DEPARTMENT OF HEALTH

Provider Network Adequacy Submission Instructions

PLAN YEAR 2025

March 19, 2024

Provider Network Adequacy Submission Instructions

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CONTENTS

New for Plan Year 2025

Mental Health Categories

To reflect Minnesotans diverse needs, mental health is now divided into two categories, Mental Health Provider Prescribers and Mental Health Providers. See appendix for provider type and specialty codes. New to 2025, use the Provider File Template (sheet three of the Excel file). Please don't copy and paste. MDH will return submissions not using the template. Add all contracted and licensed mental health professionals to the provider file for each network. List a provider multiple times as necessary for each licensed specialty.

Include maps for Mental Health Provider Prescribers, Mental Health Providers, and the subcategories. Provide eleven maps total for mental health. These maps are subject to the 30 mile/minute standard per Minnesota Statue, Section 62K.10 Subd. 3. Waivers are only required for the two main categories, Mental Health Provider Prescribers and Mental Health Providers.

Mental Health Provider Prescribers:

- Child and Adolescent Psychiatrist

- Psychiatrist

- Mental Health Clinical Nurse Specialist

Mental Health Providers

- Licensed Child and Adolescent Psychologist: LP

- Licensed Psychologist: LP

- Licensed Professional Counselor: LPCC or LPC

- Licensed Marriage and Family Therapist: LMFT or LMFTA

- Licensed Social Worker: LICSW, LCSW, and LISW

- Other providers designated as licensed mental health providers.

Telehealth Data Collection

CMS and the 2023 legislation recommended telehealth data collection for plan year 2025. MDH added three additional questions to the Provider File to comply with this request. The questions ask if a provider offers telehealth, it's telehealth platform, and visit type. See the Provider File for additional details. This information aids MDH in a comprehensive data collection to help improve healthcare access and availability.

Provider Specialty Categories

MDH's provider specialty list updated to align with the federal requirement from the 2025 NBPP, Federal Register Proposed Rule. Please see the appendix at the end of this guide for a full listing of provider categories. The list retains MDH categories from previous plan years and adds in CMS selections. The new provider specialty types are subject to the distance/time standard. Except for Emergency Medicine Physicians, all new categories follow the 60 mile/minute

standard. The additional facility types (see appendix) added are for informational purposes to further define your networks. The additions are:

- Emergency Medicine (30 mile/minute)

- Infectious Disease

- Mammography

- Oncology Medical/Surgical (replaces aggregate Oncology specialty)

- Oncology Radiation (replaces aggregate Oncology specialty)

- Outpatient Infusion/Chemotherapy

- Podiatry

- Rheumatology (in addition to Allergy, Immunology, and Rheumatology specialty)

Regulatory Overview

Minnesota Health Plan Market Rules, outlined in Minnesota Statutes chapter 62K, set forth geographic accessibility requirements beginning January 1, 2015. The rules require that all insurance companies and HMOs utilizing provider networks comply with network adequacy requirements. Each designated provider network must include a sufficient number and types of providers to ensure that covered services are available to all enrollees without unreasonable delay. The 2023 legislation updated the statue allowing Minnesota Department of Health to evaluate networks using any reasonable criteria (Minnesota Statues, Section 62k.10 subdivision 4 (6)(b)). The updated law is flexible and allows the commissioner to make changes each year to meet Minnesotans needs.

Geographic Access

Under Minnesota Statutes, Section 62K.10, all carriers that offer health plans requiring an enrollee to use or create incentives for an enrollee to use a designated provider network, must assure that providers are geographically accessible to all potential enrollees within the plan's service area. The maximum travel distance or time for an enrollee to the nearest primary care, mental health, or general hospital services is the lesser of 30 miles or 30 minutes. The maximum travel distance or time for an enrollee to specialty physician, ancillary, specialized hospital, or other services is the lesser of 60 miles or 60 minutes.

Network Adequacy

Network Adequacy requires health carriers ensure provider networks are sufficient in number and types of providers, including Essential Community Providers (ECPs), so that all services are accessible without unreasonable delay (45 C.F.R. § 156.230). The law requires Qualified Health Plan (QHP) offer their provider directory through MNsure and to potential enrollees in hard copy upon request. The directory identifies providers who are not accepting new patients.

