Cigna

Policy Name Network Adequacy Provision (NAP)		Policy Number UM-20
Business Segment HealthCare, Behavioral Health		
Initial Effective Date: 05/01/04	**Policy Committee Approval Date(s):** 4/14/20; 8/11/20; 10/13/20; 8/24/21; 11/9/21; 3/22/22	
Replaces Policies: CGMM-III-35 Network Adequacy Provision (NAP)		

Purpose:

The purpose of this policy is to establish a consistent process for evaluating and responding to network adequacy authorization requests when it is perceived that a qualified, participating health care professional or provider is not available to provide medically necessary services within a reasonable distance, as described in the applicable attachments, from the customer's home or within reasonable appointment availability timeframes.

Policy Statement:

The Network Adequacy Provision establishes criteria for authorization of services by a non-participating (OON) health care professional at the in-network(INN) level of benefits when an appropriate qualified, participating health care professional is not available to provide medically necessary services within a reasonable distance, as described in the applicable attachments, from the customer's home or within reasonable appointment availability timeframes. If at least one (1) participating health care professional is not available within the established mileage specifications from the customer's home, or in certain states, from the customer's home or work location, the customer may receive authorization to visit a non-participating health care professional at the in-network benefit level. Requests for network adequacy are subject to medical necessity review of all supporting information in order to make a determination of coverage.

Note: customers may be required to cross county and/or state boundaries to obtain services from a participating health care professional.

Network Adequacy Provision exception requests from providers outside the distance criteria defined by this policy should not be approved if an in-network provider who can perform the same or other appropriate medically necessary services to diagnose or treat the individual is identified within the distance the customer is willing to-travel-to receive care from the proposed OON provider, no matter how many miles that may be. For example, if the proposed OON provider is 100 miles away, and there is an INN provider capable of providing the same or other appropriate medically necessary services to diagnose or treat the individual less than 100 miles away, the NAP exception should not be granted.

The mileage radius for an in-network provider should be expanded to the distance the customer is willing to travel for the out of network provider (if beyond the limits set in the policy).

Maternity Services – Network Adequacy provisions do not apply if a licensed in network provider e.g. Obstetrician, Certified Midwife, Nurse Practitioner capable of rendering services is available.

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

The Network Adequacy Provision does not apply to the following:

- Services provided by a tertiary facility
- Transplant-related services
- Urgent/emergent care
- Telemedicine
- Proton Beam Centers

Definitions:

Behavioral health care professional: any physician or other licensed practitioner, (a social worker or psychologist), accredited, or certified to perform behavioral health services.

Tertiary facility: a facility at which highly specialized medical care is provided, usually over an extended period of time that involves advanced complex and state-of-the art procedures and treatments performed by medical specialists frequently but not always academic medical centers attached to a University Medical School

Individual Family Plan (IFP): A customer who has enrolled with Cigna either through the Federally Facilitated Marketplace (FFM), State Based Marketplace (SBM) or directly through web, phone or broker not through a group or employer plan.

Telemedicine: The use of electronic information and telecommunications technologies to support long-distance clinical healthcare, patient and professional health-related education, public health and health administration.

Network Savings Plan (NSP): Health care professionals who have agreed to discounted charges for customers in Cigna administered health plans

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

State/Federal Compliance:

See Attachment B: State Network Adequacy Mileage Requirements, Attachment C: State Appointment Availability Requirements and PROVIDER NETWORKS: NETWORK ADEQUACY COMMON BULLETIN that can be found on the following website- https://icomply.lpa.cigna.com/icomply/pages/CIForState.aspx?st=CB

Procedure(s):

A. Health Care Professional Network Adequacy Provision Request

1. A request is received for authorization of services, not based on personal preference or convenience for customer, for a non-participating health care professional at the in-network benefit level
2. Staff will conduct research establishing the availability of like services with participating healthcare professionals with established mileage radius or equidistant to non-participating healthcare professionals.

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

- IFP Customers: The State Mandated radius, or when silent CMS radius, will be utilized in the search for provider

3. The clinical staff will review the request for medical necessity and if medically appropriate, will approve. If request cannot be approved, it will be referred to the medical director for review and final disposition.
4. The medical director will review the request and all supporting clinical information to determine if it is medically necessary to utilize the non-participating health care professional.
5. Once a decision has been made, authorization determination is documented in the UM system of record and determination letters are issued in accordance with accreditation and regulatory requirements.

Network Adequacy approval of a health care professional does not include or imply an approval of a Facility Network adequacy exception. Should the need arise for the use of an out-of-network facility Network Adequacy for the facility as well as the procedure/admission would need to be separately established

B. Facility Network Adequacy Provision Request:

1. Physician/behavioral health care professional/provider authorized to provide services at the in-network benefit level is requesting to perform the services at a non-participating facility
   - If the Physician/behavioral health care professional/provider has privileges at a participating facility and that facility offers the services requested, the Physician/behavioral health care professional/provider is asked to use that facility. If the physician/behavioral healthcare professional/provider refuses, the request is sent to the medical director for further review
   - If the Physician/behavioral health care professional/provider does not have privileges at a participating facility but has privileges at a Network Savings Plan (NSP) facility that offers the services, the request is reviewed for authorization to a NSP facility prior to authorization to a non-participating facility
   - If the Physician/behavioral health care professional/provider does not have privileges at either a participating facility or a NSP facility that offers the services, the request is reviewed for authorization to a non-participating facility
   - Approved inpatient authorizations to non-participating facilities are referred to the Inpatient Case Manager (IPCM) assigned to non-participating facilities for inpatient case management.
   - Out of network facility Network Adequacy Provision (NAP) exception request submitted by an IN-Network Provider must go to MD for review
2. Request is for authorization to provide services at the in-network benefit for an out-of-network facility
   - If the services are available in-network within the customer's defined service area, the request is medically reviewed and denied and the customer is given contact information and encouraged to utilize appropriate in-network health care professionals

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

- If the services are not available in-network, the request is approved to the out-of-network facility if the services are available there
- IFP Customers: Single Case negotiation will take place following existing policies within provider services or contracting team

