

MANAGED CARE SYSTEMS
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Request for Waiver

Plan Year: **2023**

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*
Quartz Health Plan MN Corporation	Select	MNN001	<select one>
Name	Title	Date	Enrollees in Network*
Shari Oelke	Provider Contract Manager	5/19/2022	

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
Genetics	Fillmore, Olmsted, Wabasha	3	<p>Quartz has a deficiency in genetics on the extreme western border of Olmsted County and very small southwestern corner of Fillmore and Wabasha Counties. These counties Quartz serves in MN are rural counties with limited providers for this specialty service. Quartz currently has no membership in the current deficient area. The referrals for this specialty service are directed to Gundersen Health System, a plan sponsor for Quartz.</p> <p>Quartz reviewed MHCP, NPPES and Healthgrade databases for genetics and all the prospective providers are affiliates of a single health care system who declines to contract with Quartz. Quartz offered the prospective health care system a contract at the same or similar rates as other providers of the same provider type and they declined to contract. Quartz has attempted to negotiate single case agreements with the prospective health care system (Mayo Health System), and they do not agree to those either.</p> <p>Quartz monitors network adequacy standards at least quarterly using the Quest Analytics' software applications. If prospective providers become available to contract with, Quartz seeks new opportunities to improve network adequacy requirements. For example, if a member was not able to travel to a participating for services and identified another out of network opportunity, Quartz would negotiate a single case agreement with that provider to process the members claims as in-network, and then begin formal contracting with the provider. Quartz continues to work with their Plan Sponsor on offering more specialty services in rural communities, especially evolving telehealth services in rural communities.</p>				

<p>SUD (Chemical Dependency) - Inpatient</p>	<p>Fillmore, Olmsted, Wabasha</p>	<p>3</p>	<p>Quartz has a deficiency in SUD Inpatient on the western side of Olmsted County and very small southwestern corner of Fillmore and Wabasha Counties. These counties Quartz serves in MN are rural counties with extremely limited providers for this specialty service. Quartz has very few members in the current deficient areas. The referrals for this specialty service are directed to Gundersen Health System, a plan sponsor for Quartz. Because this specialty has limited inpatient facilities and is very treatment specific to the patient, Quartz often approves on a case by case basis based on the members need and the facility which can provide that treatment, as that inpatient facility is normally located outside of Quartz service area, and the services are approved as in-network.</p> <p>Quartz reviewed MHCP, NPPES and Healthgrade databases and performed other Google searches for inpatient substance disorders and was unable to find such a list. Quartz reviewed the SAMHSA website and was unable to find an inpatient SUD facility other than a single health care system who declines to contract with Quartz. The SAMHSA did list residential and other long-term facilities but no inpatient. Quartz offered the prospective health care system a contract at the same or similar rates as other providers of the same provider type and they declined to contract. Quartz has attempted to negotiate single case agreements with the prospective health care system (Mayo Health System), and they do not agree to those either. Quartz has a contract Zumbro Valley Health Center in Rochester, MN for AODA residential treatment that is available for members. In addition, Quartz has a contract with Hazelden Foundation who has multiple locations that Quartz has available for substance abuse including the facility in Center City, MN.</p> <p>Quartz monitors network adequacy standards at least quarterly using the Quest Analytics' software applications. If prospective providers become available to contract with, Quartz seeks new opportunities to improve network adequacy requirements. For example, if a member was not able to travel to a participating for services and identified another out of network opportunity, Quartz would negotiate a single case agreement with that provider to process the members claims as in-network, and then begin formal contracting with the provider.</p>				
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For additional rows, please see the "Additional" tab of this document. DO NOT add rows to this sheet.

For all reason codes, carriers must demonstrate with specific data that geographic access standards cannot be met. Carriers must state what steps were and will be taken to address network inadequacies (MN Statutes § 62K.10, subdivision 5).

Allowable Waiver Reason Codes and Guidelines for Initial Approval

Applications to waive the requirements in Minnesota Statutes 62K.10 Subd. 2 or 3 must fit one of the following reason codes. Waivers automatically expire after one year. The commissioner shall only approve a subsequent waiver application that satisfies the requirements in Minnesota Statutes 62K.10 Subd. 5, demonstrates that the carrier took the steps it proposed to address network inadequacy, and explains why the carrier continues to be unable to satisfy the requirements.

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. Provide a description of physical geography and/or other factors that affect the location of providers (as relevant)
2. Demonstrate consultation of at least two provider directories and/or data sources. Provide a description of the provider directories and/or data sources consulted, including a brief explanation of why the sources are believed to be accurate and complete. Examples of acceptable provider directories and data sources include, but are not limited to:
 - a. [NPPES NPI Registry](#)
 - b. [Medicare Physician Compare](#)
 - c. [Minnesota Health Care Programs Provider Directory](#)
 - d. [Healthgrades](#)
 - e. [SAMHSA Behavioral Health Provider Directories](#)
 - f. [National Institute of Health \(NIH\) U.S. National Library of Medicine MedlinePlus Directories](#)
 - g. [Quest Analytics](#)
3. 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 how access will be provided for this provider type for enrollees of the affected county.

For example, does the carrier provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?

 - i. If, in its waiver application, a health carrier demonstrates to the commissioner that there are no providers of a specific type or specialty in a county, the commissioner may approve a waiver in which the health carrier is allowed to address network inadequacy in that county by providing for patient access to providers of that type or specialty via telemedicine
 - ii. 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?
4. Describe how they will assess the availability of providers who begin practice in the service area where the standard cannot currently be met and agree to conduct this assessment quarterly
 - a. Assessment of availability must include consultation of at least two provider directories and/or data sources, as described in item 2, above

Reason Code 2:

Provider does not meet carrier's credentialing requirements.

Carriers must:

1. Cite the reason(s) provider does not meet credentialing requirements
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 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

Reason Code 4:

Network is an Accountable Care Organization (ACO) or Narrow Network.

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

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.

Shari Oelke, Quartz, Provider Contract Manager
Name, Company, Title

5/19/2022
Date Attestation Signed