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PROVIDER NETWORK ADEQUACY INSTRUCTIONS

Plan Year 2020

mn DEPARTMENT
OF HEALTH

MANAGED CARE SYSTEMS

PROVIDER NETWORK ADEQUACY INSTRUCTIONS

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*Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording.
Printed on recycled paper.*

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IMPORTANT:

 Please read – This means new requirements or changes this year. **See page 4.**

Regulatory Overview

The “Minnesota Health Plan Market Rules” (Minnesota Statutes 62K) set forth geographic accessibility requirements beginning January 1, 2015. The rules require that all health carriers, including insurance companies and HMOs, that offer health plans which utilize provider networks comply with network adequacy requirements. Each designated provider network must include a sufficient number and type of providers to ensure that covered services are available to all enrollees without unreasonable delay.

Geographic Access

Under Minnesota Statutes section 62K.10 all health carriers that offer health plans that require an enrollee to use or that create incentives, including financial incentives, for an enrollee to use a designated provider network must assure that providers in the designated network are geographically accessible to all potential enrollees within the health plan’s defined service area. Provider networks must be structured so that maximum travel distance or time for an enrollee to the nearest primary care, mental health or general hospital services to be the lesser of 30 miles or 30 minutes. In addition, the maximum travel distance or time for an enrollee to specialty physician services, ancillary services, specialized hospital services, or other types of services must be the lesser of 60 miles or 60 minutes.

Network Adequacy

“Network Adequacy” requires health carriers to ensure that provider networks are sufficient in number and types of providers -- including essential community providers -- so that all services are accessible without unreasonable delay (45 C.F.R. § 156.230). A Qualified Health Plan (QHP) issuer must make its provider directory available to MNSure and to potential enrollees in hard copy upon request. The provider directory must identify providers that are not accepting new patients.

Health carriers that rent provider networks from other entities must submit a copy of the contract for review. The contract must guarantee that the entity contracting with the Health Carrier accepts responsibility for geographic accessibility requirements (Minnesota Statutes section 62K.10, subdivision 1 (b)). The contract should be submitted to the Supporting Documents tab in SERFF and also in the network adequacy system. If you have any questions, feel free to contact the Managed Care Systems section at health.managedcare@state.mn.us or call 651-201-5100 and request to speak to a Network Adequacy staff person.

Network adequacy data is nonpublic until the network is both approved by the Minnesota Department of Health (MDH), and the corresponding rates are approved in the plan management binder. While MDH does not publish lists of providers, if MDH receives a data practices request for this information after the public date, MDH will provide the data. The approved provider network lists are not considered trade secret under Minnesota Statutes 13.37.

Creating an Account under the MDH Provider Network Adequacy (PNA) System

In order to begin this process you must first submit a binder through the SERFF system and obtain a Network ID (MNN#). The Network ID is generated in SERFF and can be found in the Network Template in your SERFF Binder. Instructions to create a filing through SERFF can be found at <http://www.serff.com/>. When creating an account in the PNA System, you must use the same network name as used in SERFF.

Once a Network ID is obtained, and an account is created, you will be sent an email containing a password to enable you to upload all necessary documents. To create an account, follow the prompts at the following link: [Provider Network Adequacy system](#).

If you intend to submit network information related to a new network during a non-renewal period, please contact network adequacy staff at health.managedcare@state.mn.us or contact the Managed Care Systems Section at 651-201-5100 and request to speak to a Network Adequacy staff person.

Documents required to be submitted to the Provider Network Adequacy (PNA) System for review for each Network

Carriers are required to submit all documents for certification and recertification. Documents that are required for Network Adequacy Review include the following: Waiver documents are in Excel format. Please download the form and follow the detailed instructions on the instruction tab.

- [Provider File \(Excel\)](#)
- Geographic Access Maps
- [Network Adequacy Attestation Document \(Word\)](#)
- [Request for Waiver - Provider Type \(Excel\)](#)
- [Request for Waiver – ECP \(Excel\)](#)

Provider Network File

All Carriers are required to submit electronically a complete provider file in Excel format. (see link above)

A complete list of network providers must be submitted in the network Provider File template.