Applicable Enterprise Privacy Policies:
https://iris.cigna.com/business_units/legal_department/enterprise_compliance/privacy/privacy_policies

Related Policies and Procedures:

Retrospective Review of Inpatient and Outpatient Services
Healthcare Professional and Community Services Resourcing
Transition of Care
Coordination of Care
Measuring Availability of Practitioners and Providers

Links/PDFs:

Attachment A: NAP Criteria Table

Attachment B: State Network Adequacy Mileage Requirements

Attachment C: State Appointment Availability Requirement

Attachment D: IFP Supplemental Requirement

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

Cigna

Attachment A: NAP Criteria Table

(***Note: State mandates supersede Cigna standard mileage and appointment availability specifications)***

Health Care Professional Type	Mileage Radius	Appointment Availability
Primary Care Physician	25 miles	Urgent: Within 48 hours Routine: Within 14 days Preventive Screening & Physical: Within 30 days
Specialty Care Physician *(Includes Dental, Ocularists, and Neuropsych Test Health Care Professionals)*	25 miles	Urgent: Within 48 hours Routine: Within 14 days Preventive Screening & Physical: Within 30 days Obstetric Prenatal Care (Non-high risk and non-urgent): • 1st trimester: Within 14 days • 2nd trimester: Within 7 days • 3rd trimester: Within 3 days
Behavioral Health Care Professional *(Includes Masters Level Clinician, Psychologist/Nurse Practitioner with prescription privilege, and Physician)*	Urban/Suburban: 15 miles Rural: 25 miles	Urgent: Within 48 hours Initial Routine: Within 10 business days Follow-up Routine: Within 30 days
Behavioral Health Inpatient Facility and Ambulatory Program	Urban: 25 miles Suburban: 30 miles Rural: 40 miles	Urgent: Within 48 hours Initial Routine: Within 10 business days Follow-up Routine: Within 30 days
Behavioral Health Residential Facility	Urban: 25 miles Suburban: 30 miles Rural: 40 miles	Urgent: Within 48 hours Initial Routine: Within 10 business days Follow-up Routine: Within 30 days
Facilities • Acute Inpatient Facility • Long Term Acute Care • Hospice (All Facilities Except Dialysis)	50 miles	Urgent: Within 48 hours Routine: Within 14 days
• Ancillary Health Care Professional* • Dialysis • Skilled Nursing Facility • Acute Medical Inpatient Rehab	25 Miles	Urgent: Within 48 hours Routine: Within 14 days
• Midwives (See Policy Statement)	25 Miles	Urgent: Within 48 hours Routine: Within 14 days

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

*Ancillary Health care professional: Health care professionals of auxiliary or supplemental services used to support diagnosis and treatment of a condition. These health care professionals include but are **not limited** to the following:

- Acupuncture
- Ambulance/transportation services
- Birthing Centers
- Custodial care services (only when a covered benefit)
- Diagnostic services, miscellaneous (e.g. EMG, neuropsychological testing, etc)
- Dietary services including dieticians, nutritionists, and nutritional support services
- Durable medical equipment (DME)
- Health education services
- Hearing aids
- Home health services
- Imaging services
- Infusion centers
- Laboratory services
- Licensed/Certified Midwife (unless otherwise specified by state mandates)
- Nurse Surgical Assistant
- Orthotics and prosthetics
- Outpatient cardiac rehabilitation
- Outpatient rehabilitative services (e.g. physical therapy, occupational therapy, cognitive therapy, speech therapy)
- Outpatient surgery centers
- Pharmacy services
- Physician extenders including physician assistants, nurse practitioners, clinical nurse specialists
- Sleep disorder studies

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

Cigna

Attachment B: HMO, IFP, State and Marketplace Network Adequacy Mileage Requirements
Note – where silent for IFP use attachment D

Centers for Medicare and Medicaid Services (CMS) require Qualified Health Plan's (QHP) meet the following criteria:

Specialties and Standards for Marketplace place year 2017 Certification

(The plan provides access to at least one provider in each of the above-listed provider types for at least 90 percent of enrollees and the network must include 20% of the available ECP's in the service area.)

Specialty Area	**Maximum Time and Distance Standards (Minutes/Miles)**				
	Large	**Metro**	**Micro**	**Rural**	**Counties with Extreme Access Considerations (CEAC)**
Primary Care	10/5	15/10	30/20	40/30	70/60
Dental	30/15	45/30	80/60	90/75	125/110
Endocrinology	30/15	60/40	100/75	110/90	145/130
Infectious Diseases	30/15	60/40	100/75	110/90	145/130
Oncology - Medical/Surgical	20/10	45/30	60/45	75/60	110/100
Oncology - Radiation/Radiology	30/15	60/40	100/75	110/90	145/130
Mental Health (Including Substance Use Disorder Treatment)	20/10	45/30	60/45	75/60	110/100
Inpatient Psychiatric Facility Services	30/15	70/45	100/75	90/75	155/140
Rheumatology	30/15	60/40	100/75	110/90	145/130
Hospitals	20/10	45/30	80/60	75/60	110/100
Outpatient Dialysis	30/15	45/30	80/60	90/75	125/110
Inpatient Psychiatric Facility Services	30/15	70/45	100/75	90/75	155/140

HMO

- **Arizona**
  - Urban (zip code with more than 3,000 persons per square mile)
    - PCP - 10 miles or 30 minutes
    - SCP - 15 miles or 45 minutes
    - Inpatient Hospital - 25 miles or 75 minutes
  - Suburban (zip code area with 1,000 – 3,000 person per square mile)
    - PCP - 15 miles or 45 minutes
    - SCP - 20 miles or 60 minutes
    - Inpatient Hospital - 30 miles or 90 minutes
  - Rural (zip code with fewer than 1,000 persons per square mile)

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

- PCP - 30 miles or 90 minutes

  - A Health Care Service Organization (HCSO) may require an enrollee to travel a greater distance in area to obtain covered services from a contracted provider than the enrollee would have to travel to obtain equivalent services from a non-contracted provider, except where a network exception is medically necessary. Nothing in this Section creates an exception to R20-6-1918 through R20-6-1920, which are the sections on Geographic Availability in Suburban Areas, Rural Areas, and Travel Requirements.
  - If the HCSO prior-authorizes services that require an enrollee to travel outside the HCSO service area because the services are not available in the area, the HCSO shall reimburse the enrollee for travel expenses. Except as provided under R20-6-1904(E) (6), an HCSO is not required to reimburse an enrollee for travel expenses the enrollee incurs to obtain covered services in-area. R20-6-1904 is as follows: The HCSO shall provide appropriate coverage for out-of-area emergency care to an enrollee traveling outside the area served by the HCSO.

