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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): 8/24/21; 11/9/21; 3/22/22; 9/27/22; 2/14/23; 7/11/23; 9/12/23; 10/10/23; 6/11/24; 9/10/24
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).

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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.

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>

Pub. L. No. 116-260, 134 Stat. 1182, Division BB, § 109 The No Surprises Act protects customers from surprise bills for emergency services, even if those are incurred out-of-network and without prior approval. If customer is admitted to an out-of-network facility via the emergency department, services will be covered at the in-network rate until customer is safe to transfer to an in-network facility.

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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.
 - IFP Customers: The State Mandated radius and appointment time, when silent CMS radius, will be utilized in the search for provider.
 - IFP Customers: Cigna may where available utilize a list comprised of broader specialist time availability and distance radius than CMS but at no time will it be lesser than CMS.
 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

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- 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
 - 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

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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 <i>(Includes Dental, Ocularists, and Neuropsych Test Health Care Professionals)</i>	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): <ul style="list-style-type: none"> • 1st trimester: Within 14 days • 2nd trimester: Within 7 days • 3rd trimester: Within 3 days
Behavioral Health Care Professional <i>(Includes Masters Level Clinician, Psychologist/Nurse Practitioner with prescription privilege, and Physician)</i>	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
<u>Facilities</u> <ul style="list-style-type: none"> • Acute Inpatient Facility • Long Term Acute Care • Hospice (All Facilities Except Dialysis)	50 miles	Urgent: Within 48 hours Routine: Within 14 days
<ul style="list-style-type: none"> • Ancillary Health Care Professional* • Dialysis • Skilled Nursing Facility • Acute Medical Inpatient Rehab 	25 Miles	Urgent: Within 48 hours Routine: Within 14 days
<ul style="list-style-type: none"> • Midwives (See Policy Statement) 	25 Miles	Urgent: Within 48 hours

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		Routine: Within 14 days
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*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 dietitians, 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

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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 2023 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.)

Table: Time and Distance Standards for Individual Provider Specialty Types for Medical QHPs for Exchange Plan Year 2023 QHP Certifications

CMS IFP Time AND Distance requirements - 2022

Individual Provider Specialty Types	Specialty Codes	Provider Type(s)	Maximum Time and Distance Standards								Counties w/Extreme Access Considerations	
			Large Metro County		Metro County		Micro County		Rural County			
			Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance
Allergy and Immunology	AL, AI, IG, PA, KI	PR	30	15	45	30	80	60	90	75	125	110
Cardiology	HD, AF, CE, CI, CD, PC, SC	PR	20	10	30	20	50	35	75	60	95	85
Cardiothoracic Surgery	TS	PR	30	15	60	40	100	75	110	90	145	130
Chiropractor	CH, CZ	PR	30	15	45	30	80	60	90	75	125	110
Dental			30	15	45	30	80	60	90	75	125	110
Dermatology	DR	PR	20	10	45	30	60	45	75	60	110	100
Emergency Medicine	EM, EP	PR, AS	20	10	45	30	80	60	75	60	110	100
Endocrinology	DI, EN, PE	PR	30	15	60	40	100	75	110	90	145	130
ENT/Otolaryngology	OT, PQ, HN	PR	30	15	45	30	80	60	90	75	125	110
Gastroenterology	GA, HT, PG	PR	20	10	45	30	60	45	75	60	110	100
General Surgery	SG, PS	PR	20	10	30	20	50	35	75	60	95	85
Gynecology, OG/GYN	FR, GY, MF, MW, MI, OB, OG, RE	PR	10	5	15	10	30	20	40	30	70	60
Infectious Disease	HV, ID, PI	PR	30	15	60	40	100	75	110	90	145	130

