Policy Name
Measuring Availability of Providers for HMO/POS/OA

Policy Number
PS-4

Business Segment
Healthcare

Initial Effective Date:
05/09/06

Policy Committee Approval Date(s):
12/13/11; 12/18/12; 06/25/13

Replaces Policies:
N/A

Purpose:
Cigna maintains an adequate network of participating health care professionals for HMO/POS/OA customers. To ensure that the participating health care professionals and health care professional network meets the availability needs of customers, an assessment is made of three (3) aspects of availability:

1. Geographic distribution - participating health care professionals are within reasonable proximity to customers' residences.

2. Number of health care professionals - an adequate number of participating health care professionals are available, and

3. Cultural, ethnic, racial and linguistic needs and preferences of customers - participating health care professionals meet the cultural, ethnic, racial and linguistic needs and preferences of customers.

Policy Statement:
A. All Cigna customers will have primary care, specialty care (when referred by a primary care health care professional (PCP) for HMO/POS/OA only) and/or hospital care available to them.

B. This Policy and Procedure applies to all markets. However, there are state-specific network adequacy requirements. Cigna will abide by any state statutes regarding number of required health care professionals for a given network. For state specific Network Adequacy requirements, please refer to the Compliance Common Bulletin called: Provider Networks: Network Adequacy and Service Area. This can be found by going to iComply (link at end), and clicking on the View Common Bulletin hyperlink. In addition, CA HMO (CHC-CA) requirements are noted in Addendum A.

C. Cigna will conduct an annual audit of health care professional availability by state/market. National Network and Business Intelligence Team will conduct the audit for HMO/POS/OA. The audits will be conducted utilizing available software such as GEO Access or Map Xtreme, using established standards to ensure a sufficient number of participating health care professionals for the customers within the designated service area*:

D. The following national availability standards are followed, unless a state requirement is more strict than the national standard(s), in which case the state standard will be used:

1. Medical Health Care Professional - Primary Care
Cigna

a. Minimum of one Medical Health Care Professional – primary care per 300 participants
b. Two Medical Health Care Professionals – primary care within 8 miles (urban)
c. Two Medical Health Care Professionals – primary care within 10 miles (suburban)
d. Two Medical Health Care Professionals – primary care within 12 miles (rural)

2. Medical Health Care Professional - Specialty Care
   a. Minimum of one Medical Health Care Professional – specialty care per 1000 participants
   b. Two Medical Health Care Professionals – specialty care within 15 miles (urban)
   c. Two Medical Health Care Professionals – specialty care within 20 miles (suburban)
   d. Two Medical Health Care Professionals – specialty care within 30 miles (rural)

3. Key Specialty Health Care Professionals (High Volume Specialists)
   a. One Key Specialty Health Care Professional per 1000 participants
   b. One Health Care Professional per key specialty within 15 miles (urban)
   c. One Health Care Professional per key specialty within 20 miles (suburban)
   d. One Health Care Professional per key specialty within 30 miles (rural)

4. Hospitals
   a. One hospital within 20 miles (urban)
   b. One hospital within 25 miles (suburban)
   c. One hospital within 30 miles (rural)

* In remote or rural areas, occasionally these geographic availability guidelines are not able to be met due to lack of, or absence of, qualified health care professionals and/or hospital facilities. Health plans may need to alter the standard based on local availability. Supporting documentation that such situation exists must be supplied along with the proposed guideline changes to the appropriate Quality Committee for approval.

E. Operational Performance Standards: National Network and Health Care Professional Reporting and Health Care Professional Solutions Leads will meet availability standards per NCQA and any state statutes 90% of the time.

F. Cigna biennially evaluates the ethnic, cultural, racial and linguistic needs and preferences of customers compared to the medical health care professional network as part of the health care professional availability assessment.

G. Annual Reporting: National Network and Business Intelligence Team and Health Care Professional Solutions Leads analyze the results for and report these results annually to the appropriate Quality Committee.

H. Corrective Action Plans: Health Care Professional Solutions Leads develop and implement corrective action plans as required, and which must be approved by the above mentioned committees.

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Definitions:

- **Availability**: is defined as the number and geographic distribution of primary care health care professionals (PCPs) and Key Specialty Health Care Professionals.
- **Urban**: Population density is >3000 people per square mile.
- **Suburban**: Population density is 1000-3000 people per square mile.
- **Rural**: Population density is <1000 people per square mile.

- **Medical Health Care Professional - Primary Care**: A health care professional duly licensed to practice medicine that is a Participating Health Care Professional with Cigna. Health Care Professional 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.

