

MANAGED CARE SYSTEMS
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Request for Waiver

Plan Year: 2022

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	ACO
Name	Title	Date	Enrollees in Network*
Missy Bean	Provider Network Analyst Sr	7/12/2021	31978

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	Lake Of The Woods	1	<p>There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals including LakeWood Health Center. This hospital does not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has: In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out 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.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	0	0	0	100
General Hospital facilities	Marshall	1	<p>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 when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has: In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out 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.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	4	31	31	100
General Hospital facilities	Roseau	1	<p>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 when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has: In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out for new contracting opportunities. Members who reside in Roseau county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	0	0	0	100

<p>General Hospital facilities</p>	<p>Beltrami</p>	<p>1</p>	<p>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 when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has; In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out 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.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>7</p>	<p>3</p>	<p>3</p>	<p>100</p>
<p>General Hospital facilities</p>	<p>Koochiching</p>	<p>1</p>	<p>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 when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has; In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out 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.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>4</p>	<p>2</p>	<p>2</p>	<p>100</p>
<p>General Hospital facilities</p>	<p>St. Louis</p>	<p>1</p>	<p>There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within St. Louis county. The hospitals do not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has; In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out 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.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>34</p>	<p>1</p>	<p>1</p>	<p>100</p>
<p>General Hospital facilities</p>	<p>Lake</p>	<p>1</p>	<p>There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within Lake county. This hospitals do not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has; In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out 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.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>32</p>	<p>20</p>	<p>20</p>	<p>100</p>

<p>General Hospital facilities</p>	<p>Cook</p>	<p>1</p>	<p>There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within Cook county. This hospitals do not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has; In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out 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.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>23</p>	<p>13</p>	<p>13</p>	<p>100</p>
<p>General Hospital facilities</p>	<p>Aitkin</p>	<p>1</p>	<p>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. This hospital does not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has; In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out 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.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>26</p>	<p>10</p>	<p>10</p>	<p>100</p>
<p>General Hospital facilities</p>	<p>Cass</p>	<p>1</p>	<p>There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within Cass county. The hospitals do not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has; In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out 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.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>194</p>	<p>36</p>	<p>36</p>	<p>100</p>
<p>General Hospital facilities</p>	<p>Clearwater</p>	<p>1</p>	<p>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 when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has; In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out 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.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>100</p>

<p>General Hospital facilities</p>	<p>Itasca</p>	<p>1</p>	<p>There are network adequacy gaps in the northern counties of Minnesota, even though UCare contracts with all known hospitals within Itasca county. The hospitals do not cover the entire geographic area when the 30 mile radiuses are applied. UCare used Medicare's Facility Compare data, Minnesota Health Programs online directory, and online searches to validate all General Hospital Facilities are in our network.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has: In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out for new contracting opportunities. Members who reside in Itasca county who are outside of the distance standards have in Network hospitals available to them just outside of the 30 mile requirements.</p> <p>Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>5</p>	<p>1</p>	<p>1</p>	<p>100</p>
<p>Primary Care providers</p>	<p>Lake Of The Woods</p>	<p>1</p>	<p>There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool, and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those areas.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has: In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out for new contracting opportunities. Members who reside in Lake of The Woods county who are outside of the distance standards have in Network providers available to them just outside of the 30 mile requirements.</p> <p>Telehealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>1</p>	<p>5</p>	<p>5</p>	<p>100</p>
<p>Primary Care providers</p>	<p>Marshall</p>	<p>1</p>	<p>There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those areas.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has: In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out for new contracting opportunities. Members who reside in Marshall county who are outside of the distance standards have in Network providers available to them just outside of the 30 mile requirements.</p> <p>Telehealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>100</p>
<p>Primary Care providers</p>	<p>Beltrami</p>	<p>1</p>	<p>There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those areas.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has: In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out for new contracting opportunities. Members who reside in Beltrami county who are outside of the distance standards have in Network providers available to them just outside of the 30 mile requirements.</p> <p>Telehealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>1</p>	<p>1</p>	<p>1</p>	<p>100</p>

