



PROVIDER NETWORK ADEQUACY DETAILED SUBMISSION INSTRUCTIONS

Plan Year 2021



MANAGED CARE SYSTEMS

PROVIDER NETWORK ADEQUACY DETAILED SUBMISSION INSTRUCTIONS

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New Requirements for Plan Year 2021

The 2019 Minnesota Legislature amended Provider Network Adequacy waiver requirements under Minnesota Statutes Chapter [62K.10, Subd. 5](#). The changes were intended to strengthen the waiver review process by creating clear and consistent standards for waivers and to clarify the process for receiving renewals of waivers. Respectively, the Minnesota Department of Health (MDH) has established new guidelines for evaluating waiver applications. A brief description of the changes is listed below. For a detailed description, please see the *Required Documents* section of this guide.

1. Waiver Fees

In accordance with 62K.10 Subd. 5 (a), carriers will be charged \$500 for each application to waive the requirements in Minnesota Statutes 62K.10 Subd. 2 or 3, for one or more provider types per county. Carriers will be charged only once per county per network, even if applications to waive the requirements in 62K.10 Subd. 2 or 3 are submitted for multiple provider types. MDH will review all requests for waivers before issuing invoices to carriers. Carriers will receive detailed instructions regarding any applicable waiver fees.

2. Waiver Application Requirements for Initial Approval

MDH will continue to use four allowable “reason codes,” in order to better understand and document efforts by carriers to address network inadequacies. **In accordance with amended statutory requirements in 62K.10 Subd. 5 (a)1; (a)2; (b); (c); and (d), MDH has added additional requirements for the approval of waivers.**

3. Waiver Application Requirements for Subsequent Approval (Renewal)

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.**

Regulatory Overview

The Minnesota Health Plan Market Rules, outlined in Minnesota Statutes Chapter 62K, set forth geographic accessibility requirements beginning January 1, 2015. The rules require that all insurance companies and HMOs utilizing 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 Chapter 62K.10, all health carriers that offer health plans requiring an enrollee to use, or that create 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 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 be the lesser of 30 miles or 30 minutes. The maximum travel distance or time for an enrollee to specialty physician, ancillary, specialized hospital, or other 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 (ECPs), 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 who are not accepting new patients.

Health carriers that rent provider networks from other entities must submit a copy of the rental agreement for review, and the rental agreement must guarantee that the health carrier accepts responsibility for geographic accessibility requirements (Minnesota Statutes Chapter 62K.10, Subd. 1 (b)). Carriers should submit all documentation to the *Supporting Documents* tab in [SERFF](#) and also to the Provider Network Adequacy Filing System (instructions below).

Network adequacy data is nonpublic until the network is 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, MDH will provide this data in response to data practices requests after the public release date. Provider lists are not considered trade secret, as defined in Minnesota Statutes Chapter 13.37.

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

In order to create an account in MDH's PNA Filing System and upload documents, carriers must first submit filings through the [System for Electronic Rates & Forms Filing \(SERFF\)](#). Each SERFF filing generates a unique Network ID (MNN#) that must also be used for every filing submitted to MDH's PNA Filing System. To locate these IDs in SERFF, carriers must navigate to the *Network Template* tab.

Once a Network ID is obtained, carriers must navigate to the [Provider Network Adequacy Filing System](#) and enter the required information, as prompted. The system will automatically generate emails to primary contacts containing passwords, which allow for secure uploads.

Questions regarding the MDH PNA Filing System account creation and upload process may be directed to network adequacy staff at the email address and phone number listed below. Carriers intending to submit network information related to a new network during a non-renewal period may also contact network adequacy staff accordingly.
health.managedcare@state.mn.us, 651-201-5100.

Required Documents

Carriers are required to submit the following documentation for network adequacy certification and recertification.

1. [Provider File](#)
2. Geographic Access Maps
3. [Network Adequacy Attestation Document](#)
4. [Request for Waiver \(as applicable\)](#)
5. [Request for Waiver – ECP \(as applicable\)](#)
6. [Network Service Area Partial County Justification \(as applicable\)](#)

Provider File

All carriers are required to submit a [Provider File](#) containing a complete list of network providers. Provider Files are in Excel format and must be submitted electronically.

- Provider File naming convention: <CarrierName_NetAdHIX_NetworkID_MMDDYYYY.xlsx>
- A unique Provider File must be submitted for each network. The network name identified in the provider file must be the same as the network name entered in SERFF.
- Carriers must indicate whether the submitted network is On Exchange (QHP), Off Exchange, or both. They must also indicate whether a 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, carriers must submit a separate row for each. The same is true for providers or facilities associated with more than one provider specialty.
- Essential Community Providers (ECPs) – carriers must identify whether the provider is considered 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 Lactation Counselors using the specialty code “LA.” Providers possessing additional licensures, including MD, PA, NP, CNM, CLC, and IBCLC may be coded

as Lactation Counselors. For more information, visit: [“FAQs about Affordable Care Act Implementation \(Part XXIX\) and Mental Health Parity Implementation,” page 2 \(PDF\)](#).