- File format: MS Excel
- Provider File naming convention: <CarrierName_NetAdHIX_NetworkID_MMDDYYYY.xlsx>
- Provider Files must be submitted electronically.
- A Provider File must be submitted for each network being reviewed for network adequacy. The network name identified in the provider file must be the same as the network name entered in SERFF.
- Indicate whether the submitted network is On Exchange (QHP), Off Exchange, or both.
- Indicate whether the submitted network is for an individual, small group or large group plan, or any combination.
- When an individual provider or facility is associated with more than one Provider Type, please submit a separate row for each Provider Type.
- When an individual provider or facility is associated with more than one Provider Specialty, please submit a separate row for each Provider Specialty.
- Essential Community Providers (ECP) – Identify if the provider is listed as an ECP and identify the ECP Category code for the ECP. For more information about ECPs, visit [Essential Community Providers](#).
- A list of lactation counselors must be included with the network submission and listed in the provider directory. Identify the Lactation Counselors with the specialty code (LA). Providers possessing different licensures, including MD, PA, NP, CNM, CLC, and IBCLC may be coded as Lactation Counselors. For more information, visit: [FAQs Part XXIX \(PDF\)](#).
- A list of residential treatment facilities must be included with the network submission and listed in the provider directory.

Specialty Facilities

For **each provider network**, there must be access to **at least one** of each of the following facility providers available to enrollees in the network. These providers should be identified and appropriately coded in the provider Excel file that is submitted:

1. Pediatric Specialty Hospital (PH)

Identify which hospital(s) is/are the Pediatric Specialty Hospital(s) for your network. Pediatric Specialty hospitals should be coded “PH” in the Provider Specialty data field.

2. Organ Transplant Specialty Center (TC)

For organ transplant specialty centers which are hospital based, list “organ transplant specialty center” separately from the hospital entry in the excel spreadsheet. Organ Transplant Specialty Centers should be coded “TC” in the Provider Specialty data field.

NEW

Request for Waiver Form:

For the 2020 health plan year, MDH will continue to allow the following waiver reason codes:

1. Carrier has determined that there are no providers of a specific type to meet the geographic access standard in one or more parts of a service area.
2. Available providers do not meet credentialing standards.
3. Carrier has made a good faith effort to contract with provider and providers have refused.

MDH decided to continue to allow the use of reason code 4 for ACO and narrow network models for the 2020 health plans, with a requirement for additional information about these provider network designs. When submitting a waiver request using reason code 4 for 2020 health plans, carriers must:

- 1) Specify the network structure – ACO or narrow network.
- 2) Estimate the total number of enrollees served by the network as of the date of the waiver submission.
- 3) State why the geographic access standards cannot be met, and why full access is not possible with this network design.
- 4) Provide clear and complete information about how access will be provided for the specified provider type for the health plan’s enrollees in the affected county or counties in a timely manner.

Carriers that request a waiver using reason code 4 for Primary Care, Pediatric Services Providers [Primary Care], General Hospitals, and Mental Health Providers must also provide the following information, for each county in which the waiver is requested:

- ❖ Estimate the number of enrollees in the county served by the network that will not meet the access standard for each of the provider types.
- ❖ Estimate the percentage of the geographic area of the county in which the access standard will not be met.

MDH will consider the information gathered as part of the 2020 health plan provider network review process in determining whether to continue to allow waivers for this reason code in the future, as well as whether other types of information may be needed in order to better understand network access and assure network sufficiency in future market years.

Here is a link for a sample of the Request for Waiver form:

[SAMPLE-REQUEST FOR WAIVER FORM \(PDF\)](#)

Geographic Access Maps

Maps must be accurate. Any gaps shown on the maps must have associated waiver documentation submitted.

In addition to plotting the provider data points on each map, please be sure to include the following information on each map:

- Name of the map (e.g., General Hospital facilities, Primary Care providers)
- Network ID/Network Name
- The name of each county in your service area must be identified on each map.
Service areas must be clearly highlighted on each geographic access map.

The following geographic access maps are required to certify a new or existing network:

- 1. Submit one geographic access map that identifies the counties within the service area of the network.**
- 2. Submit geographic access maps with provider locations charted on the map, demonstrating that the entire service area has 30 miles/30 minutes access to each of the following providers types:**

- A. General Hospital facilities, including emergency services (submit one map).
- B. Primary Care providers (clinics) that may include any of the following (submit one map):
 - Family Practice Physicians
 - General Practice Physicians
 - Internal Medicine Physicians
 - Nurse Practitioners
 - Physician Assistants

If carriers have additional providers which they designate as primary care, such as geriatric care providers, include these also on the primary care map. Nurse Practitioners and Physician Assistants should only be included if they practice or are associated with a primary care clinic.

