To: Minnesota HMOs and CBPs
From: Darcy Miner, Director, Compliance Monitoring Division
Subject: Regulatory Simplification
Date: October 11, 2012

The purpose of this bulletin is to implement recommendations made in the Regulatory Simplification report from Minnesota Management and Budget to the Minnesota Legislature in February 2012. This report identified several ways to reduce the number of reports submitted by Minnesota HMOs and CBPs to various state agencies. This Bulletin addresses two specific recommendations: approval of the certificate/evidence of coverage; and filing the list of participating network providers.

We will continue to look for opportunities for efficiencies and streamlining. We recognize the future need of the Minnesota Health Insurance Exchange (HIX) to collect prospective provider network information as part of the QHP certification process, and make it available to consumers. It is our intent to work with the HIX so that this information can be provided in the most efficient and cost effective manner possible. The format health plan companies will use to report required provider network information on April 1, 2013 may be revised to incorporate the needs of the HIX, including a revised schedule for submission of the network information. We will work with health plan companies and the HIX to meet the needs of all interested parties.

1. Certificate/Evidence of Coverage

Currently HMOs and CBPs annually submit their Evidence of Coverage (EOC), or an addendum to the previous year’s EOC, for PMAP, MinnesotaCare and Minnesota Senior Care Plus to both DHS and MDH. Each EOC is based on the appropriate DHS model EOC. MDH does a general review for compliance with state law; however the benefit set and enrollee grievance procedures are not subject to MDH review. The EOC review process can be simplified by having HMOs and CBPs file these EOCs with DHS only. MDH will review the DHS draft model and provide any comments directly to DHS. MDH will then approve the final DHS Model to be used by the HMOs/CBPs. This revised process will be effective with EOCs for contract year 2013.

2. List of Participating Providers

Minn. Rules 4685.2100 requires each HMO/CBP to submit a list of participating providers grouped by county, including the name, address, and clinic name, if applicable,
and a description of each provider’s specialty. This is part of the annual report to MDH filed on April 1st. It shows the network as of December 31st of the previous year. It does not indicate which specific products or plans each provider is in, only that it is under contract with the HMO.

The DHS contract requires HMOs/CBPs to file their provider networks twice a year in April and October. The filings must include: individual provider’s first and last name; street address; city; zip code; practice specialty using a comprehensive list of specialties. MDH does not provide a list of specialties.

MDH and DHS propose to have one standardized list of participating providers that will satisfy the requirements of both agencies. The list will include county, name, address, zip code, NPI, UMPI and specialty. We will specify the data elements that will be required to ensure that all plans report their providers in the same manner. A list of specialties will be required to be included in the network information and the list will be provided to the HMOs/CBPs. In addition, the report will specify which products each provider participates in and if the provider is accepting new patients. The report will be provided by the HMOs/CBPs in a format determined by both agencies to enable different sorting options. Our goal is to have this simplified filing procedure in place for the Annual Reports filed in April 2013.

Any questions or concerns raised by this bulletin should be addressed to Irene Goldman at 651-201-5166 or Irene.Goldman@state.mn.us. Questions about DHS elements or concerns specific to the public programs should be addressed to: Chandra Breen at 651-431-3487 or Chandra.Breen@state.mn.us.