<p>Primary Care providers</p>	<p>St. Louis</p>	<p>1</p>	<p>There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those areas.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has: In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out for new contracting opportunities. Members who reside in St. Louis county who are outside of the distance standards have in Network providers available to them just outside of the 30 mile requirements.</p> <p>Telehealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>12</p>	<p>1</p>	<p>1</p>	<p>100</p>
<p>Primary Care providers</p>	<p>Lake</p>	<p>1</p>	<p>There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool, and Minnesota Health Programs online directory, to confirm no additional Primary Care Providers exist in those areas.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has: In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out for new contracting opportunities. Members who reside in Lake county who are outside of the distance standards have in Network providers available to them just outside of the 30 mile requirements.</p> <p>Telehealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>100</p>
<p>Primary Care providers</p>	<p>Cook</p>	<p>1</p>	<p>There are rural areas in northern Minnesota counties in which all available providers are contracted; however, because of the low population density, there are places that are not within 30 miles of a Primary Care Provider. We used Medicare's Physician Compare tool and Minnesota Health Programs online directory to confirm no additional Primary Care Providers exist in those areas.</p> <p>UCare conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks.</p> <p>Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has: In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out for new contracting opportunities. Members who reside in Cook county who are outside of the distance standards have in Network providers available to them just outside of the 30 mile requirements.</p> <p>Telehealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>10</p>	<p>5</p>	<p>5</p>	<p>100</p>
<p>Mental health providers</p>	<p>Lake Of The Woods</p>	<p>1</p>	<p>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 validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>To ensure ongoing compliance, UCare's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations and other internal network stakeholders. Since UCare's previous filing in 2020, we have analyzed Complaints Appeals and Grievances logs for trends in Mental Health access , searched our Out of Network request logs for Mental Health provider requests, audited non-par claims utilization for Mental health contracting opportunities and reconciled our provider network to Medicare supply file raw data.</p> <p>There were many new mental health providers that UCare added to the network through out the 2nd half of 2020 and the first half of 2021. None of these provider groups; however, closed geographic access gaps. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members in the gap areas have access available to them at the closest possible provider groups which are outside of the distance standards.</p> <p>Members and providers call UCare's local and toll-free Intake Triage Line to speak 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.</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is</p>	<p>1</p>	<p>5</p>	<p>5</p>	<p>95</p>

<p>Mental health providers</p>	<p>Marshall</p>	<p>1</p>	<p>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 validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>To ensure ongoing compliance, UCare's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations and other internal network stakeholders. Since UCare's previous filing in 2020, we have analyzed Complaints Appeals and Grievances logs for trends in Mental Health access , searched our Out of Network request logs for Mental Health provider requests, audited non-par claims utilization for Mental health contracting opportunities and reconciled our provider network to Medicare supply file raw data.</p> <p>There were many new mental health providers that UCare added to the network through out the 2nd half of 2020 and the first half of 2021. None of these provider groups; however, closed geographic access gaps. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members in the gap areas have access available to them at the closest possible provider groups which are outside of the distance standards.</p> <p>Members and providers call UCare's local and toll-free Intake Triage Line to speak 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.</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is</p>	<p>0</p> <p>0</p> <p>0</p>	<p>0</p>	<p>95</p>
<p>Mental health providers</p>	<p>Beltrami</p>	<p>1</p>	<p>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 validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>To ensure ongoing compliance, UCare's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations and other internal network stakeholders. Since UCare's previous filing in 2020, we have analyzed Complaints Appeals and Grievances logs for trends in Mental Health access , searched our Out of Network request logs for Mental Health provider requests, audited non-par claims utilization for Mental health contracting opportunities and reconciled our provider network to Medicare supply file raw data.</p> <p>There were many new mental health providers that UCare added to the network through out the 2nd half of 2020 and the first half of 2021. None of these provider groups; however, closed geographic access gaps. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members in the gap areas have access available to them at the closest possible provider groups which are outside of the distance standards.</p> <p>Members and providers call UCare's local and toll-free Intake Triage Line to speak 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.</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is</p>	<p>0</p> <p>0</p> <p>0</p>	<p>0</p>	<p>95</p>
<p>Mental health providers</p>	<p>Koochiching</p>	<p>1</p>	<p>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 validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>To ensure ongoing compliance, UCare's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations and other internal network stakeholders. Since UCare's previous filing in 2020, we have analyzed Complaints Appeals and Grievances logs for trends in Mental Health access , searched our Out of Network request logs for Mental Health provider requests, audited non-par claims utilization for Mental health contracting opportunities and reconciled our provider network to Medicare supply file raw data.</p> <p>There were many new mental health providers that UCare added to the network through out the 2nd half of 2020 and the first half of 2021. None of these provider groups; however, closed geographic access gaps. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members in the gap areas have access available to them at the closest possible provider groups which are outside of the distance standards.</p> <p>Members and providers call UCare's local and toll-free Intake Triage Line to speak 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.</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is</p>	<p>3</p> <p>2</p> <p>2</p>	<p>2</p>	<p>95</p>
<p>Mental health providers</p>	<p>St. Louis</p>	<p>1</p>	<p>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 validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>To ensure ongoing compliance, UCare's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations and other internal network stakeholders. Since UCare's previous filing in 2020, we have analyzed Complaints Appeals and Grievances logs for trends in Mental Health access , searched our Out of Network request logs for Mental Health provider requests, audited non-par claims utilization for Mental health contracting opportunities and reconciled our provider network to Medicare supply file raw data.</p> <p>There were many new mental health providers that UCare added to the network through out the 2nd half of 2020 and the first half of 2021. None of these provider groups; however, closed geographic access gaps. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members in the gap areas have access available to them at the closest possible provider groups which are outside of the distance standards.</p> <p>Members and providers call UCare's local and toll-free Intake Triage Line to speak 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.</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is</p>	<p>12</p> <p>1</p> <p>1</p>	<p>1</p>	<p>95</p>