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Nephrology	NE, PF	PR	30	15	45	30	80	60	90	75	125	110
Neurology	BI, NC, NJ, NU, PN, VN	PR	20	10	45	30	60	45	75	60	110	100
Neurosurgery	SN	PR	30	15	60	40	100	75	110	90	145	130
Occupational Therapy	OC	PR, AN	20	10	45	30	80	60	75	60	110	100
Oncology-Medical, Surgical	CO, GO, HE, ON, HO, HX	PR	20	10	45	30	60	45	75	60	110	100
Oncology-Radiation	RO, RT	PR	30	15	60	40	100	75	110	90	145	130
Ophthalmology	OP	PR	20	10	30	20	50	35	75	60	95	85
Orthopedic Surgery	FS, OA, OU, SO, SH, OR, PV	PR	20	10	30	20	50	35	75	60	95	85
Outpatient Clinic Behavioral Health			10	5	15	10	30	20	40	30	70	60
Physical Medicine and Rehabilitation	AH, MM, OM, RB, PH, SI	PR	30	15	45	30	80	60	90	75	125	110
Physical Therapy	PT	PR, AN	20	10	45	30	80	60	75	60	110	100
Plastic Surgery	SP	PR	30	15	60	40	100	75	110	90	145	130
Podiatry	PO	PR	20	10	45	30	60	45	75	60	110	100
Primary Care - Adult			10	5	15	10	30	20	40	30	70	60
Includes	General Practice	GP, CF, PM	PR									
	Geriatrics	GE, NX, NK	PR									
	Internal Medicine	IM, DQ	PR									
	Family Medicine	FP, NF, BS	PR									
	Primary Care - Advanced Registered Nurse Practitioner	NH, NG	PR									
Primary Care - Pediatric	AM, CL, AJ, FD, CM, NL, NI, PD, DB	PR	10	5	15	10	30	20	40	30	70	60
Psychiatry			20	10	45	30	60	45	75	60	110	100
Pulmonology	PU, PL	PR	20	10	45	30	60	45	75	60	110	100
Rheumatology	PB, RH	PR	30	15	60	40	100	75	110	90	145	130
Speech Therapy	ST	PR, AN	20	10	45	30	80	60	75	60	110	100
Urology	UR, UP	PR	20	10	45	30	60	45	75	60	110	100

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Vascular Surgery	SV, VR	PR	30	15	60	40	100	75	110	90	145	130
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Table: Time and Distance Standards for Facility Specialty Types for Medical QHPs for Exchange Plan Year 2023 QHP Certification.

Facility Specialty Types	Specialty Codes	Provider Type(s)	Maximum Time and Distance Standards									
			Large Metro County		Metro County		Micro County		Rural County		Counties w/Extreme Access Considerations	
			Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance
Acute Inpatient Hospital (must have emergency services available 24/7)	HS, EH, HC, VA	FA	20	10	45	30	80	60	75	60	110	100
Cardiac Catheterization Services	Hospital Services	Hospital Services	30	15	60	40	160	120	145	120	155	140
Cardiac Surgery Program	Hospital Services, CS	FA	30	15	60	40	160	120	145	120	155	140
Critical Care Services-Intensive Care Units (ICU)	Hospital Services	Hospital Services	20	10	45	30	160	120	145	120	155	140
Diagnostic Radiology (Free-standing, Hospital outpatient, ambulatory health facilities with Diagnostic Radiology)	Hospital Services, XR, IA, DS	FA, AN	20	10	45	30	80	60	75	60	110	100
Inpatient or Residential Behavioral Health Services			30	15	70	45	100	75	90	75	155	140
Mammography	Hospital Services, MA	AN	20	10	45	30	80	60	75	60	110	100
Outpatient Infusion/Chemotherapy	Hospital Services, CA, IN, TR	FA, AN	20	10	45	30	80	60	75	60	110	100
Skilled Nursing Facilities	IC, LT, SN	FA	20	10	45	30	80	60	75	60	95	85
Surgical Services (outpatient or ASC)	Hospital Services, OS	FA, AN	20	10	45	30	80	60	75	60	110	100
Urgent Care	UC	AN	20	10	45	30	80	60	75	60	110	100

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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)
 - 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 30 minutes or 15 miles of customer's work or home address
- PCP– within 30 minutes or 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.