Rental agreements are required for health carriers that lease provider networks from other entities. Include in the rental agreement that the health carrier accepts responsibility for geographic accessibility requirements (Minnesota Statute, Section 62K.10, Subd. 1 (b)). Submit all documentation to the *Supporting Documents* tab in SERFF and to CloudDrive (see below).

Network adequacy data is nonpublic until the network is approved by the Minnesota Department of Health (MDH) and the corresponding rates are approved in the plan management binder. While MDH does not publish lists of providers, MDH will provide this data in response to data practices requests *after* the public release date. Provider lists are not considered trade secret, as defined in Minnesota Statutes, section 13.37.

Accounts

First submit filings through the System for Electronic Rates & Forms Filing (SERFF). Each SERFF filing generates a unique network ID (MNN#). Use this network ID for every filing submitted to MDH. To locate these IDs in SERFF, go to the *Network Template* tab.

After obtaining a network ID, navigate to Minnesota Department of Health CloudDrive. Use a unique email address to upload files. First-time users please provide a designated email address to MDH. CloudDrive allows one email address per account. To establish a password, click on the "Forgot Password" link located at the lower right corner of the login screen. This sends a password reset to the user email. The temporary password doesn't expire.

Once logged in, select the designated bucket for your submission labeled with the appropriate health plan entity name. Create folders for each individual network using the SERFF network ID (MNNN#).

Direct CloudDrive questions to Network Adequacy staff. Carriers submitting new networks during a non-renewal period may also contact Network Adequacy staff at health.managedcare@state.mn.us.

Required Documents

Submit the following documentation for network adequacy certification and recertification. Carriers must use the documents linked below. The Department will not review documentation submitted until it is provided on the appropriate templates. The Provider File and Request for Waiver documents use macros. After opening the file go to Options, Trust Center to turn on macros.

1. Provider File
2. Geographic Access Maps
3. Network Adequacy Attestation Document
4. Request for Waiver (as applicable)
5. Request for Waiver – ECP (as applicable)
6. Network Service Area Partial County Justification (as applicable)

Provider File

Provider files are required for all carriers and contain a complete list of network providers. Use the Microsoft Excel template and submit electronically.

<mark>REQUIRED! Provider File naming convention:</mark>
<mark><CarrierName_NetAdHIX_NetworkID_MMDDYYYY.xlsx></mark>

- Indicate if the submitted network is On Exchange (QHP), Off Exchange, or both. Include whether a network is for an individual, small, or large group plan, or any combination.

- When an individual provider or facility is associated with more than one provider type, submit a separate row for each. The same is true for providers or facilities associated with more than one provider specialty.

- Essential Community Providers (ECPs)–Identify ECP providers and identify their category code. For more information about ECPs, visit Essential Community Providers

- Include **at least one** of each of the following facility types. Identify these facilities with appropriately coding in the Provider File.

1. Pediatric Specialty Hospital (PH)

    a. Identify the Pediatric Specialty Hospital(s) included in the network. Code Pediatric Specialty hospitals as "PH" in the "Provider Type" column of the Provider File.

2. Organ Transplant Specialty Center (TC)

    a. Code Organ Transplant Specialty Centers separate from their designations as a hospital facility in the Provider File. Use code "TC" in the "Provider Type" column.

3. Psychiatric Residential Treatment Facility (PR)

    a. Code Psychiatric Residential Treatment Facility (PRTF) separate from their designation as a Residential Treatment Facility (RT). Use code "PR" in the "Provider Type" column.

- Include residential treatment facilities (RT) in network submissions. These facilities must be listed in each network's provider directory.

- List of lactation counselors in the network submission and in provider directories. Identify Lactation Counselors using the specialty code "LA." Providers possessing additional licensures, including MD, PA, NP, CNM, CLC, and IBCLC may be coded as Lactation Counselors. For more information, visit: FAQs about Affordable Care Act Implementation (Part XXIX) and Mental Health Parity Implementation

- Report latitude and longitude of all provider locations in columns AZ and BA.

Geographic Access Maps

Include all providers listed in the Provider File. Any gaps require waiver documentation. For plan year 2025 complete maps using the lesser of travel distance or time instead of radius. Please use current census data and *not* enrollee data. Include a key that explains how access is

met. For your PDF file (includes all maps) follow the naming convention <Maps_Carrier Name/Entity_NetworkID_YYYY>. For 2025 plan year, submit 53 maps.