- Each provider network must include **at least one** of each of the following facility types. These facilities should be identified and appropriately coded in the Provider File.
 1. **Pediatric Specialty Hospital (PH)**
Identify the Pediatric Specialty Hospital(s) included in the network. Code Pediatric Specialty hospitals as “PH” in the “Provider Type” column of the Provider File.
 2. **Organ Transplant Specialty Center (TC)**
Organ Transplant Specialty Centers should be coded as Organ Transplant Specialty Centers separate from their designations as a hospital facilities in the Provider File. Carriers must code Organ Transplant Specialty Centers as “TC” in the “Provider Type” column of the Provider File.
- Carriers must include residential treatment facilities in their network submissions. These facilities must also be listed in each network’s provider directory

Geographic Access Maps

Maps must include all providers listed in the Provider File. Any apparent geographic access gaps must be accompanied by waiver documentation.

In addition to plotting provider data points, please be sure to do the following for each map:

- Include labels for Specialty Type, Network Name, and Network ID
- Clearly highlight the network’s service area and label each of the counties included in the service area by name
- Plot geographic access standards as circles radiating from every available in-network provider (30 or 60 miles, depending on provider specialty)

The following geographic access maps are required to certify and renew networks:

1. A service area map identifying the counties included in the network’s service area only. No provider locations should be plotted on this map.
2. Geographic access maps for the following specialty types, which are subject to the 30miles/minutes standard outlined in Minnesota Statutes Chapter 62K.10 Subd. 2:
 - 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 (only include if associated with a primary care clinic)
- Physician Assistants (only include if associated with a primary care clinic)
- Other provider types, such as Geriatric Care Providers, who provide primary care services

C. Mental Health Providers (professionals), as defined in Minnesota Statutes Chapter 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
- Other providers designated as mental health providers

D. Pediatric Services Providers (Primary Care) that may include any of the following (submit one map):

- Pediatric Physicians
- Pediatric Nurse Practitioners

3. Geographic access maps for the following specialties, which are subject to the 60 miles/minutes standard outlined in Minnesota Statute 62K.10 Subd.3. **Carriers must submit separate maps for each specialty. Multiple specialties may not be combined on a map except where noted. If providers have multiple specialty board certifications, each should be listed as a separate provider entry and may be plotted on multiple maps.**

- 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 (submit one map)
 - ❖ Pediatric Dental Care providers may include Dentists, Allied Dental Professionals, or Dental Therapists that provide care to children. **If this network does not include pediatric dental care providers, carriers must submit a written statement indicating this is the case.**
- 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, Certified Nurse Midwives, Certified Professional Midwives, and/or OB/GYN Nurse Practitioners (submit one map)
- Oncology (submit one map)
- Ophthalmology (submit one map)
- Orthopedic Surgery (submit one map)
- Otolaryngology (submit one map)
- Pediatric Specialty (submit one map that includes all of the following provider types)
 - ❖ 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/or 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) (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)

4. Geographic access maps for Home Health Providers

- Home Health Care Agency (submit one map)

- ❖ 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, carriers must submit a request for waiver.

Network Adequacy Attestation

A [Network Adequacy Attestation](#) must be submitted for each network.

NEW

Request for Waiver

Overview

A health carrier may apply to the commissioner of health for a waiver of the requirements if it is unable to meet them, as described in [Minnesota Statutes 62K.10 Subd. 5](#). The 2019 Minnesota Legislature amended Provider Network Adequacy waiver requirements under Minnesota Statutes Chapter [62K.10, Subd. 5](#). The changes were intended to strengthen the waiver review process by creating clear and consistent standards for waivers and to clarify the process for receiving renewals of waivers. Respectively, the Minnesota Department of Health (MDH) has established new guidelines for evaluating waiver applications. Requests for waivers must be submitted using the [Request for Waiver](#) form.

