



# **Network Adequacy Submission Instructions**

**PLAN YEAR 2026**

Updated June 13, 2025

## **Network Adequacy Submission Instructions**

Minnesota Department of Health  
Managed Care Systems  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-5100  
[health.managedcare@state.mn.us](mailto:health.managedcare@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

*To obtain this information in a different format, call: 651-201-5100.*

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# New for Plan Year 2026

## Distance and Time Standard-June 13, 2025

The 2025 federal rule ([HHS Notice of Benefit and Payment Parameters for 2025 Final Rule | CMS](#)), requires Minnesota to align time and distance standards with Federally-facilitated Marketplace (FFM) requirements. Minnesota Statutes, Section 62K.10, subdivision 2 is amended to read: "Health carriers must meet the time and distance standards under Code of Federal Regulations, title 45, section 155.1050." Minnesota will annually send a distance and time chart that meets the standards outlined in [2023 Final Letter to Issuers in the Federally-facilitated Exchanges](#). Guidance allows for State-Based Exchanges (SBEs) to adhere to distance and time standards that are at least as, or more stringent than the Federally-facilitated exchange. Minnesota's distance and time standards are more stringent in two ways, (1) the inclusion of specialty categories in addition to Federal requirements, and (2) the requirement for health plan networks to meet these distance and time requirements at 100 percent.

## MCS Portal-June 13, 2025

Managed Care Systems (MCS) recently launched a portal for document submissions. All documents related to the annual network adequacy submission must be submitted through the portal. Portal instructions are listed on the [Managed Care Systems Portal webpage \(www.health.state.mn.us\)](#).

## Individual Provider Specialty and Facility Categories

Categories were updated to align with the federal requirements. The Minnesota Department of Health (MDH) is continuing to review categories beyond federal requirements like colon and rectal, as it reflects Minnesotans' needs and prioritizes serious diseases. These categories are either regulated by a time and distance standard, at least one per county, or at least one per network.

## Fines for Late or Incomplete Submissions

The due date for 2026 plan year network filings is **Thursday, May 22, 2025, and Wednesday, June 25, 2025**. Issuers who do not submit all required documents by this date will be fined up to \$500 for each day the submission is past due. ([MN Statutes 62D.08 subdivision 4 \(revisor.mn.gov\)](#))

As with annual reports, extensions for good cause can be granted at the discretion of the commissioner. To be considered for an extension, HMOs must request an extension of a specific time in writing *at least three working days* prior to May 22, 2025 (by May 19, 2025) and June 25, 2025 (by June 20, 2025). MDH understands that errors occur when working with large data sets. During the review process, if MDH finds errors we will reach out to issuers for correction and provide a required due date. If the documents are returned after the due date, MDH may fine the issuer.

## Network Adequacy Attestation Updated

We have added questions to further clarify network requirements. Please return with an authenticated signature.

## Provider File Template

Please use MDH's provider file template for plan year 2026 submissions. Failure to do so will result in a late report, subject to fines. The following are changes made to the template:

### Validation Button

Before submission, you will need to ensure that data is complete, and all codes and code combinations are valid. The 2026 provider file template will include a validation button to help you verify data. Clicking this button will highlight errors in red and provide information on those errors. Due to this change, MDH expects to see zero red highlights. Using incorrect coding, changes adequacy results and is a misrepresentation of issuer networks. If a report is returned to MDH with red highlights, it is considered incomplete and a late report. Data validation added to all columns except for secondary address and provider website.

Data validation requires the use of "*null*" in certain columns for it to work. Null allowed for the following columns: individual provider name (columns B through D), facility name, individual provider type, individual provider code, facility type, facility code, medical group/health system and hospital admitting privileges.

### Coding

Where possible, we changed our individual provider specialty and facility category coding to align with CMS. Nevertheless, there will still be some differences in individual provider specialty and facility coding.

### Taxonomy

Taxonomy codes have been added to further clarify our data in the provider file for plan year 2026. The codes serve to connect provider types to their respective measurement standard. Many of the categories (regulatory standards) have multiple taxonomy codes. Please refer to the taxonomy codes sheet of the provider file for more information.