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- Connecticut

Network Adequacy Criteria

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

SPECIALTY AREA	FAIRFIELD COUNTY (Large Metro)	ALL OTHER COUNTIES (Metro)
Allergy and Immunology	30/15	45/30
Cardiology	20/10	30/20
Cardiothoracic Surgery	30/15	60/40
Chiropractor	30/15	45/30
Dental	30/15	45/30
Pharmacy	20/10	30/20
Dermatology	20/10	45/30
Emergency Medicine	20/10	45/30
Endocrinology	30/15	60/40
ENT/Otolaryngology	30/15	45/30
Gastroenterology	20/10	45/30
General Surgery	20/10	30/20
Gynecology, OB/GYN	10/5	15/10
Infectious Diseases	30/15	60/40
Nephrology	30/15	45/30
Neurology	20/10	45/30
Neurosurgery	30/15	60/40
Occupational Therapy	20/10	45/30
Oncology - Medical, Surgery	20/10	45/30
Oncology - Radiation	30/15	60/40
Ophthalmology	20/10	30/20
Orthopedic Surgery	20/10	30/20
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
Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)	10/5	15/10
Physical Medicine and Rehabilitation	30/15	45/30
Physical Therapy	20/10	45/30
Plastic Surgery	30/15	60/40
Podiatry	20/10	45/30
Primary Care - Adult	10/5	15/10
Primary Care - Pediatric	10/5	15/10
Pulmonology	20/10	45/30
Rheumatology	30/15	60/40
Speech Therapy	20/10	45/30

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Urology	20/10	45/30
Vascular Surgery	30/15	60/40
Acute Inpatient Hospitals (must have Emergency services available 24/7)	20/10	45/30
Cardiac Catheterization Services	30/15	60/40
Cardiac Surgery Program	30/15	60/40
Critical Care Services - Intensive Care Units (ICU)	20/10	45/30
Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagnostic Radiology)	20/10	45/30
Inpatient or Residential Behavioral Health Facility Services	30/15	70/45
Mammography	20/10	45/30
Outpatient Infusion/Chemotherapy	20/10	45/30
Skilled Nursing Facilities	20/10	45/30
Surgical Services (Outpatient or ASC)	20/10	45/30
Urgent Care	20/10	45/30

○ Provider Ratios:

Specialty	Minimum Ratio Standard for 1,000 covered persons
Allergy and Immunology	0.05
Cardiology	0.27
Chiropractor	0.10
Dermatology	0.16
Endocrinology	0.04
ENT/Otolaryngology	0.06
Gastroenterology	0.12
General Surgery	0.28
Gynecology, OB/GYN	0.04
Infectious Diseases	0.03
Nephrology	0.09
Neurology	0.12
Neurosurgery	0.01
Oncology - Medical, Surgical	0.19
Oncology - Radiation/Radiation Oncology	0.06
Ophthalmology	0.24
Orthopedic Surgery	0.20
Physiatry, Rehabilitative Medicine	0.04
Plastic Surgery	0.01
Podiatry	0.19
Psychiatry	0.14
Pulmonology	0.13

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Rheumatology	0.07
Urology	0.12
Vascular Surgery	0.02
Cardiothoracic Surgery	0.01
Acute Inpatient Hospitals	12.2

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

For appointment wait times, Cigna will outreach and speak to a minimum of three contracted providers, within the same specialty as the out of network provider and verify appointment availability and wait times.

- **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

- **Illinois**

Individual Provider Specialty Type	Maximum Time and Distance Standards									
	Large Metro County		Metro County		Micro County		Rural County		CEAC	
	Time	Dist.	Time	Dist.	Time	Dist.	Time	Dist.	Time	Dist.
Allergy and Immunology	30	15	45	30	80	60	90	75	125	110
Cardiology	20	10	30	20	50	35	75	60	95	85
Chiropractor	30	15	45	30	80	60	90	75	125	110
Dermatology	20	10	45	30	60	45	75	60	110	100
Endocrinology	30	15	60	40	100	75	110	90	145	130
ENT/Otolaryngology	30	15	45	30	80	60	90	75	125	110
Gastroenterology	20	10	45	30	60	45	75	60	110	100
General Surgery	20	10	30	20	50	35	75	60	95	85
Gynecology, OG/BYN	10	5	15	10	30	20	40	30	70	60
Infectious Diseases	30	15	60	40	100	75	110	90	145	130
Nephrology	30	15	45	30	80	60	90	75	125	110
Neurology	20	10	45	30	60	45	75	60	110	100
Oncology - Radiation	30	15	60	40	100	75	110	90	145	130
Ophthalmology	20	10	30	20	50	35	75	60	95	85
Orthopedic Surgery	20	10	30	20	50	35	75	60	95	85
Physiatry/Rehabilitative Medicine	30	15	45	30	80	60	90	75	125	110