NEW

Application Fees

1. The Minnesota Department of Health will review all network adequacy waiver applications as described in [Minnesota Statutes 62K.10 Subd. 5](#).
2. Upon completion of review and preliminary approval, the Minnesota Department of Health will issue invoices to carriers for the collection of all applicable waiver fees. **Fees are due within thirty days of invoice date.**
 - a. As described in Subd. 5, carriers will be charged \$500 for each application to waive the requirements in Minnesota Statutes 62K.10 Subd. 2 or 3, for one or more provider types per county. Carriers will be charged only once per county per network, even if applications to waive the requirements in 62K.10 Subd. 2 or 3 are submitted for multiple provider types.
 - i. Ex.) Carrier 1 has two networks, Network A and Network B. For Network A, Carrier 1 is seeking waivers for cardiac surgery providers, substance use disorder inpatient service providers, and chiropractic/acupuncture services providers in Cook, Lake of the Woods, and Roseau counties. For Network B, Carrier 1 is seeking waivers for colon and rectal surgery providers, endocrinology specialty providers, gastroenterology providers, and cardiac surgery providers in Cook, Lake of the Woods, and

Koochiching counties. Carrier 1 will be asked to pay the following waiver fees:

1. \$500 for Cook county x 2 networks = \$1,000
 2. \$500 for Lake of the Woods county x 2 networks = \$1,000
 3. \$500 for Roseau county x 1 network = \$500
 4. \$500 for Koochiching county x 1 network = \$500
 - a. Total: \$3,000
- b. Invoices will contain county-level detail and payment instructions.

NEW

Allowable Waiver Reason Codes and Guidelines for *Initial* Approval

Applications to waive the requirements in Minnesota Statutes 62K.10 Subd. 2 or 3 must fit one of the following reason codes. Waivers automatically expire after one year. The commissioner shall only approve a subsequent waiver application that satisfies the requirements in Minnesota Statutes 62K.10 Subd. 5, demonstrates that the carrier took the steps it proposed to address network inadequacy, and explains why the carrier continues to be unable to satisfy the requirements.

Reason Code 1:

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

Carriers must:

1. Provide a description of physical geography and/or other factors that affect the location of providers (as relevant)
2. Demonstrate consultation of at least two provider directories and/or data sources. Provide a description of the provider directories and/or data sources consulted, including a brief explanation of why the sources are believed to be accurate and complete. Examples of acceptable provider directories and data sources include, but are not limited to:
 - a. [NPPES NPI Registry](#)
 - b. [Medicare Physician Compare](#)
 - c. [Minnesota Health Care Programs Provider Directory](#)
 - d. [Healthgrades](#)
 - e. [SAMHSA Behavioral Health Provider Directories](#)
 - f. [National Institute of Health \(NIH\) U.S. National Library of Medicine MedlinePlus Directories](#)
 - g. Quest Analytics
3. For Primary Care, Pediatric Services (Primary Care), General Hospital and Mental Health provider types:
 - a. State the total number and percentage of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per line.

- b. State how access will be provided for this provider type for enrollees of the affected county. For example, does the carrier provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?
 - i. If, in its waiver application, a health carrier demonstrates to the commissioner that there are no providers of a specific type or specialty in a county, the commissioner may approve a waiver in which the health carrier is allowed to address network inadequacy in that county by providing for patient access to providers of that type or specialty via telemedicine
 - ii. If telemedicine is used to provide access:
 - 1. These services must meet the definition of “telemedicine” in Minnesota Statutes [62A.671, subdivision 9](#).
 - 2. Carrier must describe the extent to which telemedicine services are available
 - a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?
- 4. Describe how they will assess the availability of providers who begin practice in the service area where the standard cannot currently be met and agree to conduct this assessment quarterly
 - a. Assessment of availability must include consultation of at least two provider directories and/or data sources, as described in item 2, above

Reason Code 2:

Provider does not meet carrier’s credentialing requirements.

Carriers must:

- 1. Cite the reason(s) provider does not meet credentialing requirements
- 2. For Primary Care, Pediatric Services (Primary Care), General Hospital, and Mental Health provider types
 - a. State the total number and percentage of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
- 3. State how access will be provided for this provider type for enrollees of the affected county. For example, does the carrier allow enrollees to receive out-of-network care at in-network rates, provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?
 - i. If telemedicine is used to provide access:
 - 1. These services must meet the definition of “telemedicine” in Minnesota Statutes [62A.671, subdivision 9](#).
 - 2. Carrier must describe the extent to which telemedicine services are available

- a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?

Reason Code 3:

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

Carriers must:

1. Cite the reason(s) provider state(s) for refusing contract(s)
2. For Primary Care, Pediatric Services (Primary Care), General Hospital and Mental Health provider types
 - a. State the total number and percentage of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
3. State how access will be provided for this provider type for enrollees of the affected county. For example, does the carrier allow enrollees to receive out-of-network care at in-network rates, provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?
 - i. If telemedicine is used to provide access:
 1. These services must meet the definition of “telemedicine” in Minnesota Statutes [62A.671, subdivision 9](#).
 2. Carrier must describe the extent to which telemedicine services are available
 - a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?

