

MANAGED CARE SYSTEMS
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Request for Waiver

Plan Year: 2022

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*
PreferredOne Insurance Company	Select	MNN002	Narrow Network
Name	Title	Date	Enrollees in Network*
Kristopher Klinger	Director, Provider Relations	5/18/2021	159

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
General Hospital facilities	Scott	4	The Select network is a narrow network that closely mirrors some of our ACO network offerings. The purpose of this narrow network is to provide a greater level of coordination of care between your primary care providers, hospitals and specialty providers that you see throughout the year. As such, this curated network was created with the goal of a more coordinated and cost-effective model of care. Each of the counties that this waiver is in request for has General Hospital facilities who's radius covers part of the counties in question, but not all portions of these counties are fully covered by the 30 mile radius requirement. PreferredOne will monitor network utilization for the Select network quarterly with the objective of determining what Out of Network providers the Select membership utilizes. If those providers fall within the network gap & could help satisfy a network specialty requirement we will discuss potential outreach to those clinics/facilities for future inclusion in the network, should coordination of care be feasible with those providers. In 2020-21 there were no providers utilized that met this criteria where we were able to add them to the network. Members are also able to access these services from providers included in the network in Scott county & neighboring service area counties and/or access telemedicine services when available.	1	0	2	98
General Hospital facilities	Wright	4	The Select network is a narrow network that closely mirrors some of our ACO network offerings. The purpose of this narrow network is to provide a greater level of coordination of care between your primary care providers, hospitals and specialty providers that you see throughout the year. As such, this curated network was created with the goal of a more coordinated and cost-effective model of care. Each of the counties that this waiver is in request for has General Hospital facilities who's radius covers part of the counties in question, but not all portions of these counties are fully covered by the 30 mile radius requirement. PreferredOne will monitor network utilization for the Select network quarterly with the objective of determining what Out of Network providers the Select membership utilizes. If those providers fall within the network gap & could help satisfy a network specialty requirement we will discuss potential outreach to those clinics/facilities for future inclusion in the network, should coordination of care be feasible with those providers. In 2020-21 there were no providers utilized that met this criteria where we were able to add them to the network. Members are also able to access these services from providers included in the network in Wright county & neighboring service area counties and/or access telemedicine services when available.	1	0	2	98
<select one>	<select all that apply>	<select one>					
<select one>	<select all that apply>	<select one>					
<select one>	<select all that apply>	<select one>					

- 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

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

