

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*
HealthPartners, Inc (HPI)	Achieve	MNN003	Narrow Network
Name	Title	Date	Reason Code 4: Enrollees in Network*
Martin Michael	Senior Director Providers Relations & Network Management	5/9/2023	

**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*
Genetics	McLeod	1	<p>This county is primarily rural and has a smaller population. Due to the smaller community size, the hospitals and clinics in these areas don't have the technology or equipment to handle complex procedures or specialized services. Patients have to travel to providers in the larger metropolitan areas where specialty providers work in large facilities where the technology and equipment needed for complex cases are available.</p> <p>There is a limited number of Genetics providers in the state; the metropolitan areas of St. Paul/Minneapolis, St. Cloud, Duluth, Moorhead/Fargo/Grand Forks or Sioux Falls, SD, have services available through large care systems and consultations are also available through telemedicine.</p> <p>There are no additional providers available within the 60 mile requirement that are closer than those that are already part of our network.</p> <p>HealthPartners communicates routinely with providers through our newsletter every other month with reminders to keep information regarding their locations and providers up to date. Member complaints regarding access to care are monitored on a monthly basis. If trends in complaints regarding access to a particular type of provider are identified, the contracting department is notified and when new providers are identified, a contract is pursued.</p> <p><b>ENROLLEE ACCESS TO SERVICES IN 2024:</b>                      Referral to metropolitan area clinics and facilities: Complex genetic services are performed at larger metropolitan care system hospitals and locations. HealthPartners' contracted providers refer their patients to metropolitan area providers who have access to large hospital facilities that provide genetic services.                      Provider clinics or outreach locations: Essentia, CentraCare, Fairview and Tri-County have satellite locations or provide outreach services at other locations in the region. In addition, telemedicine is an option for office visits, including consultations and post-operative visits.                      Network Reviews: We reviewed our networks in March, May, and August.</p> <p>Sources used to check for new providers/locations                      +Healthgrades                      +Medicare Physician Compare <a href="https://www.medicare.gov/hospitalcompare/">https://www.medicare.gov/hospitalcompare/</a>                      +Minnesota Health Care Programs Provider Directory <a href="http://mhcpproviderdirectory.dhs.state.mn.us/">http://mhcpproviderdirectory.dhs.state.mn.us/</a>                      +National Institute of Health US National Library of Medicine MedicinePlus Directories</p>		

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.

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

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