- C. Mental Health Providers (Professionals) as defined in Minnesota Statutes 245.462, subdivision 18; that may include any of the following (submit one map):
 - Mental Health Nurse Practitioners
 - Licensed Clinical Social Workers
 - Licensed Psychologists
 - Psychiatrists
 - Licensed Marriage and Family Therapists
 - Licensed Professional Clinical Counselors

If carriers have additional providers which are designated as mental health providers, please also include these on the mental health provider map.

- D. Pediatric Services Providers [Primary Care] that may include any of the following (submit one map):
 - Pediatric Physicians
 - Pediatric Nurse Practitioners

3. Specialty Services

Submit one geographic access map with provider locations charted on the map, demonstrating the entire service area has **60 miles/60 minutes** access to each of the following specialty providers. You must submit a separate map for each specialty. **Multiple specialties may not be combined on one map.**

- Allergy, Immunology and Rheumatology (submit one map)
- Anesthesiology Physicians and Certified Registered Nurse Anesthetists (submit one map)
- Cardiac Surgery (submit one map)
- Cardiovascular Disease (submit one map)
- Chiropractic Services (submit one map)
- Colon and Rectal Surgery (submit one map)
- Dental Providers – Pediatric
 - ❖ Pediatric Dental Care, (may include Dentists, Allied Dental Professionals, or Dental Therapist that provide care to Children). (submit one map) **If you do not provide pediatric dental care, please include a statement when you submit your maps.**
- Dermatology (submit one map)
- Endocrinology (submit one map)
- Gastroenterology (submit one map)
- General Surgery (submit one map)
- Genetics (submit one map)
- Nephrology (submit one map)
- Neurology and Neurological Surgery (submit one map)
- Obstetrics and Gynecology Physicians, and Certified Nurse Midwife, Certified Professional Midwife, OB/GYN Nurse Practitioner (submit one map)
- Oncology (submit one map)
- Ophthalmology (submit one map)
- Orthopedic Surgery (submit one map)
- Otolaryngology (submit one map)
- Pediatric Specialty
 - ❖ Neonatal-Perinatal Medicine
 - ❖ Neurodevelopmental Disabilities
 - ❖ Pediatric Cardiology
 - ❖ Pediatric Endocrinology
 - ❖ Pediatric Gastroenterology
 - ❖ Pediatric Hematology-Oncology
 - ❖ Pediatric Nephrology
 - ❖ Pediatric Pulmonology
 - ❖ Pediatric Rheumatology
 - The Excel spreadsheet only allows one code for “Pediatric Specialty.” Please include all pediatric specialty providers and pediatric sub-specialty providers in the carrier network on the spreadsheet under the “Pediatric Specialty” code (“PE”).

- Physical Therapy, Occupational Therapy and Speech Therapy Services (submit one map)
 - Carriers may submit providers that practice in only one of the PT/OT/Speech specialties—a clinic or provider does not have to include all specialties
- Physical Medicine and Rehabilitation and Occupational Medicine (submit one map)
- Pulmonary Disease (submit one map)
- Radiology and Nuclear Medicine (submit one map)
- Reconstructive Surgery (submit one map)
- Substance Use Disorder (SUD) (formerly known as Chemical Dependency)— submit a separate map for each of the services listed below:
 - ❖ Outpatient
 - ❖ Inpatient - Do not include “detox” facilities in this map. This map should include only inpatient/residential substance use providers.
 - **Note:** Minnesota Substance Use Inpatient and Outpatient facilities should be those licensed through the Minnesota Department of Human Services as Substance Use Treatment facilities that are either Residential or Non-residential. To verify whether an inpatient/residential substance use provider is licensed, go to [DHS Licensing Information Lookup](#).
- Thoracic Surgery (submit one map)
- Urology (submit one map)
- Vascular Surgery (submit one map)

If providers have multiple specialty board certifications, each should be listed as a separate provider entry and may count on multiple maps.

