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December 22, 2021

Ms. Melissa Munster, Counsel
Law and Regulatory Affairs
Aetna
151 Farmington Avenue, Mail Code RT63
Hartford, CT 06156

Re: Aetna Health and Life Insurance Company (“AHLIC”)
Network Adequacy Filing 2020

Dear Ms. Munster:

The Maryland Insurance Administration (“Administration”) has completed its review of the AHLIC 2020 Network Adequacy Access Plan (the “AHLIC 2020 Access Plan”) filed on July 1, 2020, supplemented with additional information and documentation on January 13, 2021, April 26, 2021, June 14, 2021, August 20, 2021, October 14, 2021, November 24, 2021, and December 17, 2021. This filing was made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44.

In Maryland, AHLIC offers Student Health Insurance Plans (“SHIP”) to colleges and universities and uses the Aetna Life Insurance Company (ALIC) Preferred Provider Organization (PPO) network. In the AHLIC 2020 Access Plan submitted on July 1, 2020, enrollee membership was combined for the PPO (ALIC) and SHIP (AHLIC) plans as these memberships use the same network. In response to the Administration’s inquiries, the data for the AHLIC 2020 Access Plan filing was re-run for all metrics to separate out the Student Health (AHLIC) membership from the PPO (ALIC) membership and a revised filing was submitted on April 26, 2021.

AHLIC reported that it has 1,341 Maryland enrollees divided between 2 universities - Towson University and University of Maryland Baltimore County. AHLIC stated that SHIP membership numbers are captured by the college’s zip code and one record per enrolled student and that the student’s residence and demographic information is not collected. AHLIC measured travel distance to participating providers for SHIP business based on the location of the college or university.

In the executive summary, AHLIC included “NA” for the suburban and rural categories since, based on the location of the universities, there is zero membership in the suburban and rural areas. The executive summary also noted that for the Provider-to-Enrollee Ratio Standards, because student demographic information was not captured, the total population of the membership was used for the OB/GYN and Pediatrics categories.

AHLIC 2020 Access Plan

The Administration’s review of the AHLIC 2020 Access Plan has found that all access standards in COMAR 31.10.44 were met, based on the data self-reported by AHLIC.

AHLIC 2019 Access Plan Consent Order

On March 19, 2021, the Administration and AHLIC entered into a Consent Order to resolve matters related to the AHLIC 2019 Access Plan. The Administration had concluded in the Consent Order that that AHLIC violated § 15-112 of the Insurance Article and COMAR 31.10.44.03C by filing an access plan that failed to comply with required travel distance standards and appointment waiting time standards, by failing to include in the executive summary plan form the required information regarding certified registered nurse practitioners, and by filing an access plan that failed to demonstrate that at least 30 percent of the available essential community providers in each of the urban, rural, and suburban areas are included in the network. The Administration imposed an administrative penalty on AHLIC of \$75,000 for the violations, but suspended the penalty pending the Administration’s (i) review of the access plan submitted by AHLIC in 2021; (ii) determination as to whether the 2021 access plan substantiates representations made by AHLIC related to its intent to adjust record keeping methodologies and to improve its compliance with the access standards; and (iii) based on such review and determination, decision on whether the administrative penalty should be paid, reduced, or rescinded.

In the 2019 Consent Order, AHLIC acknowledged the deficiencies in its self-reported data regarding appointment waiting time standards for urgent behavioral health/substance use disorder services. In 2019, the appointment waiting time standard for urgent behavioral health/substance use disorder services was reported separately and measured using a 48-hour standard, which is more stringent than the 72-hour standard in COMAR 31.10.44.05C. AHLIC advised that that the 2019 survey tool used for this measurement did not allow measurement against the 72-hour standard. The AHLIC 2020 Access Plan showed that the survey tool used in 2020 by AHLIC was able to measure and report appointment waiting times for all urgent care combined (including medical, behavioral health, and substance use disorder services) and that the 72-hour appointment waiting time standard was met for 95% of enrollees, as required by COMAR 31.10.44.05A(1).

The AHLIC 2020 Access Plan executive summary plan form failed to include the required information regarding certified registered nurse practitioners. AHLIC stated that this was because the information that AHLIC reported in the AHLIC 2020 Access Plan did not include certified nurse practitioners in its calculations for travel distance standards since AHLIC’s

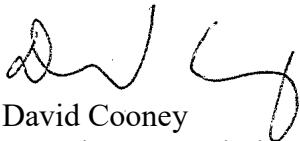
systems did not allow AHLIC to readily determine this information. AHLIC stated that the information reported in the executive summary pursuant to COMAR 31.10.44.09A(1)(b) and (c), therefore, should have been zero. For future filings, AHLIC stated that it will include these providers in the calculations, if needed, to comply with the travel distance standards.

The data reported in the AHLIC 2020 Access Plan demonstrated that AHLIC met the requirement that at least 30 percent of the available essential community providers in each of the urban, rural, and suburban areas are included in the network. This information was added to the executive summary form filed on December 17, 2021.

As stated above, AHLIC reported that for the 2020 AHLIC Access Plan, travel distance to participating providers for SHIP business was measured from the location of the college or university. Further clarification about this methodology and justification for how it complies with COMAR 31.10.44.04A(1) will be expected with respect to the AHLIC 2021 Access Plan, which was submitted on July 1, 2021, and is currently under review by the Administration. Upon completion of the review, a determination will be made on whether the administrative penalty should be paid, reduced, or rescinded.

AHLIC has the right to request a hearing on this determination letter in accordance with § 2-210 of the Insurance Article. A request for a hearing must be made in writing and received by the Administration within thirty (30) days of the date of this letter. The rules for requesting a hearing are set forth in COMAR 31.02.01.

Very truly yours,

A handwritten signature in black ink, appearing to read 'David Cooney', written over a horizontal line.

David Cooney
Associate Commissioner
Life and Health