

form revised 2/24/2021

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

Request for Waiver

2023 Plan Year:

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*		
HealthPartners, Inc	Open Access Perform	MNN002	<select one=""></select>		
Name	Title	Date	Enrollees in Network*		
Martin Michael	Sr Director Provider Relations & Network Management	5/17/2022			

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	on Code	Notes	Affected Enrollees*	Percent Total	Percent Not Covered*	Percent Available
Cardiac Surgery	Douglas,Kandiyohi	Patients have to travel to prioriders in 1 There is a limited number of Carciac 5 and consultations are also available th HealthPathers communicates routine monitored on anomhly basis. If there ENROLLEE ACCESS TO SERVICES Referral to metopolaria area dinica as Provider direction or outerable locations: Drouge statis, including consultations an Network Reviews: We reviewed our n Secures said to check for new provide "Medicar Physician Compres https:" Monitorea Health Care Physician "Medicar Physician"	d Exiting: Complex cardia: surgery services are performed at larger metropolitan care system hospitals and locations. HealthPartners' contracted providers refer their patients to metropolitan area split faultites they movie cardia: surgery services. Essentia, CentraCare, and Centris Health, TriCounty, MRHC and Sanford have satellite locations or provide outreach services at other locations in the region. In addition, telemedicine is an option for doctoperative visits. works in March, May, and August. traflocations www.meticares.poshoepitatcompare/ www.meticares.poshoepitatcompare/ ultbary d Meticine Metine/Nus Directories				
Colon and Rectal Surgery	Dougles,Kandiyohi,Todd,Wede na	Patients have to travel to providers in 1 There is a limited number of Colona ma systems and consultations are also are ENROLLEE ACCESS TO SERVICES Refera to nethopolian area alino: an area providers who have access to large 1 Provider of the nethopolian area (anice and area providers who have access to large 1 Provider (anice) consultations an Network Reviews: We reviewed our ne Sources used to check for new provid- +eating and Manicola health Care Programs Pro- Manicola health Care Programs Pro-	d facilities: Complex colon and rectal surgery services are performed at larger metropoltan care system hospitals and locations. HealthPartners' contracted providers refer their patients to metropoltan technolitan technoli				
Genetics	Douglas, Todd, Wadena	Patients have to travel to providers in 1 There is a limited number of Genetics consultators are also available throug HealthPathers communicates routine monitored on anomhly basis. If there ENROLLEE ACCESS TO SERVICES Genetics arevices are provided at large Provider dinking consultations an Network Reviews: We reviewed our ne Secures said to check for new provid	r metropolitan care system hospitals and locations. HealthPartners' contracted providers refer their patients to metropolitan area providers who have access to large hospital facilities that provide Essentia, CantraCare, and Carris Health, Fairview, TriCounty and Sanford have satellite locations or provide outreach services at other locations in the region. In addition, telemedicine is an option for postoperative visits. Trailocations real-control area providers who have access to large hospital facilities that provide www.meticare.pow/hospitalcompare/ wider Directory http://mhoppowed/edirectory.dhs.state.mn.us/ at Ubarry Medicine MedicineMice Medicine				
Theracic Surgery	Douglas, Kandiyohi	Patients have to travel to providers in 1 There is a limited number of Thronico's and consultations are also available th ENROLLEE ACCESS TO SERVICES Referration to notropodita marea clinica and access to large hospital foolities that y Provider chicks or outreach locations: 1 point-operative visits. Network Referes: We reviewed our ne Sources used to chick for new provid- vection provider. Mediciane Physician Compres https:// Minnecol.health.Care Programs PC	d baillies. Thoracic surgery is performed at larger metropolitan care system hospitals and locations. HealthPartners' contracted providers refer their patients to metropolitan area providers who have rowed bronzic surgery is performed. Sesentia, CentraCare, Carrie Health, Santord Health and Tri-County offer telemedicine services at various locations in the region. Telemedicine is an option for office visits, including consultations and tworks in March, May, and August. restlocations www.meticarea.pow/hospitalcompare/ wider Directory http://imhopproviderdirectory.sts.state.mn.us/ at Ubrary of Meticine Meticinefius				

For all reason codes, carriers must demonstrate with specific data that geographic access standards cannot be met. Carriers must state what steps were and will be taken to address network inadequacie (MN Statutes § 62X: 10, subdivision 5).