4. Home Health Providers

Submit one geographic access map for the following providers:

- Home Health Care Agency – this map should identify the area served by the Home Health Care Agency and identify the location of contracted agencies. If contracted agencies do not provide coverage to the entire service area, you must submit a request for waiver. (submit one map)

Network Adequacy Attestation Document

A Network Adequacy Attestation Document must be submitted with each provider file submission. Please use the form provided.

[Network Adequacy Attestation Document \(Word\)](#)

Request for Waiver – Provider Type (if needed) – Use form provided

[Request for Waiver- Provider Type \(Excel\)](#)

Document **each case** where the geographic access cannot be met for a provider type or specialty type using the “Request for Waiver- Provider Type” form. As part of this waiver request for all reason codes, a carrier must demonstrate with specific data that the geographic access standards cannot be met in a particular service area or part of a service area and also state what steps were and will be taken to address the network inadequacy (MN Statutes § 62K.10, subdivision 5). Waivers will only be granted for the following reasons:

1. **Carrier has conducted a good faith search for providers and determined that there are no providers physically present in the service area of the type requested in the waiver.** MDH will not grant a waiver for this reason code unless the carrier demonstrates, with specific information, that there are no providers physically present in the part(s) of the service area for which the waiver is sought. Specific information may include provider directories and sources consulted, physical geography that affects the location of providers, or other information that affects the availability and location of providers. Telemedicine may be used as a means to provide access when there are no providers physically present to meet the standard. The carrier should describe how it will assess the availability of providers who begin practice in the service area where the standard cannot currently be met. State what steps will be taken to address the network inadequacy.
2. **Provider does not meet carrier's credentialing requirements.** Carrier must cite the reason(s) provider does not meet carrier's credentialing requirements. State what steps were and will be taken to address the network inadequacy.
3. **Carrier has made a good faith effort to contract with provider and provider has refused to accept a contract.** State what steps were and will be taken to address the network inadequacy.
4. **For all Reason Code 4,** you must state the following information:
 - a. Specify the network structure: ACO or Narrow Network.
 - b. State the total number of estimated enrollees in the network as of the submission date of waiver.
 - c. State why the geographic access standards cannot be met. Explain why full geographic access is not possible with this network design.
 - d. State how access will be provided for this provider type for the enrollees of the affected county.

Additionally, for Reason Code 4, only for **Primary Care, Pediatric Services Providers [Primary Care], General Hospital and Mental Health** provider types, you must select only one county per line. If the carrier would like to request a waiver for an additional county for the same provider type, they will need to add an additional line to allow for the specific additional information to be provided.

For these same 4 provider types, the carrier must also complete the following fields:

- e. State the total number of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver.
- f. State the estimated percentage of area in that county that is not covered.

Here is a link for a sample of the Request for Waiver form:

[SAMPLE-REQUEST FOR WAIVER FORM PDF](#)

A waiver request should be submitted for any area in Minnesota shown on the maps submitted with this filing that identifies a gap in coverage. Waiver documents will be compared to maps provided. If the waiver request is not accurate, it will delay the process of review.

Department will not approve and will return waiver applications that are incomplete or not accurate.

* In some situations when the geographic access standards for a given provider type cannot be met, access to the specified provider type may be provided via the use of Telehealth, or Telemedicine technologies. When this is applicable for a provider type with regard to limited or no access in a particular county, the carrier should describe how access is being offered via the use of Telehealth technologies.

Essential Community Provider (ECP) Requirements for Provider Networks

Health carriers must meet requirements for inclusion of Essential Community Providers (ECPs). These requirements are intended to ensure that networks include a broad range of ECPs to serve the unique needs of certain populations. Minnesota requirements are based on ECP standards developed for Federally-Facilitated Exchanges. See: April 9, 2018 [CMS-Letter-to-Issuers-On-federally-facilitated-and-State-Partnership-Exchanges-\(PDF\)](#) (2019).

1. Carriers must offer a contract in good faith to all ECPs designated as Indian Health Providers in their network service area. Indian Health Provider ECPs are those providers that may be tribal, urban or other providers that primarily serve American Indian populations, and are state or federally-designated ECPs. QHP issuers are required to use the following [Model QHP Addendum](#) when contracting with for Indian health care providers.
2. In addition, each separate network must include at least one ECP per county in each of the following categories, if such ECP is available:
 - Primary Care
 - Family Planning
 - Mental Health
 - Chemical Dependency

These categories are based on the list of state-designated ECPs. However, carriers may also use federally-designated ECPs to meet family planning access requirements.