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, Maine, Maryland, Missouri, Nebraska, New Jersey, New Mexico, Oregon, Utah, West Virginia, Wyoming
- Nurse Practitioners: Colorado, Connecticut, Hawaii, Maine, Massachusetts, New Hampshire, New Jersey, New Mexico, Oregon (if specializes in Women’s Health), Rhode Island, Tennessee, West Virginia, Wyoming
- Physician Assistants: Colorado, Massachusetts, New Jersey, New Mexico, Oregon (if specializes in Women’s Health), Wyoming
- Certified Nurse Midwives: New Jersey, Oregon (if specializes in Women’s Health), West Virginia
- Naturopaths: Vermont

- **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**: 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 HealthCare Contract customers in accordance with Cigna Program Requirements.

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• **Key Specialty Health Care Professionals (High Volume Specialists):** Is defined at the market level. The High Volume Specialists are identified by researching claims data for a 12-month period and the number of transactions of the top five specialties, excluding non-health care professional specialists and hospital-based specialists (i.e., radiologists.)

• **Hospital:** An institution which is a participating health care professional with Cigna to provide Covered Services: medical and surgical care

• **Map Xtreme®:** An Intranet based analysis tool to view the zip code-based dispersion of network health care professionals and network participants. In addition, the user will be able to create and view zip code based maps of network coverage.

• **Health Care Professional Solutions Leads** are responsible for health care professional services at the local markets. All references to “Region(s)” in the Policy and Procedure refer to local market responsibility unless otherwise specified.

• **GEO ACCESS®:** Software program that determines the distance between a participant and defined health care professional types. The reports are used to evaluate the availability of health care professionals within the network. This is accomplished by comparing the database of health care professional addresses to the database of participant’s addresses. The software assigns latitude and longitude according to one’s physical address. This allows the software to pinpoint the distance between health care professionals and participants according to mileage or driving time.

**State/Federal Compliance:** State specific mandates will override national standards when applicable. For state specific Network Adequacy 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. In addition, CA HMO (CHC-CA) requirements are noted in Addendum A.

**Procedures:**

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<thead>
<tr>
<th>PROCEDURE I: Measure Health Care Professional Availability</th>
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<tr>
<td><strong>A. Complete Annual Analysis</strong></td>
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<tr>
<td><strong>1</strong> Once annually, National Network and Business Intelligence Team complete an analysis to determine compliance with NCQA health care professional availability standards within HMO/POS/OA networks for:</td>
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<tr>
<td>• Primary care health care professionals</td>
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<td>• Specialists health care professionals</td>
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<tr>
<td>• Key specialists (high volume) health care professionals</td>
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<tr>
<td>• Hospitals</td>
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<tr>
<td><strong>Business Intelligence Team</strong></td>
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National availability standards are followed, unless a state requirement is more strict than the national standard(s), in which case the state standard will be used.

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<th>B</th>
<th>Identify Key Specialty Health Care Professionals</th>
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| 5a | National Network and Business Intelligence Team (HMO/POS/OA) identify the five (5) highest volume specialties using patient claims data for a twelve (12) month period:  
   - OB/GYN & behavioral health care professionals are considered key specialty health care professionals.  
   - Non-physician specialists and hospital-based specialists such as radiologists are not considered Key Specialty Health Care Professionals.  
   - Analysis for behavioral health participating health care professionals is performed by Cigna Behavioral Health. | Business Intelligence Team |
| 2 | Once the high volume specialties are identified, National Network and Business Intelligence Team (HMO/POS/OA) request geographic access reports such as GEO Access from Sales Support unit or utilize Map Xtreme report to determine compliance with the availability standards listed in the Policy Section of this document. | Business Intelligence Team |
| 3 | National Network and Business Intelligence Team completes and submits online GEO Access Report request to Sales Support Unit. The online GEOAccess Request form is located on the Sales Tool Box at: http://sales.healthcare.cigna.com/GeoCentral/GeoCentralRequestForm.asp | Business Intelligence Team |
| 4 | GEOAccess Team completes analysis and returns completed reports within 10 working days. | GeoAccess Team (Sales Support) |
| 5 | GEOAccess Team ensures that reports are prepared with consistent format and methodology required for NCQA health care professional availability measurement. National availability standards are followed, unless a state requirement is more strict than the national standard(s), in which case the state standard will be used: | GeoAccess Team (Sales Support) |
| 6 | National Network and Business Intelligence Team, as applicable, receives the report and reviews it for completeness and accuracy. | Business Intelligence Team |
| 7 | National Network and Business Intelligence Team provides the Health Care Professional Strategy & Engagement Leads with their region specific report. | Business Intelligence Team and Health Care Professional Strategy & Engagement Leads |
| 8 | The Health Care Professional Strategy & Engagement Leads review the results for their markets to identify which markets meet standards and which markets have deficiencies. | Health Care Professional Strategy & Engagement Leads |
| 9 | Health Care Professional Strategy & Engagement Leads develop a local market action plan to correct any deficiencies. | Health Care Professional Strategy & Engagement Leads |
| C | Presenting Reports |
| 1 | National Operational Effectiveness, on behalf of the Health Care Professional | National Operational Effectiveness |

