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MANAGED CARE SYSTEMS
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Request for Waiver

Plan Year: 2020

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*
PreferredOne Insurance Company	Select	MNN002	Narrow Network
Name	Title	Date	Reason Code 4: Enrollees in Network*
Kristopher Klinger	Director, Provider Relations	5/24/2019	28

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*
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 included in the network, 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 biannually 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. Members are also able to access these services from providers included in the network in neighboring service area counties and/or access telemedicine services when available.	1	2
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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.

Kristopher Klinger
PreferredOne Insurance Company, Director Provider Relations 8/19/2019
Name, Company, Title Date Attestation Signed