### Removals

The following columns were removed from the provider file:

- Latitude and longitude; please make sure provider addresses are exact as this information is used to geocode.
- Informational columns (e.g. contact and network); we'll have a tab in the provider file to list contact and network information.

## Telehealth Categories Updated

We updated our telehealth questions to allow an unknown response. We also removed telehealth appointment type. Please continue to work with providers to confirm they offer

telehealth. We will not allow unknowns and blanks in the provider file for plan year 2027. Listing unknowns and blanks will result in an incomplete report, subject to fines.

## Appointment Wait Times Survey

For 2026, MDH is gathering information regarding appointment wait times and secret shopper programs that are currently in place. We will use this data to inform an appointment wait time standard that will be effective for plan year 2027. Please fill out one survey per network and return the survey(s) by May 22, 2025. As an example, if you have four networks, you'll be required to fill out four surveys, one for each network.

## Vendor Created Maps

MDH publishes network maps on our website to meet statutory transparency requirements. We are offering issuers the option to pay a fee to have Quest Analytics create maps. This is optional. If this is something you're interested in, please let us know.

## Regulatory Overview

Minnesota Health Plan Market Rules, outlined in Minnesota Statutes chapter 62K, set forth geographic accessibility requirements. The rules require that all insurance companies and HMOs utilizing provider networks comply with network adequacy requirements. Each designated provider network must include a sufficient number and types of providers to ensure that covered services are available to all enrollees without unreasonable delay. The statute was updated in 2023 allowing MDH to evaluate networks using any reasonable criteria ([Minnesota Statutes, Section 62k.10 subdivision 4 \(6\)\(b\)](#)). The updated law is flexible and allows the commissioner to make changes each year to meet Minnesotans' needs.

## Geographic Access

Under Minnesota Statutes, Section 62K.10, all issuers that offer individual and small group health plans requiring an enrollee, or creating incentives for an enrollee, to use a designated provider network must assure that providers are geographically accessible to all potential enrollees within the plan's service area. Per the 2025 federal rule ([HHS Notice of Benefit and Payment Parameters for 2025 Final Rule | CMS](#)), Minnesota is required to have time and distance standards that are as stringent (or more) as Federally-facilitated Marketplace (FFM) plans. Minnesota Statutes, Section 62K.10, Subdivision 2 is amended to read: "Health carriers must meet the time and distance standards under Code of Federal Regulations, title 45, section 155.1050." Federal regulation refers back to the [2023 Final Letter to Issuers in the Federally-facilitated Exchanges](#). MDH will use this guidance for 2026 individual and small group plans and standalone dental networks and has updated due dates to reflect the amended statute (see pages 10 and 11).

## Network Adequacy

Network Adequacy requires health issuers ensure provider networks are sufficient in number and types of providers, including Essential Community Providers (ECPs), so that all services are accessible without unreasonable delay ([45 C.F.R. § 156.230](#)). The law requires Qualified Health

Plans (QHP) offer their provider directory through MNsure and to potential enrollees in hard copy upon request. The directory includes all in-network providers and identifies those who are not accepting new patients.

Rental agreements are required for health issuers that lease provider networks from other entities. The rental agreement must include a provision that the health issuer accepts responsibility for geographic accessibility requirements ([Minnesota Statute, Section 62K.10, Subd. 1 \(b\)](#)). Submit all documentation to the *Supporting Documents* tab in System for Electronic Rates & Forms Filing (SERFF) and to MDH.

**Network adequacy data is nonpublic until the network is approved by MDH, and the corresponding rates are approved in the plan management binder. While MDH does not publish lists of providers, MDH will provide this data in response to data practices requests after the public release date. Provider lists are not considered trade secret, as defined in Minnesota Statutes, section 13.37 ([Sec. 13.37 MN Statutes](#)).**

## Required Categories

### Key for Category Lists

D/T: Subject to time and distance standard. Maps required.