<p>Mental health providers</p>	<p>Lake</p>	<p>1</p>	<p>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 validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>To ensure ongoing compliance, UCare's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations and other internal network stakeholders. Since UCare's previous filing in 2020, we have analyzed Complaints Appeals and Grievances logs for trends in Mental Health access , searched our Out of Network request logs for Mental Health provider requests, audited non-par claims utilization for Mental health contracting opportunities and reconciled our provider network to Medicare supply file raw data.</p> <p>There were many new mental health providers that UCare added to the network through out the 2nd half of 2020 and the first half of 2021. None of these provider groups; however, closed geographic access gaps. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members in the gap areas have access available to them at the closest possible provider groups which are outside of the distance standards.</p> <p>Members and providers call UCare's local and toll-free Intake Triage Line to speak 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.</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>6</p>	<p>4</p>	<p>4</p>	<p>95</p>
<p>Mental health providers</p>	<p>Cook</p>	<p>1</p>	<p>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 validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>To ensure ongoing compliance, UCare's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations and other internal network stakeholders. Since UCare's previous filing in 2020, we have analyzed Complaints Appeals and Grievances logs for trends in Mental Health access , searched our Out of Network request logs for Mental Health provider requests, audited non-par claims utilization for Mental health contracting opportunities and reconciled our provider network to Medicare supply file raw data.</p> <p>There were many new mental health providers that UCare added to the network through out the 2nd half of 2020 and the first half of 2021. None of these provider groups; however, closed geographic access gaps. If newly available providers are identified, UCare will outreach for new contracting opportunities. Members in the gap areas have access available to them at the closest possible provider groups which are outside of the distance standards.</p> <p>Members and providers call UCare's local and toll-free Intake Triage Line to speak 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.</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>20</p>	<p>11</p>	<p>11</p>	<p>95</p>
<p>Pediatric Services Providers</p>	<p>Kittson</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>4</p>	<p>100</p>	<p>100</p>	<p>95</p>
<p>Pediatric Services Providers</p>	<p>Roseau</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>100</p>

<p>Pediatric Services Providers</p>	<p>Marshall</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>4</p>	<p>31</p>	<p>31</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>Lake Of The Woods</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>12</p>	<p>63</p>	<p>63</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>Beltrami</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>7</p>	<p>3</p>	<p>3</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>Clearwater</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>100</p>

<p>Pediatric Services Providers</p>	<p>Koochiching</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>195</p>	<p>195</p>	<p>100</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>St. Louis</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>228</p>	<p>9</p>	<p>9</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>Lake</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>149</p>	<p>91</p>	<p>91</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>Cook</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>184</p>	<p>100</p>	<p>100</p>	<p>100</p>

<p>Pediatric Services Providers</p>	<p>Aitkin</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>60</p>	<p>23</p>	<p>23</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>Traverse</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>Stevens</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>4</p>	<p>25</p>	<p>25</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>Big Stone</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>13</p>	<p>100</p>	<p>100</p>	<p>100</p>

<p>Pediatric Services Providers</p>	<p>Lac Qui Parle</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>1</p>	<p>6</p>	<p>6</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>Redwood</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>1</p>	<p>4</p>	<p>4</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>Renville</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>3</p>	<p>20</p>	<p>20</p>	<p>100</p>
<p>Pediatric Services Providers</p>	<p>Martin</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>24</p>	<p>14</p>	<p>14</p>	<p>100</p>

