Policy Name: Measuring Availability of Providers for OAP/PPO

Policy Number: PS-8

Business Segment: HealthCare

Initial Effective Date: 09/15/06

Policy Committee Approval Date(s): 12/20/11; 12/11/12; 12/10/13

Replaces Policies: N/A

Purpose:
- To ensure that Cigna maintains an adequate network of Health Care Professionals (HCP) and monitors how effectively the network meets the needs and preferences of its clients.
- To ensure that the participating providers/Health Care Professionals (HCP) and provider network meets the availability needs of clients by annually assessing three (3) aspects of availability:
  1. Geographic distribution - participating HCP(s) are within reasonable proximity to customers.
  2. Number of HCP(s) - an adequate number of participating HCP(s) are available, and
  3. Cultural, ethnic, racial and linguistic needs and preferences of participating providers/HCP(s) meet the cultural, ethnic, racial and linguistic needs and preferences of clients.

Policy Statement:
A. Cigna clients will have primary care, specialty care and/or hospital care available to them.

B. Cigna will abide by any state statutes regarding number of required physicians for a given network.

C. The Cigna National Network Development Team (National Team) will conduct an annual audit of provider availability by state/market. 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 HCP(s) for the clients within the designated service area:

D. Unless otherwise stated by a state-specific mandate, the following availability standards are followed:
   1. Medical HCP - Primary Care
      - Minimum of one Medical HCP – primary care per 300 participants
      
      Urban
      - One General Practice, Internal Medicine or Family Practice provider within 10 miles
      - One Pediatric provider within 10 miles

     Suburban
     - One General Practice, Internal Medicine or Family Practice provider within 15 miles
     - One Pediatric provider within 15 miles

     Rural

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Cigna

- One General Practice, Internal Medicine or Family Practice provider within 50 miles
- One Pediatric provider within 50 miles

2. Medical HCP – Obstetrician/Gynecologist (OB/GYN)

Urban
- One OB/GYN provider within 10 miles

Suburban
- One OB/GYN provider within 15 miles

Rural
- One OB/GYN provider within 50 miles

3. Medical HCP – High-Volume Specialty Care

- Minimum of one Medical HCP – specialty care per 1000 participants

Urban
- Two separate High-Volume Specialists within 15 miles

Suburban
- Two separate High-Volume Specialists within 20 miles

Rural
- Two separate High-Volume Specialists within 50 miles

4. Hospitals

1. One hospital within 25 miles (urban)
2. One hospital within 30 miles (suburban)
3. One hospital within 35 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 providers and/or hospital facilities. The organization 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: Contracting/Provider Services and the National Network Development Team will meet availability standards per NCQA standards and any state statutes 90% of the time.

F. Cigna evaluates the ethnic, cultural, racial and linguistic needs of clients to ensure that there is sufficient availability to ethnically diverse Medical HCP-Primary Care HCP(s).
G. **Annual Reporting:** The National Network Development Team analyzes results for PPO/OAP and reports the results to the appropriate Quality Committee.

H. **Corrective Action Plans:** The National Network Development Team (PPO/OAP) develops and implements corrective action plans which must be approved by the above mentioned committee.

**Definitions:**

For purposes of this policy “customer” means an individual participant or member.

- **Availability:** is defined as the number and geographic distribution of primary care physicians (PCPs) and high-volume Specialty Physicians
- **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 HCP - Primary Care:** A physician duly licensed to practice medicine that is a Participating Provider with Cigna. Physician will provide Covered Services in the field of General Medicine, Internal Medicine, Family Practice and Pediatrics. Unless specified by state mandate and contractually agreed to by the provider and Cigna, Obstetricians and Gynecologists are defined as specialty care HCP(s) only and cannot act as primary care providers.
- **OB/GYN (Obstetrician/Gynecologist):** A physician duly licensed to practice medicine who is a Participating Provider with Cigna to provide Covered Services in the Field of Obstetrics and Gynecology.
- **High-Volume Specialists:** 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-physician specialists and hospital-based specialists (i.e. radiologists).
- **Hospital:** An institution which is a participating provider with Cigna to provide Covered Services: medical and surgical care.
- **GEO ACCESS®**: Software program that determines the distance between a participant and defined provider types. The reports are used to evaluate the availability of providers within the network. This is accomplished by comparing the database of provider addresses to the database of participant addresses. The software assigns latitude and longitude according to one’s physical address. This allows the software to pinpoint the distance between providers and participants according to mileage or driving time.
- **Map Xtreme®:** An Intranet based analysis tool to view the zip code-based dispersion of network providers and network participants. In addition, the user will be able to create and view zip code based maps of network coverage.
- **Contracting/Provider Services** are the Contracting/Provider Services teams that are responsible for the local markets.
- **National Network Development Team (National)** is responsible for identifying PPO/OAP network development opportunities.
- For purposes of this policy “customer” means an individual participant or member.
**State/Federal Compliance:**
Attachment I

