Cigna

Policy Name Measuring Accessibility of Medical Services		Policy Number PS-6
Business Segment Healthcare		
Initial Effective Date: 07/21/06	Policy Committee Approval Date(s): 12/18/12; 06/25/13; 02/11/14; 05/27/14; 10/14/14; 10/28/14; 12/16/14	
Replaces Policies: N/A		

Purpose:

To establish a national methodology for measuring the accessibility of medical care services in order to ensure that Cigna customers (HMO Products* and Insured Products*) can obtain such services in a timely manner. This Policy and Procedure establishes the national accessibility standards and documents the national process for assessing performance against those standards.

Policy Statement:

Accessibility to medical care must be formally assessed against standards at least annually.

- Accessibility is assessed through results of the NCQA CAHPS® Participant Survey along with assessment of access complaints received from customers. The survey includes specific questions related to accessibility.
- Practice-specific performance will be assessed through customer complaints about access to specific Health Care Professionals.
- Accessibility standards for customers are as follows:
    - Emergency: Immediately
    - Urgent: Within 48 hours (Urgent medical needs are those that are not emergencies but require prompt medical attention, such as symptomatic illness and infections).
    - Symptomatic Regular and Routine Care: Within 14 days, or within the timeframe specified by treating physician
    - Preventive Screenings and Physical: Within 30 days
    - Obstetric Prenatal Care:
        - High-risk or urgent: Immediately
        - Non-high risk and non-urgent: 1st trimester, within 14 days; 2nd trimester, within 7 days, 3rd trimester, within 3 days
        - Routine and Symptomatic Diagnostic Testing: Within the timeframe specified by treating Health Care Professional. Appointments for symptomatic testing are usually provided in shorter timeframes than routine testing.

- After hours care: Health Care Professional provides 24-hour coverage *(Not noted on our website)*

This Policy applies to all markets. National accessibility standards are followed, unless a state requirement is stricter than the national standard(s), in which case the state standard will be used. Refer to a Link at end of this document: 'Common Bulletin: Provider Networks: Network Adequacy and Service Area' which outlines Appointment Waiting Times. This can be found by going to iComply, and clicking on the View Common Bulletin hyperlink. These state requirements are noted in Attachment A

Definitions:
For purposes of this policy "customer" means an individual participant or member.

*HMO Products is defined as customers insured in the HMO, HMO/POS, HMO Open Access, and HMO POS Open Access products.

*Insured Products is defined as customers insured in the PPO, EPO, OAP, OAP IN, Network, Network POS, Network Open Access, Network POS Open Access, LocalPlus products.

CAHPS® (Consumer Assessment of Healthcare Providers and System), a registered trademark of the Agency for Healthcare Research and Quality (AHRQ), is a public-private initiative developed to survey customers' experiences..

NCQA (National Committee for Quality Assurance) is a not-for-profit organization dedicated to measuring the quality of America's health care. Customer accessibility to medical services is a component of NCQA quality measurement.

Service Accessibility Standards address accessibility of Regular and Routine Care appointments, Urgent Care appointments, Emergency Care, After-Hours Care, and are defined as follows:

- Regular and Routine Care: Preventive and primary care for non-urgent conditions. Non-urgent are those problems that do not substantially restrict normal activity but could if left untreated (e.g., chronic disease).
- Urgent Care: Urgent Care is medical, surgical, hospital and related health care services and testing which are not Emergency Services, but which are determined by Cigna in accordance with generally accepted medical standards, to have been necessary to treat a condition requiring prompt medical attention. This does not include care that could have been foreseen before leaving the immediate area where the customer ordinarily receives and/or is scheduled to receive services. Such care includes but is not limited to, dialysis, scheduled medical treatments or therapy, or care received after a Health Care Professional's recommendation that the customer should not travel due to any medical condition.
- Emergency Care: Emergency services are medical, psychiatric, surgical, hospital and related health care services and testing, including ambulance service, which are required to treat a sudden, unexpected onset of a bodily injury or serious sickness which could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life or permanent impairment to bodily functions in the absence of immediate medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts and broken bones.