<p>Pediatric Services Providers</p>	<p>Itasca</p>	<p>1</p>	<p>Since UCare's prior filing, Pediatric type physicians became available in areas that expanded access to these type of providers in all of Cottonwood and Jackson county. There are rural areas in Minnesota where no Pediatric Service provider exists to meet the geographic network adequacy standard. UCare has validated the network gaps by using Medicare's Physician Compare Tool, MN Health Programs online directory, web searches and direct outreach to provider locations to confirm provider availability.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>24</p>	<p>5</p>	<p>5</p>	<p>100</p>
<p>Allergy, Immunology and Rheumatology</p>	<p>Lake,Cook,St. Louis,Koochiching,Beltrami,Lake Of The Woods,Roseau,Kittson</p>	<p>1</p>	<p>Although UCare's network was able to close gaps in Itasca, Aitkin, Lincoln, Lyon, and Yellow Medicine counties, supply to Allergy, Immunology and Rheumatology remains limited. There are rural areas in the northern, border counties where members are outside of the geographic access standards. There are no Allergy, Immunology, and Rheumatology providers available; however, members have access to the next closest providers outside of the time and distance. UCare has validated this from the Medicare provider search, the online Minnesota Health Care programs directory and direct collaboration with our care system partners.</p> <p>Much of the area that is outside of the time distance is extremely rural in nature and includes; the Voyageurs National Park, Superior National Forest, the Boundary Waters Canoe Area. Traveling greater than 60 miles is consistent with the patterns of care in the region.</p> <p>UCare strives to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>439</p>	<p>14</p>	<p>14</p>	<p>100</p>
<p>Anesthesiology Physicians and Certified Registered Nurse Anesthetists</p>	<p>Lake,Cook,Koochiching,Beltrami, Lake Of The Woods,Kittson</p>	<p>1</p>	<p>There are rural counties in Northern Minnesota which are showing network gaps in Anesthesiology. Kittson county previously didn't have a gap in Anesthesiology, however, due to provider movements over the prior year, an additional gap has developed. Although UCare strives to encourage our provider network to continue and expand it's offerings in rural Minnesota we cannot directly influence our contracted provider networks' practitioners offered at location. No other providers have been identified in these areas from the Medicare provider search, Minnesota Health Care Programs (MHCP) directory, nor online searches.</p> <p>To remain on top of our provider network's geography, UCare's Provider Relations and Contracting department collects data and information about our network gaps. The sub-PRC team: Provider Data & Network Analytics, conducts monthly monitoring of available market providers and facilities through the use of the Quest Analytics software and an internal workgroup focused on Maximizing our Provider Networks. Throughout the Year, UCare leveraged multiple forms of network intelligence to ensure our network had continued to meet and exceed adequacy standards.</p> <p>Since our previous network filing and waiver requests UCare has:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>If newly available providers are identified, UCare will reach out 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.</p>	<p>403</p>	<p>68</p>	<p>68</p>	<p>100</p>
<p>Cardiac Surgery</p>	<p>Lake,Cook,Kittson,Roseau,Lake Of The Woods,Beltrami,Koochiching,St. Louis,Lac Qui Parle, Yellow Medicine,Lyon, Lincoln, Big Stone</p>	<p>1</p>	<p>UCare's network of providers were able to close Cardiac Surgery geographic adequacy gaps in Itasca, Marshall, and Pennington counties since the previous network filing. UCare was able to achieve this milestone by our ongoing collaboration with care systems in North-western Minnesota. Geographic adequacy gaps still remain in rural areas in Northern and Western Minnesota. UCare confirmed these network gaps by cross checking the Medicare Physician compare tool with the MCHP online directory and validating further by conducting web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from Clinical, Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, TeleHealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>1155</p>	<p>27</p>	<p>27</p>	<p>100</p>

Cardiovascular Disease	Cook	1	<p>A geographic access gap exists in Cook county for Cardiovascular Disease type providers. Cook county, is the Arrowhead of Minnesota and is bound by Canada to the North and Lake Superior to the South-East. The area is considered a County with Extreme Access Considerations (CEAC) by the Centers for Medicare Services (CMS). This classification was designated based on the low population and sparse population density. The main provider in the county is North Shore Health, which is in network. NorthShore health in Grand Marais, routinely refers patients to Duluth, MN, the closest area with Cardiologists. All the cardiologists in Duluth, are included in network for members. UCare has validated this from the Medicare Physician compare tool, MHCP provider directory and online web searches.</p> <p>Additionally, UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from Clinical, Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, TeleHealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	152	83	83	100
Colon and Rectal Surgery	Cook, Kittson, Roseau, Lake Of The Woods, Koochiching, St. Louis, Marshall, Pennington, Beltrami, Itasca, Red Lake, Polk, Clearwater, Mahanomen, Hubbard, Cass, Aitkin, Crow Wing, Wadena, Becker, Otter Tail, Todd, Douglas, Grant, Wilkin, Traverse, Stevens, Nobles, Jackson, Martin	1	<p>UCare was able to make some progress on Colon and Rectal Surgery access since our last filing. Geographic adequacy network gaps in Big Stone and Blue Earth counties have closed. Wide spread gaps in Northern and central Minnesota exist for Colon and Rectal Surgery along with a small area of Southern Minnesota, as well. Most of the areas that without access are rural in nature. UCare leveraged Medicare Physician compare, MHCP Online Provider Directory and web searches to validate provider availability.</p> <p>UCare strives to address network gaps through many different strategies. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from Clinical, Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Telehealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	295	35	35	100
Dermatology	Lake, Cook, Koochiching, St. Louis	1	<p>Since the previous network waiver requests filing in 2020, UCare was able to close Dermatology network adequacy gaps in Beltrami, Lake of the woods and Roseau counties. A few network gaps remain in rural areas in North-Eastern Minnesota. There are no Dermatology providers available in these rural areas due to the area being sparsely populated. These areas include Voyageur National Park, Superior National Forest and the Boundary Waters Canoe area. These areas are known for their pristine environment as opposed to Dermatology providers.</p> <p>UCare has monitored these areas to ensure all available providers have been included and are included throughout the year. UCare used Medicare Physician compare, MHCP Provider directory and web searches to ensure all dermatology providers have been included in our network.</p> <p>To monitor ongoing compliance, UCare's Network Analytics team hosts a monthly cross departmental work group that combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from Clinical, Sales, Customer Service, County Relations and other internal network stakeholders. Since UCare's previous filing in 2020, we have analyzed Complaints Appeals and Grievances logs for trends in dermatology access, searched our Out of Network request logs for dermatology provider requests, audited non-par claims utilization for dermatology contracting opportunities and reconciled our provider network to Medicare supply file raw data. If newly available providers are identified, UCare will reach out for new contracting opportunities.</p> <p>Finally, Telehealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	417	14	14	100
Endocrinology	Lake, Cook, Koochiching, St. Louis, Traverse, Big Stone, Nobles, Jackson	1	<p>Although a network gap in Itasca county was closed since our previous waiver requests in 2020, an Endocrinology gap opened up in Nobles county. UCare strives to remain in compliance, and validates our provider data to the Medicare Physician compare, MHCP provider directory. We often finds itself in this network game of whack-a-mole, where provider movements may close one gap and open another.</p> <p>Nevertheless, UCare remains committed to strive for consistent provider network adequacy. UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from Clinical, Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, TeleHealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	558	11	11	100