3. Each network must include a minimum of 20% of ECPs available in the provider network service area. The minimum 20% threshold should be calculated using Minnesota designated ECPs located in the provider network service area as the basis (denominator) of calculation. See the MDH's [Essential Community Providers](#) page.

A comprehensive list of state-designated ECPs, and US Department of Health and Human Services ECPs can be downloaded off of MDH's [Essential Community Providers](#) page. The Federal list of ECP providers can be found on [Centers for Medicare & Medicaid Services](#) website.

Please ensure that ECPs are clearly identified in the submitted Excel Provider File. Facility names and/or addresses of the ECPs must correspond with the state or Federal ECP list provided at the link above. Individual providers should not be identified as ECPs.

Document each case where the requirements cannot be met for an ECP on the "Request for Waiver – ECP" form. It is not necessary to request a waiver in situations where there is no ECP of that category available in the county identified in either the state or Federal ECP list.

Minnesota Statutes section 62Q.19, subdivision 3 requires a health plan company must offer a provider contract to any ECP located within the service area of the health plan company if the ECP approaches the health plan and requests a contract. Per Minnesota Statutes 62Q.19 the health plan company can require the ECP to meet certain data requirements, utilization review and quality assurance requirements on the same basis as other health plan network providers. The health plan company is only obligated to cover services identified in the health plan company's certificate of coverage. The health plan company and ECP may negotiate the payment rate, but the health plan company must pay at least the same rate per unit of service that it pays for same or similar services. Minnesota Statutes section 62Q.19, subdivision 3 states "[a] health plan company shall not restrict enrollee access to services designated to be provided by the essential community provider for the population that the essential community provider is certified to serve." This means that if an ECP requests a contract, and meets the other contracting requirements of the statute, they must be offered participation in all networks of the health plan company.

Request for Waiver – Essential Community Provider (ECP) (if needed) – Use form provided

[Request for Waiver – ECP \(Excel\)](#)

Document each case where the requirements cannot be met for an ECP on the "Request for Waiver – ECP" form. Waivers will only be granted for the following reasons. It is not necessary to request a waiver in situations where there is no ECP of that category available in the county identified in either the state or federal ECP list. **Please note the ECP Requirements outlined below.**

1. Provider does not meet carrier's data requirements, utilization review, and quality assurance requirements; or
2. Carrier has made a good faith effort to contract with provider(s). Please provide a statement of what was done in an attempt to contract with the provider.

Partial County Service Area Requirements

A service area that includes any partial county must be established without regard to racial, ethnic, language, concentrated poverty or health status-related factors, or other factors that exclude specific high-utilizing, high-cost, or medically underserved populations.

If a health carrier requests to serve less than an entire county for any network, it is required that additional documentation be submitted in order to determine whether this requirement is met.

The Minnesota Department of Health may request additional information and documentation if necessary. All documentation must be submitted via the Minnesota Department of Health, Provider Network Adequacy web application.

Note: We strongly encourage health carriers to submit service areas that include full counties. Contact us at health.managedcare@state.mn.us if you have questions about partial county service areas and meeting network adequacy geographic access standards. The following form may be required:

[2020 Network Service Area Partial County Justification Requirements.docx](#)

Information Specific to Stand-alone Dental Network Filings – Limited-Scope Pediatric Dental Plans

Dental carriers that wish to be certified on-Exchange or off-Exchange as Qualified Dental Plans (QDPs), also known as Stand Alone Dental Plans (SADPs), and offer dental products with any MNsure medical products must submit networks for approval. For more guidance see: [Minnesota Health Insurance Exchange Plan Certification Guidance for Qualified Dental Plans](#). Documents that are required for network adequacy review for stand-alone dental carriers include the following:

- Provider File (Excel file) that identifies all providers that provide pediatric dental services.
- Service Area Map identifying all counties you would like to include in the designated service area.
- One Geographic Access Map that identifies all of the providers in the network, shows the Service Area defined by county, and demonstrates that 60 mile/60 minute access requirements for Dental providers are met in the entire service area. We do not require maps for specialists.
- Network Adequacy Attestation (Word file).
- Request for Provider Type Waiver – Required if Geographic Access map indicates gaps in coverage in the designated service area. (Note: Stand-alone dental networks are not required to meet the requirements for ECP's as specified in the instructions.)