D/T (if offered): Subject to time and distance standard if the specialty is offered. Maps required.

1: Must have at least one provider per network of this category. Maps not required.

1C: Must have at least one provider per county per network service area. Maps not required.

\*: Notes for category type, see below.

### Individual Provider Specialty Categories

- Acupuncture (D/T (if offered)) \*
- Allergy and Immunology (D/T)
- Anesthesiology Physicians and Certified Registered Nurse Anesthetist (D/T)
- Cardiology (D/T)
- Cardiothoracic Surgery (D/T)
- Chiropractic Services (D/T)
- Colon and Rectal (D/T)
- Dental Providers – Pediatric (D/T (if offered)) \*\*
- Dermatology (D/T)
- Emergency Medicine (D/T)
- Endocrinology (D/T)
- ENT/Otolaryngology (D/T)
- Genetics (1)

- Gastroenterology (D/T)
- General Surgery (D/T)
- Gynecology OB/GYN (D/T)
- Infectious Disease (D/T)
- Lactation Counselors (1)
- Mental Health Providers (outpatient therapy) (D/T)
- Mental Health Provider Prescribers (D/T)
- Nephrology (D/T)
- Neurology (D/T)
- Neurosurgery (D/T)
- Occupational Therapy (D/T)
- Oncology-Medical and Surgical (D/T)
- Oncology-Radiation (D/T)
- Ophthalmology (D/T)
- Orthopedic Surgery (D/T)
- Physical Medicine, Rehabilitation and Occupational Medicine (D/T)
- Physical Therapy (D/T)
- Plastic Surgery (D/T)
- Podiatry (D/T)
- Primary Care-Adult (D/T)
- Primary Care-Pediatric (D/T)
- Pediatric Specialty Care (D/T) \*\*\*
- Pulmonology (D/T)
- Rheumatology (D/T)
- Speech Therapy (D/T)
- Urology (D/T)
- Vascular Surgery (D/T)

**\*Acupuncture**

If the network doesn't include acupuncturists, submit a written statement indicating none.

**\*\*Dental Providers-Pediatric**

This category may include multiple dental specialty types that provide care to children. Please refer to the taxonomy guide in the provider file. If the network doesn't include pediatric dental care providers, submit a written statement indicating none.

### **\*\*\*Pediatric Specialty Care**

This category includes multiple different specialty types and has not changed from previous years. Please refer to the taxonomy reference page in the provider file for the categories included in this specialty.

### **Facility Specialty Categories**

- Acute Inpatient Hospitals (24/7 Emergency Services Required) (D/T)
- Birthing Center (1)
- Cardiac Catheterization Services (D/T)
- Cardiac Surgery Program (D/T)
- Critical Care Services – Intensive Care Units (D/T)
- Diagnostic Radiology (D/T)
- Home Health Care Agency (1C) \*
- Inpatient or Residential Behavioral Health Facility Services (D/T)
- Mammography (D/T)
- Outpatient Infusion/Chemotherapy (D/T)
- Organ Transplant Center (1)
- Pediatric Specialty Hospital (1)
- Psychiatric Residential Treatment Facility (PRTF) (1)
- Skilled Nursing Facilities (D/T)
- Substance Use Disorder (Outpatient) (D/T) \*\*
- Surgical Services (Outpatient or ASC) (D/T)
- Residential Treatment Facility (1)
- Urgent Care (D/T)

#### **\*Home Health Care**

Please make sure you have adequate coverage based on benefits offered. This category is not regulated under time and distance standard as service is provided in enrollees' home. Instead, we are requiring coverage for at least one per county per network service area.

#### **\*\*Substance Use Disorder**

NOTE: MDH removed substance use disorder inpatient category as those requirements are met under facility. We expect to see adequate coverage offered for these categories through inpatient hospital, residential treatment, inpatient/residential behavioral health, and PRTFs.

## Submission Accounts

First submit filings through [SERFF](#). Each SERFF filing generates a unique network ID (MNN#). Use this network ID for every filing submitted to MDH. To locate these IDs in SERFF, go to the *Network Template* tab. Only submit documents to SERFF that match the prepopulated templates.