Gastroenterology	Cook, Kittson, Roseau, Lake Of The Woods, Koochiching, St. Louis, Marshall, Beltrami, Big Stone, Lac Qui Parle, Yellow Medicine, Lincoln, Nobles, Jackson, Martin	1	<p>UCare's network of providers improved since last year's request for network waivers, to include Blue Earth county within the distance requirements. Unfortunately, Gastroenterology gaps opened up in Kittson, Roseau, Lake of the Woods, Marshall, and Beltrami counties. UCare called contracted providers on 5/17/2021 to confirm that there are no longer gastroenterology providers at the locations in that area and providers direct members to travel to Grand Forks, ND. UCare also confirmed this by searching CMS's physician compare and MHCP provider directory.</p> <p>Nevertheless, UCare remains committed to strive for consistent provider network adequacy. UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from Clinical, Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, TeleHealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	534	14	14	100
General Surgery	Cook	1	<p>A geographic access gap exists in Cook county for Surgery type providers. Cook county, is the Arrowhead of Minnesota and is bound by Canada to the North and Lake Superior to the South-East. The area is considered a County with Extreme Access Considerations (CEAC) by the Centers for Medicare Services (CMS). This classification was designated based on the low population and sparse population density. The main provider in the county is North Shore Health, which is in network. NorthShore health in Grand Marais, routinely refers patients to Duluth, MN, the closest area with Surgeons. All the Surgeons in Duluth, are included in network for members. UCare has validated this from the Medicare Physician compare tool, MHCP provider directory and online web searches.</p> <p>Additionally, UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from Clinical, Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, TeleHealth offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	124	67	67	100
Genetics	Lake, Cook, Kittson, Roseau, Lake Of The Woods, Koochiching, St. Louis, Marshall, Pennington, Red Lake, Beltrami, Polk, Clearwater, Mahtomedi, Itasca, Becker, Hubbard, Cass, Crow Wing, Aitkin, Carlton, Pine, Wadena, Todd, Otter Tail, Douglas, Wilkin, Traverse, Pope, Stevens, Big Stone, Lac Qui Parle, Swift, Renville, Sibley, Blue Earth, Martin, Brown, Grant, Nicollet	1	<p>UCare was able to address gaps in Kanabec, Nicollet and Brown counties in 2021. However, Genetics gaps opened up in Wadena, Todd, Otter Tail, Douglas, Wilkin and Pope counties due to provider movement. UCare is contracted with all known Genetic providers throughout Minnesota. However, due to the uniqueness of the specialty, it is typically offered in the population centers of the state. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	7309	77	77	100
Nephrology	Lake, Cook	1	<p>UCare was able to close a network gap in Martin county since last year. Gaps in Lake and Cook county remain. 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 Lake and Cook counties that are not within 60 miles of a Nephrology provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	198	38	38	100

<p>Neurology and Neurological Surgery</p>	<p>Lake,Cook</p>	<p>1</p>	<p>There are rural areas in northern Minnesota counties in which all available neurology and/or neurological surgery providers are contracted; however, because of the low population density, we have sections of counties that are not within 60 miles of a neurology and/or neurological surgery provider. Members are referred to providers in Duluth. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>181</p>	<p>98</p>	<p>98</p>	<p>100</p>
<p>Obstetrics and Gynecology</p>	<p>Cook</p>	<p>1</p>	<p>A gap exists for Obstetrics and Gynecology providers in this area of the Arrowhead Region. UCare is contracted with all known Obstetrics and Gynecology providers in this area. However, because of the low population density, we have sections of counties that are not within 60 miles of an Obstetrics and Gynecology provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>152</p>	<p>83</p>	<p>83</p>	<p>100</p>
<p>Oncology</p>	<p>Lake,Cook</p>	<p>1</p>	<p>Gaps exist for Oncology providers in this area of the Arrowhead Region. UCare is contracted with all known Oncology providers in the area. However, because of the low population density, we have sections of counties that are not within 60 miles of an Oncology provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>197</p>	<p>57</p>	<p>57</p>	<p>100</p>
<p>Ophthalmology</p>	<p>Lake,Cook,Kittson</p>	<p>1</p>	<p>A network adequacy gap developed in Kittson county in 2021 due to provider movement. Gaps continue to exist in Lake and Cook counties. There are no Ophthalmology providers in this area of the Arrowhead Region. UCare is contracted with all known Ophthalmology providers in the area. However, because of the low population density, we have sections of counties that are not within 60 miles of an Ophthalmology provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>182</p>	<p>97</p>	<p>97</p>	<p>100</p>