- After Hours Care: There is a Health Care Professional on call twenty-four (24) hours a day to provide uninterrupted emergency and urgent medical care for all customers

Medical Care Services are defined as services rendered by the following:

- Medical Health Care Professional - Primary Care (PCP): A Health Care Professional duly licensed to practice medicine that is a participating Health Care Professional with Cigna will provide covered services in the field of General Medicine, Internal Medicine, Family Practice, and Pediatrics and has agreed to provide primary care Health Care Professional services to Cigna Contract customers in accordance with Cigna Program Requirements. Unless specified by state mandate and contractually agreed to by the Health Care Professional and Cigna, Obstetricians and Gynecologists are defined as specialty care Health Care Professionals only and cannot act as primary care Health Care Professionals. See Attachment B for state mandates allowing additional Health Care Professionals to provide primacy care services.

- OB/GYN (Obstetrician/Gynecologist): A Health Care Professional duly licensed to practice medicine who is a participating Health Care Professional with Cigna to provide covered services in the Field of Obstetrics and Gynecology and who has agreed to provide specialty care services to Cigna Contract customers in accordance with Cigna Program Requirements.

- Medical Health Care Professional - Specialty Care (SCP): A Health Care Professional, who has advanced education and training in one clinical area of practice, is duly licensed to practice medicine and who is a participating Health Care Professional with Cigna agreeing to provide specialty care services to Cigna Contract customers in accordance with Cigna Program Requirements.

State/Federal Compliance: State specific mandates will override national standards when applicable. For state specific Network Accessibility Requirements, please refer to the Compliance Common Bulletin called: 'Provider Networks: Network Adequacy and Service Area' Common Bulletin. This can be found by going to iComply, (link at end), and clicking on the View Common Bulletins hyperlink. These state requirements are noted in Attachment A.

Procedure(s):

PROCEDURE	Measurement and Reporting	
1a	The NCQA CAHPS® Survey is administered on a national basis to Cigna customers with HMO Products* and Insured Products*on an annual basis.	Quality and Market Research
1b	The CAHPS® Survey includes questions that assess: • satisfaction with timeliness for regular, routine, urgent and emergency care • satisfaction with lead times for regular, routine, urgent and emergency care	Quality and Market Research
1c	The CAHPS® Survey results should be used in conjunction with customer complaints about access to determine if there are problems with specific Health Care Professionals, groups or geographic areas	Quality
	Evaluating Results	
2a	Quality Management works with Health Care Professional Strategy and Engagement to evaluate market/state and practice-specific performance (based	Quality Health Care Professional Strategy and

	on customer complaints about access to a specific Health Care Professional) against the established standards to determine if any interventions are required.	Engagement
2b	Goals for the percent of customers satisfied for each measurement are determined by the appropriate Quality Committee.	Quality Committee
2c	Market/Statewide performance (as measured by the responses to the CAHPS® Participant Satisfaction Survey) should be compared against goals for the percent of customers satisfied to determine if interventions are required.	Quality and Health Care Professional Strategy and Engagement
2d	Quality and Health Care Professional Strategy and Engagement evaluate state/market level CAHPS® scores and any customer complaints about access to a specific Health Care Professional to determine if any states/markets do not meet standards.	Quality and Health Care Professional Strategy and Engagement
2e	If Market/State performance against the established standards is below the established goals, Health Care Professional Strategy and Engagement may conduct additional studies to measure/access practice-specific performance against the standard, if appropriate.	Health Care Professional Strategy and Engagement
	Corrective Action Plans	
3	If intervention is required, Health Care Professional Strategy and Engagement directs the improvement effort, including follow-up evaluation to determine the effectiveness of the intervention. Suggested interventions include the following: • Expansion of the network • Work with individual Health Care Professional practices to improve their scheduling systems • Target specific specialty or geographic area for special recruitment efforts • Recommend that certain Health Care Professional(s) close or open their panels	Health Care Professional Strategy and Engagement

Applicable Privacy Policies & Procedures:
N/A

Related Policies and Procedures:
PS-4 Measuring Availability of Health Care Professionals (HMO Products*)
PS-8 Measuring Availability of Health Care Professionals (Insured Products*)

Links/PDFs:
'Common Bulletin: Provider Networks: Network Adequacy and Service Area' - This can be found by going to iComply, and clicking on the View Common Bulletin hyperlink.
https://icomply.lpa.cigna.com/icomply/pages/default2.aspx