Submit your remaining documents to network adequacy using MDH's designated submission system. Detailed information on these documents is listed below. MDH is implementing a new submission system for 2025. Submission instructions will be sent out separately. The document submission link will be located on Managed Care Systems webpage.

Direct submission questions to network adequacy staff. Issuers submitting new networks during a non-renewal period may also contact network adequacy staff at [health.managedcare@state.mn.us](mailto:health.managedcare@state.mn.us).

## Required Documents and Due Dates

Due to Minnesota's 2025 legislative session it's unlikely we'll have a decision on the time and distance standard and whether it's aligned with federal regulation until mid-May. **We're allowing two separate due dates, May 22, 2025, and June 25, 2025.** The first due date is for the documents not impacted by legislation, and the second due date is for those that may be impacted.

Submit the following documentation for network adequacy certification and recertification. Issuers must use the documents listed below. MDH will not review documentation submitted until it is provided on the appropriate templates. The provider file and request for waiver documents use macros. After opening the file go to options, trust center to turn on macros.

- [Provider File \(excel\)](#) –Due May 22, 2025
- [Network Adequacy Attestation Document \(word\)](#)-Due May 22, 2025
- [Request for Waiver–ECP \(as applicable\) \(excel\)](#)-Due May 22, 2025
- [Network Service Area Partial County Justification \(word\)](#) (as applicable)-Due May 22, 2025
- Geographic Access Maps–Due June 25, 2025
- [Request for Waiver \(as applicable\) \(excel\)](#)-Due June 25, 2025

### Provider File (May 22, 2025)

Provider files are required for all issuers and contain a complete list of network providers. Use the Microsoft Excel template and submit electronically.

- Use the following naming convention: <provider file\_issuer name\_networkID\_MMDD2026.xlsm>
- Complete the contact information and instructions sheet (page 1) of the provider file. If this page is not filled out, the provider file is considered incomplete.
- When an individual provider or facility is associated with more than one specialty, submit a separate row for each.

- Identify ECP providers and their category code. For more information about ECPs, visit [Essential Community Providers](#).
- Besides the designated pediatric primary care and specialty providers, there are no additional codes to designate serving children and adolescents. If a provider or facility serves children and adolescents, please indicate by answering yes in the provider file under column J.
- We will continue to collect information on telehealth in the provider file. All telehealth data questions must be answered as this information will provide material for a future standard. If a provider at the same location is listed multiple times in the provider file, we would expect to see the same telehealth information for each specialty.
- Include **at least one** of each of the following types. Identify these facilities with appropriately coding in the provider file.
  - Pediatric Specialty Hospital
  - Organ Transplant Specialty Center
  - Psychiatric Residential Treatment Facility
  - Birthing Center
  - Lactation Counselor

## Geographic Access Maps (June 25, 2025)

Once networks are approved, Minnesota law requires MDH to publicly share issuer network information. To meet this requirement, MDH mandates maps for issuers' networks to uphold Minnesota Statutes, Section 62K.10, Subd. 2, 3. All individual and facility specialties regulated by the time and distance standard (Minnesota statutes) require maps. Any gaps require waiver documentation. Map primary care, mental health, and hospital services within 30 miles or minutes. For all other specialties regulated by the time and distance standard map within 60 miles or minutes. There is a total of 48-50 maps for plan year 2026. Listed below are the mapping requirements. Sample map available upon request.

We are offering issuers the option to pay a fee to have Quest Analytics create maps. This is optional. If this is something you're interested in, please let us know.

### Map Requirements

- Include all maps in one PDF. Use the following naming convention: <maps\_issuer name\_network ID\_2026>.
- Pass percentage for the maps is 100%. For each specialty time and distance standard, the networks must provide access to at least one provider at least 100 percent of the enrollees broken down by each county in the service area. For example, for endocrinology in a large metro county, at least 100 percent of enrollees would be required to have reasonable access to at least one provider within 15 miles and 30 minutes.
- Please include a cover page that lists: 1) *2026 Minnesota Department of Health Annual Network Maps*, 2) issuer name, 3) network name, 4) network ID, and 5) date maps were completed.