<p>Orthopedic Surgery</p>	<p>Cook</p>	<p>1</p>	<p>A gap exists for Orthopedic Surgery providers in this area of the Arrowhead Region. UCare is contracted with all known Orthopedic Surgery providers in this area. However, because of the low population density, we have sections of counties that are not within 60 miles of an Orthopedic Surgery provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>152</p>	<p>83</p>	<p>83</p>	<p>100</p>
<p>Otolaryngology</p>	<p>Lake,Cook,St. Louis,Koochiching,Beltrami,Lake Of The Woods,Kitson</p>	<p>1</p>	<p>An Otolaryngology gap opened up in Kitson county during 2021 due to provider movement. A call to Altru Roseau and Altru Drayton on 5/17/2021 confirmed that there are no otolaryngology providers at these locations and members would need to travel to Grand Forks, ND. Gaps also exist in the Arrowhead Region. UCare is contracted with all known Otolaryngology providers in this area. However, because of the low population density, we have sections of counties that are not within 60 miles of an Otolaryngology provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>419</p>	<p>14</p>	<p>14</p>	<p>100</p>
<p>Pediatric Specialty Providers</p>	<p>Lake,Cook,Traverse,St. Louis,Koochiching,Lake Of The Woods,Roseau,Kitson,Beltrami</p>	<p>1</p>	<p>UCare saw a Pediatric Specialty network gap open up in 2021 for Kitson county due to provider movement. In addition, there are areas of northern Minnesota where gaps exist but there are no additional providers for UCare to contract with to fill these gaps.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>472</p>	<p>13</p>	<p>13</p>	<p>100</p>
<p>Physical Medicine and Rehabilitation and Occupational Medicine</p>	<p>Cook,Roseau,Lake Of The Woods,Beltrami,Big Stone,Lac Qui Parle</p>	<p>1</p>	<p>Gaps exist in the Arrowhead Region for Physical Medicine and Rehabilitation and Occupational Medicine providers as well as the densely populated areas of Big Stone and Lac Qui Parle counties. UCare is contracted with all known Physical Medicine and Rehabilitation and Occupational Medicine providers in these areas. However, because of the low population density, we have sections of counties that are not within 60 miles of a Physical Medicine and Rehabilitation and Occupational Medicine provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include;</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>200</p>	<p>70</p>	<p>70</p>	<p>100</p>

<p>Pulmonary Disease</p>	<p>Cook,Roseau,Lake Of The Woods,Marshall,Beltrami,Pennington</p>	<p>1</p>	<p>Pulmonary Disease gaps in Roseau, Lake of the Woods, Marshall, Beltrami, and Pennington counties are new since the 2021 filing. These gaps developed after certain providers ended outreach at locations in those areas. UCare is contracted with all known Pulmonary Disease providers in this area. However, we have sections of counties that are not within 60 miles of a Pulmonary Disease provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>191</p>	<p>71</p>	<p>71</p>	<p>100</p>
<p>Reconstructive Surgery</p>	<p>Lake,Cook,Roseau,Lake Of The Woods,Marshall,Beltrami,Clearwater,Hubbard,Cass,Koochiching,Itasca,St. Louis,Yellow Medicine,Chippewa,Lincoln,Lyon,Nobles,Jackson</p>	<p>1</p>	<p>Clearwater, Hubbard, Cass, Itasca and Chippewa counties did not have network adequacy gaps in Reconstructive Surgery last year, these gaps developed since. This is a result of provider movement. UCare is contracted with all known Reconstructive Surgery providers in these areas. However, we have sections of these counties that are not within 60 miles of a Reconstructive Surgery provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>1067</p>	<p>22</p>	<p>22</p>	<p>100</p>
<p>Thoracic Surgery</p>	<p>Lake,Cook,Kittson,Roseau,Lake Of The Woods,Beltrami,Marshall,Koochiching,St. Louis,Itasca,Pine,Pennington,Red Lake,Polk,Clearwater,Hubbard,Mahonmen,Becker,Otter Tail,Douglas,Grant,Traverse,Pope,Stevens,Big Stone,Swift,Kandiyohti,Chippewa,Lac Qui Parle,Renville,Yellow Medicine,Lincoln,Lyon,Brown,Redwood,Cottonwood,Nobles,Jackson,Martin,Wabasha,Blue Earth,Cass</p>	<p>1</p>	<p>Thoracic surgery is a specialized surgery that is not widely offered. Gaps exist throughout Minnesota outside of the metro area for this specialty type. UCare is contracted with all known Thoracic Surgery providers. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>3162</p>	<p>43</p>	<p>43</p>	<p>100</p>
<p>SUD (Chemical Dependency) - Outpatient</p>	<p>Lake,Cook,St. Louis,Kittson</p>	<p>1</p>	<p>Gaps exist in the Arrowhead Region, the Northwest corner of Kittson county and in Southwest Minnesota for Outpatient SUD. UCare is contracted with all known SUD providers to cover these gaps. However, we have sections of these counties that are not within 60 miles of an Outpatient SUD provider. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>200</p>	<p>53</p>	<p>53</p>	<p>100</p>