- **California**
  - Hospital – within 15 miles of customer's work or home address
  - PCP– within 15 miles of customer's work or home address
  - A plan operating in a service area with a shortage of one or more types of providers shall assist enrollees by locating available and accessible contracted providers in neighboring service areas and when medically appropriate to non-contracted specialty providers. Enrollee costs for accessing medically necessary services shall be limited to applicable plan co-pays, etc. This provision doesn't prohibit a Plan's from accommodating an enrollee's preference to wait for a later appointment from a specific contracted provider.
  - If a Health Care Service Plan has no participating specialists to provide a covered benefit, the Health Care Service Plan must arrange for a referral to a specialist with the necessary expertise and ensure that the covered person obtains the covered benefit at no greater cost to the covered person than if the benefit were obtained from a participating specialist.

- **Connecticut**

Network Adequacy Criteria

Health Care Professional Type	Appointment Availability
Primary Care Physician	Urgent: Within 48 hours Routine: Within 10 days Preventive Screening & Physical: Within 30 days

  - Maximum Time and Distance Standards (Minutes/Miles) for 90% of Members

Specialty Area	Fairfield County (Large Metro)	All Other Counties (Metro)
Primary Care, including Pediatrics routine/primary	10/5	15/10
Dental	30/15	45/30
Vision	30/15	45/30
Pharmacy	20/10	45/30
Endocrinology	30/15	60/40

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

Infectious Diseases	30/15	60/40
Cardiovascular Disease	20/10	30/20
Oncology - Medical/Surgical	20/10	45/30
Oncology - Radiation/Radiology	30/15	60/40
Mental Health – Psychiatry/Psychology	20/10	45/30
Mental Health – Child & Adolescent Psychiatry/Psychology	20/10	45/30
Substance Use Disorder Treatment	20/10	45/30
Child & Adolescent Substance Use Disorder Treatment	20/10	45/30
Licensed Clinical Social Worker	20/10	45/30
Rheumatology	30/15	60/40
Hospitals – Inpatient & Outpatient Services	20/10	45/30
Outpatient Dialysis Chiropractic	20/10 30/15	45/30 45/30
Physical Therapy	30/15	45/30
Occupational Therapy	30/15	45/30

Network Adequacy reviews will be handled within the Utilization Review timeframes.

- **Florida**
    - Specialty, ancillary, specialty inpatient hospital services and all other health services: 60 miles not to exceed 60 minutes from service area boundary to provider
    - PCP site and general inpatient hospital: 30 miles not to exceed 30 minutes from service area boundary to provider
- **Missouri**

	Urban: county population 200,000 or more;	Basic: county population 50,000 - 199,999	Rural: county population fewer than 50,000.
PCP	10	20	30
Obstetrics/Gynecology	15	30	60
Neurology	25	50	100
Dermatology	25	50	100
Physical Medicine/Rehab	25	50	100
Allergy	25	50	100
Cardiology	25	50	100
Endocrinology	25	50	100
Gastroenterology	25	50	100
Hematology/Oncology	25	50	100
Infectious Disease	25	50	100
Nephrology	25	50	100

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

Ophthalmology	25	50	100
Orthopedics	25	50	100
Otolaryngology	25	50	100
Pediatric	25	50	100
Podiatry	25	50	100
Vision Care/Primary Eye Care	15	30	60
Pulmonary Disease	25	50	100
Rheumatology	25	50	100
Urology	25	50	100
General surgery	15	30	60
Psychiatrist-Adult/General	15	40	80
Psychiatrist-Child/Adolescent	22	45	90
Psychologists/Other Therapists	10	20	40
Chiropractor	15	30	60
HOSPITALS			
Basic Hospital	30	30	30
Secondary Hospital	50	50	50
TERTIARY SERVICES			
Level I or Level II trauma unit	100	100	100
Neonatal intensive care unit	100	100	100
Perinatology services	100	100	100
Comprehensive cancer services	100	100	100
Comprehensive Cardiac Services	100	100	100
Pediatric subspecialty care	100	100	100
MENTAL HEALTH FACILITIES			
Inpatient Mental Health Treatment Facility	25	40	75
Ambulatory Mental Health Treatment Provider	15	25	45
Residential Mental Health Treatment Provider	20	30	50
ANCILLARY SERVICES			
Physical Therapy	30	30	30
Occupational Therapy	30	30	30
Speech Therapy	50	50	50
Audiology	50	50	50

- If there is an insufficient number or type of participating provider to provide a covered benefit, the HMO shall ensure that the enrollee obtains the covered benefit at no greater cost than if

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

the benefit was obtained from a participating provider, or shall make other arrangements acceptable to the director. In determining compliance with this provision, the director shall give due consideration to the relative availability of health care providers in the service area especially rural areas.
- If an HMO does not have a provider in its network, the HMO must make a referral to an appropriate provider, pursuant to a treatment plan approved by the HMO in consultation with the PCP, the non-participating provider, and the enrollee/their designee, at no additional cost to the enrollee beyond what the enrollee would otherwise pay for covered services from participating providers.