Reason Code 4:

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

Carriers must:

1. Specify the network structure: Accountable Care Organization (ACO) or Narrow Network
 - a. If the network is an ACO, provide a brief description of the major health systems participating in the network
 - b. If the network is a narrow network, describe the features of the network that restrict access
 - c. For both ACOs and Narrow Networks, state what percentage of available Primary Care, Pediatric Services (Primary Care), General Hospital, and Mental Health providers are included in the county and of the provider type for which a waiver is requested
2. State what, if any, steps are taken to inform enrollees of restricted access

3. State the total number of estimated enrollees in the network as of the submission date of the waiver
4. State why the geographic access standards cannot be met. Explain why full geographic access is not possible with this network design
5. State how access will be provided for this provider type for the enrollees of the affected county. For example, does the carrier allow enrollees to receive out-of-network care at in-network rates, provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?
 - i. If telemedicine is used to provide access:
 1. These services must meet the definition of “telemedicine” in Minnesota Statutes [62A.671, subdivision 9.](#)
 2. Carrier must describe the extent to which telemedicine services are available
 - a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?
6. For Primary Care, Pediatric Services (Primary Care), General Hospital and Mental Health provider types,
 - a. State the total number and percentage of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
 - b. State the estimated percentage of area in that county that is not covered

NEW

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

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

Reason Code 1:

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

Carriers Must:

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

Reason Code 2:

Provider does not meet carrier's credentialing requirements.

Carriers must:

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

Reason Code 3:

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

Carriers must:

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

Reason Code 4:

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

Carriers must:

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

Request for Waiver - ECP

Carriers may apply to the commissioner of health to waive network adequacy requirements for Essential Community Providers (ECPs). Please see the following section for additional information.

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 Minnesota populations. Minnesota requirements are based on ECP standards developed for Federally-Facilitated Exchanges. [CMS 2020 Letter to Issuers in the Federally-facilitated Exchanges](#)

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 Indian health care providers.

1. In addition, each separate network must include at least one ECP per county in each of the following categories, if such ECP is available. 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.
 - Primary Care
 - Family Planning
 - Mental Health
 - Chemical Dependency
2. 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.

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

Please ensure that ECPs are clearly identified in each 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.

Minnesota Statutes Chapter 62Q.19, Subd. 3 requires a health plan company to 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 that the ECP meet data, utilization review, and quality assurance requirements consistent with those of other 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 Chapter 62Q.19, Subd. 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 offered by a given carrier.

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.

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) but provider(s) has refused. 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. To request coverage in a partial county, a [Network Service area Partial County Justification](#) document must be submitted to the Minnesota Department of Health using the Provider Network Adequacy (PNA) Filing System.

Health carriers are strongly encouraged 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.

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

Dental carriers that wish to be certified on or off-Exchange as Qualified Dental Plans (QDPs), also known as Stand Alone Dental Plans (SADPs), must submit network adequacy documentation for approval. Required documents include:

- [Provider File](#) identifying all providers offering pediatric dental services.
- Service Area Map identifying all counties included in the network's service area.
- [One Geographic Access Map](#) identifying all of the providers in the network, showing the Service Area defined by county, and demonstrating that 60 mile/60 minute access requirements for dental providers are met in the entire service area. No maps are required for pediatric dental specialists.
- [Network Adequacy Attestation](#)

- [Request for Waiver](#). Waivers are required if the geographic access map indicates gaps in coverage in the designated service area (Note: Standalone dental networks are not required to meet the requirements for ECPs, as specified in the instructions).

Please use the templates provided on this page to create the Provider File, the Network Adequacy Attestation and the Request for Waiver (as needed). For more guidance, see: [Minnesota Health Insurance Exchange Plan Certification Guidance for Qualified Dental Plans](#).

As with medical provider networks, standalone dental networks are subject to Minnesota Statutes Chapter 62Q.19, Subd. 3. This means that if a dental ECP requests a contract and meets the other contracting requirements, they must be offered participation in all networks offered by a given health carrier. 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 for more information.

The following are the provider types and provider specialties carriers may include in Provider Files. All of these provider types and specialties should be shown on one geographic 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 codes for each of the geographic access maps required 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

Provider Type	Provider Type Code	Specialty	Specialty Code
Oncology	20I	Oncology	60
Ophthalmology	20I	Ophthalmology	54
Orthopedic Surgery	20I	Orthopedic Surgery	55
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

Provider Type	Provider Type Code	Specialty	Specialty Code
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

Provider Type	Provider Type Code	Specialty	Specialty Code
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
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