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<tr>
<th>Strategy &amp; Engagement Leads, presents each region level reports to the appropriate Quality Committee along with a local action plan(s), if deficiencies in health care professional availability are identified.</th>
<th>Effectiveness, Health Care Professional Strategy &amp; Engagement Leads, and Quality Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2</strong> If no deficiencies are identified, the reporting cycle to the Quality Committee is once per year.</td>
<td>Quality Committee</td>
</tr>
<tr>
<td><strong>3</strong> If deficiencies are identified, the Quality Committee determines the appropriate follow-up reporting frequency (i.e. twice annually or quarterly.)</td>
<td>Quality Committee</td>
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### D Annual Review and Update of this Policy and Procedure

| **1** Once per year, U.S.Compliance Operations completes a review and update of the state-specific requirements related to this Policy & Procedure. Quality completes a review and update of NCQA requirements related to this policy. | U.S.Compliance Operations and Quality |
| **2** U.S.Compliance Operations and Quality assess the current policy and procedure to identify any required changes to the Policy and Procedure and communicate recommended changes to Contracting/ Health Care Professional Solutions. | U.S.Compliance Operations and Quality |
| **3** Following receipt of updates from U.S.Compliance Operations and Quality, Contracting Health Care Professional Strategy & Engagement completes review and update of the Policy and Procedure and completes communication of changes, if required, to appropriate matrix partners for implementation. | Contracting/ Health Care Professional Strategy & Engagement |

### PROCEDURE II: Cultural, ethnic, racial and linguistic analysis

**E Complete Biennial Analysis**

| **1** Once every two years, the National Network and Business Intelligence Team obtain census data for service areas of all products (HMO/POS/OA) to determine the cultural and ethnic breakdown of the general population for each state/market by specifically reviewing the top two (2) non-English languages spoken. Census data is available online at www.census.gov. | Business Intelligence Team |
| **2** National Network and Business Intelligence Team utilize these reports to assess the ethnicity and cultural needs of the general population when reviewing CHC recruitment efforts for the network. Examples of assessing the cultural and ethnic breakdown can include the following:  
  - A review and ranking of the languages spoken by the general population.  
  - A concentration on the subset of the population that is considered linguistically isolated or only speaks a foreign language.  
  - A review of health care professionals in the service area that speak the languages identified and an attempt to recruit health care professionals to meet the cultural and ethnic needs of the customers, provided that these health care professionals exist in specific areas of need and meet Cigna’s credentialing standards.  
  - The Contracting/ Health Care Professional Strategy & Engagement regions will consider requests from customers and/or employers to recruit health care professionals who will meet required ethnic or cultural needs. | Business Intelligence Team and Contracting/ Health Care Professional Strategy & Engagement |

**F Present analyses and action plans**

| **1** National Network and Business Intelligence Team presents the reports to the Health Business Intelligence Team for presentation and action. | Business Intelligence Team |

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2 Operational Effectiveness, on behalf of the Health Care Professional Strategy & Engagement Leads, presents the reports to the appropriate Quality Committee along with a local action plan, if deficiencies are identified.

3 Revisions will be made accordingly after the committee review and discussion.

4 If no deficiencies are identified, the reporting cycle to the Quality Committee is once every two years.

5 If deficiencies are identified, the appropriate Quality Committee determines the appropriate reporting frequency if less than every two years is warranted.

HIPAA Applicable Policies & Procedures: N/A

Related Policies and Procedures:
PS-8 Measuring Availability of Providers for OAP/PPO

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.

State Specific Addendum – California (attached)
Addendum A
California HMO requirements

As of 1/1/2014 there are four CHC-CA (HMO) networks in CA. An availability assessment will be conducted for each of these networks individually.

1. OA HMO - CA813 - So Cal & CA815
2. HMO - CA804 - So Cal & CA807 No Cal
3. Narrow HMO Select [name to be determined] CA817 -SoCal
4. Narrow HMO Select Value [new name to be determined] CA818 -SoCal

Assessments will be conducted annually and reported to the SAC committee (behavioral health data will be reported to the behavioral health quality committee(s)).

The HMO and OA networks will continue to be monitored by the national team, while the Value Network and Premier Network will be assessed by the local market availability lead (using the same report format), as will the hospital capacity analysis, lab and pharmacy for all four networks.

The CA HMO hospital standards are more stringent than the national standard so will be used in place of the national standard:
Members (customers) live or work within 15 miles or 30 minutes of a hospital (Urban/Suburban/Rural).

Cigna measures availability off of the address on file in our eligibility system (which can be an employee's work or home address).

Cigna will use the 15 mile standard to assess hospital availability.

The following provider types will also be monitored:
Ancillary Services: Laboratory, pharmacy and similar services are available within a reasonable distance from the PCP. Cigna has determined that a 15 mile radius is reasonable.

A hospital capacity analysis (illustrating the total staffed bed days of contracted hospitals).

Autism service providers shall be assessed annually in addition to the standard behavioral health assessment.

All other national standards will be used in CA.