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September 18, 2023

Rachel Clark
Market Compliance Director
Aetna
151 Farmington Avenue
Hartford, CT 06156-3124

Re: Aetna Health, Inc. 2022 Network Adequacy Filing

Dear Ms. Clark:

The Maryland Insurance Administration (“Administration”) has completed its review of the Aetna Health, Inc. 2022 Network Adequacy Access Plan (the “AHI 2022 Access Plan”) filed on June 30, 2022, supplemented with additional information and documentation on August 2, 2022, March 28, 2023, May 22, 2023, and May 30, 2023. This filing was made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44¹.

Travel Distance Standards

The Administration’s review of the AHI 2022 Access Plan has found that the access standards in COMAR 31.10.44.04 were not met for the following, based on the data self-reported by AHI. All other access standards in COMAR 31.10.44.04 were met.

1. In suburban areas, Allergy and Immunology providers must be within 30 miles of enrollee residence. Allergy and Immunology providers met the required standard for 99.8% of suburban enrollees, leaving 6 enrollees outside the travel distance standard in zip code 21842.
2. In suburban areas, ENT / Otolaryngology providers must be within 30 miles of enrollee residence. ENT / Otolaryngology providers met the required standard for 99.8% of

¹ COMAR 31.10.44 was revised, effective May 15, 2023. The 2022 Network Adequacy Access Plans were filed and reviewed for compliance under the version of COMAR 31.10.44 that was effective prior to May 15, 2023. All references to COMAR 31.10.44 in this letter apply to the pre-May 15, 2023 version.

suburban enrollees, leaving 7 enrollees outside the travel distance standard in zip code 21842.

3. In urban areas, Gynecology, OB/GYN providers must be within 5 miles of enrollee residence. Gynecology, OB/GYN providers met the required standard for 99.3% of urban enrollees, leaving 8 enrollees outside the travel distance standard in two zip codes.

Urban zip codes

- a. Zip code 21040 has 7 enrollees outside the standard.
 - b. Zip code 21403 has 1 enrollee outside the standard.
4. In suburban areas, Gynecology, OB/GYN providers must be within 10 miles of enrollee residence. Gynecology, OB/GYN providers met the required standard for 98.5% of suburban enrollees, leaving 22 enrollees outside the travel distance standard in four zip codes.

Suburban zip codes

- a. Zip code 20625 has 1 enrollee outside the standard.
 - b. Zip code 20714 has 5 enrollees outside the standard.
 - c. Zip code 20732 has 7 enrollees outside the standard.
 - d. Zip code 21716 has 9 enrollees outside the standard.
5. In suburban areas, Pediatrics – Routine / Primary Care providers must be within 10 miles of enrollee residence. Pediatrics – Routine / Primary Care providers met the required standard for 99.4% of suburban enrollees, leaving 3 enrollees outside the travel distance standard in two zip codes.

Suburban zip codes

- a. Zip code 20714 has 1 enrollee outside the standard.
 - b. Zip code 20732 has 2 enrollees outside the standard.
6. In suburban areas, Primary Care providers must be within 10 miles of enrollee residence. Primary Care providers met the required standard for 99.9% of suburban enrollees, leaving 2 enrollees outside the travel distance standard in zip code 20625.
 7. In suburban areas, Pharmacy facilities must be within 10 miles of enrollee residence. Pharmacy facilities met the required standard for 99.9% of suburban enrollees, leaving 2 enrollees outside the travel distance standard in zip code 20625.
 8. In urban areas, Acute Inpatient Hospitals must be within 10 miles of enrollee residence. Acute Inpatient Hospitals met the required standard for 99.9% of urban enrollees, leaving 1 enrollee outside the travel distance standard in zip code 21040.
 9. In urban areas, Critical Care Services – Intensive Care Units must be within 10 miles of enrollee residence. Critical Care Services – Intensive Care Units met the required

standard for 99.7% of urban enrollees, leaving 9 enrollees outside the travel distance standard in two zip codes.

Urban zip codes

- a. Zip code 21040 has 1 enrollee outside the standard.
 - b. Zip code 21114 has 8 enrollees outside the standard.
10. In urban areas, Outpatient Infusion/Chemotherapy facilities must be within 10 miles of enrollee residence. Outpatient Infusion/Chemotherapy facilities met the required standard for 98.7% of urban enrollees, leaving 37 enrollees outside the travel distance standard in six zip codes.

Urban zip codes

- a. Zip code 20745 has 9 enrollees outside the standard.
 - b. Zip code 20746 has 5 enrollees outside the standard.
 - c. Zip code 20748 has 5 enrollees outside the standard.
 - d. Zip code 21114 has 18 enrollees outside the standard.
11. In urban areas, Other Behavioral Health/Substance Abuse facilities must be within 10 miles of enrollee residence. Other Behavioral Health/Substance Abuse facilities met the required standard for 99.9% of urban enrollees, leaving 3 enrollees outside the travel distance standard in zip code 20745.
12. In suburban areas, Other Behavioral Health/Substance Abuse facilities must be within 25 miles of enrollee residence. Other Behavioral Health/Substance Abuse facilities met the required standard for 98.2% of suburban enrollees, leaving 62 enrollees outside the travel distance standard in zip code 21842.

Appointment Waiting Time Standards

The data self-reported by AHI indicates that the required standard of 10 calendar days for non-urgent behavioral health/substance use disorder services was met for 80% of enrollees, representing a deficiency of 15 percentage points.