<p>SUD (Chemical Dependency) - Inpatient</p>	<p>Lake,Kitson,Roseau,Lake Of The Woods,St. Louis,Cook,Big Stone,Lac Qui Parle</p>	<p>1</p>	<p>UCare was able to improve our data and our network to identify Inpatient SUD providers that closed gaps in Pope, Stevens, Swift, Kandiyohi, Chippewa, Renville, Yellow Medicine, Redwood, Cottonwood, Koochiching, Marshall, Beltrami, Pennington, Polk, Clearwater and Houston counties since last year's filing. Gaps still exist in some Northern counties, in Big Stone and Lac Qui Parle counties due to the ruralness of these areas. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>258</p>	<p>57</p>	<p>57</p>	<p>100</p>
<p>SUD (Chemical Dependency) - Outpatient</p>	<p>Lincoln, Yellow Medicine, Pipestone, Rock, Nobles</p>	<p>3</p>	<p>UCare's contract manager attempted to initiate a contract with Reverence for Life and Concern For People Inc on multiple occasions in 2020 and in 2021 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 these providers to close these gaps.</p> <p>Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner. Members can receive care that is slightly outside the time and distance standards. This is consistent with the pattern of care within the area.</p>	<p>200</p>	<p>53</p>	<p>53</p>	<p>100</p>
<p>Urology</p>	<p>Cook</p>	<p>1</p>	<p>A Urology gap exists in the Eastern tip of the Arrowhead Region due to low population density. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>152</p>	<p>83</p>	<p>83</p>	<p>100</p>
<p>Vascular Surgery</p>	<p>Lake, Cook, St. Louis, Koochiching</p>	<p>1</p>	<p>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. UCare validates the network gaps by using Medicare's Physician Compare Tool and web searches.</p> <p>UCare continues to work to increase access to members throughout our service area. Once a month, UCare's Provider Data & Network Analytics team hosts a Maximizing Provider Networks meeting for network stakeholders from across our organization. The team combines quantitative claims and provider data analysis with qualitative observations and anecdotal evidence from MSS (Mental Health and Substance Use Disorder Services), Sales, Customer Service, County Relations to root out additional providers, and provider data that may be missing from our network. The meeting highlights a different type of analysis every month. Some of the highlights since last year's filing include:</p> <p>In Quarter 3-2020: Analyzed Complaints Appeals and Grievance trends In Quarter 4-2020: Studied Out of Network request trends In Quarter 1-2021: Examined Non-Participating Claims In Quarter 2-2021: Compared the CMS Medicare Supply File data to UCare provider data</p> <p>Finally, Teletherapy offerings have spiked during the public health emergency declared during the Covid 19 pandemic. This has helped much of our geographically isolated members have options to receive care where they are at. This is another tool in our tool box to ensure our members are able to access needed care in a timely manner.</p>	<p>401</p>	<p>12</p>	<p>12</p>	<p>100</p>

For additional rows, please see the "Additional" tab of this document. DO NOT add rows to this sheet.

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

Allowable Waiver Reason Codes and Guidelines for Initial Approval

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

Reason Code 1:

Carrier has conducted a search for providers and determined that, for each county in the plan service area, there are no providers physically present of the type requested in the waiver.

Carriers must:

