DEPARTMENT OF HEALTH

MANAGED CARE SYSTEMS
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Request for Waiver

Plan Year: 2021

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*
UCare Minnesota	UCare Individual and Family Plans	MNN001	*<select one>*
Name	**Title**	**Date**	**Enrollees in Network***
Missy Stegmiller	Provider Network Analyst Sr	7/31/2020	

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 in Network
General Hospital facilities	*Roseau*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with LifeCare Medical Center in Roseau, MN. This hospital does not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in Roseau county who are outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	12	4%		
General Hospital facilities	*Marshall*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with North Region Health Alliance in Warren, MN. This hospital does not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in Marshall county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	19	10%		
General Hospital facilities	*Lake Of The Woods*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and are in the contracting process with LakeWood Health Center. However, this hospital does not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in Lake of the Woods county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	6	6%		
General Hospital facilities	*Beltrami*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with Sanford Bemidji Medical Center in Bemidji, MN. This hospital does not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in Beltrami county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	56	10%		

General Hospital facilities	*Clearwater*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with Sanford Bagley Medical Center in Bagley, MN. This hospital does not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in Clearwater county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*0*	*0%*		
General Hospital facilities	*Koochiching*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with Rainy Lake Medical Center in International Falls, MN. This hospital does not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in Koochiching county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*11*	*9%*		
General Hospital facilities	*St. Louis*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within St. Louis county. Those counties are rural, and the hospitals available do not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in St. Louis county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*11*	*1%*		
General Hospital facilities	*Lake*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within Lake County. Those counties are rural, and the hospitals available do not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in Lake county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*36*	*30%*		
General Hospital facilities	*Cook*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within Cook County. Those counties are rural, and the hospitals available do not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in Cook county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*34*	*18%*		
General Hospital facilities	*Aitkin*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals and is contracted with Riverwood HealthCare Center in Aitkin, MN. Those counties are rural, and the hospitals available do not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in Aitkin county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*10*	*7%*		
General Hospital facilities	*Cass*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals. Those counties are rural, and the hospitals available do not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in Cass county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*107*	*43%*		

General Hospital facilities	*Itasca*	*1*	There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within and around Itasca County. Those counties are rural, and the hospitals available do not cover the entire geographic area even when the required 30 mile radiuses are applied. UCare used Medicare's Facility Compare data and online searches to validate all General Hospital Facilities are in our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members who reside in Cass county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*4*	*1%*	
Primary Care providers	*Beltrami*	*1*	There is a small rural area in northwest Beltrami county in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool to confirm no additional Primary Care Providers exist in those areas. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*4*	*1%*	
Primary Care providers	*Marshall*	*1*	There is a small rural area in northeast Marshall county in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool to confirm no additional Primary Care Providers exist in those areas. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*9*	*5%*	
Primary Care providers	*Lake Of The Woods*	*1*	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool to confirm no additional Primary Care Providers exist in those areas. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*6*	*6%*	
Primary Care providers	*St. Louis*	*1*	There are rural areas in northern Minnesota counties (e.g., the Boundary Waters Canoe Area) in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool to confirm no additional Primary Care Providers exist in those areas. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*1*	*0%*	
Primary Care providers	*Lake*	*1*	There are rural areas in northern Minnesota counties (e.g., the Boundary Waters Canoe Area) in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool to confirm no additional Primary Care Providers exist in those areas. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*0*	*0%*	
Primary Care providers	*Cook*	*1*	There are rural areas in northern Minnesota counties (e.g., the Boundary Waters Canoe Area) in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool to confirm no additional Primary Care Providers exist in those areas. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	*19*	*10%*	
Mental health providers	*Lake Of The Woods*	*1*	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Mental Health Provider. UCare attempted to locate available providers using Medicare's Physician Compare Tool and UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage. Members and providers call UCare's local and toll-free Intake Triage Line to talk with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinators also answer general benefit questions and connect members and providers to our MH & SUD Case Management Team.	*80*	*79%*	