For the other appointment waiting time categories of urgent care, routine primary care, preventive visit / well visit, and non-urgent specialty care, AHI reports meeting the required 95% standard based on provider survey results.

Travel Distance Waiver Requests

The criteria that must be met in order to qualify for a waiver of a standard are set forth in COMAR 31.10.44.07. The Administration “may find good cause to grant the network adequacy waiver request if the carrier demonstrates that the physicians, other providers, or health care facilities necessary for an adequate network: (1) Are not available to contract with the carrier; (2)

Are not available in sufficient numbers; (3) Have refused to contract with the carrier; or (4) Are unable to reach agreement with the carrier.”

The Administration has considered AHI’s requests for waivers for travel distance standards for the following provider types: Allergy and Immunology, ENT / Otolaryngology, Gynecology, OB/GYN, Pediatrics – Routine / Primary Care, and Primary Care; and for the facility types: Acute Inpatient Hospitals, Critical Care Services / Intensive Care Units, Pharmacy, Outpatient Infusion / Chemotherapy and Other Behavioral Health/Substance Abuse Facilities. The waiver requests were filed pursuant to COMAR 31.10.44.07 for the AHI HMO network on August 2, 2022, with additional information provided on March 28, 2023, May 22, 2023, and May 30, 2023.

Please be advised that the Administration has found good cause to grant the travel distance waiver requests for 1 year because additional providers are not available to contract with the carrier, as evidenced by AHI’s presentation of the following:

- Descriptions of efforts to locate any additional practicing providers within the required distance standard for each deficient provider type and zip code listed above using both internal reporting, such as non-participating provider claims data, and external resources, including federal and state-issued provider listings and the public directories of other carriers.
- Declarations that the efforts to locate additional providers revealed that AHI is already contracted with the nearest practicing provider for the other deficient provider types and zip codes listed above, and that there are no other providers currently available within standard. Furthermore, AHI provided GeoAccess analysis and maps to demonstrate that the maximum distance of enrollees outside of standard to the nearest provider or facility was a fraction of a mile in the following:
 - In zip code 21040, the maximum distance for the furthest enrollee was .3 miles outside the 10-mile urban standard for Acute Inpatient Hospitals and Critical Care Services – Intensive Care Units.
 - In zip code 21114, the maximum distance was .2 miles outside the urban standard of 10 miles for Critical Care Services – Intensive Care Units.
 - In zip code 20746, the maximum distance was .5 miles outside the 10-mile urban standard for Outpatient Infusion / Chemotherapy facilities.
 - In zip code 21403, the maximum distance was .6 miles outside the urban 5-mile standard for Gynecology / OB/GYN providers.

Additionally, Aetna explained that its standard process for identifying and classifying the various provider types for network access plan filings suffers from limitations with respect to Outpatient Infusion / Chemotherapy and Other Behavioral Health / Substance Abuse Facilities. To address this issue for prior network access plan submissions, Aetna implemented a manual adjustment process that allows it to accurately capture the total number of these facilities within its network.

Aetna stated that the manual step was mistakenly not completed for the 2022 access plan filing, and, therefore, it believes that the reported shortages for these two facility types may not reflect actual deficiencies. Aetna was able to perform the manual step retroactively on a limited basis to provide evidence to support its position, and Aetna asserted that the manual adjustments will be appropriately reflected in the 2023 access plan submission.

Appointment Waiting Times Waiver Request

AHI submitted a waiver request for the deficient wait time standard for non-urgent behavioral health/substance use disorder services on March 28, 2023 with additional information provided on May 22, 2023. The waiver request was filed pursuant to COMAR 31.10.44.07 for the AHI HMO network.

Please be advised that the Administration has found good cause to grant the request for 1 year because providers refused to contract with the carrier or were unable to reach agreement with the carrier, as evidenced by AHI's documentation of repeated attempts to contact recruitment targets, which includes the dates and number of attempts by telephone, email, and website inquiry. AHI also provided a description of some of its strategies to re-open negotiations with providers who previously declined to participate in the network.

Furthermore, supporting documentation submitted for the AHI 2022 Access Plan demonstrated that Aetna significantly increased the number of behavioral health / substance use disorder providers in its network in 2022, and AHI also provided descriptions of efforts to locate additional brick and mortar behavioral health / substance use disorder service providers, using both internal reporting, such as non-participating provider claims data, and external resources, including federal and state-issued provider listings and the public provider directories of other carriers. AHI is currently attempting to recruit the additional providers identified to join its network.

The Administration notes that the AHI 2022 Access plan shows a resolution of its 2021 Access Plan's deficiency in Urgent Care waiting time and an improvement of eight percentage points in Non-Urgent Behavioral Health / Substance Use Disorder services waiting time.

In granting the waiver requests for the only access plan standards in COMAR 31.10.44 where deficiencies were reported in the AHI 2022 HMO Access Plan, the Administration has determined that the AHI 2022 HMO Access Plan complies with § 15-112 of the Insurance Article and COMAR 31.10.44.03C.

This determination letter is limited to review of the AHI 2022 Access Plan, and is independent of the Administration's review of any other Network Adequacy Access Plans and submissions in connection thereof which are filed by AHI.

Aetna 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

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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 in a cursive style.

David Cooney
Associate Commissioner
Life and Health