- **New Jersey**
  - 2 PCPs in 10 miles/ or 30 minutes (whichever is less) of 90% of enrollees
  - Calculate 4 PCP visits per year per member, avg. 1 hour per year per member; 4 patient visits per hour per PCP.
  - Verify PCPs are committed to a specific number of hours that cumulatively add up to projected clinic hour needs of projected number of covered persons by county or service area.
  - Specialists: 45 miles/ 1 hour of 90% enrollees
  - Rehab, outpatient centers, SA centers, diagnostic cardiac cath, inpatient psych,: 45 miles/ 60 minutes
  - LTC, therapeutic radiation, MRI, diagnostic radiology, emergency MH service, outpatient MH/SA, renal dialysis: 20 miles/ 30 minutes
  - Contract with 1 home health agency and 1 hospice where 1,000 or more covered persons live
  - Acute care hospital: 20 miles/ 30 minutes for 90% enrollees
  - Hospital with perinatal services, tertiary pediatric services: 45 miles/ 60 minutes
  - Surgical facilities: 20 miles/ 30 minutes
- **North Carolina**

Health Care Professional (HCP) Type	Mileage Radius
PCP	25
Pediatrician	25
OB/GYN	25
Specialists	25
Non-MD	25
Inpatient Facility	50
Outpatient Facility	25
MH/CD Psychiatry	25
MH/CD Non-MD	25

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

MH/CD Inpatient Facilities Pre- and Post-Stabilization	50

- If it is confirmed that a qualified, participating health care professional or provider is not available to provide medically necessary services within a reasonable distance from the customer's home or within reasonable appointment availability timeframes and the services were medically necessary, then the services would be authorized and reimbursed at the in-network benefit and cost level.

- **Tennessee**
  - PCPs: within 30 miles or 30 minutes travel time at a reasonable speed
  - Inpatient Hospitals: within a reasonable distance or travel time
  - Specialists and Subspecialists: within a reasonable distance or travel time
  - If an insurer/HMO has no participating providers to provide a covered benefit, the insurer/HMO must arrange for a referral to a provider with the necessary expertise and the covered person must pay no greater cost than if the benefit were obtained from a network provider.
- **Texas**
  - PCP: 30 miles
  - Specialists : 75 miles
  - General hospital: 30 miles
  - Specialty or psych hospital: 75 miles
  - The Cigna physician reviewer making the medically necessary network exception decision must have expertise in the same or similar specialty of the provider to whom a referral is requested.
  - The medical necessity decision must be made within the time appropriate to the circumstances but no later than five business days after receipt of reasonably requested documentation.
  - An HMO is permitted to make arrangements with physicians or providers outside the service area for enrollees to receive a higher level of skill or specialty than the level which is available within the HMO service area. Examples of such specialty care include: treatment of cancer, burns, and cardiac care.

Insured Products*

* Includes customers insured in the PPO, EPO, OAP, OAP IN, Network, Network POS, Network Open Access, Network POS Open Access, LocalPlus products

- **Arkansas**
  - At least 1 PCP in 30 miles for 80% of covered individuals for urban, suburban, and rural
  - At least 1 Specialist in 60 miles for 80% of covered individuals for urban, suburban, and rural
  - At least 1 Hospital in 30 miles for 80% of covered individuals for urban, suburban, and rural
  - At least 1 ECP in 30 miles for 80% of covered individuals for urban, suburban, and rural

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

Cigna

- **California**
    - Primary Care Providers –within 30 minutes or 15 miles of each covered person's residence or workplace ; accepting new patients to accommodate anticipated enrollment growth
    - Specialists - with sufficient capacity to accept covered persons within 60 minutes or 30 miles of a covered person's residence or workplace
    - Mental Health, Substance Abuse and Autism Providers - with sufficient capacity to accept covered persons within 30 minutes or 15 miles of a covered person's residence or workplace
    - Psychiatrists - Network specialists who are certified or eligible for certification by the appropriate specialty board with sufficient capacity to accept covered persons within 60 minutes or 30 miles of a covered person's residence or workplace
    - Hospital - with sufficient capacity to accept covered persons within 30 minutes or 15 miles of a covered person's residence or workplace
    - Weather Impact - networks for mountainous rural areas shall take into consideration typical patterns of winter road closures, so as to comply with access and timeliness standards throughout calendar year
    - **In Network Provider Not Available Within Stated Adequacy Standards -** if medically appropriate care cannot be provided within the network, the insurer shall arrange for the required care outside the network, with the patient responsible for paying only the in-network cost sharing for the service; in-network cost sharing includes copayments and coinsurance, applicability of the in-network deductible and accrual of cost sharing to the in-network out-of-packet maximum
- **Colorado**

Specialty	Large Metro	Metro	Micro	Rural	CEAC *(Counties with Extreme Access Consideration)*
Primary Care	5	10	20	30	60
Gynecology, OB/GYN	5	10	20	30	60
Pediatrics - Routine/Primary Care	5	10	20	30	60
Allergy and Immunology	15	30	60	75	110
Cardiothoracic Surgery	15	40	75	90	130
Cardiovascular Disease	10	20	35	60	85
Chiropractic	15	30	60	75	110
Dermatology	10	30	45	60	100
Endocrinology	15	40	75	90	130
ENT/Otolaryngology	15	30	60	75	110
Gastroenterology	10	30	45	60	100
General Surgery	10	20	35	60	85
Gynecology only	15	30	60	75	110
Infectious Diseases	15	40	75	90	130
Licensed Clinical Social Worker	10	30	45	60	100

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

Nephrology	15	30	60	75	110
Neurology	10	30	45	60	100
Neurological Surgery	15	40	75	90	130
Oncology - Medical, Surgical	10	30	45	60	100
Oncology - Radiation/Radiation Oncology	15	40	75	90	130
Ophthalmology	10	20	35	60	85
Orthopedic Surgery	10	20	35	60	85
Physiatry, Rehabilitative Medicine	15	30	60	75	110
Plastic Surgery	15	40	75	90	130
Podiatry	10	30	45	60	100
Psychiatry	10	30	45	60	100
Psychology	10	30	45	60	100
Pulmonology	10	30	45	60	100
Rheumatology	15	40	75	90	130
Urology	10	30	45	60	100
Vascular Surgery	15	40	75	90	130
OTHER MEDICAL PROVIDER	15	40	75	90	130
Dental	15	30	60	75	110
Pharmacy	5	10	20	30	60
Acute Inpatient Hospitals	10	30	60	60	100
Cardiac Surgery Program	15	40	120	120	140
Cardiac Catheterization Services	15	40	120	120	140
Critical Care Services – Intensive Care Units	10	30	120	120	140
Outpatient Dialysis	10	30	50	50	90
Surgical Services (Outpatient or ASC)	10	30	60	60	100
Skilled Nursing Facilities	10	30	60	60	85
Diagnostic Radiology	10	30	60	60	100
Mammography	10	30	60	60	100
Physical Therapy	10	30	60	60	100
Occupational Therapy	10	30	60	60	100
Speech Therapy	10	30	60	60	100
Inpatient Psychiatric Facility	15	45	75	75	140
Orthotics and Prosthetics	15	30	120	120	140
Outpatient Infusion/Chemotherapy	10	30	60	60	100
OTHER FACILITIES	15	40	120	120	140

