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KATHLEEN A. BIRrane
Commissioner

GREGORY M. DERWART
Deputy Commissioner

DAVID COONEY
Associate Commissioner
Life and Health

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2170 Fax: 410-468-2204
Email: david.cooney@maryland.gov
410-468-2000 1-800-492-6116
TTY: 1-800-735-2258
www.insurance.maryland.gov

December 3, 2021

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 (“CIGNA”)
Network Adequacy Filing 2020

Dear Ms. Howard:

The Maryland Insurance Administration (“Administration”) has completed its review of the CIGNA 2020 Network Adequacy Access Plan (the “CIGNA 2020 Access Plan”) filed on July 1, 2020, supplemented with additional information and documentation on December 17, 2020, February 3, 2021, March 10, 2021, April 21, 2021, June 14, 2021 and July 30, 2021. This filing was made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44.

CIGNA uses two provider panels for health benefit plans in Maryland, the OAP network and the PPO network. The CIGNA 2020 Access Plan was amended on June 14, 2021 to separately report data and metrics for each of the networks. Distinct executive summary plan forms were filed for the OAP network and the PPO network on June 14, 2021.

CIGNA 2020 Access Plan-OAP Network

The Administration’s review of the CIGNA 2020 Access Plan for the OAP network has found that the access standards in COMAR 31.10.44.04 and .05 were not met for the following, based on the data self-reported by CIGNA. All other access standards in COMAR 31.10.44 were met.

Travel Distance Standards

1. Gastroenterology providers met the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of ten miles in one zip code.

2. Gynecology, OB/GYN providers met the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of five miles in one zip code. The standard was met for 98.6% of suburban enrollees, leaving 118 members outside the travel distance standard of ten miles in one zip code.
3. Neurology providers met the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of ten miles in one zip code.
4. Oncology-Radiation/Radiation Oncology providers met the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of fifteen miles in one zip code.
5. Ophthalmology providers met the required standard for 99.9% for urban enrollees, leaving 11 members outside the travel distance standard of ten miles in one zip code.
6. Pediatrics-Routine/Primary Care providers met the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of five miles in one zip code.
7. Urology providers met the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of ten miles in one zip code.
8. Acute inpatient hospital providers met the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of ten miles in one zip code.
9. Critical Care Services-Intensive Care Unit facilities met the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of ten miles in one zip code.
10. Diagnostic radiology facilities met the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of ten miles in one zip code.
11. Outpatient dialysis facilities meet the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of ten miles in one zip code.
12. Skilled nursing facilities met the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of ten miles in one zip code.
13. Surgical services (outpatient or ambulatory surgical center) facility providers met the required standard for 99.9% of urban enrollees, leaving 11 members outside the travel distance standard of ten miles in one zip code.

Appointment Waiting Time Standards

14. The 72-hour appointment waiting time standard for urgent care (including medical, behavioral health, and substance use disorder services) was met for 91% of enrollees. This represents a deficiency of 4 percentage points when compared to the requirement that the standard be met for 95% of enrollees under COMAR 31.10.44.05A(1).

CIGNA 2020 Access Plan-PPO Network

The Administration's review of the CIGNA 2020 Access Plan for the PPO network has found that the access standards in COMAR 31.10.44.05 were not met for the following, based on the data self-reported by CIGNA. All other access standards in COMAR 31.10.44 were met.

Appointment Waiting Time Standards

15. The 72-hour appointment waiting time standard for urgent care (including medical, behavioral health, and substance use disorder services) was met for 91% of enrollees. This represents a deficiency of 4 percentage points when compared to the requirement that the standard be met for 95% of enrollees under COMAR 31.10.44.05A(1).

Waiver Requests

The Administration has considered CIGNA's requests for waivers for the non-compliant travel distance standards for the OAP network and for the appointment waiting time standard for urgent care (including medical, behavioral health, and substance use disorder services) for both networks. The waiver request for the appointment waiting time standard was made on April 21, 2021. The request for a waiver for the travel distance standards was made on June 14, 2021. The waiver requests were filed pursuant to COMAR 31.10.44.07.