Mental health providers	*Marshall*	*1*	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density in eastern Marshall county and northwestern Beltrami county, the east section of the county is not within 30 miles of a Mental Health Provider. UCare attempted to locate available providers using Medicare's Physician Compare Tool and UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage. Members and providers call UCare's local and toll-free Intake Triage Line to talk with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinators also answer general benefit questions and connect members and providers to our MH & SUD Case Management Team.	9	5%	
Mental health providers	*Beltrami*	*1*	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Mental Health Provider. UCare attempted to locate available providers using Medicare's Physician Compare Tool and UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage. Members and providers call UCare's local and toll-free Intake Triage Line to talk with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinators also answer general benefit questions and connect members and providers to our MH & SUD Case Management Team.	44	8%	
Mental health providers	*Koochiching*	*1*	There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Mental Health Provider. UCare attempted to locate available providers using Medicare's Physician Compare Tool and UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage. Members and providers call UCare's local and toll-free Intake Triage Line to talk with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinators also answer general benefit questions and connect members and providers to our MH & SUD Case Management Team.	13	11%	
Mental health providers	*St. Louis*	*1*	There are rural areas in northern Minnesota counties (e.g., the Boundary Waters Canoe Area) in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Mental Health Provider. UCare attempted to locate available providers using Medicare's Physician Compare Tool and UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage. Members and providers call UCare's local and toll-free Intake Triage Line to talk with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinators also answer general benefit questions and connect members and providers to our MH & SUD Case Management Team.	1	0%	
Mental health providers	*Cook*	*1*	There are rural areas in northern Minnesota counties (e.g., the Boundary Waters Canoe Area) in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Mental Health Provider. UCare attempted to locate available providers using Medicare's Physician Compare Tool and UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage. Members and providers call UCare's local and toll-free Intake Triage Line to talk with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinators also answer general benefit questions and connect members and providers to our MH & SUD Case Management Team.	26	14%	
Mental health providers	*Lake*	*1*	There are rural areas in northern Minnesota counties (e.g., the Boundary Waters Canoe Area) in which all available providers are contracted; however, because of the low population density, we have sections of counties that are not within 30 miles of a Mental Health Provider. UCare attempted to locate available providers using Medicare's Physician Compare Tool and UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage. Members and providers call UCare's local and toll-free Intake Triage Line to talk with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinators also answer general benefit questions and connect members and providers to our MH & SUD Case Management Team.	5	4%	
Pediatric Services Providers	*Kittson*	*1*	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	76	95%	

Pediatric Services Providers	Roseau	1	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	12	4%		
Pediatric Services Providers	Lake Of The Woods	1	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	74	73%		
Pediatric Services Providers	Marshall	1	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	60	31%		
Pediatric Services Providers	Beltrami	1	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	59	10%		
Pediatric Services Providers	Clearwater	1	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	0	0%		
Pediatric Services Providers	Koochiching	1	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	124	98%		
Pediatric Services Providers	Itasca	1	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	4	1%		
Pediatric Services Providers	St. Louis	1	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	92	5%		

Pediatric Services Providers	*Lake*	*1*	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	117	97%		
Pediatric Services Providers	*Cook*	*1*	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	188	100%		
Pediatric Services Providers	*Traverse*	*1*	There are areas of western Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	35	76%		
Pediatric Services Providers	*Big Stone*	*1*	There are areas of western Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	120	79%		
Pediatric Services Providers	*Lac Qui Parle*	*1*	There are areas of western Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	32	18%		
Pediatric Services Providers	*Cottonwood*	*1*	There are areas of southern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	6	2%		
Pediatric Services Providers	*Jackson*	*1*	There are areas of southern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	116	38%		
Pediatric Services Providers	*Martin*	*1*	There are areas of southern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member. To ensure current and future members have access to care, UCare embraces a multi-faceted approach. UCare uses several strategies including: ongoing provider network analysis and development, cross departmental monthly maximizing provider networks meeting, delivery of services via telehealth and involvement in/support for provider workforce development. UCare supports telehealth (web-based virtual visit) services that bring access to specialized care into communities experiencing provider scarcity. UCare continues to encourage our provider network to develop telehealth sites in areas with a medical professional shortage.	394	100%		