- **Connecticut**

Maximum Time and Distance Standards (Minutes/Miles) for 90% of Members

Specialty Area	**Fairfield County (Large Metro)**	**All Other Counties (Metro)**
Primary Care, including Pediatrics routine/primary	10/5	15/10
Dental	30/15	45/30
Vision	30/15	45/30

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

Pharmacy	20/10	45/30
Endocrinology	30/15	60/40
Infectious Diseases	30/15	60/40
Cardiovascular Disease	20/10	30/20
Oncology - Medical/Surgical	20/10	45/30
Oncology - Radiation/Radiology	30/15	60/40
Mental Health – Psychiatry/Psychology	20/10	45/30
Mental Health – Child & Adolescent Psychiatry/Psychology	20/10	45/30
Substance Use Disorder Treatment	20/10	45/30
Child & Adolescent Substance Use Disorder Treatment	20/10	45/30
Licensed Clinical Social Worker	20/10	45/30
Rheumatology	30/15	60/40
Hospitals – Inpatient & Outpatient Services	20/10	45/30
Outpatient Dialysis Chiropractic	20/10 30/15	45/30 45/30
Physical Therapy	30/15	45/30
Occupational Therapy	30/15	45/30

Network Adequacy reviews will be handled within the Utilization Review timeframes.

- **Delaware**
  - Surgical facilities/inpatient facilities: no greater than 30 miles or/ 40 minutes for 90% enrollees
- **Maryland**
  - “Urban area” means a zip code that, according to the Maryland Department of Planning has a human population equal to or greater than 3,000 per square mile.
  - “Suburban area” means a zip code that, according to the Maryland Department of Planning has a human population equal to or greater than 1,000 per square mile but less than 3,000 per square mile
  - “Rural area” means a zip code that, according to the Maryland Department of Planning has a human population of less than 1,000 per square mile

Network Adequacy Criteria

Health Care Professional Type	Maximum Distance (miles)		
	Urban	Suburban	Rural
Medical Facilities			
Acute Inpatient Hospitals	10	30	60
Critical Care Services – Intensive Care Unit	10	30	100
Diagnostic Radiology	10	30	60
Outpatient Dialysis	10	30	50
Outpatient Infusion/Chemotherapy	10	30	60
Skilled Nursing Facilities	10	30	60
Surgical Services Outpatient or Ambulatory Surgical Center	10	30	60
All other licensed or certified facilities under contract with the carrier that are not listed	15	40	90
Medical Practitioners			
Allergy and Immunology	15	30	75
Cardiovascular Disease	10	20	60

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

Chiropractic	15	30	75
Dermatology	10	30	60
Endocrinology	15	40	90
Gastroenterology	10	30	60
General Surgery	10	20	60
Gynecology (only)	15	30	75
Gynecology (OB/GYN)	5	10	30
Nephrology	15	25	75
Neurology	10	30	60
Oncology (Medical and Surgical)	10	20	60
Oncology (Radiation/Radiation Oncology)	15	40	90
Ophthalmology	10	2	60
Otolaryngology (ENT)	15	30	75
Pediatrics (Routine/Primary Care)	5	10	30
Physiatry (Rehabilitative Medicine)	15	30	75
Plastic Surgery	15	40	90
Podiatry	10	30	60
Primary Care Physician	5	10	30
Pulmonology	10	30	60
Rheumatology	15	40	90
Urology	10	30	60
All other licensed or certified providers under contract with the carrier that are not listed	15	40	90
Mental Health Substance Use Disorder (MHSUD) Facilities			
Inpatient Psychiatric Facility	15	45	75
Other Behavioral Health Substance Abuse Facilities	10	25	60
Mental Health Substance Use Disorder (MHSUD) Practitioners			
Applied Behavioral Analysis	15	30	60
Licensed Clinical Social Worker	10	25	60
Psychiatry	10	25	60
Psychology	10	25	60

- **New Hampshire**

A. Distance shall be measured from place of residence by zip code

- Physicians

For URBAN counties, including Strafford, Hillsborough, and Rockingham counties:

A. Ten miles or 15 minutes driving time for core services;
B. Twenty miles or 30 minutes driving time for common services; and
C. Forty miles or one hour driving time for specialized services;

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

For MIDDLE counties including Merrimack, Belknap, Cheshire, Grafton, Carroll, and Sullivan counties:

A. Twenty miles or 40 minutes driving time for core services;
B. Forty miles or 80 minutes driving time for common services; and
C. Seventy miles or 2 hours driving time for specialized services; and

For RURAL counties including Coos county:

A. Thirty miles or one hour driving time for core services;
B. Eighty miles or 2 hours driving time for common services; and
C. One hundred twenty-five miles or 2 1/2 hours driving time for specialized services.

- Inpatient Hospital

For URBAN counties including Strafford, Hillsborough, and Rockingham counties:

A. Ten miles or 15 minutes driving time for core services;
B. Twenty miles or 30 minutes driving time for common services; and
C. Forty miles or one hour driving time for specialized services;

For MIDDLE counties including Merrimack, Belknap, Cheshire, Grafton, Carroll, and Sullivan counties:

A. Twenty miles or 40 minutes driving time for core services;
B. Forty miles or 80 minutes driving time for common services; and
C. Seventy miles or 2 hours driving time for specialized services; and

For RURAL counties including Coos county:

A. Thirty miles or one hour driving time for core services;
B. Eighty miles or 2 hours driving time for common services; and
C. One hundred twenty-five miles or 2 1/2 hours driving time for specialized services.