1. Provide a description of physical geography and/or other factors that affect the location of providers (as relevant)
2. Demonstrate consultation of at least two provider directories and/or data sources. Provide a description of the provider directories and/or data sources consulted, including a brief explanation of why the sources are believed to be accurate and complete. Examples of acceptable provider directories and data sources include, but are not limited to:
 - a. [NPPES NPI Registry](#)
 - b. [Medicare Physician Compare](#)
 - c. [Minnesota Health Care Programs Provider Directory](#)
 - d. [Healthgrades](#)
 - e. [SAMHSA Behavioral Health Provider Directories](#)
 - f. [National Institute of Health \(NIH\) U.S. National Library of Medicine MedlinePlus Directories](#)
 - g. Quest Analytics
3. For Primary Care, Pediatric Services (Primary Care), General Hospital and Mental Health provider types:
 - a. State the total number and percentage of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
 - b. State how access will be provided for this provider type for enrollees of the affected county.
For example, does the carrier provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?
 - i. If, in its waiver application, a health carrier demonstrates to the commissioner that there are no providers of a specific type or specialty in a county, the commissioner may approve a waiver in which the health carrier is allowed to address network inadequacy in that county by providing for patient access to providers of that type or specialty via telemedicine
 - ii. If telemedicine is used to provide access:
 1. These services must meet the definition of "telemedicine" in Minnesota Statutes [62A.671, subdivision 9](#).
 2. Carrier must describe the extent to which telemedicine services are available
 - a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?
4. Describe how they will assess the availability of providers who begin practice in the service area where the standard cannot currently be met and agree to conduct this assessment quarterly
 - a. Assessment of availability must include consultation of at least two provider directories and/or data sources, as described in item 2, above

Reason Code 2:

Provider does not meet carrier's credentialing requirements.

Carriers must:

1. Cite the reason(s) provider does not meet credentialing requirements
2. For Primary Care, Pediatric Services (Primary Care), General Hospital, and Mental Health provider types
 - a. State the total number and percentage of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
3. State how access will be provided for this provider type for enrollees of the affected county. For example, does the carrier allow enrollees to receive out-of-network care at in-network rates, provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?
 - i. If telemedicine is used to provide access:
 1. These services must meet the definition of "telemedicine" in Minnesota Statutes [62A.671, subdivision 9](#).
 2. Carrier must describe the extent to which telemedicine services are available
 - a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?

Reason Code 3:

Carrier has made a good faith effort to contract with provider and provider has refused to accept a contract.

Carriers must:

1. Cite the reason(s) provider state(s) for refusing contract(s)
2. For Primary Care, Pediatric Services (Primary Care), General Hospital and Mental Health provider types
 - a. State the total number and percentage of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
3. State how access will be provided for this provider type for enrollees of the affected county. For example, does the carrier allow enrollees to receive out-of-network care at in-network rates, provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?
 - i. If telemedicine is used to provide access:
 1. These services must meet the definition of "telemedicine" in Minnesota Statutes [62A.671, subdivision 9](#).
 2. Carrier must describe the extent to which telemedicine services are available
 - a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?

Reason Code 4:

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

Carriers must:

1. Specify the network structure: Accountable Care Organization (ACO) or Narrow Network
 - a. If the network is an ACO, provide a brief description of the major health systems participating in the network
 - b. If the network is a narrow network, describe the features of the network that restrict access
 - c. For both ACOs and Narrow Networks, state what percentage of available Primary Care, Pediatric Services (Primary Care), General Hospital, and Mental Health providers are included in the county and of the provider type for which a waiver is requested
2. State what, if any, steps are taken to inform enrollees of restricted access
3. State the total number of estimated enrollees in the network as of the submission date of the waiver
4. State why the geographic access standards cannot be met. Explain why full geographic access is not possible with this network design
5. State how access will be provided for this provider type for the enrollees of the affected county. For example, does the carrier allow enrollees to receive out-of-network care at in-network rates, provide transportation services/vouchers, in-home care options, virtual care services, and/or telemedicine services?
 - i. If telemedicine is used to provide access:
 1. These services must meet the definition of "telemedicine" in Minnesota Statutes [62A.671, subdivision 9](#).
 2. Carrier must describe the extent to which telemedicine services are available
 - a. How many network providers of the impacted provider type have contracts to conduct/provide telemedicine services?
6. For Primary Care, Pediatric Services (Primary Care), General Hospital and Mental Health provider types,
 - a. State the total number and percentage of estimated enrollees affected in the county not meeting the geographic standard as of the submission date of waiver. Select only one county per line.
 - b. State the estimated percentage of area in that county that is not covered

Allowable Waiver Reason Codes and Guidelines for Subsequent Approval (Renewals)

In accordance with 62K.10 Subd. 5 (J), waivers will automatically expire after one year.

Carriers seeking identical, subsequent waivers for plan year 2022 will be required to show steps taken to address network inadequacies in plan year 2021 (see below).

Reason Code 1:

Carrier has conducted a search for providers and determined that, for each county in the plan service area, there are no providers physically present of the type requested in the waiver.

Carriers must:

1. Meet all of the requirements set forth for initial approval
2. Provide a description of how access was provided for affected enrollees in the previous approval year
3. Show evidence of quarterly efforts to assess provider availability throughout the last calendar year. Did new providers become available in affected areas? If so, describe any efforts to pursue contracts. If new providers became available and new contracts were not pursued, explain why.

Reason Code 2:

Provider does not meet carrier's credentialing requirements.

Carriers must:

1. Meet all of the requirements set forth for initial approval
2. Provide a description of how access was provided for affected enrollees in the last approval year

Reason Code 3:

Carrier has made a good faith effort to contract with provider and provider has refused to accept a contract.