Required! In addition to plotting provider data points, complete the following for each map:

- Include labels for specialty type, network name, and network ID.

- Clearly highlight the network's service area and label all counties by name.

- Plot geographic access standards as points from clinic outwards using the lesser of driving distance/travel time.

- Use colors for understanding and not visual only.

- Fill out the document properties, include title, author, and subject.

- Include a key to explain the map. Please consider using 14 (bold), or 18+ font sizes to meet accessibility standards.

Note! Submit the following geographic access maps to certify and renew networks.

1. A map identifying all counties in the network's service area. Do **not** plot providers.

2. Geographic access maps for the following specialty types, subject to the 30miles/minutes standard outlined in Minnesota Statutes, section 62K.10 Subd. 2. Submit one map for each specialty.

   A. General Hospital facilities

   B. Emergency Medicine Providers

   C. Primary Care providers (clinics), that include any of the following (submit one map):

   - Family Practice Physicians

   - General Practice Physicians

   - Internal Medicine Physicians

   - Nurse Practitioners (only include if associated with a primary care clinic)

   - Physician Assistants (only include if associated with a primary care clinic)

   - Other provider types, such as Geriatric Care Providers, who provider primary care services

   D. Mental Health Provider Prescribers, that include any of the following: (include a map for all, as well as a map for each specialty below)

   - Child and Adolescent Psychiatrist

   - Psychiatrists

   - Mental Health Clinical Nurse Specialist

   E. Mental Health Providers, as defined in Minnesota Statues Chapter 245.462, subdivision 18 that include any of the following: (include a map for all, as well as a map for each specialty below)

   - Licensed Child and Adolescent Psychologists: LP

- ▪ Licensed Psychologists: LP
- ▪ Licensed Marriage and Family Therapists: LMFT or LMFTA
- ▪ Licensed Professional Counselors: LPCC or LPC
- ▪ Licensed Social Workers: LICSW, LCSW, and LISW
- ▪ Other providers designated as licensed mental health providers.

F. Pediatric Services Providers (Primary Care) that may include any of the following (submit one map):

- ▪ Pediatric Physicians
- ▪ Pediatric Nurse Practitioners

3. Geographic access maps for the following specialties, subject to the 60 miles/minutes standard outlined in Minnesota Statute, Section 62K.10 Subd.3. Submit separate maps for each specialty. Combined multiple specialties only where noted. If providers have multiple specialty board certifications, list as a separate provider entry and plot on multiple maps.

- ▪ Allergy, Immunology and Rheumatology
- ▪ Anesthesiology Physicians and Certified Registered Nurse Anesthetists
- ▪ Cardiac Surgery
- ▪ Cardiovascular Disease
- ▪ Chiropractic Services
- ▪ Colon and Rectal Surgery
- ▪ Dental Providers – Pediatric (submit one map)

Pediatric Dental Care providers may include Dentists, Allied Dental Professionals, or Dental Therapists that provide care to children. **If the network doesn't include pediatric dental care providers, submit a written statement indicating none.**

- ▪ Dermatology
- ▪ Endocrinology
- ▪ Gastroenterology
- ▪ General Surgery
- ▪ Genetics
- ▪ Infectious Disease
- ▪ Mammography
- ▪ Nephrology
- ▪ Neurology and Neurological Surgery
- ▪ Obstetrics and Gynecology Physicians, Certified Nurse Midwives, Certified Professional Midwives, and/or OB/GYN Nurse Practitioners

- Oncology Medical/Surgical

- Oncology Radiation

- Ophthalmology

- Orthopedic Surgery

- Otolaryngology

- Outpatient Infusion/Chemotherapy

- Pediatric Specialty (submit one map that includes all the following provider types)

  - Neonatal-Perinatal Medicine

  - Neurodevelopmental Disabilities

  - Pediatric Cardiology

  - Pediatric Endocrinology

  - Pediatric Gastroenterology

  - Pediatric Hematology-Oncology

  - Pediatric Nephrology

  - Pediatric Pulmonology

  - Pediatric Rheumatology

    - **The Excel spreadsheet only allows one code for "Pediatric Specialty." Please include all pediatric specialty providers and pediatric sub-specialty providers in the carrier network on the spreadsheet under the "Pediatric Specialty" code ("PE").**

- Physical Therapy, Occupational Therapy, and/or Speech Therapy Services

  - Carriers may submit providers that practice in only one of the PT/OT/Speech specialties—a clinic or provider does not have to include all specialties.

