P.O. Box 64975, St. Paul, MN 55164-0975
Telephone: 651-201-5166

Email: health.managedcare@state.mn.us

Network Service Area Partial County Justification Requirements

If you have any questions regarding submitting information, data, and documentation for network adequacy, please contact Minnesota Department of Health at health.managedcare@state.mn.us.

| Date: |  |  | Health Issuer: |  |
| --- | --- | --- | --- | --- |

| Name of network in which partial county service area is requested:  |
| --- |
|  |

| List all the full counties in service area: |
| --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List partial counties by name and included zip codes.

| Example:*Dakota County* |  | *55121, 55124, 55068, 55024, 55065* |
| --- | --- | --- |
| County  |  | Zip code(s) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

! Note that counties listed in service area, and partial counties listed in service area should match the information provided in the Service Area Template provided in SERFF.

**Review the back of this form for additional information about network service area
partial county justification requirements.**

## Partial County Service Area Requirements

Health issuers that include partial counties in any network service areas must submit detailed justification describing why an entire county will not be served. Partial county service area requests will be reviewed on a case-by-case basis. The service area exception request must include the following documentation:

1. One geographic access map for each county that only a portion of the county will be served, which identifies included and excluded portions of a county service area. Geographic access maps must correspond to the network service area map submitted by the carrier. Maps will need to delineate included and excluded portions of the service area by zip code, and must be consistent with the service area template submitted in SERFF.
2. Data and information to substantiate an assertion that the proposed partial county service area is not discriminatory with regard to race, ethnicity, language, income (i.e., concentrated poverty) and health status. This data and information will need to identify how the excluded and included portions of the service area are similar or different. The carrier may use published census data, economic data, and socioeconomic status data to document the assertion that the proposed service area is not discriminatory.
3. Information regarding why it is necessary to construct a service area less than the entirety of one or more counties.
4. Information regarding why it is in the best interest of potential enrollees to construct a service area less than the entirety of one or more counties.

The Managed Care Systems Section may request additional information if necessary. All documentation must be submitted via the Minnesota Department of Health website.

## 62K.13 SERVICE AREA REQUIREMENTS.

(a) Any health carrier that offers an individual or small group health plan, must offer the health plan in a service area that is at least the entire geographic area of a county unless serving a smaller geographic area is necessary, nondiscriminatory, and in the best interest of enrollees. The service area for any individual or small group health plan must be established without regard to racial, ethnic, language, concentrated poverty, or health status-related factors, or other factors that exclude specific high-utilizing, high-cost, or medically underserved populations.

(b) If a health carrier that offers an individual or small group health plan requests to serve less than the entire county, the request must be made to the commissioner of health on a form and manner determined by the commissioner and must provide specific data demonstrating that the service area is not discriminatory, is necessary, and is in the best interest of enrollees.