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January 10, 2022

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

Re: Aetna Life Insurance Company ("ALIC")
Network Adequacy Filing 2020

Dear Ms. Munster:

The Maryland Insurance Administration ("Administration") has completed its review of the ALIC 2020 Network Adequacy Access Plan (the "ALIC 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, December 17, 2021, and January 5, 2022. This filing was made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44.

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

ALIC 2020 Access Plan

The Administration's review of the ALIC 2020 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 ALIC. All other access standards in COMAR 31.10.44 were met.

Travel Distance Standards

1. Primary care providers met the required standard for 99.9% of suburban enrollees, leaving 7 members outside the travel distance standard of ten miles in one zip code.
2. Gynecology, OB/GYN providers met the required standard for 99.8% of urban enrollees, leaving 15 members outside the travel distance standard of five miles in one zip code. The standard was met for 99.8% of suburban enrollees, leaving 16 members outside the travel distance standard of ten miles in two zip codes.
3. Pediatrics-Routine/Primary Care providers met the required standard for 99.9% of urban enrollees, leaving 2 members outside the travel distance standard of five miles in one zip code. The standard was met for 99.7% of suburban enrollees, leaving 10 members outside the travel distance standard of ten miles in three zip codes.
4. Allergy and immunology providers met the required standard for 99.9% of suburban enrollees, leaving members 43 outside the travel distance standard of thirty miles in one zip code.
5. Applied behavioral analyst providers met the required standard for 99.6% of suburban enrollees, leaving 54 members outside the travel distance standard of thirty miles in three zip codes.
6. Dermatology providers met the required standard for 99.8% of urban enrollees, leaving 27 members outside the travel distance standard of ten miles in one zip code.
7. ENT/Otolaryngology providers met the required standard for 99.9% of suburban enrollees, leaving 43 members outside the travel distance standard of thirty miles in one zip code.
8. Gynecology only providers met the required standard for 99.9% of suburban enrollees, leaving 19 members outside the travel distance standard of ten miles in one zip code.
9. Oncology-Medical and Surgical providers met the required standard for 99.8% of urban enrollees, leaving 27 members outside the travel distance standard of ten miles in one zip code.
10. Ophthalmology providers met the required standard for 99.8% of urban enrollees, leaving 27 members outside the travel distance standard of ten miles in one zip code.
11. Urology providers met the required standard for 99.8% of urban enrollees, leaving 27 members outside the travel distance standard of ten miles in one zip code.
12. Pharmacy providers met the required standard for 99.9% of suburban enrollees, leaving 7 members outside the travel distance standard of ten miles in one zip code.

13. Critical Care Services-Intensive Care Unit facilities met the required standard for 99.8% of urban enrollees, leaving 27 members outside the travel distance standard of ten miles in one zip code.
14. Diagnostic radiology facilities met the required standard for 99.8% of urban enrollees, leaving 27 members outside the travel distance standard of ten miles in one zip code.
15. Outpatient dialysis facilities met the required standard for 99.8% of urban enrollees, leaving 27 members outside the travel distance standard of ten miles in one zip code.
16. Outpatient Infusion/Chemotherapy facilities met the required standard for 98.4% of urban enrollees, leaving 518 members outside the travel distance standard of ten miles in three zip codes.
17. Skilled nursing facilities met the required standard for 99.8% of urban enrollees, leaving 27 members outside the travel distance standard of ten miles in one zip code.
18. Surgical services (outpatient or ambulatory surgical center) facility providers met the required standard for 99.9% of urban enrollees, leaving 27 members outside the travel distance standard of ten miles in one zip code.
19. Other behavioral health/substance abuse facility providers met the required standard for 99.8% of urban enrollees, leaving 30 members outside the travel distance standard of ten miles in one zip code. The standard was met for 99.7% of suburban enrollees, leaving 40 members outside the travel distance standard of twenty-five miles in two zip codes.

ALIC 2019 Access Plan Consent Order

On March 19, 2021, the Administration and ALIC entered into a Consent Order to resolve matters related to the ALIC 2019 Access Plan. The Administration had concluded in the Consent Order that that ALIC 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 ALIC of \$75,000 for the violations, but suspended the penalty pending the Administration's (i) review of the access plan submitted by ALIC in 2021; (ii) determination as to whether the 2021 access plan substantiates representations made by ALIC 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, ALIC acknowledged the deficiencies in its self-reported data regarding appointment waiting time standards for urgent care 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. ALIC advised that that the 2019 survey tool used for this measurement did not allow measurement against the 72-hour standard. The ALIC 2020 Access Plan showed that the survey tool used in 2020 by ALIC 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).

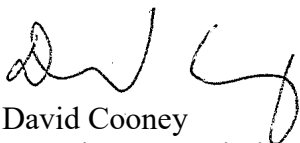
The ALIC 2020 Access Plan executive summary plan form failed to include the required information regarding certified registered nurse practitioners. ALIC stated that this was because the information that ALIC reported in the ALIC 2020 Access Plan did not include certified nurse practitioners in its calculations for travel distance standards since ALIC's systems did not allow ALIC to readily determine this information. ALIC 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, ALIC stated that it will include these providers in the calculations, if needed, to comply with the travel distance standards.

The data reported in the ALIC 2020 Access Plan demonstrated that ALIC 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.

The ALIC 2020 Access Plan shows some improvement in compliance with the travel distance standards, but there continue to be areas where the access standards were not met, as noted above. The ALIC 2021 Access Plan, submitted on July 1, 2021, 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.

ALIC 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,



David Cooney
Associate Commissioner
Life and Health