non-Participating claims in Quarter 1-2022: Evanimed Non-Participating claims in Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	252	53	53	100
SUD (Chemical Dependency) - Outpatient	Cook, Kittson, Lake, Lincoln, Nobles, Pipestone, Rock, St. Louis, Yellow Medicine	1	Gaps exist in the Arrowhead Region, the Northwest comer of Kittson county and in Southwest Minnesota for Outpatient SUD. UCare is contracted with all known SUD providers to cover these gaps. However, we have sections of these counties that are not within 60 miles of an Outpatient SUD provider. UCare validates the network, gaps by using Medicare's Physician Compare Tod and web searches. UCare confines to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualificative observations and anecocial evidence from MSS (Minnet literal than 35 busteness to Less Disord's Pervices). Sales, Countern Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2021: Studied out of Network request trends In Quarter 2-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	186	52	52	95
Thoracic Surgery	Becker, Beltrami, Big Stone, Chippewa, Cleanveter, Cook, Cottonwood, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Koochiching, Lae Guil Park, Lake, Lincoln, Lyon, Mahnomen, Martin, Nobles, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, St. Louis, Stevens, Swift, Traverse, Wilkin, Yellow Medicine	1	Ucare was able to make some progress on Thoracic Surgery access since our last filing. UCare was able to close gaps in the following counties: Blue Earth, Brown, Cass, Itasca, Kiltson, Lake of the Woods, Marshall, Roseau, and Wabsaha. UCare is contracted with all known Thoracic Surgery providers throughout Minnesota. However, due to the uniqueness of the specialty, it is typically offered in the population centers of the state. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches. UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network statecholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data hat may be missing from our network. The meeting highlights of different type of analysis every month. Some of the highlights since list year's filing include; In Quarter 4-2021: Studied Out of Network request trends In Quarter 4-2022: Studied Out of Network request trends In Quarter 4-2022: Compared the CMS Medicare Supply File data to UCare provider data If newly available providers are identified, UCare will reach out for new contracting opportunities.	2500	40	40	100
Urology	Cook	1	A Urology gap exists in the Eastern tip of the Arrowhead Region due to low population density. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches. UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The learn combines quantitative claims and provider data analysis with qualitative observations and enecodal evidence from MSS (Mental Health and Substance Use Discorder Service), Sales, Coutanner Service, Courtleion to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include; In Quarter 3-2021; Analyzed Complaints Appeals and Grievance trends In Quarter 4-2021: Studied Out of Network request trends In Quarter 3-2022. Companed the Pulspaling Claims In Quarter 2-2022. Companed the Pulspaling Claims If newly available providers are identified, UCare will reach out for new contracting opportunities.	145	83	83	100

Vascular Surgery Cook, Koochiching, Lake, Louis	L 1	Gaps exist for Vascular Surgery in the Northern Region. The providers available in these regions are contracted; however, their locations do not meet the 60 mile radius coverage. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches. UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative control of the state of the s	391	14	14	100	
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