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September 13, 2023

Rachel Clark
Market Compliance Director
Aetna
151 Farmington Avenue
Hartford, CT 06156-3124

Re: Aetna Health and Life Insurance Company 2022 Network Adequacy Filing

Dear Ms. Clark:

The Maryland Insurance Administration (“Administration”) has completed its review of the Aetna Health and Life Insurance Company 2022 Network Adequacy Access Plan (the “AHLIC 2022 Access Plan”) filed on June 30, 2022, supplemented with additional information and documentation on August 2, 2022, March 28, 2023, May 22, 2023, May 23, 2023, and May 30, 2023. This filing was made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44¹.

Travel Distance Standards

The Administration’s review of the AHLIC 2022 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 AHLIC. All other access standards in COMAR 31.10.44.04 were met.

In urban areas, Outpatient Infusion/Chemotherapy facilities must be within 10 miles of enrollee residence. Outpatient Infusion/Chemotherapy facilities met the required standard for 99.8% of urban enrollees, leaving 2 enrollees outside the travel distance standard in zip code 21114.

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.

Appointment Waiting Time Standards

The data self-reported by AHLIC indicates that the required standard of 10 calendar days for non-urgent behavioral health/substance use disorder services was met for 80% of enrollees, representing a deficiency of 15 percentage points.

For the other appointment waiting time categories of urgent care, routine primary care, preventive visit / well visit, and non-urgent specialty care, AHLIC reports meeting the required 95% standard based on provider survey results.

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 AHLIC’s request for waiver for travel distance standards for Outpatient Infusion / Chemotherapy facilities. The waiver request was filed pursuant to COMAR 31.10.44.07 for the AHLIC PPO network on March 28, 2023, with additional information provided on May 23, 2023 and May 30, 2023.

The Administration has found good cause to grant the travel distance waiver request for 1 year because additional facilities are not available in sufficient numbers to contract with the carrier, as evidenced by AHLIC’s demonstration of the following:

- Descriptions of efforts to locate any additional facilities within the required distance standard in zip code 21114 using both internal reporting, such as non-participating provider claims data, and external resources, including federal and state-issued provider listings, and the public provider directories of other carriers.
- GeoAccess analysis and maps which demonstrated that the maximum distance from the furthest enrollee in zip code 21114 was .3 miles outside the 10-mile urban standard for Outpatient Infusion / Chemotherapy facilities.

Appointment Waiting Times Waiver Request

AHLIC submitted a waiver request for the deficient waiting time standard for non-urgent behavioral health / substance use disorder services. The waiver request was filed pursuant to COMAR 31.10.44.07 for the AHLIC PPO network on March 28, 2023 and May 23, 2023.

Please be advised that the Administration has found good cause to grant the request for 1 year because providers refused to contract with the carrier or were unable to reach agreement with the carrier, as evidenced by AHLIC's documentation of repeated attempts to contact recruitment targets, which includes the dates and number of attempts by telephone, email, and website inquiry. AHLIC also provided a description of some of its strategies to re-open negotiations with providers who previously declined to participate in the network.

Furthermore, supporting documentation submitted for the AHLIC 2022 Access Plan demonstrated that Aetna significantly increased the number of behavioral health / substance use disorder providers in its network in 2022, and AHLIC also provided descriptions of efforts to locate additional brick and mortar behavioral health / substance use disorder service providers, using both internal reporting, such as non-participating provider claims data, and external resources, including federal and state-issued provider listings and the public provider directories of other carriers. AHLIC is currently attempting to recruit the additional providers identified to join its network.

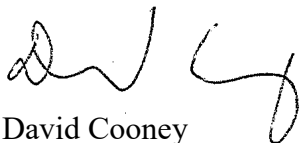
The Administration notes that the AHLIC 2022 Access plan shows a resolution of its 2021 Access Plan's deficiency in Urgent Care waiting time and an improvement of eight percentage points in Non-Urgent Behavioral Health / Substance Use Disorder services waiting time.

In granting the waiver requests for the only access plan standards in COMAR 31.10.44 where deficiencies were reported in the AHLIC 2022 PPO Access Plan, the Administration has determined that the AHLIC 2022 PPO Access Plan complies with § 15-112 of the Insurance Article and COMAR 31.10.44.03C.

This determination letter is limited to review of the AHLIC 2022 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 AHLIC.

Aetna 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