- Physical Medicine and Rehabilitation and Occupational Medicine

- Podiatry

- Pulmonary Disease

- Radiology and Nuclear Medicine

- Reconstructive Surgery

- Rheumatology

- Substance Use Disorder (SUD) (submit a separate map for each of the services listed below):

  - Outpatient

  - Inpatient - Do not include "detox" facilities in this map. This map should include only inpatient/residential substance use providers.

- **Note:** Minnesota Substance Use Inpatient and Outpatient facilities are those licensed through the Minnesota Department of Human Services as Substance Use Treatment facilities, that are either residential or non-residential. To verify the license of an inpatient/residential substance use provider, go to DHS Licensing Information Lookup
- Thoracic Surgery
- Urology
- Vascular Surgery

4. Geographic access maps for Home Health Providers
- Home Health Care Agency (submit one map)
  - Map that identifies the area served by the Home Health Care Agencies and location of contracted agencies. If contracted agencies do not provide coverage to the entire service area, submit a waiver request.

Network Adequacy Attestation

Submit a Network Adequacy Attestation for each network.

Request for Waiver

Overview

A health carrier may apply to the commissioner of health for a waiver of the requirements if it is unable to meet them, as described in Minnesota Statutes, Section 62K.10 Subd. 5 . The 2019 Minnesota Legislature amended waiver requirements under Minnesota Statutes, section 62K.10 Subd. 5. The changes were intended to strengthen the waiver review process by creating clear and consistent standards for waivers and to clarify the process for receiving renewals of waivers. Use the Request for Waiver form.

Required! For your waiver file follow the naming convention <Waivers_ Carrier Name/Entity_NetworkID_YYYY>.

Application Fees

1. The Minnesota Department of Health will review all network adequacy waiver applications as described in Minnesota Statutes, Section 62K.10 Subd. 5.

2. Upon completion of review and preliminary approval, the Minnesota Department of Health will issue invoices to carriers for the collection of all applicable waiver fees. **Fees are due within thirty days of invoice date.**
   a. As described in Subd. 5, carriers will be charged $500 for each application to waive the requirements in Minnesota Statutes, section 62K.10 Subd. 2 or 3, **for one or more provider types per county**. Carriers will be charged only once per county per network, even if applications to waive the requirements in 62K.10 Subd. 2 or 3 are submitted for multiple provider types (maximum 87 waiver fees per network).

i. Ex.) Carrier 1 has two networks, Network A and Network B. For Network A, Carrier 1 is seeking waivers for cardiac surgery providers, substance use disorder inpatient service providers, and chiropractic/acupuncture services providers in Cook, Lake of the Woods, and Roseau counties. For Network B, Carrier 1 is seeking waivers for colon and rectal surgery providers, endocrinology specialty providers, gastroenterology providers, and cardiac surgery providers in Cook, Lake of the Woods, and Koochiching counties. Carrier 1 will be asked to pay the following waiver fees:

1. $500 for Cook County x 2 networks = $1,000

2. $500 for Lake of the Woods County x 2 networks = $1,000

3. $500 for Roseau County x 1 network = $500

4. $500 for Koochiching County x 1 network = $500

a. Total: $3,000

b. Invoices will contain county-level detail and payment instructions.

Allowable Waiver Reason Codes and Guidelines for *Initial* Approval

Applications to waive the requirements in Minnesota Statutes, section 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, section 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 Find & Compare Physicians

   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, section 62A, 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?

    a. If telemedicine is used to provide access:

        i. These services must meet the definition of "telemedicine" in Minnesota Statutes, section 62A.671, subdivision 9.

        ii. Carrier must describe the extent to which telemedicine services are available.

            1. 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?

    a. If telemedicine is used to provide access:

        i. These services must meet the definition of "telemedicine" in Minnesota Statutes, section 62A.671, subdivision 9.

        ii. Carrier must describe the extent to which telemedicine services are available.

            1. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?

<u>Reason Code 4:</u>

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

Carriers must:

7. 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.