- Prior to the mapped specialties include a page that shows the network's service area. If the service area is statewide, then the map would show the entire state of Minnesota with language that indicates the state image is the network's service area. Label all counties by name.
- Complete maps using the access criteria of time and distance instead of radius.
- Use current census and *not* enrollee data. CMS updates census data yearly and information is found on their website (<https://www.ghpcertification.cms.gov/QHP/file-redirect?file=PY2026NATemplate-v1>). Please limit population census data to include only those within your network service area.
- Include labels for each map that list its specialty type, network name, and network ID.
- Plot the potential enrollees, differentiating between those who have providers within the time and distance requirement and those who do not have providers within the requirement. Also plot the provider locations.
- Make sure all provider locations show on the maps. If providers have multiple specialty board certifications, each provider is considered a separate entry and should be plotted on multiple maps.
- If software program allows, include a detailed report of accessibility in each county in the service area (written analysis). Include the number of enrollees, the number and percent of enrollees meeting the access criteria, the number and percent of enrollees not meeting the access criteria. Also include the average distance and time to one provider.
- Use colors to aid in understanding and not for visual only.
- Fill out the PDF document properties, include title, author, and subject.
- Include a key with each map to explain the visual information.
- Wherever possible, use 14 (bold), or 18+ font sizes to meet [Web Content Accessibility Guidelines \(WCAG\) 2.1](#) standards.

## Network Adequacy Attestation (May 22, 2025)

Submit an attestation for each network.

## Request for Waiver (June 25, 2025)

### Overview

A health carrier may apply to the commissioner of health for a waiver of the requirements if it is unable to meet them, as described in [Minnesota Statutes, Section 62K.10 Subd. 5](#).

### Allowed Waiver Reasons

Applications to waive the requirements in [Minnesota Statutes, Section 62K.10 Subd. 2 or 3](#) must fit one of the following reason codes. Waivers automatically expire after one year. The commissioner will only approve a subsequent waiver application that satisfies the requirements in Minnesota Statutes, Section 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. Additional information on the requirements for allowed reason codes is located on the waiver form. For network adequacy document requirements, "issuer" is

used interchangeably with “carrier,” and they both mean the same thing. It is a health carrier that offers a plan, and therefore a network of providers to its potential enrollees.

#### Reason Code One

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.

#### Reason Code Two

Provider does not meet carrier’s credentialing requirements.

#### Reason Code Three

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

#### Reason Code Four

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

### Application Fees

MDH will review all network adequacy waiver applications as described in Minnesota Statutes, Section 62K.10 Subd. 5. Upon completion of review and preliminary approval, MDH will issue invoices to issuers for the collection of all applicable waiver fees. **Fees are due within thirty days of invoice date.**

As described in Subd. 5, issuers will be charged \$500 for each application to waive the requirements in Minnesota Statutes, section 62K.10 Subd. 2 or 3, **for one or more provider types per county**. Issuers will be charged only once per county per network, even if applications to waive the requirements in 62K.10 Subd. 2 or 3 are submitted for multiple provider types (maximum 87 waiver fees per network).

Example: Issuer 1 has two networks, Network A and Network B. As shown in Table 1, Issuer 1 is seeking waivers for three types of providers in three counties for Network A, and for four types of providers in three counties for Network B. The counties overlap in Network A and Network B.