Allowable Waiver Reason Codes and Guidelines for Initial Approval

Allowable warver reason codes and collocatines for minutal Approval Applications to waive the requirements in Minnesota Statutes 62x 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 waive application that statifies the requirements in Minnesota Statutes 62x 10 subd. 5, demonstrates that the carrier took the steps it proposed to address network inadequacy. and explains why the carrier continues to be unable to satisfy the requirements

Reason Code 1:

Carrier has conducted a search for providers and determined that, for each county in the plan service area, there are no providers physically present of the type requested in the waiver.

Carriers must: 1. Provide a description of physical geography and/or other factors that affect the location of providers (as relevant) 2. Demonstrate consultation of at least two provider directories and/or data sources. Provide a description of the provider directories and/or data sources consulted, including a pather explanation of with the sources are believed to be accurate and complete. Examples of acceptable provider directories and data sources consulted, including a pather explanation of the movider of the examples of acceptable provider directories and data sources consulted, including a pather explanation of the movies are consulted.

- ms Provider Director
- ng a brief explanation of why the sources are believed NPPES.NPL Registry Medicare Physician Compare Minnesota Health Care Programs Provider Direct Healthgrades SAMHSA Behavioral Health Provider Directories

- e SAMESA Behavioral Health Provider Directories
 National Institute of Health (NII) U.S. National Library of Medicine Medine/Plus Directories
 Out Analytics
 Same Section 2019 (Section 2014) (Section 20 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
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Reason Code 2:

Provider does not meet carrier's credentialing requirements

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 - i. If telemedicine is used to provide access: 1. These services must meet the definition of "telemedicine" in Minnesota Statutes
 - <u>62A.671, subdivision 9</u>
 Carrier must describe the extent to which telemedicine services are available
 - a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?

Reason Code 3:

Carrier has made a good faith effort to contract with provider and provider has refused to accept a contract.

- Carriers must
 Control to the services (Primary Care), General Hospital and Menial Health provider types
 a. State the total number and percentage of estimated enrollees affected in the country not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
 3. State how could be this provider they for enrollees of the activation services/wuchers, in-home care options, virtual care services, and/or telemedicine services?

 I. If telemedicine used to provide excess:
 I. These services must meet the definition of "telemedicine" in Minnesota Statutes
 62A 671, subdivision 2

Reason Code 4:

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

Carriers must

- arriers must:

 Specify the network structure: Accountable Care Organization (ACO) or Narrow Network
 a. If the network is an ArCO, provide a brief description of the major health systems participating in the network
 b. If the network is a narrow network, describe the fore datures of the network har estruct access
 c. For both ACOs and Narrow Networks, state what percentage of available Primary Care, Podiatric Services (Primary Care), General Hospital,
 and Marrow Networks, state what percentage of available Primary Care, Podiatric Services (Primary Care), General Hospital,
 and Narrow Networks, state what percentage of available Primary Care, Podiatric Services (Primary Care), General Hospital,
 and Nathar Health providers are included in the county and of the provider type for which, a wave in sequented
 State what neuroscies areas estimated for the county of the intervention correction used in the network design
 State what neuroscies areas estimated for the one Care (Primary Care), Services (Primary Care), General Hospital,
 State what neuroscies areas estimated for the county and of the provider to the value
 State what neuroscies areas estimated for the one Primary Care).

- State with geographic access standards canob the LS spatial with geographic access in not possible with this network design
 State with geographic access standards canob the mat. Explain with glue geographic access is not possible with this network design
 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 retars. Provide the provident of the provident provi

 - If telemedicine is used to provide access:
 These services must meet the definition of "telemedicine" in Minnesota Statutes

- 2624571 subdivision 9
 2. Carrier must discribe the earth to which telemedicine services are available
 a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?
 6. For Primary Care, Pediatric Services (Primary Care), Centeral Hospitan of Media Health provider types,
 a. State the total number and percentage of earth mate de molese affected in the country not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
 b. State the estimated percentage of earth mate country that in account of the date country ont meeting the geographic standard as of the submission date of waiver. Select only one county per line.
 b. State the estimated percentage of earth mate country that in accountry not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
 b. State the estimate of percentage of earch mate country that is not covered.

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

In accordance with 62K.10 Subd. 5 (d), waivers will automatically expire after one year. Carriers seeking identical, subsequent waivers for plan year 2022 will be required to show steps taken to address network inadequacies in plan year 2021 (see below).

Reason Code 1:

Carrier has conducted a search for providers and determined that, for each county in the plan service area, there are no providers physically present of the type requested in the waiver.

- Carriers must:
 1. Meet all of the requirements set forth for initial approval
 2. Provide a clearoption 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

Reason Code 3:

Carrier has made a good faith effort to contract with provider and provider has refused to accept a contract

Carriers must:

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

Reason Code 4:

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

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

Attestation for the Request for Waiver

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

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