State Specific Addenda:
- Attachment A – Comparison of State Appointment Standards to Cigna Standards
- Attachment B – State Mandates for Additional Primary Care Provider Types

Attachment A - Comparison of State Appointment Standards to Cigna Standards

*Indicates requirements that are more stringent than Cigna standard

Arizona (HMO)

- Preventive Care within 60 days
- Routine Care within 15 days
- Specialty Care within 60 days of the enrollees request or sooner if medically necessary

California

- Access will be monitored for the following networks individually:

  PPO - CA702 OAP - CA350
  OA - CA813 - So Cal
  HMO - CA804 - So Cal

  OA - CA815 - No Cal

  HMO - CA807 - No Cal

  Local Plus - CA300 –So Cal
  Local Plus - CA301 – No Cal

  Narrow HMO aka Select [CA817 -SoCal
  Narrow HMO ValueCA818 -SoCal

- The following CAHPS® questions are used to monitor compliance with CA requirements.

Access Standard/Requirement	CAHPS® Question
• Urgent care – authorization required – 96 hrs	CAHPS® Q4
• Urgent care – no authorization required – 48 hrs	CAHPS® Q4
• Non-urgent primary care – 10 bus days*	CAHPS® Q6
• Non-urgent specialist – 15 bus days	CAHPS® Q23, Supp. 23a
• Non-urgent ancillary services- 15 bus days	CAHPS® Q27, Supp. 27a
• Clinical Appropriateness	CAHPS® Qs 4 and 6

- HEALTH CARE PROFESSIONAL SATISFACTION SURVEY QUESTION - The following question has been added to the Health Care Professional satisfaction survey (fielded nationally) for CA Health Care Professionals, in order to asses a Health Care Professional's satisfaction with a plan/delegated Health Care

Professional's referral and authorization requirements which can impact timely access to services. The results of this question are incorporated into the annual CA Access report.

The state 'Timely Access to Non-Emergency Health Care Services Regulation' requires health care service plans to maintain an adequate Health Care Professional network to ensure patients receive timely care as appropriate for their condition. Based upon this standard, please indicate whether you are satisfied with the following: [using a scale of 1-4, 4 being very satisfied and "not applicable"]

a. The referral and/or prior authorization process necessary for your patients to obtain covered services,
b. Access to urgent care,
c. Access to non-urgent primary care,
d. Access to non-urgent specialty services,
e. Access to non-urgent ancillary diagnostic and treatment services.

Once the CA CAHPS® Access reports have been produced by the national team, the California Health Care Professional lead for Accessibility monitoring, will update the report with member complaints by network (to be obtained from the CA Grievance Officer), the Industry Collaborative Effort's Health Care Professional Appt. Availability Survey Results (which must be broken out by Health Care Professional group, to derive a "rate of compliance"), the Health Care Professional satisfaction survey question (noted above) results and OAP/PPO Health Care Professional monitoring to measure availability of office hours one night a week until 10pm or a half-day on Saturday. Opportunities for improvement will be identified, and a Corrective Action Plan developed with leaders from network management, the General Managers (or their delegate(s) and at least one Medical Director. The Health Care Professional Services Access lead will present the full CA Access report annually to the Service Advisory Committee. The report will be filed with the DMHC (HMO regulator) annually in March, by the regulatory compliance reporting team.

Florida

- HMO
  - Emergency: immediately
  - Urgent: within 24 hours*
  - Routine symptomatic: 2 weeks
  - Routine non-symptomatic: ASAP. Also, within 1 hour of scheduled appointment time seen for professional evaluation*
- Insured
  - Hours of operation of exclusive providers and availability of after-hour care must reflect usual practice in the local area. Emergency care must be available 24 hours a day, 7 days a week

Maine

- Analyze against the Cigna standards annually for
  - Regular and routine care appointments;
  - Urgent care appointments;
  - After-hours care; and
  - Member services by telephone
- For Behavioral Health Care:

- Care for non-life-threatening emergencies within 6 hours,*
- Urgent care within 48 hours; and,
- Appt for routine care within 10 business days*

Missouri (HMO)

- For all provider types:
  - Routine care without symptoms: 30 days from the time that the enrollee contacts the provider
  - Routine care, with symptoms: 1 week/5 business days from time that enrollee contacts provider*
  - Urgent care: 24 hours from the time that the enrollee contacts the provider*
  - Emergency care: available 24/7; immediate
  - OB care:
    - 1 week for 1st or 2nd trimester;*
    - 3 days for 3rd trimester
    - Emergency obstetrical care is subject to the same standards as emergency care except that an obstetrician must be available 24 hours per day 7 days per week for enrollees who require emergency obstetrical care.
- Mental Health: 24/7 access to a licensed physician therapist via phone.

