Minnesota Department of Health

# Network Adequacy Attestation

Minnesota Deparment of health Requirements for Individual and Small Group Networks

## Issuer and Network Information

**Issuer:** Choose an item.

**Network Name:** Click or tap here to enter text.

**Network ID:** Click or tap here to enter text.

**Signee Name:** Click or tap here to enter text.

**Signee Title:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

## Instructions

Respond **Yes** or **No** to each of the attestation questions below and sign the form. Responses of **No** to any of the below attestation questions must be addressed through a justification provided in the supplemental response section. Justifications will be reviewed by the Minnesota Department of Health (MDH) on a case-by-case basis. If the issuer provides **Yes** responses to all attestation questions, the supplemental response section is not required.

### Attestation Questions

1. Issuer attests that it will maintain a provider network that is sufficient in number and types of providers to assure that all services will be accessible to enrollees without unreasonable delay.

Yes  No

1. Issuer attests that this filing complies with all applicable state network adequacy standards.

Yes No

1. Issuer attests that network data provided is representative of signed contracts in place, and that all data submitted is accurate and current as of the date of filing.

Yes  No

1. Issuer attests that it will maintain a network that includes at least one PRTF facility that offers psychiatric residential treatment services to enrollees. For a current list visit Minnesota Department of Human Services webpage (<https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/prtf/>).

Yes  No

1. Issuer attests that it offered contracts to all Minnesota designated essential community providers located within the networks’ service area. ([MN Statutes 62Q.19, Subd. 3 and Subd. 4a](https://www.revisor.mn.gov/statutes/cite/62Q.19))

Yes  No

### Signature and Date

|  |  |
| --- | --- |
| Signature | Date |

### Justification-Supplemental Response

Please use this supplemental response section for each question answered with **No**. The Minnesota Department of Health maintains discretion to accept this justification as adequate or ask for additional documentation if necessary.

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| Attestation Question Number | Justification |
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To obtain this information in a different format, call: 651-201-5100.