- Appointment Wait Times

a. Standard waiting times for appointments will be measured from the initial request for an appointment for behavioral health services:
(1) Six hours for a non-life-threatening emergency;
(2) Forty-eight hours for urgent care; and
(3) Ten business days for an initial or evaluation visit.

For primary care provider services:
(1) Forty-eight hours for urgent care; and
(2) Thirty days for other routine care, including an initial or evaluation visit.

- 2 open panel PCPs within 15 miles/ 40 minutes of 90% enrollees within each county or hospital service area
- Most specialists: 45 miles/ 60 minutes travel time to 90% enrollees within each county or hospital service area. There shall be a sufficient number of licensed medical specialists in the following key specialty areas who available to covered persons to provide medically necessary specialty care:
  - Allergists;

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

        - Cardiologists;
        - General surgeons;
        - Neurologists;
        - Obstetrician/gynecologists;
        - Oncologists;
        - Ophthalmologists;
        - Orthopedists;
        - Otolaryngologists;
        - Psychiatrists; and
        - Urologists
    - Plastic/thoracic surgeons: travel times may not be greater than other specialists
    - Inpatient Hospital - 45 miles/ 60 minutes - Including Licensed medical-surgical, pediatric, obstetrical and critical care services, Surgical facilities, Laboratory OK, magnetic resonance imaging center, diagnostic radiology provider, x-ray, ultrasound, CAT scan, therapeutic radiation provider, or licensed renal dialysis provider associated with acute care hospital services;
    - Diagnostic cardiac cath, trauma, NICU and open-heart surgery services: 80 miles/ 120 minutes.
    - Centers of Excellence can be wherever; New England locations preferred.*
    - Other Tertiary Services: The health carrier shall have policy assuring accessibility within the New England region, if available, for other specialty hospital services, including: major burn care; organ transplantation; specialty pediatric care; specialty out-patient centers for HIV/AIDS, sickle cell disease, hemophilia, and cranio-facial and congenital anomalies; home health agencies; hospice programs; and licensed long term care facilities with Medicare-certified skilled nursing beds.
        - To the extent that the above specialty services are available within the New Hampshire, the plan shall not exclude New Hampshire providers from its network if the negotiated rates are commercially reasonable. The policy may offer such tertiary or specialized services at so-called "centers of excellence." The tertiary or specialized services shall be offered within the New England region, if available. The plan shall not exclude New Hampshire providers of tertiary or specialized services from its network provided that the negotiated rates are commercially reasonable.
    - Pharmacy: within 15 miles/ or 45 minutes for at least 90 percent of the enrolled population within each county or hospital service area
    - Outpatient MH services: within 25 miles/ or 45 minutes for at least 90 percent of the enrolled population within each county or hospital service area
    - General inpatient psychiatric; Emergency mental health provider; Short term care facility for involuntary psychiatric admissions; Short term care facility for substance abuse treatment; and Short term care facility for inpatient medical rehabilitation services The travel time interval for the following list of services shall be 45 miles or 60 minutes travel time

    -

- **New Jersey**
    - 2 PCPs in 10 miles/ or 30 minutes (whichever is less) of 90% of enrollees
    - Calculate 4 PCP visits per year per member, avg. 1 hour per year per member; 4 patient visits per hour per PCP.
    - Verify PCPs are committed to a specific number of hours that cumulatively add up to projected clinic hour needs of projected number of covered persons by county or service area.
    - Specialists: 45 miles/ 1 hour of 90% enrollees

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

  - Rehab, outpatient centers, SA centers, diagnostic cardiac cath, inpatient psych,: 45 miles/ 60 minutes
  - LTC, therapeutic radiation, MRI, diagnostic radiology, emergency MH service, outpatient MH/SA, renal dialysis: 20 miles/ 30 minutes
  - Contract with 1 home health agency and 1 hospice where 1,000 or more covered persons live
  - Acute care hospital: 20 miles/ 30 minutes for 90% enrollees
  - Hospital with perinatal services, tertiary pediatric services: 45 miles/ 60 minutes
  - Surgical facilities: 20 miles/ 30 minutes

- **New Mexico**
  - If population 50K or >, 2 PCPs: 20 miles/ 20 minutes for 90% enrollees
  - If population <50K, 2 PCPs: 60 miles/ 60 minutes for 90% enrollees
  - Calculation: each enrollee 4 PCP visits annually, averaging a total of 1 hour; PCPs see 4 patients/hour.
  - No specific standards for specialists, but required to have standards.
  - If population 50K or >, 1 acute hospital: 30 miles/ 30 minutes for 90% enrollees*
  - If population <50K, acute hospital: 60 miles/ 60 minutes for 90% enrollees*
  - Recognize "centers of excellence" out of state
  - Specialty/tertiary hospitals: no specific standards, but required to have standards
  - 1 PCP per 1,500 enrollees*

- **North Carolina**

Health Care Professional (HCP) Type	Mileage Radius
PCP	25
Pediatrician	25
OB/GYN	25
Specialists	25
Non-MD	25
Inpatient Facility	50
Outpatient Facility	25
MH/CD Psychiatry	25
MH/CD Non-MD	25
MH/CD Inpatient Facilities Pre- and Post-Stabilization	50

  - If it is confirmed that a qualified, participating health care professional or provider is not available to provide medically necessary services within a reasonable distance from the customer's home or within reasonable appointment availability timeframes and the services were medically necessary, then the services would be authorized and reimbursed at the in-network benefit and cost level.