Please use the templates provided on this web page to create the Network Provider file, the Network Adequacy Attestation and the Request for Waiver documents (if needed).

As with medical provider networks, stand-alone dental networks are subject to Minnesota Statutes section 62Q.19, subdivision 3 applying to ECP's. That means if a dental ECP requests a contract, and meets the other contracting requirements, they must be offered participation in all networks of the health plan company. Networks for SADPs must include a minimum of 20% of dental ECPs available in the provider network service area. The minimum 20% threshold should be calculated using Minnesota designated dental ECPs located in the provider network service area as the basis (denominator) of calculation. See the MDH's [Essential Community Providers](#) page.

The following are the provider types and provider specialties which dental carriers may include in the network adequacy provider file (all of these provider types and specialties should be shown on one Geo Access Map):

Provider Types:

- Dentist: 30I
- Dental Group: 30F
- Allied Dental Professionals: 31 (includes Dental Therapists and Advanced Dental Therapists)
- Dental Hygienist: 31

Provider Specialties:

- General Practitioner: 62
- Pediatrics: 16
- Orthodontist (for medically necessary orthodontia): 63
- Periodontist (for medically necessary pediatric dental services): 65
- Prosthodontist (for medically necessary pediatric dental services): 73
- Oral surgeon (for medically necessary pediatric dental services): 61

Addendum – Provider Codes

Below you will find the Provider Type and Provider Specialty mapping for each of the Geo Access Maps requested for network adequacy review.

A. General Hospital Facilities

Provider Type	Provider Type Code	Specialty	Specialty Code
Hospital Facility	01	N/A	N/A

Clinics with multiple specialties should be submitted with multiple rows within the Provider File.

B. Primary Care. This includes the following providers:

1. Family Practice Physicians
2. General Practice Physicians
3. Nurse Practitioners
4. Physician Assistants

Provider Type	Provider Type Code	Specialty	Specialty Code
Physician Individual	20I	Family Practice	77
Physician Individual	20I	General Practice	01
Physician Individual	65	Internal Medicine	15
Nurse Practitioner	65	Family Nurse Practitioner	35
Physician Assistant	69	Optional	Optional

C. Mental Health. This includes the following providers:

1. Psychiatrists
2. Licensed Psychologists
3. Licensed Social Workers
4. Mental Health Nurse Practitioners
5. Licensed Professional Clinical Counselor (LPPCC)
6. Licensed Marriage and Family Therapist

Provider Type	Provider Type Code	Specialty	Specialty Code
Psychiatrist	20I	Psychiatry	23
Licensed Psychologist	42	N/A	N/A
Licensed (Independent Clinical) Social Workers	14	N/A	N/A
Mental Health Nurse Practitioner	65	Mental Health Nurse Practitioner	82
Licensed Professional Clinical Counselor (LPCC)	63	N/A	N/A
Licensed Marriage and Family Therapist (LMFT)	25	N/A	N/A

D. Pediatric Services – General Pediatric Provider

Provider Type	Provider Type Code	Specialty	Specialty Code
Pediatric Physicians	20I	Pediatrics	16
Pediatric Nurse Practitioner	65	Pediatric Nurse Practitioner	34

E. Pediatric Services – Pediatric Specialty Providers

Provider Type	Provider Type Code	Specialty	Specialty Code
Pediatric Physicians	20I	Pediatrics	16

The excel spreadsheet only allows a code for “Pediatric Specialty.” MDH did not include a separate code for every pediatric specialty and subspecialty. Please include all pediatric specialty providers, including any additional pediatric sub-specialty providers in the carrier network on the spreadsheet under the “Pediatric Specialty” code - “PE” and include all pediatric specialty and subspecialty providers on one map for pediatric specialty.

