

**Subject** Network adequacy, provider credentialing, study

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**Date** February 27, 2023

## Overview

This bill amends statutes governing health plan network adequacy, credentialing of health care providers by health plan companies, and health plan coverage of mental health and chemical dependency services. It also requires the commissioner of health to study and develop recommendations on other ways to determine geographic accessibility of health care providers and adequacy of health care provider networks.

## Summary

Section	Description
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| 1 | <p><b>Network adequacy.</b></p> <p>Amends § 62K.10, subd. 4. Requires the commissioner of health to determine the sufficiency of provider networks in any way that is consistent with this section and allows the commissioner to establish sufficiency by referring to reasonable criteria, including ratios of providers to covered persons, geographic accessibility, geographic variation and population dispersion, waiting times for appointments, hours of operation, the ability of the network to meet the needs of covered persons, other service delivery system options, and the volume of technological and specialty care services available to meet the needs of covered persons. This section is effective January 1, 2025, and applies to health plans offered, issued, or renewed on or after that date.</p> |
| 2 | <p><b>Credentialing of providers.</b></p> <p>Amends § 62Q.096. In a section governing health plan company credentialing of providers, para. (b) requires a health plan company, between July 1, 2023, and June 30, 2025, to credential and enter into a contract for mental health services with any provider that meets credentialing requirements and meets the other listed criteria. Allows the health plan company to waive certain credentialing requirements not related to quality of care.</p>  |

Section	Description
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Para. (c) prohibits a health plan company from refusing to credential mental health providers described in para. (a) on the ground that it has a sufficient number of mental health providers of a specific type or a sufficient number in aggregate.

Para. (d) requires a health plan company to credential a mental health provider that meets the health plan company's standards.

**3 Alcoholism, mental health, and chemical dependency services.**

Amends § 62Q.47. Requires the commissioner to require health plans with medical assistance managed care contracts to use the timely filing timelines and prior authorization processes used for MA fee-for-service for mental health and substance use disorder services covered by MA.

**4 Geographic accessibility and network adequacy study.**

Requires the commissioner of health, in consultation with others, to study and develop recommendations on additional methods besides maximum distance and travel times for enrollees to determine adequacy of geographic accessibility of health care providers and adequacy of provider networks. Requires the commissioner to examine the feasibility of using the listed methods to determine geographic accessibility and network adequacy. Requires a report on the study to be submitted to the legislature by January 15, 2024.



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