8. State what, if any, steps are taken to inform enrollees of restricted access.

9. State the total number of estimated enrollees in the network as of the submission date of the waiver.

10. State why the geographic access standards cannot be met. Explain why full geographic access is not possible with this network design.

11. 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?

    a. If telemedicine is used to provide access:

        i. These services must meet the definition of "telemedicine" in Minnesota Statutes, section 62A.671, subdivision 9.

        ii. Carrier must describe the extent to which telemedicine services are available.

            1. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?

12. 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.1 Subd. 5 (d), waivers will automatically expire after one year. **Carriers seeking identical, subsequent waivers for plan year 2024 will be required to show steps taken to address network inadequacies in plan year 2023 (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 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 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 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 the requirements set forth for initial approval.

2. Provide a description of how access was provided for affected enrollees in the last approval year.

Request for Waiver - ECP

Carriers may apply to the commissioner of health to waive network adequacy requirements for Essential Community Providers (ECPs). Please see the following section for additional information.

Essential Community Provider (ECP) Requirements for Provider Networks

Health carriers must meet requirements for inclusion of Essential Community Providers (ECPs). These requirements are intended to ensure that networks include a broad range of ECPs to serve the unique needs of Minnesota populations. Minnesota requirements are based on ECP standards developed for Federally-facilitated Exchanges. 2025 Draft Letter to Issuers in the Federally-facilitated Exchanges

Carriers must offer a contract in good faith to all ECPs designated as Indian Health Providers in their network service area. Indian Health Provider ECPs are those providers that may be tribal, urban, or other providers that primarily serve American Indian populations and are state or federally-designated ECPs. QHP issuers are required to use the following Model QHP Appendix when contracting with Indian health care providers.

1. In addition, each separate network must include at least one ECP per county in each of the following categories, if such ECP is available. These categories are based on the list of state designated ECPs. However, carriers may also use federally-designated ECPs to meet family planning access requirements.

    a. Primary Care

    b. Family Planning

    c. Mental Health

    d. Chemical Dependency

2. Each network must include a minimum of 35% of ECPs available in the provider network service area. The minimum 35% threshold should be calculated using Minnesota designated ECPs located in the provider network service area as the basis (denominator) of calculation.

A comprehensive list of state designated ECPs and US Department of Health and Human Services ECPs can be downloaded from MDH's Essential Community Providers page. The Federal list of ECP providers can be found on the Centers for Medicare & Medicaid Services website.

Please ensure that ECPs are clearly identified in each Provider File. Facility names and/or addresses of the ECPs must correspond with the state or Federal ECP list provided at the link above. Individual providers should not be identified as ECPs.

Minnesota Statutes, section 62Q.19, Subd. 3 requires a health plan company to offer a provider contract to any ECP located within the service area of the health plan company if the ECP approaches the health plan and requests a contract. Per Minnesota Statutes 62Q.19, the health

plan company can require that the ECP meet data, utilization review, and quality assurance requirements consistent with those of other network providers. The health plan company is only obligated to cover services identified in the health plan company's certificate of coverage. The health plan company and ECP may negotiate the payment rate, but the health plan company must pay at least the same rate per unit of service that it pays for same or similar services. Minnesota Statutes, section 62Q.19, Subd. 3, states, "[a] health plan company shall not restrict enrollee access to services designated to be provided by the essential community provider for the population that the essential community provider is certified to serve." This means that, if an ECP requests a contract, and meets the other contracting requirements of the statute, they must be offered participation in all networks offered by a given carrier.

Document each case where the requirements cannot be met for an ECP on the Request for Waiver – ECP form. Waivers will only be granted for the following reasons. It is not necessary to request a waiver in situations where there is no ECP of that category available in the county identified in either the state or federal ECP list.

1. Provider does not meet carrier's data requirements, utilization review, and quality assurance requirements; or

2. Carrier has made a good faith effort to contract with provider(s), but provider(s) has refused. Please provide a statement of what was done to contract with the provider.

Partial County Service Area Requirements

A service area that includes any partial county must be established without regard to racial, ethnic, language, concentrated poverty or health status-related factors, or other factors that exclude specific high-utilizing, high-cost, or medically underserved populations. If a health carrier requests to serve less than an entire county for any network, it is required that additional documentation be submitted to determine whether this requirement is met. To request coverage in a partial county, a Network Service area Partial County Justification document must be submitted to the Minnesota Department of Health using the Provider Network Adequacy (PNA) Filing System.