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Plastic Surgery	30	15	60	40	100	75	110	90	145	130
Primary Care Physician (Adult)	10	5	15	10	30	20	40	30	70	60
Primary Care Physician (Child)	10	5	15	10	30	20	40	30	70	60
Pulmonology	20	10	45	30	60	45	75	60	110	100
Rheumatology	30	15	60	40	100	75	110	90	145	130
Urology	20	10	45	30	60	45	75	60	110	100

Facility Specialty Type	Maximum Time and Distance Standards									
	Large Metro County		Metro County		Micro County		Rural County		CEAC	
	Time	Dist	Time	Dist	Time	Dist.	Time	Dist	Time	Dist.
Acute Inpatient Hospitals (Must have Emergency services available 24/7)	20	10	45	30	80	60	75	60	110	100
Cardiac Catheterization Services	30	15	60	40	160	120	145	120	155	140
Cardiac Surgery Program	30	15	60	40	160	120	145	120	155	140
Critical Care Services - Intensive Care Units (ICU)	20	10	45	30	160	120	145	120	155	140
Diagnostic Radiology (Freestanding; hospital outpatient; ambulatory health facilities with Diagnostic Radiology)	20	10	45	30	80	60	75	60	110	100
Mammography	20	10	45	30	80	60	75	60	110	100
Outpatient Infusion/Chemotherapy	20	10	45	30	80	60	75	60	110	100
Skilled Nursing Facilities	20	10	45	30	80	60	75	60	95	85
Surgical Services (Outpatient or ASC)	20	10	45	30	80	60	75	60	110	100
Urgent Care	20	10	45	30	80	60	75	60	110	100

- Maryland**

Provider Specialty	Urban Area Maximum Distance (miles)	Suburban Area Maximum Distance (miles)	Rural Area Maximum Distance (miles)
Allergy and Immunology	20	30	75
Cardiovascular Disease	15	25	60
Chiropractic	20	30	75
Dermatology	20	30	60
Endocrinology	20	40	90

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ENT/Otolaryngology	20	30	75
Gastroenterology	20	30	60
General Surgery	20	30	60
Gynecology, OB/GYN Nurse-Midwifery/Certified Midwifery	15	20	45
Nephrology	15	30	75
Neurology	15	30	60
Oncology-Medical, Surgical	15	30	60
Oncology-Radiation/Radiation Oncology	15	40	90
Ophthalmology	15	20	60
Pediatrics-Routine/Primary Care	15	20	45
Plastic Surgery	15	40	90
Podiatry	15	30	90
Primary Care (non-pediatric)	15	20	45
Pulmonology	15	30	60
Rheumatology	15	40	90
Urology	15	30	60
All Other licensed or certified providers under contract with a carrier not listed	20	40	90
Facility Type	Urban Area Maximum Distance (miles)	Suburban Area Maximum Distance (miles)	Rural Area Maximum Distance (miles)
Acute Inpatient Hospitals	15	30	60
Ambulatory Infusion Therapy Center	15	30	60
Critical Care Services-Intensive Care Units	15	30	120
Diagnostic Radiology	15	30	60
Inpatient Psychiatric Facility	15	45	75
Opioid Treatment Services Provider	15	30	60
Outpatient Dialysis	15	30	60
Outpatient Mental Health Clinic	15	30	60
Outpatient Substance Use Disorder Facility	15	30	60
Pharmacy	5	10	30
Residential Crisis Services	15	30	60
Skilled Nursing Facilities	15	30	60
Substance Use Disorder Residential Treatment Facility	15	30	60
Surgical Services (Outpatient or Ambulatory Surgical Center)	10	30	60
All other licensed or certified facilities under contract with a carrier not listed	15	40	120

- 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

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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
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

