

Changes to Provider Network Adequacy Waiver Requirements for Plan Year 2021

*Changes highlighted.

NEW

This Year's Waiver Requirements (Plan Year 2021)	Last Year's Waiver Requirements (Plan Year 2020)
<p><u>Reason Code 1</u></p> <p>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.</p> <p>Carriers must:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. State the total number and percentage of estimated enrollees affected in the county not meeting the 	<p><u>Reason Code 1</u></p> <p>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.</p>

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geographic standard as of the submission date of waiver.

- 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?

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<p>4. Describe how they will assess the availability of providers who begin practice in the service area where the standard cannot currently be met. Agree to conduct and document this assessment on a quarterly basis (once per each three-month period throughout the calendar year).</p> <p>Assessment of availability must include consultation of at least two provider directories and/or data sources, as described in item 2, above</p>	
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This Year's Waiver Requirements (Plan Year 2021)	Last Year's Waiver Requirements (Plan Year 2020)
<p><u>Reason Code 2</u></p> <p>Provider does not meet carrier's credentialing requirements.</p> <p>Carriers must:</p> <ol style="list-style-type: none"> 1. Cite the reason(s) provider(s) do(es) not meet credentialing requirements 2. For Primary Care, Pediatric Services (Primary Care), General Hospital, and Mental Health provider types <ol style="list-style-type: none"> 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. 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 	<p><u>Reason Code 2</u></p> <p>Provider does not meet carrier's credentialing requirements. Carrier must cite the reason(s) provider does not meet credentialing requirements. State what steps were and will be taken to address the network inadequacy.</p>

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<p>rates, provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?</p> <p>i. If telemedicine is used to provide access:</p> <ol style="list-style-type: none"> 1. These services must meet the definition of “telemedicine” in Minnesota Statutes <u>62A.671, subdivision 9.</u> 2. Carrier must describe the extent to which telemedicine services are available <ol style="list-style-type: none"> a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services? 	
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This Year’s Waiver Requirements (Plan Year 2021)	Last Year’s Waiver Requirements (Plan Year 2020)
<p><u>Reason Code 3</u></p> <p>Carrier has made a good faith effort to contract with provider and provider has refused to accept a contract.</p> <p>Carriers must:</p> <ol style="list-style-type: none"> 1. Cite the reason(s) provider(s) state(s) for refusing a contract 2. For Primary Care, Pediatric Services (Primary Care), General Hospital and Mental Health provider types 	<p><u>Reason Code 3</u></p> <p>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.</p>

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<p>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.</p> <p>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?</p> <p>i. If telemedicine is used to provide access:</p> <ol style="list-style-type: none">1. These services must meet the definition of “telemedicine” in Minnesota Statutes <u>62A.671, subdivision 9.</u>2. Carrier must describe the extent to which telemedicine services are available<ol style="list-style-type: none">a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?	
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<p><u>Reason Code 4</u></p> <p>Network is an Accountable Care Organization (ACO) or Narrow Network.</p> <p>Carriers must:</p> <ol style="list-style-type: none"> 1. Specify the network structure: Accountable Care Organization (ACO) or Narrow Network <ol style="list-style-type: none"> 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 	<p><u>Reason Code 4</u></p> <p>Network is an Accountable Care Organization (ACO) or Narrow Network.</p> <ol style="list-style-type: none"> 1. Specify the network structure: ACO or Narrow Network 2. State the total number of estimated enrollees in the network as of the submission date of waiver 3. State why the geographic access standards cannot be met. Explain why full geographic access is not possible with this network design 4. State how access will be provided for this provider type for the enrollees of the affected county <p>Additionally, for Reason Code 4, only for Primary Care, Pediatric Services Providers [Primary Care], General Hospital and Mental Health provider types:</p> <ol style="list-style-type: none"> 5. State the total number of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. 6. State the estimated percentage of area in that county that is not covered.

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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.
 - b. State the estimated percentage of area in that county that is not covered