Health carriers are strongly encouraged to submit service areas that include full counties. Contact us at health.managedcare@state.mn.us if you have questions about partial county service areas and meeting network adequacy geographic access standards.

Information Specific to Stand-alone Dental Network Filings – Limited-Scope Pediatric Dental Plans

Dental carriers that wish to be certified on or off-Exchange as Qualified Dental Plans (QDPs), also known as Stand Alone Dental Plans (SADPs), must submit network adequacy documentation for approval. Required documents include:

- Provider File identifying all providers offering pediatric dental services.

- Service Area Map identifying all counties included in the network's service area.

- **One** Geographic Access Map identifying all the providers in the network, showing the Service Area defined by county, and demonstrating that 60 mile/60 minute

access requirements for dental providers are met in the entire service area. No maps are required for pediatric dental specialists.

- Network Adequacy Attestation

- Request for Waiver Waivers are required if the geographic access map indicates gaps in coverage in the designated service area (Note: Standalone dental networks are not required to meet the requirements for ECPs, as specified in the instructions).

Please use the templates provided on this page to create the Provider File, the Network Adequacy Attestation, and the Request for Waiver (as needed). For more guidance, see the Annual Instructions Guide.

As with medical provider networks, standalone dental networks are subject Minnesota Statutes, section 62Q.19, Subd. 3. This means that if a dental ECP requests a contract and meets the other contracting requirements, they must be offered participation in all networks offered by a given health carrier. Networks for SADPs must include a minimum of 35% of dental ECPs available in the provider network service area. The minimum 35% threshold should be calculated using Minnesota designated dental ECPs located in the provider network service area as the basis (denominator) of calculation. See the MDH's Essential Community Providers page for more information.

The following are the provider types and provider specialties carriers may include in Provider Files. These provider types and specialties should be shown on one geographic access map.

Provider Types:

- Dentist: 30I

- Dental Group: 30F

- Allied Dental Professionals: 31 (includes Dental Therapists and Advanced Dental Therapists)

- Dental Hygienist: 31

Provider Specialties:

- General Practitioner: 62

- Pediatrics: 16

- Orthodontist (for medically necessary orthodontia): 63

- Periodontist (for medically necessary pediatric dental services): 65

- Prosthodontist (for medically necessary pediatric dental services): 73

- Oral surgeon (for medically necessary pediatric dental services): 61

Appendix – Provider Codes

Below are the Provider Type and Provider Specialty codes for the Provider File and maps.

A.   General Hospital Facilities

Provider Type	Provider Type Code	Specialty	Specialty Code
Hospital Facility	01	N/A	N/A
Acute Inpatient Hospitals	040	N/A	N/A

Submit clinics with multiple specialties as separate rows within the Provider File.

B.   Primary Care

Provider Type	Provider Type Code	Specialty	Specialty Code
Physician Individual	20I	Family Practice	77
Physician Individual	20I	General Practice	01
Physician Individual	20I	Gerontology	43
Nurse Practitioner I	65	Internal Medicine	15
Physician Individual	20I	Preventive Medicine	18
Nurse Practitioner	65	Family Nurse Practitioner	35
Physician Assistant	69	Optional	Optional

C.   Mental Health

Provider Type	Provider Type Code	Specialty	Specialty Code
Child and Adolescent Psychiatrist	20I	Child Psychiatry	21
Psychiatrist	20I	Psychiatry	23
Mental Health Clinical Nurse Specialist	108	N/A	N/A
Licensed Child and Adolescent Psychologist (LP)	42		
Licensed Clinical Social Worker (LCSW)	102	N/A	N/A
Licensed Psychologist (LP)	42	N/A	N/A
Licensed Professional Clinical Counselor (LPCC)	63	N/A	N/A
Licensed Professional Counselor (LPC)	103	N/A	N/A
Licensed Independent Clinical Social Worker (LICSW)	14	N/A	N/A

Provider Type	Provider Type Code	Specialty	Specialty Code
Licensed Independent Social Worker (LISW)	102	N/A	N/A
Mental Health Nurse Practitioner	65	Mental Health Nurse Practitioner	82
Licensed Marriage and Family Therapist (LMFT)	25	N/A	N/A
Licensed Marriage and Family Therapist Associate (LMFTA)	105	N/A	N/A
Other Licensed Mental Health Providers	M1	N/A	N/A

There is not a separate code to designate child and adolescent mental health beyond psychiatry. If a mental health provider specializes in serving children and adolescents, please indicate by answering yes in the Provider File under column AC.