Specialty	Counties	Count	Narrative			
Allergy, Immunology and Rheumatology	*Lake,Cook,St. Louis,Itasca,Aitkin,Kooch iching,Lake Of The Woods,Roseau,Kittson,B eltram,Lincoln,Lyon,Yello w Medicine*	**1**	There are areas of northern and southwestern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Anesthesiology Physicians and Certified Registered Nurse Anesthetists	*Lake,Cook,Koochiching, Beltrami,Lake Of The Woods*	**1**	Gaps in access to anesthesiology services exist in the northern Minnesota counties. We cannot identify any providers within a 60 mile radius of the existing gaps. We have verified this using Medicare's Physician Compare tool and online search. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Cardiac Surgery	*Lake,Cook,St. Louis,Koochiching,Itasca ,Beltrami,Lake Of The Woods,Roseau,Kittson,M arshall,Pennington,Big Stone,Lac Qui Parle*	**1**	Cardiac Surgery gaps exist in these Minnesota counties. UCare contracts with all available providers in this area. We used Medicare's Physician Compare tool and Supply File to validate our network. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Cardiovascular Disease	*Cook*	**1**	There are no providers offering Cardiovascular Disease Specialties in the Arrowhead Region. This specialty is offered at other locations outside of the 60 mile radius to which members are referred. We checked Medicare's Physician Compare tool, the Medicare Supply File and an online search to identify any potential missing providers and found none. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Colon and Rectal Surgery	*Cook,St. Louis,Koochiching,Itasca ,Aitkin,Kittson,Roseau,La ke Of The Woods,Beltrami,Mahnom en,Marshall,Pennington,R ed Lake,Polk,Clearwater,Bec ker,Cass,Hubbard,Crow Wing,Wadena,Otter Tail,Wilkin,Todd,Douglas, Grant,Traverse,Big Stone,Stevens,Nobles,Ja ckson,Martin,Blue Earth*	**1**	Gaps exist in these Minnesota counties for Colon and Rectal Surgery. UCare contracts with all available Colon and Rectal providers. The gaps exist because there are no other providers to fill the 60 mile radius gap. We used online search engines, along with Medicare's Physician Compare tool to validate no other providers were available. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Dermatology	*Lake,Cook,St. Louis,Koochiching,Beltra mi,Lake Of The Woods,Roseau*	**1**	Gaps exist in these Minnesota counties for dermatology because there are no other providers to fill the 60 mile radius gap. We used online search engines along with Medicare's Physician Compare tool to validate the lack of other providers. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Endocrinology	*Lake,Cook,St. Louis,Koochiching,Itasca ,Traverse,Big Stone,Jackson*	**1**	Gaps exist in the northern Minnesota counties for Endocrinology, Diabetes. UCare attempted to locate providers using Medicare's Physician compare tool and an online search. We also called St. Luke's Silver Bay location and confirmed that it does not provide Endocrinology; instead, all patients are referred to Duluth. We cannot identify any providers in International Falls or Grand Marais who provide endocrinology services. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Gastroenterology	*Cook,St. Louis,Koochiching,Big Stone,Lac Qui Parle,Yellow Medicine,Lincoln,Nobles, Jackson,Blue Earth,Martin*	**1**	A gap in this provider type exists in the arrowhead region of the state, as the Cook County-North Shore Hospital does not offer this service. UCare attempted to locate providers using Medicare's Physician compare tool and an online search. In addition, we confirmed on April 23, 2019 that the Essentia Health International Falls location does not have a gastroenterologist. It does have one gastroenterologist who sees patients via telehealth, but only after an initial in-person consult in Duluth. We also confirmed on January 15, 2020 that Sanford Canby does not have a gastroenterologist. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
General Surgery	*Cook*	**1**	A gap for this specialty exists in Cook County, and we do not see any providers categorized as General Surgery offered at the Cook County-North Shore Hospital. Cook County North Shore Hospital patients are referred to Duluth. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			