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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 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 York**
 - At least 3 PCPs and at least 2 providers in non-PCP specialties from which enrollee may select per county. But must “account for providers in rural areas.”
 - At least one hospital in each county; however, for Bronx, Erie, Kings, Monroe, Nassau, New York, Queens, Suffolk, and Westchester counties the network should include at least 3 hospitals
 - Time and Distance Standards For Primary Care Providers:
 - Metropolitan Areas: 30 minutes by public transportation.
 - Non-Metropolitan Areas: 30 minutes or 30 miles by public transportation or by car.
 - In rural areas, transportation may exceed these standards if justified.
 - Time and Distance Standards For Providers That Are Not Primary Care Providers
 - It is preferred that an insurer meet the 30 minute or 30-mile standard for other providers that are not primary care providers.
 - A stand-alone vision network should include the following provider types in each county (or expanded county area): 2 ophthalmologists, 2 optometrists, or 1 ophthalmologist and 1 optometrist
 - For network adequacy purposes, a service area is defined as a county. For counties other than Bronx, Kings, New York, Queens and Richmond, the county will be “extended” to include portions of adjacent counties because of health care resources and the utilization patterns of consumers (“expanded county area”). This extension will expand the county border approximately 10 miles into contiguous counties.

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- **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 - Cardiologist; Dermatologist; Endocrinologist; ENT; General surgeon; Neurologist; Obstetrician/gynecologist; Oncologist; Ophthalmologist; Optometrist; Orthopedist; Oral surgeon; Urologist
- Rehab, outpatient centers, SA centers, diagnostic cardiac catheterization, 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**

Provider	Ratio Standard (Providers per covered lives)	Urban Mileage (Providers within # miles)	Suburban Mileage (Providers within # miles)	Rural Mileage (Providers within # miles)
PCP	1:300	1:10 – 90%	1:15 – 90%	1:50 – 90%
Pediatrician	1:300	1:10 – 90%	1:15 – 90%	1:50 – 90%
OB/GYN	1:300	1:10 – 90%	1:15 – 90%	1:50 – 90%
Specialists	1:1,000	2:15 – 90%	2:20 – 90%	2:50 – 90%
Non-MD	1:1,000	2:15 – 90%	2:20 – 90%	2:50 – 90%
Inpatient Facility	1:10,000	1:25 – 90%	1:30 – 90%	1:35 – 90%
Outpatient Facility	1:10,000	1:25 – 90%	1:30 – 90%	1:35 – 90%
MH/CD Psychiatry	1:1,500	1:15 – 95%	1:15 – 95%	1:25 – 85%
MH/CD Non-MD	1:800 Master's level clinician 1:1,500	1:15 Master's level clinician – 98%	1:15 Master's level clinician – 98% 1:15	1:25 Master's level clinician – 90%

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- One contracted hospital within the county, or within a 30-mile radius of 95% of the population of the area to be served.
 - A tertiary care facility within a reasonable travel distance.
 - An adequate number and type of specialists within a 50-mile radius 95% of the population of the area to be served. Mileage standards do not apply to subspecialists, the insurer should describe how it will assure access to sub-specialists.
 - One OB-GYN within a 30-mile radius 95% of the population of the area to be served.
 - At least one pharmacy within a 20-mile radius of all enrollees.
- **Tennessee**
 - PCPs: within 30 miles or 30 minutes travel time at a reasonable speed
 - Inpatient Hospitals: approximate 30 minutes 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**

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- 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

- **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-pocket 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

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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
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	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