D.   Pediatric Services – General Pediatric Provider

Provider Type	Provider Type Code	Specialty	Specialty Code
Pediatric Physician	20I	Pediatrics	16
Pediatric Nurse Practitioner	65	Pediatric Nurse Practitioner	34

E.   Pediatric Services – Pediatric Specialty Providers

Provider Type	Provider Type Code	Specialty	Specialty Code
Pediatric Physicians	20I	Pediatrics	16

The excel spreadsheet only allows one code for "Pediatric Specialty." Please include all pediatric specialty, and any additional pediatric sub-specialty providers in the Provider File under the "Pediatric Specialty" code - "PE". Provide one map for all pediatric and subspecialty providers.

F.   Specialty Services –

Provider Type	Provider Type Code	Specialty	Specialty Code
Acupuncture	AP	N/A	N/A
Allergy	20I	Allergy	11
Anesthesiology	20I	Anesthesiology	41
Audiologist	43	N/A	N/A
Cardiovascular Disease	20I	Cardiovascular Disease	12

Provider Type	Provider Type Code	Specialty	Specialty Code
Cardiovascular Surgery	20I	Cardiovascular Surgery	91
Certified Nurse Midwife	66	N/A	N/A
Certified Nurse Specialist	68	N/A	N/A
Certified Processional Midwife	C1	N/A	N/A
Certified Registered Nurse Anesthetist	67	N/A	N/A
Chiropractor	37	N/A	N/A
Colon and Rectal Surgery	20I	Colon and Rectal Surgery	50
Dermatology	20I	Dermatology	13
Diabetes	20I	Diabetes	06
Emergency Medicine	20I	Emergency Medicine	037
Endocrinology	20I	Endocrinology	42
Gastroenterology	20I	Gastroenterology	14
Genetics	20I	Genetics	08
Gynecology	20I	Gynecology	47
Hematology	20I	Hematology	HT
Immunology	20I	Immunology	44
Infectious Diseases	20I	Infectious Disease	72
Lactation Counselor	N/A	Lactation Counselor	L/A
Nephrology	20I	Nephrology	92
Neurological Surgery	20I	Neurological Surgery	52
Neurology	20I	Neurology	22
Psychologists	N/A	Neuropsychology	81
Nuclear Medicine	20I	Nuclear Medicine	76
Obstetrics	20I	Obstetrics	46
Obstetrics and Gynecology	20I	Obstetrics and Gynecology	53
OB/GYN Nurse Practitioner	65	PB/GYN Nurse Practitioner	80
Occupational Medicine	29	N/A	N/A
Occupational Therapists	29	N/A	N/A
Oncology Medical/Surgical	20I	Oncology	021
Oncology Radiation	20I	Oncology	60
Ophthalmology	20I	Ophthalmology	54

Provider Type	Provider Type Code	Specialty	Specialty Code
Optometrist	35	N/A	N/A
Orthopedic Surgery	20I	Orthopedic Surgery	55
Otolaryngology	20I	Otolaryngology	56
Peripheral Vascular Disease or Surgery	20I	Peripheral Vascular Disease or Surgery	74
Physical Medicine and Rehabilitation	20I	Physical Medicine and Rehabilitation	17
Physical Therapist	39	N/A	N/A
Plastic and Reconstructive Surgery	20I	Plastic and Reconstructive Surgery	57
Podiatrists	36	N/A	N/A
Pulmonary Disease	20I	Pulmonary Disease	19
Radiology	20I	Radiology	32
Radiation Therapy	20I	Radiation Therapy	76
Reconstructive Surgery	20I	Reconstructive Surgery	24
Rheumatology	20I	Rheumatology	90
Speech Language Pathologist	40	N/A	N/A
Substance Use Disorder (SUD) Provider Inpatient	CD1I	N/A	N/A
Substance Use Disorder (SUD) Provider Outpatient	CD2I	N/A	N/A
Surgery	20I	General Surgery	51
Thoracic Surgery	20I	Thoracic Surgery	58
Urology	20I	Urology	59
Vascular Surgery	20I	Cardiovascular Surgery	91

G.   Home Health Care

Provider Type	Provider Type Code	Specialty	Specialty Code
Home Health Care Agency	60	N/A	N/A
Personal Care Organization	38	N/A	N/A

H. Dental Providers

Provider Type	Provider Type Code	Specialty	Specialty Code
Pediatric Dental Care	30I	Pediatrics	16
Pediatric Dental Care	30I	N/A	N/A
Dental Hygienist	31	N/A	N/A

I. Facility Codes

This table includes codes for various facility types.

