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September 19, 2023

Ms. Teresa Howard
Cigna Legal, U.S. Compliance Operations – Regulatory Reporting
Cigna Health and Life Insurance Company
900 Cottage Grove Rd
Bloomfield, CT 06152

Re: Cigna Health and Life Insurance Company ("CHLIC")

2022 Network Adequacy OAP Access Plan 2022 Network Adequacy PPO Access Plan 2022 Network Adequacy POS Access Plan

Dear Ms. Howard:

The Maryland Insurance Administration ("Administration") has completed its review of the Cigna Health and Life Insurance Company 2022 Network Adequacy Access Plans: (the "CHLIC 2022 OAP Access Plan," the "CHLIC 2022 PPO Access Plan," and the "CHLIC 2022 POS Access Plan,") filed on July 1, 2022, supplemented with additional information and documentation on March 9, 2023 and May 30, 2023. These filings were made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44.

CHLIC uses three provider panels for health benefit plans in Maryland, the OAP network, the PPO network, and the POS network. An additional panel, the LocalPlus network, had no enrollees as of the July 1, 2022 filing date.

CHLIC 2022 OAP Access Plan

The Administration's review of the CHLIC 2022 OAP 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 CHLIC. All other access standards in COMAR 31.10.44.04 were met.

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.

Travel Distance Standards

- 1. In urban areas, Gynecology, OB/GYN providers must be within 5 miles of enrollee residence. Gynecology, OB/GYN providers met the required standard for 99.8% of urban enrollees, leaving 20 enrollees outside the travel distance standard in zip code 21403.
- 2. In suburban areas, Gynecology, OB/GYN providers must be within 10 miles of enrollee residence. Gynecology, OB/GYN providers met the required standard for 99.9% of suburban enrollees, leaving 2 enrollees outside the travel distance standard in two zip codes.

Suburban zip codes

- a. Zip code 20625 has 1 enrollee outside the standard.
- b. Zip code 21913 has 1 enrollee outside the standard.
- 3. In urban areas, Pediatrics-Routine/Primary Care providers must be within 5 miles of enrollee residence. Pediatrics-Routine/Primary Care providers met the required standard for 99.9% of urban enrollees, leaving 11 enrollees outside the travel distance in zip code 21403.
- 4. 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 99.9% of suburban enrollees, leaving 2 enrollees outside the travel distance standard in two zip codes.

Suburban zip codes

- a. Zip code 20625 has 1 enrollee outside the standard.
- b. Zip code 21913 has 1 enrollee outside the standard.
- 5. In suburban areas, Primary Care Physicians must be within 10 miles of enrollee residence. Primary Care Physicians met the required standard for 99.9% of suburban enrollees, leaving 1 enrollee outside the travel distance standard in zip code 20625.
- 6. In urban areas, Pulmonology providers must be within 10 miles of enrollee residence. Pulmonology providers met the required standard for 99.9% of urban enrollees, leaving 5 enrollees outside the travel distance standard in zip code 21040.
- 7. 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 14 enrollees outside the travel distance standard in zip code 21040.
- 8. 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 99.8% of urban enrollees, leaving 20 enrollees outside the travel distance standard in two zip codes.

Urban zip codes

- a. Zip code 21040 has 14 enrollees outside the standard.
- b. Zip code 21114 has 6 enrollees outside the standard.
- 9. In urban areas, Inpatient Psychiatric Facilities must be within 15 miles of enrollee residence. Inpatient Psychiatric Facilities met the standard for 99.6% of urban enrollees, leaving 37 enrollees outside the travel distance standard in zip code, 21040.
- 10. 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 99.6% of urban enrollees, leaving 37 enrollees outside the travel distance standard in zip code 20748.
- 11. In suburban areas, Other Behavioral Health/Substance Use Facilities must be within 25 miles of enrollee residence. Other Behavioral Health/Substance Use Facilities met the required standard for 99.8% of suburban enrollees, leaving 19 enrollees outside the travel distance standard in zip code 21842.

Travel Distance Waiver Request

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 CHLIC's requests for waivers for the travel distance standard for Gynecology OB/GYN, Pediatric – Routine / Primary Care, Primary Care Physicians, and Pulmonology providers, and for Acute Inpatient Hospitals, Critical Care Services / Intensive Care Units, Inpatient Psychiatric facilities, and Other Behavioral Health/Substance Use facilities. The waiver requests were made for the OAP network on July 1, 2022, with additional information to support this request filed on March 9, 2023 and May 30, 2023.

Please be advised that the Administration has found good cause to grant the waiver requests for 1 year for Gynecology OB/GYN providers in zip code 20625, Pediatric – Routine / Primary Care providers in zip code 20625, Primary Care Physicians, Inpatient Psychiatric facilities, and Other Behavioral Health/Substance Use facilities because providers are not available to contract with the carrier or not available in sufficient numbers, as evidenced by the following information which was presented by CHLIC:

- 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 external sources such as the public provider directories of other carriers, analytics services, and online searches;
- Continued monitoring of deficient areas for available providers to recruit;
- Documentation of repeated efforts to contact a facility to close the Other Behavioral Health / Substance Abuse Facility gap in zip code in 21842; and
- Declarations that the efforts to locate additional providers revealed that CHLIC 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.