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- Connecticut

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

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

SPECIALTY AREA	FAIRFIELD COUNTY (Large Metro)	ALL OTHER COUNTIES (Metro)
Allergy and Immunology	30/15	45/30
Cardiology	20/10	30/20
Cardiothoracic Surgery	30/15	60/40
Chiropractor	30/15	45/30
Dental	30/15	45/30
Pharmacy	20/10	30/20
Dermatology	20/10	45/30
Emergency Medicine	20/10	45/30
Endocrinology	30/15	60/40
ENT/Otolaryngology	30/15	45/30
Gastroenterology	20/10	45/30
General Surgery	20/10	30/20
Gynecology, OB/GYN	10/5	15/10
Infectious Diseases	30/15	60/40
Nephrology	30/15	45/30
Neurology	20/10	45/30
Neurosurgery	30/15	60/40
Occupational Therapy	20/10	45/30
Oncology - Medical, Surgery	20/10	45/30
Oncology - Radiation	30/15	60/40
Ophthalmology	20/10	30/20
Orthopedic Surgery	20/10	30/20
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
Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)	10/5	15/10
Physical Medicine and Rehabilitation	30/15	45/30
Physical Therapy	20/10	45/30
Plastic Surgery	30/15	60/40
Podiatry	20/10	45/30
Primary Care - Adult	10/5	15/10
Primary Care - Pediatric	10/5	15/10
Pulmonology	20/10	45/30
Rheumatology	30/15	60/40
Speech Therapy	20/10	45/30

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Urology	20/10	45/30
Vascular Surgery	30/15	60/40
Acute Inpatient Hospitals (must have Emergency services available 24/7)	20/10	45/30
Cardiac Catheterization Services	30/15	60/40
Cardiac Surgery Program	30/15	60/40
Critical Care Services - Intensive Care Units (ICU)	20/10	45/30
Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagnostic Radiology)	20/10	45/30
Inpatient or Residential Behavioral Health Facility Services	30/15	70/45
Mammography	20/10	45/30
Outpatient Infusion/Chemotherapy	20/10	45/30
Skilled Nursing Facilities	20/10	45/30
Surgical Services (Outpatient or ASC)	20/10	45/30
Urgent Care	20/10	45/30

○ Provider Ratios:

Specialty	Minimum Ratio Standard for 1,000 covered persons
Allergy and Immunology	0.05
Cardiology	0.27
Chiropractor	0.10
Dermatology	0.16
Endocrinology	0.04
ENT/Otolaryngology	0.06
Gastroenterology	0.12
General Surgery	0.28
Gynecology, OB/GYN	0.04
Infectious Diseases	0.03
Nephrology	0.09
Neurology	0.12
Neurosurgery	0.01
Oncology - Medical, Surgical	0.19
Oncology - Radiation/Radiation Oncology	0.06
Ophthalmology	0.24
Orthopedic Surgery	0.20
Physiatry, Rehabilitative Medicine	0.04
Plastic Surgery	0.01
Podiatry	0.19
Psychiatry	0.14
Pulmonology	0.13

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Rheumatology	0.07
Urology	0.12
Vascular Surgery	0.02
Cardiothoracic Surgery	0.01
Acute Inpatient Hospitals	12.2

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
- **Florida**
 - Specialty physician services, ancillary services, specialty inpatient hospital services and all other health services: 60 minutes (measured as avg. travel time from service area boundary to provider) [ASSUME: 60 miles]
 - PCP site and general inpatient hospital: 30 minutes (measured as avg. travel time from service area boundary to provider) [ASSUME: 30 miles]
- **Illinois**

Individual Provider Specialty Type	Maximum Time and Distance Standards									
	Large Metro County		Metro County		Micro County		Rural County		CEAC	
	Time	Dist.	Time	Dist.	Time	Dist.	Time	Dist.	Time	Dist.
Allergy and Immunology	30	15	45	30	80	60	90	75	125	110
Cardiology	20	10	30	20	50	35	75	60	95	85
Chiropractor	30	15	45	30	80	60	90	75	125	110
Dermatology	20	10	45	30	60	45	75	60	110	100
Endocrinology	30	15	60	40	100	75	110	90	145	130
ENT/Otolaryngology	30	15	45	30	80	60	90	75	125	110
Gastroenterology	20	10	45	30	60	45	75	60	110	100
General Surgery	20	10	30	20	50	35	75	60	95	85
Gynecology, OG/BYN	10	5	15	10	30	20	40	30	70	60
Infectious Diseases	30	15	60	40	100	75	110	90	145	130
Nephrology	30	15	45	30	80	60	90	75	125	110
Neurology	20	10	45	30	60	45	75	60	110	100
Oncology - Radiation	30	15	60	40	100	75	110	90	145	130
Ophthalmology	20	10	30	20	50	35	75	60	95	85
Orthopedic Surgery	20	10	30	20	50	35	75	60	95	85
Physiatry/Rehabilitative	30	15	45	30	80	60	90	75	125	110

