



Provider Network Adequacy

Minnesota House of Representatives
Health and Human Services Finance Committee

February 7, 2019

Tom Major, Manager
Managed Care Systems

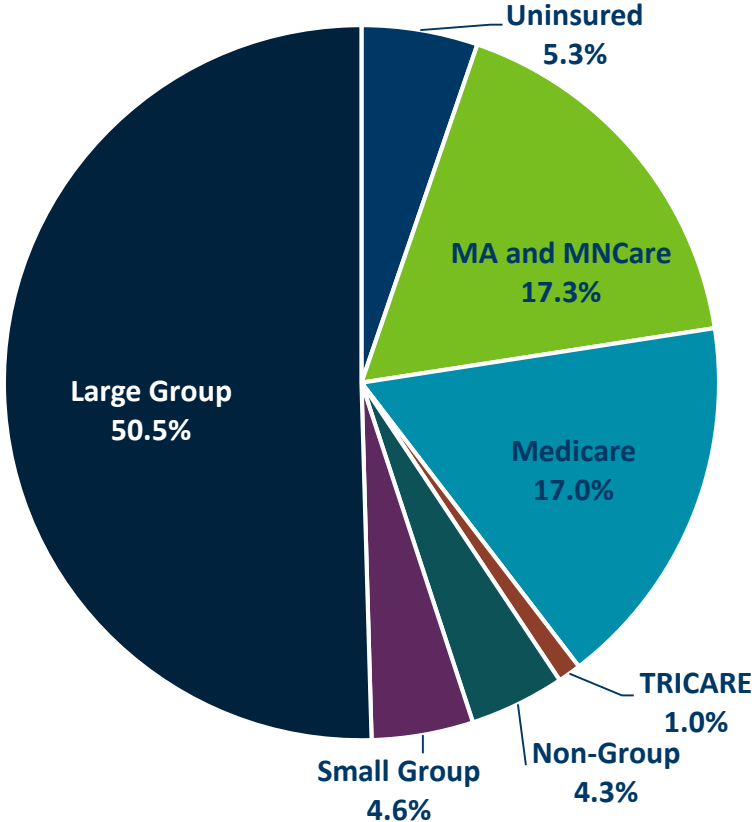
Managed Care Systems

- The Managed Care Systems Section of the Department of Health licenses and regulates Health Maintenance Organizations (HMOs) and designated County-Based Purchasers.
 - *Regulation ensures that health plan companies follow all applicable laws and rules governing financial solvency, quality of care, access to services, complaints, appeals and other consumer rights.*
- We seek to ensure that enrollees are protected and receive the coverage and services to which they are entitled from managed care organizations, including HMOs and other insurers.

HMO Regulatory Authority

- MDH has regulatory authority over individual, small group, and large group HMOs' *fully insured* commercial health plans offered both on and off of the exchange
- MDH has no authority over *self-insured* health plans (like SEGIP) or Medicare plans
- MDH supports DHS regulation of Managed Care Organizations that offer coverage to medical assistance and MinnesotaCare enrollees

Distribution of Minnesota Population by Primary Source of Insurance Coverage, 2016



Sources: MDH Health Economics Program; U.S. Census Bureau, Annual Estimates of the Population for July 1, 2017. MA and MNCare includes Medical Assistance (MA) and MinnesotaCare (MNCare). High Risk Pool ended in 2014. Non-Group may also be referred to as individual market. Detail may not sum to total due to rounding.

What is Provider Network Adequacy?

- “Network adequacy” describes whether a consumer’s health plan includes a sufficient number of providers and if the proximity of medical and facility providers is sufficient to address the health care needs of all the insurer’s members or enrollees in a timely manner.
- The Managed Care Systems Section reviews health care provider networks marketed by health plans and insurers so that geographic access is assured for enrollees.



Federal and State Network Adequacy Laws

- The Affordable Care Act requires that health carriers issuing Qualified Health Plans offer provider networks that are sufficient in number and types of providers -- including essential community providers (ECPs)-- so that all services are accessible without unreasonable delay.
- Minnesota law requires that provider networks include a sufficient number and types of providers, including providers that specialize in mental health and substance use disorder services, to ensure covered services are available to all enrollees without unreasonable delay.



Annual Reviews of Network Adequacy

Under Minnesota Law, the Department conducts annual reviews of health carriers' proposed provider networks to:

- Ensure that a 30 mile/30 minute geographic access standard is met for Adult and Pediatric Primary Care Providers, Mental Health Providers, and General Hospitals.
- Ensure the 60 mile/60 minute geographic access standard is met for specialty physician services, ancillary services, and specialized hospital services, such as:
 - Pediatric Specialty Providers
 - Cardiovascular Disease and Surgery
 - Ob/Gyn
 - Oncology
 - Dental Providers



Network Adequacy Waivers

Under state statute, a health insurer may apply to the commissioner of health to receive a waiver if it is unable to meet statutory requirements of provider networks.