**Table 1: Network Waiver Example**

Network A	Network A	Network B	Network B
County	Provider Types	County	Provider Types
Cook	<ul style="list-style-type: none"><li>▪ cardiac surgery</li><li>▪ substance use disorder inpatient service</li><li>▪ chiropractic/acupuncture services</li></ul>	Cook	<ul style="list-style-type: none"><li>▪ colon and rectal surgery</li><li>▪ endocrinology specialty</li><li>▪ gastroenterology providers</li><li>▪ cardiac surgery</li></ul>
Lake of the Woods	<ul style="list-style-type: none"><li>▪ cardiac surgery providers</li></ul>	Lake of the Woods	<ul style="list-style-type: none"><li>▪ colon and rectal surgery</li><li>▪ endocrinology specialty</li></ul>

	<ul style="list-style-type: none"> <li>▪ substance use disorder inpatient service providers</li> <li>▪ chiropractic/acupuncture services</li> </ul>		<ul style="list-style-type: none"> <li>▪ gastroenterology providers</li> <li>▪ cardiac surgery</li> </ul>
Roseau	<ul style="list-style-type: none"> <li>▪ cardiac surgery providers</li> <li>▪ substance use disorder inpatient service providers</li> <li>▪ chiropractic/acupuncture services</li> </ul>	Koochiching	<ul style="list-style-type: none"> <li>▪ colon and rectal surgery</li> <li>▪ endocrinology specialty</li> <li>▪ gastroenterology providers</li> <li>▪ cardiac surgery</li> </ul>

Issuer 1 will be asked to pay the following waiver fees:

1. \$500 for Cook County x 2 networks = \$1,000
2. \$500 for Lake of the Woods County x 2 networks = \$1,000
3. \$500 for Roseau County x 1 network = \$500
4. \$500 for Koochiching County x 1 network = \$500

Total: \$3,000

You will be sent two things, a county level detail report and an invoice from MDH.

## Waiver File Requirements

- Use the following naming convention:  
<waivers\_issuername\_entity\_networkID\_2026>
- Once waiver form is ready to submit, save the final version of the document as an Excel workbook, macros disabled (.xlsx). Macros must be disabled for uploading.
- New this year: One waiver request per row for all specialty types. Please don't add multiple counties to one row.
- **See waiver form for additional requirements.**

## Essential Community Provider (ECP) Requirements and Waiver Process (May 22, 2025)

### Requirements

Health issuers must meet requirements for inclusion of ECPs. These requirements are intended to ensure that networks contain a broad range of ECPs to serve the unique needs of Minnesota populations. Minnesota requirements are based on ECP standards developed for Federally-facilitated Exchanges. ([2026 Final Letter to Issuers in the Federally-facilitated Exchanges \(PDF\)](#))

Issuers must offer a contract in good faith to all ECPs designated as Indian Health providers in their network service area. Indian Health provider ECPs are those providers that may be tribal, urban, or other providers that primarily serve American Indian populations and are state or federally-designated ECPs. QHP issuers are required to use the following [Model QHP Appendix \(PDF\)](#) when contracting with Indian Health providers.

1. In addition, each separate network must include at least one ECP per county in each of the following categories, if such ECP is available. These categories are based on the list of state designated ECPs. However, issuers may also use federally-designated ECPs to meet family planning access requirements.
  - Primary Care
  - Family Planning
  - Mental Health
  - Chemical Dependency
  - Medical Services
  - Dental Care
  - Physical Rehab Services
  - Home Health Care Services
  - Birth Centers
2. Each network must include a minimum of 35% of ECPs available in the network service area. The minimum 35% threshold should be calculated using Minnesota designated ECPs located in the network service area as the basis (denominator) of calculation. This is aligned with federal standards as mentioned in [2024 Final Letter to Issuers in the Federally-facilitated Exchanges \(PDF\)](#).

A comprehensive list of state designated ECPs can be downloaded from MDH's Essential Community Providers page. The Federal list of ECP providers can be found on the [Centers for Medicare & Medicaid Services](#) website.

Please ensure that ECPs are clearly identified in each provider file. Facility names and/or addresses of the ECPs must correspond with the state or federal ECP list provided at the link above. Individual providers should not be identified as ECPs.