- **Pennsylvania**
  - Provide at least 90% of its enrollees in each county in its service area, access to covered services (physician and inpatient hospital) that are within 20 miles or 30 minutes travel from an enrollee's

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

residence or work in a county designated as a metropolitan statistical area (MSA) (urban), and within 45 miles or 60 minutes travel from an enrollee's residence or work in any other county (non-urban)

- **Tennessee**
  - PCPs: within 30 miles distance or 30 minutes travel time at a reasonable speed
  - Inpatient Hospitals: within a reasonable distance or travel time
  - Specialists and Subspecialists: within a reasonable distance or travel time
  - If an insurer/HMO has no participating providers to provide a covered benefit, the insurer/HMO must arrange for a referral to a provider with the necessary expertise and the covered person must pay no greater cost than if the benefit were obtained from a network provider.
- **Texas**
  - PCP: 30 miles in non-rural areas; 60 miles in rural areas. Rural means county with less than 50,000 or areas designated by the Commissioner.
  - SCP: 75 miles
  - General Acute hospital: 30 miles in non-rural areas; 60 miles in rural areas. Rural means county with < 50,000 or areas designated by the Commissioner.
  - Specialty hospital: 75 miles
  - Under certain circumstances the healthplan is required to cover services rendered by non-contracted providers at in-network coinsurance levels and credit any out-of-pocket amounts to the plan's deductible and/or out-of-pocket limits. These circumstances include:
    - Emergency care (following the prudent layperson definition of emergency).
    - When no contracted provider is reasonably available within the service area.
    - When a non-contracted provider's services were pre-approved or pre-authorized based upon the unavailability of a contracted provider
- **Vermont**
  - PCP: 30 minutes (30 miles)
  - Outpatient MH/SA services: 30 minutes (30 miles)
  - Lab/x-ray, Rx, optometry, inpt psych, MRI, inpt rehab: 60 minutes (60 miles)
  - Cardiac cath, kidney transplant, trauma, NICU, open heart surgery: 90 minutes (90 miles)
  - A managed care plan must ensure that a member may obtain a referral outside of the plan's network if the plan lacks a provider with appropriate experience and training within its network.
- **Washington**
  - PCP and Specialist -- Within 30 miles - urban area and within 60 miles in a rural area from either their residence or work

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

- If there is not a sufficient number of type of participating provider or facility to meet access requirements, the insurer must ensure through referral by the primary care provider or otherwise, that the customer obtains the covered service from a provider or facility within reasonable proximity of the customer at no greater cost to the customer than if the service were obtained from network providers and facilities.
- An insurer may use facilities in the neighboring service areas to satisfy a network access standard if one of the following types of facilities is not in the service area, or if the insurer can provide substantial evidence of good faith efforts on its part to contract with the facilities in the service area.
- This applies to the following types of facilities:
  - Tertiary hospitals;
  - Pediatric community hospitals;
  - Specialty or limited hospitals, such as burn units, rehabilitative hospitals, orthopedic hospitals, and cancer care hospitals;
  - Neonatal intensive care units; and
  - Facilities providing transplant services, including those that provide solid organ, bone marrow, and stem cell transplants.
- An insurer must establish and maintain adequate arrangements to ensure reasonable proximity of network providers and facilities to the business or personal residence of customers, and located so as to not result in unreasonable barriers to accessibility. Insurers must make reasonable efforts to include providers and facilities in networks in a manner that limits the amount of travel required to obtain covered benefits.
- Insurers must ensure that such customers may obtain covered medical and behavioral health services from the Indian health care provider at no greater cost to the customer than if the service were obtained from network providers and facilities, even if the Indian health care provider is not a contracted provider. Insurers are not responsible for credentialing providers and facilities that are part of the Indian health system. Nothing in this subsection prohibits an insurer from limiting coverage to those health services that meet insurer standards for medical necessity, care management, and claims administration or from limiting payment to that amount payable if the health service were obtained from a network provider or facility.

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

Cigna

Attachment C - State Appointment Availability Requirements

*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

- Urgent care – authorization required – 96 hrs
- Urgent care – no authorization required – 48 hrs
- Non-urgent primary care – 10 bus days*
- Non-urgent specialist – 15 bus days
- Non-urgent ancillary services- 15 bus days
- Behavioral health:
    1. Life-Threatening Emergency: Seen immediately;
    2. Urgent Care: Forty-eight (48) hours, except as provided in (5);
    3. Routine Appointments MD/Psychiatrist: Fifteen (15) business days, except as provided in (5);
    4. Routine Appointments non-MD: Ten (10) business days of the prior appointment, except as provided in (5);
    5. The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the enrollee.

Colorado

- Behavioral Health, Mental Health and Substance Use Disorder Care
    - Urgent Care - Within 24 hours
    - Initial and follow-up appointments (routine, non-urgent, non-emergency) - Within 7 calendar days

Connecticut

- Non-urgent appointments for primary care – within 10 business days

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

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

- 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

- 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

Health Care Professional Type	**Routine** (Symptomatic Regular and Routine Care)	**Urgent**	**Emergency**
Primary Care Physician (includes Family Practice, Internal Medicine and General Practice)	Within 14 days	Within 48 hours	Immediately

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

Pediatrician	Within 14 days	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	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	Within 48 hours	Immediately
Behavioral Health Physicians and Non-Physicians	Within 10 days	Within 48 hours	Immediately for Life-Threatening; Within 6 hours if Non-Life-Threatening

- If it is confirmed that a qualified, participating health care professional or provider is not available to provide medically necessary services within a reasonable distance from the customer's home or within reasonable appointment availability timeframes and the services were medically necessary, then the services would be authorized and reimbursed at the in-network benefit and cost level.

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

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, "Cigna" refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

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

Washington

- Behavioral Health Services
  - Effective on or after January 1, 2023 next-day appointments must be made available to enrollees experiencing urgent, symptomatic behavioral health conditions to receive covered behavioral health services. The appointment may be with a licensed provider other than a licensed behavioral health professional, as long as that provider is acting within their scope of practice, and may be provided through telemedicine. Need for urgent symptomatic care is associated with the presentation of behavioral health signs or symptoms that require immediate attention, but are not emergent.