F. Specialty Services – this includes the following providers:

- Allergy, Immunology and Rheumatology
- Anesthesiology, Physicians and Certified Registered Nurse Anesthetists
- Cardiac Surgery
- Cardiovascular Disease
- Chiropractic
- Colon and Rectal Surgery
- Dermatology
- Endocrinology
- Gastroenterology
- General Surgery
- Genetics
- Lactation Counselor
- Nephrology
- Neurology and Neurological Surgery
- Obstetrics and Gynecology Physicians, and Certified Nurse Midwife, Certified Professional Midwife, OB/GYN Nurse Practitioner
- Oncology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Physical Therapy, Occupational Therapy, and Speech Therapy
- Physical Medicine and Rehabilitation and Occupational Medicine
- Pulmonary Disease
- Radiology and Nuclear Medicine
- Reconstructive Surgery
- Substance Use Disorder
- Thoracic Surgery

- Urology
- Vascular Surgery

Specialty Services – this includes the following providers:

Provider Type	Provider Type Code	Specialty	Specialty Code
Allergy	20I	Allergy	11
Immunology	20I	Immunology	44
Rheumatology	20I	Rheumatology	90
Anesthesiology	20I	Anesthesiology	41
Certified Registered Nurse Anesthetists	67	N/A	N/A
Cardiovascular Disease	20I	Cardiovascular Disease	12
Chiropractor	37	N/A	N/A
Colon and Rectal Surgery	20I	Colon and Rectal Surgery	50
Dermatology	20I	Dermatology	13
Endocrinology	20I	Endocrinology	42
Gastroenterology	20I	Gastroenterology	14
Genetics	20I	Genetics	08
Lactation Counselor	N/A	Lactation Counselor	LA
Nephrology	20I	Nephrology	92
Neurology	20I	Neurology	22
Neurological Surgery	20I	Neurological Surgery	52
Gynecology	20I	Gynecology	47
Obstetrics	20I	Obstetrics	46
Obstetrics and Gynecology Physicians	20I	Obstetrics and Gynecology	53
Certified Nurse Midwife	66	N/A	N/A
OB/GYN Nurse Practitioner	65	OB/GYN Nurse Practitioner	80
Oncology	20I	Oncology	60
Ophthalmology	20I	Ophthalmology	54
Orthopedic Surgery	20I	Orthopedic Surgery	55

Provider Type	Provider Type Code	Specialty	Specialty Code
Otolaryngology	20I	Otolaryngology	56
Physical Medicine and Rehabilitation	20I	Physical Medicine and Rehabilitation	17
Occupational Medicine	29	N/A	N/A
Physical Therapist	39	N/A	N/A
Occupational Therapist	29	N/A	N/A
Speech Language Pathologist	40	N/A	N/A
Pulmonary Disease	20I	Pulmonary Disease	19
Podiatrist	36	N/A	N/A
Radiology	20I	Radiology	32
Nuclear Medicine	20I	Nuclear Medicine	76
Reconstructive Surgery	20I	Reconstructive Surgery	24
Substance Use Disorder (SUD) Provider (formerly known as Chemical Dependency) – Inpatient	CD1I	N/A	N/A
Substance Use Disorder (SUD) Provider - formerly known as Chemical Dependency) - Outpatient	CD2I	N/A	N/A
Surgery	20I	General Surgery	51
Vascular Surgery	20I	Cardiovascular Surgery	91
Thoracic Surgery	20I	Thoracic Surgery	58
Cardiac Surgery	20I	Cardiac Surgery	91
Urology	20I	Urology	59

G. Home Health Care

- Home Health Care Agency

Provider Type	Provider Type Code	Specialty	Specialty Code
Home Health Care Agency	60	N/A	N/A

H. Dental Providers

- Pediatric Dental Care

Provider Type	Provider Type Code	Specialty	Specialty Code
Pediatric Dental Care	30I	Pediatrics	16
Pediatric Dental Care	30I	N/A	N/A
Pediatric Dental Care	31	N/A	N/A

I. Facility Codes

This table includes codes for various facility types that may be included in the network provider file.

Provider Type	Provider Type Code	Specialty	Specialty Code
Pediatric Specialty Hospital	PH	N/A	N/A
Transplant Surgery Center	TC	N/A	N/A
Ambulatory Surgery Center	22	N/A	N/A
Long Term Care/ Skilled Nursing Facility	00	N/A	N/A
Physician Clinic	20F	N/A	N/A

Provider Type	Provider Type Code	Specialty	Specialty Code
Dental Clinic/Group	30F	N/A	N/A
Home Health Care Agency	60	N/A	N/A
Durable Medical Equipment Supplier	76	N/A	N/A
Substance Use Disorder (SUD) Facility Inpatient	CD1F	N/A	N/A
Substance Use Disorder (SUD) Facility Outpatient	CD2F	N/A	N/A
Residential Treatment Facility	RT	N/A	N/A