

**MANAGED CARE SYSTEMS**

P.O. Box 64882, St. Paul, MN 55164-0882  
 Telephone: 651-201-5100  
 Email: [health.managedcare@state.mn.us](mailto:health.managedcare@state.mn.us)

## Request for Waiver

Plan Year: **2024**

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	Reason Code 4: Network Structure*
UCare Minnesota	Ucare Individual & Family Plans with MHealth Fairview	MNN002	<b>Narrow Network</b>
Name	Title	Date	Reason Code 4: Enrollees in Network*
Missy Bean	Provider Data Analyst Sr	9/7/2023	<b>15990</b>

**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 Not Covered*
<b>General Hospital facilities</b>	<b>Carver</b>	<b>4</b>	<p>UCare's Individual &amp; Family Plans with MHealth Fairview, is a partner product with our partner care system: MHealth Fairview and Fairview Physicians Associates. This is a high performing collaboration that provides members with high quality care from MHealth Fairview contracted providers. Hospital affiliation changes in the southwest metro have moved previously included independent hospitals to no longer included. The nature of this integrated product does not allow for competing health system hospitals to be added to the network. This change has made a small impact to Hospital access in the area. Despite the travel distance, in 2023, our membership grew from 13 members to 16 members in these counties that are outside the time and distance requirement of 30 miles. The few members who are enrolled in the product in the southwestern portions of Carver and Scott counties, still have access to In-Network hospitals, slightly beyond the 30 mile requirement.</p> <p>UCare and MHealth Fairview discussed the opportunity to contract with Ridgeview Le Sueur Medical Center and/or Glencoe Regional Health Services to cover these gaps. Due to this plan being a narrow network, it was decided against pursuing a contract agreement with either hospital.</p> <p>Enrollees are informed of the In Network providers through their member contract and provider directory materials posted on UCare.org.</p>	<b>16</b>	<b>5</b>

General Hospital facilities	Scott	4	<p>UCare's Individual &amp; Family Plans with MHealth Fairview, is a partner product with our partner care system: MHealth Fairview and Fairview Physicians Associates. This is a high performing collaboration that provides members with high quality care from MHealth Fairview contracted providers. Hospital affiliation changes in the southwest metro have moved previously included independent hospitals to no longer included. The nature of this integrated product does not allow for competing health system hospitals to be added to the network. This change has made a small impact to Hospital access in the area. In 2023, our affected membership decreased from 4 members to 3 members in these counties that are outside the time and distance requirement of 30 miles. The few members who are enrolled in the product in the southwestern portions of Carver and Scott counties, still have access to In-Network hospitals, slightly beyond the 30 mile requirement.</p> <p>UCare and MHealth Fairview discussed the opportunity to contract with Ridgeview Le Sueur Medical Center and/or Glencoe Regional Health Services to cover these gaps. Due to this plan being a narrow network, it was decided against pursuing a contract agreement with either hospital.</p> <p>Enrollees are informed of the In Network providers through their member contract and provider directory materials posted on UCare.org.</p>	3	1
-----------------------------	-------	---	---	---	---

Please use additional sheet if needed

**\*Only for Reason Code 4, Network Structure, Enrollees in Network, Affected Enrollees, and Percent Not Covered only needed if reason code is 4 and provider type is Primary Care, Pediatric Services Providers (Primary Care), General Hospital and Mental Health.**

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).

**Reason Codes:**

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. (In Section 1 above.)
  - b. State the total number of estimated enrollees in the network as of the submission date of waiver. (In section 1 above.)
  - 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. See the Provider Network Adequacy Instruction for further direction. 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.

**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.

Missy Bean, UCare, Provider Network Analyst Sr 9/7/2023  
Name, Company, Title Date Attestation Signed