Attachment D – IFP Policies where Attachment B is silent or State for insured products does not apply please follow the following guideline

Professional Specialties:

	Drive Distance (Miles)			
Professional Specialty	**L Metro**	**Metro**	**Micro**	**Rural**
FAMILY PRACTICE	CMS Grid (Attachment B)			
GENERAL PRACTICE	CMS Grid (Attachment B)			
INTERNAL MEDICINE	CMS Grid (Attachment B)			
PEDIACTRICS	CMS Grid (Attachment B)			
PEDIATRIC ALLERGY & IMMUNOLOGY	30	50	50	75
PEDIATRIC CARDIOLOGY	30	50	50	75
PEDIATRIC CRITICAL CARE MEDICINE	30	50	50	75
PEDIATRIC ENDOCRINOLOGY	CMS Grid (Attachment B)			
PEDIATRIC GASTROENTEROLOGY	30	50	50	75
PEDIATRIC HEMATOLOGY/ONCOLOGY	30	50	50	75
PEDIATRIC INFECTIOUS DISEASE	CMS Grid (Attachment B)			
PEDIATRIC NEPHROLOGY	30	50	50	75
PEDIATRIC NEUROLOGY	30	50	50	75
PEDIATRIC OTOLARYNGOLOGY	30	50	50	75
PEDIATRIC PULMONOLOGY	30	50	50	75
PEDIATRIC RHEUMATOLOGY	CMS Grid (Attachment B)			
PEDIATRIC SURGERY	Requires Clinical Review			

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

ALLERGY	30	50	50	75
ALLERGY/IMMUNOLOGY	30	50	50	75
AUDIOLOGY	30	50	50	75
CARDIOLOGY, INTERVENTIONAL	30	50	50	75
CARDIOVASCULAR DISEASE	30	50	50	75
CHIROPRACTIC	30	50	50	75
DERMATOLOGY	30	50	50	75
ENDOCRINOLOGY AND METABOLISM	CMS Grid (Attachment B)			
GASTROENTEROLOGY	30	50	50	75
GERIATRIC MEDICINE	30	50	50	75
GYNECOLOGY (NO OB)	30	50	50	75
HEMATOLOGY	30	50	50	75
NEPHROLOGY	30	50	50	75
NEUROLOGY	30	50	50	75
OBSTETRICS (NO GYN)	30	50	50	75
OBSTETRICS/GYNECOLOGY	30	50	50	75
ONCOLOGY	CMS Grid (Attachment B)			
OPHTHALMOLOGY	30	50	50	75
OTOLARYNGOLOGY (EAR, NOSE, AND THROAT)	30	50	50	75
PULMONARY DISEASE	30	50	50	75
SURGERY, CARDIOVASCULAR	50	75	90	100
SURGERY, GENERAL	30	50	50	75
SURGERY, ORTHOPEDIC	30	50	50	75
UROLOGY	30	50	50	75
ADOLESCENT MEDICINE	50	75	90	100
IMMUNOLOGY	50	75	90	100
INFECTIOUS DISEASE	CMS Grid (Attachment B)			
MATERNAL AND FETAL MEDICINE	50	75	90	100
NUTRITION	50	75	90	100
OCCUPATIONAL MEDICINE	50	75	90	100
PAIN MANAGEMENT	50	75	90	100
PHYSICAL MEDICINE	50	75	90	100
PODIATRY	50	75	90	100
RADIATION ONCOLOGY	CMS Grid (Attachment B)			
RADIATION THERAPY	CMS Grid (Attachment B)			
RHEUMATOLOGY	CMS Grid (Attachment B)			

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

SURGERY, HAND	50	75	90	100
SURGERY, HEAD AND NECK	50	75	90	100
SURGERY, NEUROLOGICAL	50	75	90	100
SURGERY, ORAL AND MAXILLOFACIAL	50	75	90	100
SURGERY, PLASTIC	50	75	90	100
SURGERY, THORACIC	50	75	90	100
SURGERY, VASCULAR	50	75	90	100
ADDITION PSYCHOLOGY	Behavioral TBD	Behavioral TBD	Behavioral TBD	Behavioral TBD
COUNSELING	Behavioral TBD	Behavioral TBD	Behavioral TBD	Behavioral TBD
PEDIATRICS, DEVELOPMENTAL-BEHAVIORAL	Behavioral TBD	Behavioral TBD	Behavioral TBD	Behavioral TBD
PSYCHIATRY	Behavioral TBD	Behavioral TBD	Behavioral TBD	Behavioral TBD
PSYCHIATRY, CHILD & ADOLESCENT	Behavioral TBD	Behavioral TBD	Behavioral TBD	Behavioral TBD
PSYCHIATRY, GERIATRIC	Behavioral TBD	Behavioral TBD	Behavioral TBD	Behavioral TBD
PSYCHOANALYSIS	Behavioral TBD	Behavioral TBD	Behavioral TBD	Behavioral TBD
PSYCHOLOGY	Behavioral TBD	Behavioral TBD	Behavioral TBD	Behavioral TBD
PSYCHOLOGY, CHILD	Behavioral TBD	Behavioral TBD	Behavioral TBD	Behavioral TBD
PSYCHOLOGY, NEUROLOGICAL	Behavioral TBD	Behavioral TBD	Behavioral TBD	Behavioral TBD
SOCIAL WORK	Behavioral TBD	Behavioral TBD	Behavioral TBD	Behavioral TBD
DENTISTRY	Dental TBD	Dental TBD	Dental TBD	Dental TBD
ORTHODONTICS	Dental TBD	Dental TBD	Dental TBD	Dental TBD
PEDIATRIC DENTISTRY	Dental TBD	Dental TBD	Dental TBD	Dental TBD
PERIODONTICS	Dental TBD	Dental TBD	Dental TBD	Dental TBD
PROSTHODONTICS	Dental TBD	Dental TBD	Dental TBD	Dental TBD

	Drive Distance (Miles)			
Fac-Ancillary Type	**L Metro**	**Metro**	**Micro**	**Rural**
Acute Care Hospital	CMS Grid (Attachment B)			
PT/OT/ST	30	30	30	30
Ambulatory Surgery Center	50	50	50	50
Diagnostic testing (radiology, other non-lab)	50	50	50	50
Dialysis	CMS Grid (Attachment B)			
Hospice	50	50	50	50
Lab & Pathology (reference)	50	50	50	50
Sleep Center	50	50	50	50
Audiology	75	75	75	75
Long Term Acute Care Hospital	75	75	75	75

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.

O&P	75	75	75	75
Skilled Nursing Facility	75	75	75	75
Pediatric Hospital	Requires Clinical Review			

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © Copyright 2022 Cigna.

For purposes of this policy, “Cigna” refers to certain health care related operating subsidiaries of Cigna Corporation and Evernorth Health, Inc. Such operating subsidiaries include Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Evernorth Direct Health, LLC and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.
.