

MANAGED CARE SYSTEMS

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Request for Waiver

Plan Year: 2018

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
PreferredOne Insurance Company	Wilderness	MNN008
Name	Title	Date
Kristopher Klinger	Manager, Provider Relations	10/2/2017

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
<i>Chemical Dependency Inpatient</i>	<i>St. Louis, Cook, Lake, Itasca</i>	<i>1</i>	
<i>Chemical Dependency Inpatient</i>	<i>Koochiching</i>	<i>4</i>	Per conversations between PreferredOne & MDH we've been notified that there are Chemical Dependency Inpatient providers available in this county. These providers have not been identified to us so we'll be researching this further internally to locate those providers & will attempt to contract with them once we've been able to identify them. However, in the interim we are requesting a waiver as we are not yet aware of who those providers are & therefore do not have a contract with them currently. The county that this waiver is in request for has a Chemical Dependency Inpatient facility included in the network who's radius reaches into this county, but not all portions of the county are fully covered by the 60 mile radius requirement due to the varied geography of the service area.
<i>Chemical Dependency Outpatient</i>	<i>St. Louis</i>	<i>1</i>	
<i>Chemical Dependency Outpatient</i>	<i>Koochiching, Cook</i>	<i>4</i>	Per conversations between PreferredOne & MDH we've been notified that there are Chemical Dependency Outpatient providers available in these counties. These providers have not been identified to us so we'll be researching this further internally to locate those providers & will attempt to contract with them once we've been able to identify them. However, in the interim we are requesting a waiver as we are not yet aware of who those providers are & therefore do not have a contract with them currently. Each of the counties that this waiver is in request for has a Chemical Dependency Outpatient facility included in the network who's radius reaches into the county, but not all portions of these 2 counties are fully covered by the 60 mile radius requirement due to the varied geography of the service area.

<i>General Hospital facilities</i>	<i>Koochiching, St. Louis, Cook, Lake, Itasca</i>	<i>4</i>	The purpose of the PreferredOne Wilderness ACO (accountable care organization) 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 in conjunction with a number of northern-based facilities with the goal of a more coordinated and cost-effective model of care. With that in mind the network rate structure has been negotiated to allow for member savings while at the same time maintaining a variety of provider choices for enrollees to select from. Each of the counties that this waiver is in request for has a General Hospital facility included in the network, but not all portions of these 4 counties are fully covered by the 30 mile radius requirement due to the varied geography of the service area. Additionally, the cost savings that were negotiated on behalf of this sculpted network required the exclusion of some higher cost facilities in the service area.
<i>Mental Health providers</i>	<i>Koochiching, St. Louis, Lake, Cook</i>	<i>1</i>	
<i>Pediatric Dental Care</i>	<i>Koochiching, Itasca, Lake, Cook</i>	<i>1</i>	
<i>Pediatric Services Providers</i>	<i>Koochiching, Itasca, St. Louis, Lake, Cook</i>	<i>1</i>	
<i>Pediatric Specialty Providers</i>	<i>Koochiching, St. Louis, Lake, Cook</i>	<i>1</i>	
<i>Primary Care providers</i>	<i>Koochiching, St. Louis, Lake, Cook</i>	<i>1</i>	
<i>Allergy, Immunology and Rheumatology</i>	<i>St. Louis, Lake</i>	<i>1</i>	
<i>Anesthesiology Physicians and CRNAs</i>	<i>Lake</i>	<i>1</i>	
<i>Cardiac Surgery</i>	<i>Koochiching, St. Louis, Lake, Cook</i>	<i>1</i>	
<i>Cardiovascular Disease</i>	<i>Koochiching, Lake, Cook</i>	<i>1</i>	
<i>Colon and Rectal Surgery</i>	<i>Koochiching, St. Louis, Lake, Cook</i>	<i>1</i>	
<i>Dermatology</i>	<i>Koochiching, St. Louis, Lake, Cook</i>	<i>1</i>	
<i>Endocrinology</i>	<i>Koochiching, St. Louis, Lake, Cook</i>	<i>1</i>	
<i>Gastroenterology</i>	<i>Lake, Cook</i>	<i>1</i>	
<i>General Surgery</i>	<i>St. Louis, Lake, Cook</i>	<i>1</i>	
<i>Genetics</i>	<i>St. Louis, Lake</i>	<i>1</i>	
<i>Nephrology</i>	<i>Koochiching, St. Louis, Lake, Cook</i>	<i>1</i>	
<i>Neurology and Neurological Surgery</i>	<i>St. Louis, Lake, Cook</i>	<i>1</i>	
<i>Obstetrics and Gynecology</i>	<i>Lake, Cook</i>	<i>1</i>	

Please use additional sheet if needed

Reason Codes:

1. Carrier has conducted a good faith search for providers and there are no providers physically present in the service area.*
Also use this code if an area of the state is not covered due to the topographic nature of the area such as lakes or forest.
2. Provider(s) do not meet carrier's credentialing requirements. Please explain what credentials are not met.
3. Carrier has made a good faith effort to contract with provider(s) and provider(s) have refused. Please provide information indicating the date in which a contract was offered and the process used in an effort to secure a contract.
4. Other: Please describe why geographic access standards cannot be met. Please also describe how access will be provided for this provider type for the residents of the affected county or counties.

C. That if new providers listed in (B) becomes available in the service area, carrier will make a good faith effort to contract with said providers.

*In some situations when the geographic access standards for a given provider type cannot be met, access to the specified provider type may be provided

via the use of Telehealth, or Telemedicine technologies. When this is applicable for a provider type with regard to limited or no access in a particular county, the carrier should describe how access is being offered via the use of Telehealth technologies.

Provider Type	County	Reason Code	Notes
Ophthalmology	St. Louis, Lake, Cook	1	
Orthopedic Surgery	St. Louis, Lake, Cook	1	
Otolaryngology	Koochiching, St. Louis, Lake, Cook	1	
Physical Medicine and Rehabilitation and Occupational Medicine	Koochiching, St. Louis, Lake, Cook	1	
Pulmonary Disease	Koochiching, St. Louis, Lake, Cook	1	
Radiology and Nuclear Medicine	St. Louis, Lake, Cook	1	
Reconstructive Surgery	Koochiching, Itasca, St. Louis, Lake, Cook	1	
Thoracic Surgery	Koochiching, St. Louis, Lake, Cook	1	
Urology	St. Louis, Lake	1	
Vascular Surgery	Koochiching, St. Louis, Lake, Cook	1	
Oncology	Koochiching, Itasca, St. Louis, Lake, Cook	1	
<select one>	<select all that apply>	<select one>	