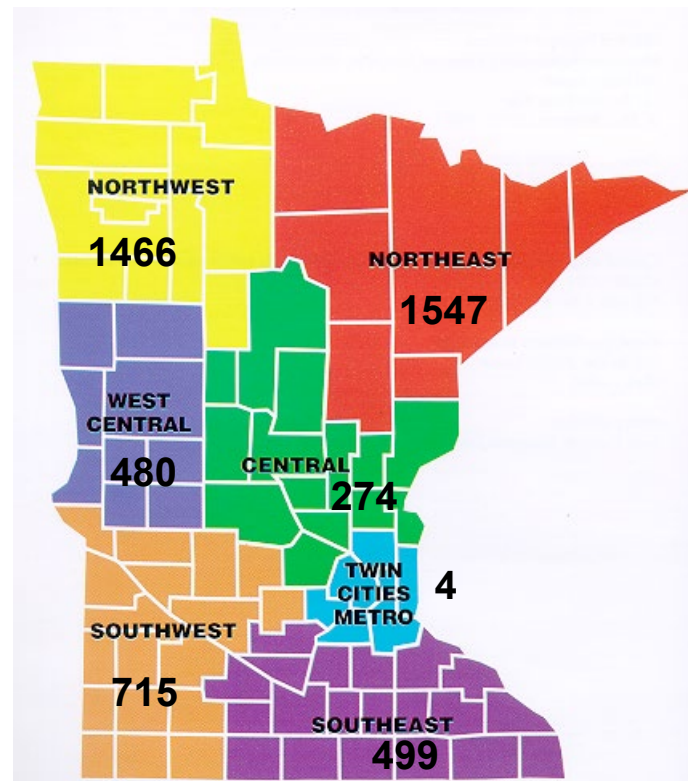
Waiver are requested for the following situations:

- There are no providers of a given type in a particular service area or county that meets the geographic access standards.
- Available providers do not meet credentialing standards.
- Contracts with available providers could not be successfully negotiated.
- Other (ACO/Narrow Network)

Network Adequacy Waivers

Regional Map of 2019 Waivers

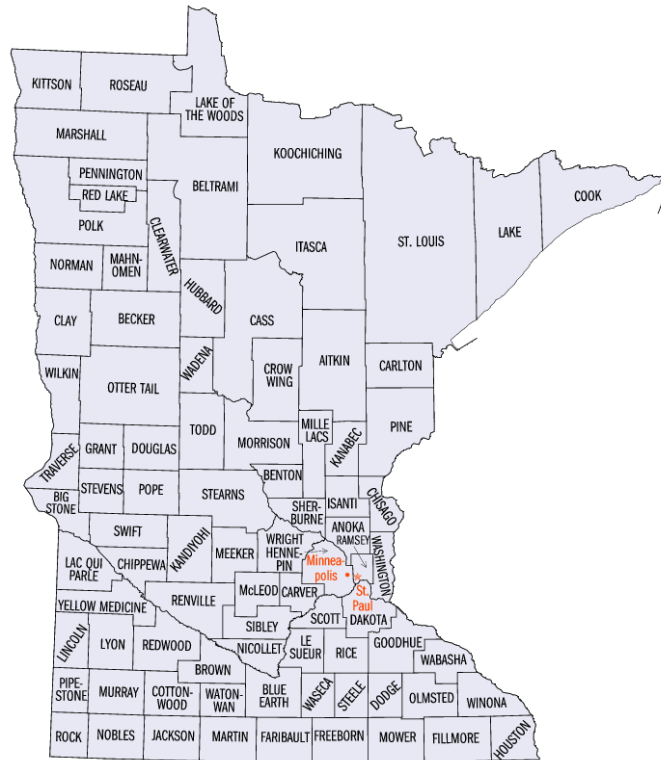
Waivers		
	2019	2018
Potential Number of Waivers	133,980	124,845
Total Waivers Issued	4,985	4,488
Total Waivers Issued as Percentage of Potential Waivers	3.7%	3.6%



Waivers are posted on our website at <http://www.health.state.mn.us/divs/hpsc/mcs/networkwaivers.htm>

Mental Health Provider Waivers

Mental Health Provider Waivers Issued		
	2019	2018
Total Waivers Issued	4985	4488
Mental Health Provider Waivers Issued	138	136
MH Provider Waivers as Percentage of Total Waivers	2.8%	3%



<https://commons.wikimedia.org/wiki/File:Minnesota-counties-map.png>

Mental Health Provider Waivers by County

County	2019	2018
Beltrami	16	14
Big Stone		2
Cass		1
Clearwater	8	7
Cook	13	12
Itasca	7	6
Kittson	8	11
Koochiching	12	13
Lac Qui Parle		1
Lake	16	12
Lake Of The Woods	13	12
Marshall	12	14
Roseau	9	12
St. Louis	18	17
Traverse	6	2
Total	138	136

Provider Networks for 2019

Approved Networks for 2019

- 12 Individual/Family Qualified Health Plan (QHP) networks approved for On Exchange
- 14 Individual/Family QHP networks approved for Off Exchange
- 27 Small Group QHP networks approved for Off Exchange



Thank you!

Tom Major

Managed Care Systems

Minnesota Department of Health

tom.major@state.mn.us

651-201-5167