Provider Type	Provider Type Code	Specialty	Specialty Code
Ambulatory Surgery Center	22	N/A	N/A
Birthing Center	B1	N/A	N/A
Cardiac Catheterization Services	042	N/A	N/A
Cardiac Surgery Program	041	N/A	N/A
Community Health Clinic	58	N/A	N/A
Community Mental Health Center	10	N/A	N/A
Critical Care Services-Intensive Care Units	043	N/A	N/A
Dental Clinic/Group	30F	N/A	N/A
Diagnostic Radiology	047	N/A	N/A
Durable Medical Equipment Supplier	76	N/A	N/A
Family Planning Agency	54	N/A	N/A
Federally Qualified Health Center	52	N/A	N/A
Indian Health Service Facility	51	N/A	N/A
Mammography	048	N/A	N/A
Outpatient Infusion/Chemotherapy	057	N/A	N/A
Pediatric Dental	P201	N/A	N/A
Pediatric Specialty Hospital	PH	N/A	N/A
Personal Care Organization	38	N/A	N/A
Pharmacy	70	N/A	N/A
Physician Clinic	20F	N/A	N/A
Psychiatric Residential Treatment Facility	PR	N/A	N/A
Public Health Clinic	57	N/A	N/A
Residential Treatment Facility	RT	N/A	

Provider Type	Provider Type Code	Specialty	Specialty Code
Rural Health Clinic	53	N/A	N/A
Skilled Nursing Facility	00	N/A	N/A
Substance Use Disorder (SUD) Facility Inpatient	CD1F	N/A	N/A
Substance Use Disorder (SUD) Facility Outpatient	CD2F	N/A	N/A
SURGICAL SERVICES (OUTPATIENT OR ASC)	045	N/A	N/A
Transplant Surgery Center	TC	N/A	N/A
Urgent Care	080	N/A	N/A

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Network Adequacy Statues https://www.revisor.mn.gov/statutes/cite/62K.10

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https://www.govinfo.gov/content/pkg/FR-2023-11-24/pdf/2023-25576.pdf

Federal Network Adequacy Standards https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-156/subpart-C/section-156.230

System for Electronic Rates & Forms Filing (SERFF) https://www.serff.com/

Submission Portal clouddrive.web.health.state.mn.us

Provider File
https://www.health.state.mn.us/facilities/insurance/managedcare/docs/netadequacyproviderfile21.xlsm

Network Adequacy Attestation
https://www.health.state.mn.us/facilities/insurance/managedcare/docs/netadequacyattestation20.docx

Request for Waiver
https://www.health.state.mn.us/facilities/insurance/managedcare/docs/networkwaiver24.xlsm

Request for Waiver -ECP
https://www.health.state.mn.us/facilities/insurance/managedcare/docs/networkwaiverecp24.xlsm

Network Service Area Partial County Justification
https://www.health.state.mn.us/facilities/insurance/managedcare/docs/networkpartcojustrequire20.docx

Essential Community Providers
https://www.health.state.mn.us/facilities/insurance/managedcare/ecp/index.html

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Mental Health Provider Definition https://www.revisor.mn.gov/statutes/2020/cite/245.462

DHS Licensing Information Lookup https://licensinglookup.dhs.state.mn.us/

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Minnesota Health Care Programs Provider Directory
https://mhcpproviderdirectory.dhs.state.mn.us/

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2025 Draft Letter to Issuers in the Federally-facilitated Exchanges
https://www.cms.gov/files/document/2025-draft-letter-issuers-11-15-2023.pdf

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https://www.cms.gov/files/document/2025-draft-letter-issuers-11-15-2023.pdf

Essential Community Providers and Network Adequacy
https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy

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