

**MANAGED CARE SYSTEMS**  
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## Request for Waiver

Plan Year: **2021**

**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*
Quartz Health Plan MN Corporation	Select	MNN002	<select one>
Name	Title	Date	Enrollees in Network*
Shari Oelke	Provider Contract Manager	8/28/2020	

**2. By submitting this form, the above-referenced confirms:**

- A. That person submitting this request has personal knowledge of the network contracting process involved in this submission; and
- B. That access cannot be met for the following provider type(s). Include the county and reason(s) for not meeting the requirements.

Provider Type	County	Reason Code	Notes	Affected Enrollees*	Percent Total Enrollees Affected	Percent Not Covered*	Percent Available Providers Included
<i>Vascular Surgery</i>	<i>Olmsted</i>	<b>3</b>	<p>Quartz has a deficiency in vascular surgery on the western corner of Olmsted County. The counties Quartz serves in MN are rural counties with limited providers for this specialty service. Quartz has very few members in the current deficient areas and they are in the middle of Olmsted County. The referrals for this specialty service are directed to Gundersen Health System, a plan sponsor for Quartz.</p> <p>Quartz reviewed MHCP, NPPEs and Healthgrade databases for vascular surgery and all the prospective providers are affiliates of a single health care system who declines to contract with Quartz. Quartz offered the prospective health care system a contract at the same or similar rates as other providers of the same provider type and they declined to contract. Quartz has attempted to negotiate single case agreements with the prospective health care system, and they do not agree to those either.</p> <p>Quartz monitors network adequacy standards at least quarterly using the Quest Analytics' software applications. If prospective providers become available to contract with, Quartz seeks new opportunities to improve network adequacy requirements. For example, if a member was not able to travel to a participating for services and identified another out of network opportunity, Quartz would negotiate a single case agreement with that provider to process the members claims as in-network, and then begin formal contracting with the provider. Quartz continues to work with their Plan Sponsor on offering more specialty services in rural communities, especially evolving telehealth services in rural communities.</p>				
<i>Genetics</i>	<i>Fillmore, Olmsted, Wabasha</i>	<b>3</b>	<p>Quartz has a deficiency in genetics on the extreme western corner of Fillmore County, the western half of Olmsted and Wabasha Counties. The counties Quartz serves in MN are rural counties with limited providers for this specialty service. Quartz currently has very limited membership in the current deficient areas as the majority of the current membership is on the eastern side of these counties. The referrals for this specialty service are directed to Gundersen Health System, a plan sponsor for Quartz.</p> <p>Quartz reviewed MHCP, NPPEs and Healthgrade databases for genetics and all the prospective providers are affiliates of a single health care system who declines to contract with Quartz. Quartz offered the prospective health care system a contract at the same or similar rates as other providers of the same provider type and they declined to contract. Quartz has attempted to negotiate single case agreements with the prospective health care system, and they do not agree to those either.</p> <p>Quartz monitors network adequacy standards at least quarterly using the Quest Analytics' software applications. If prospective providers become available to contract with, Quartz seeks new opportunities to improve network adequacy requirements. For example, if a member was not able to travel to a participating for services and identified another out of network opportunity, Quartz would negotiate a single case agreement with that provider to process the members claims as in-network, and then begin formal contracting with the provider. Quartz continues to work with their Plan Sponsor on offering more specialty services in rural communities, especially evolving telehealth services in rural communities.</p>				



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.

1. Cite the reason(s) provider states for refusing a contract
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.

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

**Attestation for the Request for Waiver**

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

*Shari Oelke, Quarty, Provider Contract Manager*

8/28/2020

\_\_\_\_\_  
Name, Company, Title

\_\_\_\_\_  
Date Attestation Signed