New Jersey

- Emergency: immediate
- Urgent: 24 hours of notification of PCP or carrier (PCP: 24/7 triage services)*
- Routine appt: 2 weeks
- Routine physicals: 4 months

New Mexico

- Emergency: immediate
- Urgent: within 48 hours of notification to PCP or carrier
- PCP: 24/7 triage services
- Routine appts: as soon as possible*
- Routine physicals: within 4 months

North Carolina

- Must measure the following results separately for the following types of health care professionals:

Provider Type	Routine (Symptomatic Regular and Routine Care)	Urgent	Emergency
Performance Goal*	70%	80%	80%
Primary Care Physician (includes Family Practice, Internal Medicine and General Practice)	Within 14 days, or within the timeframe specified by treating physician	Within 48 hours	Immediately
Pediatrician	Within 14 days, or within the timeframe specified by treating physician	Within 48 hours	Immediately

Obstetrician/Gynecologist (Pre-natal care standards)	• 1st trimester: within 14 days • 2nd trimester: within 7 days • 3rd trimester: within 3 days	Immediately	Immediately
Specialist (includes top ten highest volume specialties using customer claims data for a twelve (12) month period)	Within 14 days, or within the timeframe specified by treating physician	Within 48 hours	Immediately
Non-Physician (includes top ten highest volume non-physician provider types using customer claims data for a twelve (12) month period)	Within 14 days, or within the timeframe specified by treating physician	Within 48 hours	Immediately

* Performance Goal is determined by appropriate Quality Committee

- Must measure results separately for the following legal entities/products:
  - Cigna HealthCare of North Carolina, Inc.
  - Connecticut General Life Insurance Company, Inc. – POS
  - Connecticut General Life Insurance Company, Inc. – PPO
  - Cigna Health and Life Insurance Company, Inc. – POS
  - Cigna Health and Life Insurance Company, Inc. PPO
- Must provide explanation/corrective action for any results falling below goals

Rhode Island
- Urgent: 24 hours*

Texas
- Urgent care within 24 hours for medical and behavioral*.
- Routine care within 3 weeks for medical and 2 weeks for behavioral conditions.
- Preventive services within 2 months for child (earlier if needed for specific services) and 3 months for adult.
- Network adequacy must be assessed using TX's appointment availability standards. Appointment availability standards are measured via annual provider survey.

Vermont
- Emergency: immediate
- Urgent: 24 hours*
- Non-emergency or non-urgent care:2 weeks for initial treatment
- Preventive care (physicals): 90 days
- Routine lab, x-ray, optometry, other routine services: 30 days*

Virginia

- Emergency: immediately
- Urgent: 24 hours*
- Routine physicals: 60 days
- Routine appointments: 2 weeks

Attachment B – State Mandates for Additional Primary Care Provider Types

State mandates state that the following Health Care Professionals may provide primary care services to Cigna Contract customers in accordance with Cigna Program Requirements in the states listed below:

- Obstetricians and Gynecologists: California, Delaware, Idaho, Illinois, Indiana, Maine, Maryland, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, Oregon, Utah, West Virginia, Wyoming
- Nurse Practitioners: Arizona, California, Colorado, Connecticut, Florida, Hawaii, Iowa, Louisiana, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New Mexico, New York, Oregon (if specializes in Women's Health), Rhode Island, Tennessee, Texas, West Virginia, Wyoming
- Physician Assistants: Arizona, California, Colorado, Florida, Hawaii, Iowa, Louisiana, Massachusetts, Minnesota, New Jersey, New Mexico, Oregon (if specializes in Women's Health), Rhode Island, Texas, Wyoming
- Certified Nurse Midwives: Arizona, Florida, Hawaii, Iowa, Louisiana, Maryland, New Jersey, New Mexico, New York, Oregon (if specializes in Women's Health), Rhode Island, Texas, West Virginia
- Naturopaths: Vermont