Specialty	Counties	Count	Description			
Genetics	*Lake,Cook,St. Louis,Carlton,Pine,Kanabec,Aitkin,Itasca,Koochiching,Crow Wing,Cass,Hubbard,Beltrami,Lake Of The Woods,Roseau,Kittson,Marshall,Pennington,Red Lake,Polk,Clearwater,Mahnomen,Becke,Traverse, Big Stone,Lac Qui Parle,Stevens,Swift,Grant,Renville,Sibley,Nicollet,Brown,Blue Earth,Martin*	*1*	This is a unique specialty that is only offered in the population centers of the state. Gaps exist throughout the state. UCare contracts with all known providers and attempted to find additional providers using Medicare's Physician Compare Tool and an online search. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Nephrology	*Lake,Cook,Martin*	*1*	There is a gap in Nephrology coverage in the Arrowhead Region. UCare contracts with all available providers in these counties. We reviewed Medicare's Physician Compare tool and CMS' Provider Supply files along with an online search to validate our network. Cook County North Shore Hospital patients are referred to Duluth. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Neurology and Neurological Surgery	*Lake,Cook*	*1*	A gap exists in Cook and Lake Counties for these specialty types because there are no providers available in this very rural area. Members are referred to providers in Duluth. UCare attempted to locate providers using Medicare's Physician compare tool and an online search. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Obstetrics and Gynecology	*Cook*	*1*	There are no Obstetrics and Gynecology providers in the Arrowhead Region. We used Medicare's Physician Compare tool and CMS' Provider Supply file to validate this gap. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Oncology	*Lake,Cook*	*1*	There are no Oncology providers in the Arrowhead Region. We used Medicare's Physician Compare tool and CMS' Provider Supply file to validate this gap. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Ophthalmology	*Lake,Cook*	*1*	There are no Ophthalmology providers in the Arrowhead Region. We used Medicare's Physician Compare tool and CMS' Provider Supply file to validate this gap. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Orthopedic Surgery	*Cook*	*1*	There are no Orthopedic Surgery providers in the Arrowhead Region. We used Medicare's Physician Compare tool and CMS' Provider Supply file to validate this gap. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Otolaryngology	*Lake,Cook,St. Louis,Koochiching,Lake Of The Woods,Beltrami*	*1*	There is a gap in the northern most portion of the state in the Arrowhead Region of Minnesota. This gap exists because there are no available providers in the area. UCare leveraged Medicare's Physician Compare tool and online searches to validate the lack of this specialty type. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Pediatric Specialty Providers	*Lake,Cook,St. Louis,Koochiching,Beltrami,Lake Of The Woods,Roseau,Traverse*	*1*	There are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps. UCare confirmed the lack of availability of providers using Medicare's Physician Compare tool. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Physical Medicine and Rehabilitation and Occupational Medicine	*Cook,Lake Of The Woods,Roseau,Big Stone,Lac Qui Parle*	*1*	There are no Physical Medicine, Rehabilitation and Occupational Medicine providers in the Arrowhead Region. A call to Sanford Watertown SD on January 27, 2020 confirmed that they so not have any Physical Medicine, Rehabilitation and Occupational Medicine providers at that location. We used Medicare's Physician Compare tool and CMS' Provider Supply file to validate this gap. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			
Pulmonary Disease	*Cook*	*1*	There are no Physical Medicine, Rehabilitation and Occupational Medicine providers in the Arrowhead Region. We used Medicare's Physician Compare tool and CMS' Provider Supply file to validate this gap. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.			