Travel Distance Standards-OAP Network

Please be advised that the Administration has found good cause to grant the waiver for the non-compliant travel distance standards for the OAP network for 1 year based on the following:

- The waiver request included a Provider Analysis for 2020 demonstrating that for the specific zip codes and provider types where the travel distance standards were not met, CIGNA's efforts to locate any additional providers to recruit within the required distance standards were unsuccessful;
- CIGNA indicated that the network remains open to any interested provider that meets credentialing criteria and is agreeable to contract terms; and
- CIGNA stated that they will continue to monitor deficient areas for available providers to recruit.

The waiver for the non-compliant travel distance standards for the OAP network is granted for one year. It is expected that CIGNA will recruit additional providers to join the network to bring

the standard up to 100% for 2021. If CIGNA is unable to meet the standards in 2021, before granting a waiver for an additional year, the Administration expects CIGNA to provide a more detailed description of its efforts to identify providers within the required distance standards who are currently participating with other carriers' networks, as well as those who are not currently participating in any insurance network.

Appointment Waiting Time Standards

The Administration has also found good cause to grant the waiver for the appointment waiting time standard for urgent care (including medical, behavioral health, and substance use disorder services) for 1 year based on the following, and in consideration that the magnitude of the deficiency was four percentage points:

- CIGNA provided a listing of 165 behavioral health physicians, providers and facilities that CIGNA attempted to contract with in 2020;
- CIGNA stated that the Cigna Behavioral Health network remains open to all providers interested in joining and able to agree to contract terms and meet credentialing requirements. Additionally, CIGNA attested that it initiated widespread rate increases for behavioral health services across Maryland in late 2020, in an effort to encourage providers to see CIGNA customers in a timely fashion; and
- CIGNA described steps it is taking to improve the network to avoid non-compliance with the appointment waiting time standard in the future. These steps include:
 - Contracted providers were educated after the 2020 survey on their contractual obligations to meet the appointment wait time requirements;
 - Providers will continue to be educated on those requirements as needed; and
 - CIGNA has established a process by which Provider Relations Representatives will make a personal outreach to a provider who fails the survey metrics multiple years in a row.

The waiver for the appointment waiting time standard for urgent care (including medical, behavioral health, and substance use disorder services) is granted for one year. It is expected that the appointment waiting time for urgent care (including medical, behavioral health, and substance use disorder services) will improve and that the 72-hour standard will be met for at least 95% of CIGNA OPA network enrollees and 95% of PPO network enrollees in the 2021 Access Plan filing.

CIGNA 2019 Access Plan Consent Order

On April 6, 2021, the Administration and CIGNA entered into a Consent Order to resolve matters related to the CIGNA 2019 Access Plan. The Administration had concluded in the Consent Order that CIGNA 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 comply with 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. The Administration imposed an administrative penalty on CIGNA of \$100,000 for the violations, but suspended the penalty pending the Administration's (i) review of the access plan submitted by CIGNA in 2021; (ii) determination as to whether the 2021 access plan substantiates representations made by CIGNA 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.

The CIGNA 2020 Access Plan shows that CIGNA has improved its record keeping methodology and was able to report the required information regarding certified registered nurse practitioners. The data reported in the CIGNA 2020 Access Plan demonstrated that CIGNA 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 both the OAP and PPO networks. CIGNA has also improved compliance with the access standards. The travel distance standards for the PPO network were met for all providers and facilities. However, as noted above, the OAP network has seven provider specialties and six types of facilities where the travel distance standard of 100% was not met. Improvement was shown for all categories of appointment waiting time standards, however, CIGNA failed to meet the 95% standard for the 72-hour appointment waiting time for urgent care (including medical, behavioral health, and substance use disorder services).

The CIGNA 2020 Access Plan shows some improvement in compliance with the access standards, but there continue to be areas where the access standards are not met, as noted above. The CIGNA 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.

CIGNA 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