[Minnesota Statutes, Section 62Q.19, Subd. 3](#) requires a health plan company to offer a contract to **all** ECPs located within the area served by the health plan company. Per Minnesota Statutes 62Q.19, the health plan company can require that the ECP meet data, utilization review, and quality assurance requirements consistent with those of other network providers. The health plan company and ECP may negotiate the payment rate, but the health plan company must pay at least the same rate per unit of service that it pays for same or similar services. Minnesota Statutes, Section 62Q.19, Subd. 3, states, “[a] health plan company shall not restrict enrollee access to services designated to be provided by the essential community provider for the population that the essential community provider is certified to serve.” This means that, if an ECP requests a contract and meets the other contracting requirements of the statute, they must be offered participation in **all** networks offered by a given issuer.

## **ECP Waiver Allowances**

Document each case where the requirements cannot be met for an ECP on the [Request for Waiver – ECP \(excel\)](#) form. Waivers will only be granted for the following reasons. It is not necessary to request a waiver in situations where there is no ECP of that category available in the county identified in either the state or federal ECP lists.

1. Provider does not meet issuer's data requirements, utilization review, and quality assurance requirements; or
2. Issuer has made a good faith effort to contract with provider(s), but provider(s) has refused. Please provide a statement of what was done to contract with the provider.

## Partial County Service Area Requirements

A service area that includes any partial county 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. If a health issuer requests to serve less than an entire county for any network, it is required that additional documentation be submitted to determine whether this requirement is met. To request coverage in a partial county, a [Network Service Area Partial County Justification \(word\)](#) document must be submitted.

**Health issuers are strongly encouraged to submit service areas that include full counties.** Contact us at [health.managedcare@state.mn.us](mailto:health.managedcare@state.mn.us) if you have questions about partial county service areas and meeting network adequacy geographic access standards.

## Information Specific to Stand-Alone Dental Network Filings – Limited-Scope Pediatric Dental Plans

Dental issuers that wish to be certified on or off-exchange as Qualified Dental Plans (QDPs), also known as Stand-Alone Dental Plans (SADPs), must submit network adequacy documentation for approval.

### Due Dates

The provider file, attestation, and request for waiver-ECP are due May 22, 2025. The maps and general waiver are due June 25, 2025.

### Required Documents

- Provider File: identifying all providers offering pediatric dental services.
- Maps
- Service Area identifying all counties included in the network's service area.
- Geographic Access Map: identifying all the providers in the network, showing the service area defined by county, and demonstrating that the time and distance standards under Code of Federal Regulations, title 45, section 155.1050." Federal regulation refers back to the [2023 Final Letter to Issuers in the Federally-facilitated Exchanges](#).
- Pediatric Dental Specialists Maps: Include four specialist maps: orthodontists, periodontists, prosthodontists, and oral surgeons (use general dentists code). Plot the provider locations on the maps. They do not need to be measured against the time and distance standard.
- Network Adequacy Attestation

- Request for Waiver: required if the geographic access map indicates gaps in coverage in the designated service area.
- Request for Waiver–ECP (as applicable)

Please use the templates to create the provider file, network adequacy attestation, request for waiver (as applicable) and request for waiver-ECP (as applicable).

As with medical provider networks, SADPs are subject to ECP regulation [\(eCFR :: 45 CFR 156.235 -- Essential community providers\)](#). This means that if a dental ECP requests a contract and meets the other contracting requirements, they must be offered participation in all networks offered by a given health issuer. Networks for SADPs must include a minimum of 35% of dental ECPs available in the provider network service area. The minimum 35% threshold should be calculated using Minnesota designated dental ECPs located in the provider network service area as the basis (denominator) of calculation. See the MDH's [Essential Community Providers](#) page for more information.

The following are the dental provider specialties that issuers may include in provider file. These provider types and specialties should be shown as one on the geographic access map. Please see the provider file for additional coding requirements.

**Provider Types:**

- Dentist
- Dental Group
- Allied Dental Professionals (includes Dental Therapists and Advanced Dental Therapists)
- Dental Hygienist

**Provider Specialties:**

- General Practitioner
- Pediatrics
- Orthodontist (for medically necessary orthodontia)
- Periodontist (for medically necessary pediatric dental services)
- Prosthodontist (for medically necessary pediatric dental services)
- Oral surgeon (for medically necessary pediatric dental services)

## Appendix–Coding Set

Below are the individual specialty and facility type codes for the provider file. Submit providers and clinics with multiple specialties as separate rows within the provider file. For questions on how to map specific providers, refer to the taxonomy code section in the provider file.