Reconstructive Surgery	*Lake,Cook,St. Louis,Koochiching,Lake Of The Woods,Roseau,Beltrami, Marshall,Yellow Medicine,Lincoln,Lyon,N obles,Jackson*	*1*	There are gaps in Reconstructive Surgery providers in these Minnesota counties because there are no available providers within the 60 mile radius. We used Medicare's Physician Compare tool and conducted an online search to validate this gap. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.				
SUD (Chemical Dependency) - Inpatient	*Pope,Stevens,Swift,Kandi yohi,Chippewa,Lac Qui Parle,Renville,Yellow Medicine,Redwood,Cotto nwood*	*3*	UCare's contract manager attempted to initiate a contract with Thrive Behavioral Network LLC and Reverence for Life and Concern For People Inc on multiple occasions in 2020 with no success. This providers have been slow to respond to UCare's outreach. These two contracts would close these gaps. UCare will continue to work towards contracting with these providers. Members and providers call UCare's local and toll-free Intake Triage Line to talk with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinators also answer general benefit questions and connect members and providers to our MH & SUD Case Management Team.				
SUD (Chemical Dependency) - Inpatient	*Lake,Kittson,Roseau,Lak e Of The Woods,Koochiching,St. Louis,Cook,Marshall,Beltr ami,Pennington,Polk,Clea rwater,Big Stone,Houston*	*1*	There are gaps existing in counties in the Arrowhead Region of the state as well as in Big Stone and Houston counties because there are no inpatient SUD providers in this area. UCare reviewed Medicare's Facility and Physician Compare tools and online searches and validated that no additional providers are currently available. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.				
SUD (Chemical Dependency) - Outpatient	*,Lake,Kittson,St. Louis,Cook*	*1*	There are gaps existing in counties in the Arrowhead Region because there are no outpatient SUD providers in this area. UCare reviewed Medicare's Facility and Physician Compare tools and online searches and validated that no additional providers are currently available. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.				
SUD (Chemical Dependency) - Outpatient	*Yellow Medicine,Pipestone,Rock ,Nobles,Jackson*	*3*	UCare's contract manager attempted to initiate a contract with Reverence for Life and Concern For People Inc on multiple occasions in 2020 with no success. This provider has been slow to respond to UCare's outreach. This contract would close these gaps. UCare will continue to work towards contracting with this provider. Members and providers call UCare's local and toll-free Intake Triage Line to talk with our MH & SUD Services staff. Our Intake Triage Coordinators are readily available to locate in-network, geographically relevant providers for members. The coordinators also answer general benefit questions and connect members and providers to our MH & SUD Case Management Team.				
Thoracic Surgery	*Lake,Cook,St. Louis,Pine,Koochiching,It asca,Hubbard,Beltrami,L ake Of The Woods,Roseau,Kittson,M arshall,Pennington,Red Lake,Polk,Clearwater,Ma hnomen,Becker,Otter Tail,Traverse,Grant,Dougl as,Pope,Stevens,Big Stone,Swift,Kandiyohi,Ch ippewa,Lac Qui Parle,Yellow Medicine,Renville,Lincoln ,Lyon,Redwood,Brown,C ottonwood,Blue Earth,Nobles,Jackson,Ma rtin*	*1*	Gaps exist throughout Minnesota outside of the metro area for this specialty type. Thoracic surgery is a specialized surgery that is not widely offered. UCare is contracted with all known providers. We used online search engines along with Medicare's Physician Compare tool to attempt to identify any additional providers. This tool identified that thoracic surgery was available at New Ulm Medical Center; however a phone call to the site confirmed the lack of thoracic surgery. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.				
Urology	*Cook*	*1*	There are no Urology providers in the Arrowhead Region and western Minnesota. We used Medicare's Physician Compare tool and CMS' Provider Supply file to validate this gap. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.				
Vascular Surgery	*Lake,Cook,St. Louis,Koochiching*	*1*	Gaps exist for Vascular Surgery in the Northern Region. The providers available in these regions are contracted; however, their locations do not meet the 60 mile radius coverage. We validated these gaps against Medicare's Physician Compare tool and CMS' Provider Supply File. We also conducted an online search to confirm there were no providers available with this specialty. UCare will conduct monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on maximizing provider networks. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members residing in these areas have access available to them at the closest possible provider groups which are outside of the time and distance standards and we support the use of Telemedicine in areas that are closer to a potential member.				

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.

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.

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 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.

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.

1. Cite the reason(s) provider states for refusing a contract

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.

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

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

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.

Dan Sarles, UCare, Provider Data & Network Analy 7/30/2020
Name, Company, Title   Date Attestation Signed