The CHLIC 2022 OAP Access Plan contains insufficient substantiation to justify granting a waiver for the travel distance standard for Gynecology OB/GYN providers in zip codes 21403 and 21913, Pediatric – Routine / Primary Care providers in zip codes 21403 and 21913, Pulmonology providers, Acute Inpatient Hospitals, and Critical Care Services / Intensive Care Units because the information submitted by CHLIC failed to demonstrate that the providers necessary for an adequate network were not available to contract with CHLIC, were not available in sufficient numbers, refused to contract with CHLIC, or were unable to reach an agreement with CHLIC. However, while the Administration did not find good cause to grant these waiver requests, the Administration has determined that it will exercise enforcement discretion and not impose a penalty for these travel distance deficiencies, having considered the minimal number of enrollees impacted by the violations, and having considered the following information CHLIC provided about the methodology used to measure travel distance.

CHLIC stated that the CHLIC 2022 OAP Access Plan calculated travel distance based on industry-standard analytics, and that variations in measurement methodology account for the following provider and facility types appearing to be outside the standard:

- For the one suburban enrollee in zip code 21913 reported as being outside the 10-mile travel distance standard for Gynecology, OB / Gyn providers, the distance to the closest provider was calculated as 10.3 miles using industry-standard analytics for estimated driving distance. However, when the actual driving distance was manually calculated for this enrollee using Google Maps, the distance was within the 10-mile standard at 9.8 miles.
- For the 37 urban enrollees in zip code 21040 reported as being outside the 10-mile travel distance standard for Inpatient Psychiatric Facility, the distance to the closest facility was calculated as 17.5 miles using industry-standard analytics for estimated driving distance. However, when the actual driving distance was manually calculated for the enrollee

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furthest away using Google Maps, the distance was within the 15-mile standard at 14.3 miles.

For the remaining deficiencies, CHLIC demonstrated that when actual driving distance was manually calculated for the enrollee furthest away using Google Maps, the magnitude of the mileage deficiency was marginal, and in many cases was one mile or less.

CHLIC 2022 PPO Access Plan and 2022 POS Access Plan

Travel Distance Standards

The Administration's review has found that both the CHLIC 2022 PPO Access Plan and the CHLIC 2022 POS Access Plans have met the travel distance standards in COMAR 31.10.44.04, based on the data self-reported by CHLIC.

CHLIC 2022 OAP Access Plan, PPO Access Plan, and 2022 POS Access Plan

Appointment Waiting Time Standards

The data self-reported by CHLIC in the 2022 Network Adequacy Access Plans indicates that the required standard of 72 hours for urgent care was met for 90% of enrollees, representing a deficiency of 5 percentage points. The required standard of 10 calendar days for non-urgent behavioral health/substance use disorder services was met for 94% of enrollees, representing a deficiency of 1 percentage point. CHLIC stated that the compliance reports were based on provider surveys only and did not include its contracted urgent care centers or virtual care only providers that are available 24/7.

The data self-reported by CHLIC shows compliance with the Appointment Waiting Time Standards for routine primary care, preventive visit / well visit, and non-urgent specialty care. Supporting documentation, including provider survey results, were included in the 2022 CHLIC access plans to validate the reported values.

Appointment Waiting Time Waiver Request

CHLIC submitted a waiver request for the deficient appointment waiting time standards on July 1, 2022, with additional supporting documentation submitted on March 9, 2023. The waiver request was filed pursuant to COMAR 31.10.44.07.

Please be advised that the Administration has found good cause to grant the request for 1 year because providers are not available to contract with the carrier or not available in sufficient numbers, as evidenced by CHLIC's description of its efforts to locate additional Behavioral Health / Substance Use Disorder services, using external sources such as the public provider directories of other carriers, CAQH, and online searches.

Furthermore, CHLIC also provided the following information to demonstrate its efforts to improve appointment waiting time metrics reported by network providers:

- A listing of behavioral health providers CHLIC added to the network since 2022, or with whom CHILC is currently in contract negotiations;
- Customer flyers and other enrollee informational resources providing guidance in obtaining 24/7 assistance in locating services, including behavioral health and substance use disorders care, if enrollees experience difficulty finding an appointment;
- A description of efforts to provide guidance to network providers regarding behavioral health access, including educating them on the importance of complying with Maryland's network adequacy appointment wait times standards and when to consider an appointment request urgent;
- A description of a planned expansion of walk-in convenience clinics in the network to provide additional options for after-hours urgent care; and
- A statement that CHLIC is clarifying provider survey questions regarding urgent care availability to address a point of confusion that CHLIC believes may have inadvertently resulted in unfavorable survey responses.

The Administration has determined, in its exercise of enforcement discretion, not to impose a penalty in connection with its review of the CHLIC 2022 Network Adequacy Access Plans, which, after considering the waiver requests granted by the Administration, contain only deficiencies that are marginal in nature.

This determination letter is limited to review of the CHLIC 2022 OAP Access Plan, the CHLIC 2022 PPO Access Plan, and the CHLIC 2022 POS 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 CHLIC.

CHLIC 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