Individual Provider Types	Facility Types
001 General Practice	040 Acute Inpatient Hospitals (Must have Emergency services available 24/7)
002 Family Medicine	041 Cardiac Surgery Program
003 Internal Medicine	042 Cardiac Catheterization Services
004 Geriatrics	043 Critical Care Services - Intensive Care Units (ICU)
005 Primary Care - Physician Assistant	045 Surgical Services (Ambulatory Surgical Centers and Outpatient Hospital)
006 Primary Care - Advanced Registered Nurse Practitioner	046 Skilled Nursing Facilities
007 Allergy and Immunology	047 Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Dx Radiology)
008 Cardiology	048 Mammography
010 Chiropractor	052 Inpatient Psychiatry (Free-standing inpatient behavioral health facility and behavioral health beds within an Acute Care Hospital)
011 Dermatology	057 Outpatient Infusion/Chemotherapy
012 Endocrinology	072 Substance Use Disorder Rehabilitation Facility (Hospital unit and residential treatment facility)
013 ENT/Otolaryngology	076 Mental Health Residential Treatment Facility (Mental Illness; Psychiatric)
014 Gastroenterology	080 Urgent Care

<b>Individual Provider Types</b>	<b>Facility Types</b>
015 General Surgery	60 Home Healthcare Agency
016 Gynecology (OB/GYN)	CD2F Substance Use Disorder (Outpatient)
017 Infectious Diseases	P072 Children's Substance Use Disorder Rehabilitation Facility
018 Nephrology	P076 Children's Residential Treatment Facility (Mental Illness; Psychiatric)
019 Neurology	BC Birthing Center
020 Neurosurgery	PH Pediatric Specialty Hospital
021 Oncology - Medical & Surgical	PR Psychiatric Residential Treatment Facility (PRTF)
022 Oncology - Radiation	RT Residential Treatment Facility
023 Ophthalmology	TC Organ Transplant Center
025 Orthopedic Surgery	ECP Essential Community Provider
026 Physical Medicine, Rehabilitation, and Occupational Medicine	N/A
027 Plastic Surgery	N/A
028 Podiatry	N/A
029 Psychiatry	N/A
030 Pulmonology	N/A
031 Rheumatology	N/A
033 Urology	N/A
034 Vascular Surgery	N/A
035 Cardiothoracic Surgery	N/A
037 Emergency Medicine	N/A
049 Physical Therapy	N/A

<b>Individual Provider Types</b>	<b>Facility Types</b>
050 Occupational Therapy	N/A
051 Speech Therapy	N/A
08 Genetics	N/A
41 Anesthesiology Physicians and Certified Registered Nurse Anesthetists	N/A
50 Colon and Rectal	N/A
101 Primary Care - Pediatric	N/A
102 Social Worker	N/A
103 Psychologist	N/A
105 Marriage and Family Therapist	N/A
106 Addiction (Substance Use Disorder) Counselor	N/A
107 Counselor (Mental Health and Professional)	N/A
108 Behavioral Health - Mental Health Nurse	N/A
109 Psychiatric Pharmacist	N/A
201 Dental - General	N/A
202 Dental - Orthodontist	N/A
203 Dental - Periodontist	N/A
204 Dental - Endodontist	N/A
206 Dental - Prosthodontist	N/A
800 Addiction Medicine Physician	N/A
801 Behavioral Analyst	N/A
P201 - Pediatric Dental	N/A

<b>Individual Provider Types</b>	<b>Facility Types</b>
AP Acupuncture	N/A
LA Lactation Counselor	N/A
PE Pediatric Specialty Care	N/A

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Minnesota Department of Health  
Managed Care Systems  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-5100  
[health.managedcare@state.mn.us](mailto:health.managedcare@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

*To obtain this information in a different format, call: 651-201-5100.*