**Procedure(s):**

<table>
<thead>
<tr>
<th>PROCEDURE I: Measure Provider Availability</th>
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<tbody>
<tr>
<td><strong>Complete Annual Analysis</strong></td>
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<td><strong>Identify Key Specialty Physicians</strong></td>
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### Presenting Reports

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<th>Step</th>
<th>Description</th>
<th>Responsible Party</th>
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<tbody>
<tr>
<td>10a</td>
<td>The National Network Development Team presents the reports to the appropriate Quality Committee along with a local action plan, if deficiencies in provider availability are identified.</td>
<td>National Network Development Team</td>
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<tr>
<td>10b</td>
<td>If no deficiencies are identified, the reporting cycle to the Quality Committee is once per year.</td>
<td>Quality Committee</td>
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<tr>
<td>10c</td>
<td>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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### Annual Review and Update of this Policy and Procedure

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<tr>
<th>Step</th>
<th>Description</th>
<th>Responsible Party</th>
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<tr>
<td>11a</td>
<td>Once per year, Compliance (Regulatory and Public Affairs) completes a review and update of the state-specific requirements related to this Policy &amp; Procedure. The Quality Organization completes a review and update of NCQA requirements related to this policy.</td>
<td>Compliance (Regulatory &amp; Public Affairs) and Quality Organization</td>
</tr>
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<td>11b</td>
<td>The Compliance and Quality Organizations assess the current policy and procedure to identify any required changes to the Policy and Procedure and communicate recommended changes to National Contracting/Provider Services.</td>
<td>Compliance &amp; Quality Organizations</td>
</tr>
<tr>
<td>11c</td>
<td>Following receipt of updates from Compliance and Quality, National Contracting &amp; Provider Services completes review and update of the Policy and Procedure and completes communication of changes, if required, to appropriate matrix partners.</td>
<td>National Network Development Team</td>
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### Procedure II: Cultural, ethnic, racial and linguistic analysis

#### Complete Biennial Analysis

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<tr>
<th>Step</th>
<th>Description</th>
<th>Responsible Party</th>
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<tr>
<td>1</td>
<td>Every other year, National Network and Provider Reporting Team obtains census data for service areas to determine the cultural and ethnic breakdown of the general population for each state by specifically reviewing the top two (2) non-English languages spoken. Census data is available online at <a href="http://www.census.gov">www.census.gov</a>.</td>
<td>Contracting/Provider Services</td>
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<tr>
<td>2</td>
<td>National Network and Provider Reporting Teams utilize these reports to assess the ethnicity and cultural needs of the general population when reviewing 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.</td>
<td>Contracting/Provider Services</td>
</tr>
</tbody>
</table>
For purposes of this policy, “Cigna” refers to the health care related operating subsidiaries of Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Cigna Behavioral Health, Inc. and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
Attachment I

Measuring Availability of PPO and Open Access Plus (OAP) Providers Policy and Procedure

State Addendum for California

DEFINITIONS:
The standard GeoAcess software definitions are used.

- **Availability**: is defined as the number and geographic distribution of primary care physicians (PCPs), Key Specialty Physicians, and Hospitals
- **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**

STANDARDS (which differ from the National Policy):

**Medical HCP - Primary Care, Mental Health Specialists and Hospitals:**

1. **PCP, Mental Health and Hospital**
   - Urban – 1 provider within 15 miles
   - Suburban – 1 provider within 20 miles which equals 30 minutes drive time.
   - Rural – 1 provider within 30 miles which equals 30 minutes drive time.