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Medicine										
Plastic Surgery	30	15	60	40	100	75	110	90	145	130
Primary Care Physician (Adult)	10	5	15	10	30	20	40	30	70	60
Primary Care Physician (Child)	10	5	15	10	30	20	40	30	70	60
Pulmonology	20	10	45	30	60	45	75	60	110	100
Rheumatology	30	15	60	40	100	75	110	90	145	130
Urology	20	10	45	30	60	45	75	60	110	100

Facility Specialty Type	Maximum Time and Distance Standards									
	Large Metro County		Metro County		Micro County		Rural County		CEAC	
	Time	Dist	Time	Dist	Time	Dist	Time	Dist.	Time	Dist.
Acute Inpatient Hospitals (Must have Emergency services available 24/7)	20	10	45	30	80	60	75	60	110	100
Cardiac Catheterization Services	30	15	60	40	160	120	145	120	155	140
Cardiac Surgery Program	30	15	60	40	160	120	145	120	155	140
Critical Care Services - Intensive Care Units (ICU)	20	10	45	30	160	120	145	120	155	140
Diagnostic Radiology (Freestanding; hospital outpatient; ambulatory health facilities with Diagnostic Radiology)	20	10	45	30	80	60	75	60	110	100
Mammography	20	10	45	30	80	60	75	60	110	100
Outpatient Infusion/Chemotherapy	20	10	45	30	80	60	75	60	110	100
Skilled Nursing Facilities	20	10	45	30	80	60	75	60	95	85
Surgical Services (Outpatient or ASC)	20	10	45	30	80	60	75	60	110	100
Urgent Care	20	10	45	30	80	60	75	60	110	100

- 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

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- “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
Ambulatory Infusion Therapy Center	10	30	60
Critical Care Services – Intensive Care Unit	10	30	100
Diagnostic Radiology	10	30	60
Outpatient Dialysis	10	30	50
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
Chiropractic	15	30	75
Dermatology	10	30	60
Endocrinology	15	40	90
Gastroenterology	10	30	60
General Surgery	10	20	60
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
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			

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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**

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;

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

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- 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.
 - o 2 open panel PCPs within 15 miles/ 40 minutes of 90% enrollees within each county or hospital service area
 - o 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;
 - Cardiologists;
 - General surgeons;
 - Neurologists;
 - Obstetrician/gynecologists;
 - Oncologists;
 - Ophthalmologists;
 - Orthopedists;
 - Otolaryngologists;
 - Psychiatrists; and
 - Urologists
 - o Plastic/thoracic surgeons: travel times may not be greater than other specialists
 - o 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;
 - o Diagnostic cardiac cath., trauma, NICU and open-heart surgery services: 80 miles/ 120 minutes.
 - o Centers of Excellence can be wherever; New England locations preferred. *
 - o 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.
 - o Pharmacy: within 15 miles/ or 45 minutes for at least 90 percent of the enrolled population within each county or hospital service area

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- 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 - Cardiologist; Dermatologist; Endocrinologist; ENT; General surgeon; Neurologist; Obstetrician/gynecologist; Oncologist; Ophthalmologist; Optometrist; Orthopedist; Oral surgeon; Urologist;
 - Rehab, outpatient centers, SA centers, diagnostic cardiac catheterization, 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*
 - **New York**
 - At least 3 PCPs and at least 2 providers in non-PCP specialties from which enrollee may select per county. But must “account for providers in rural areas.”
 - At least one hospital in each county; however, for Bronx, Erie, Kings, Monroe, Nassau, New York, Queens, Suffolk, and Westchester counties the network should include at least 3 hospitals
 - Time and Distance Standards For Primary Care Providers:
 - Metropolitan Areas: 30 minutes by public transportation.
 - Non-Metropolitan Areas: 30 minutes or 30 miles by public transportation or by car.

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- In rural areas, transportation may exceed these standards if justified.
- Time and Distance Standards For Providers That Are Not Primary Care Providers
 - It is preferred that an insurer meet the 30 minute or 30-mile standard for other providers that are not primary care providers.
- A stand-alone vision network should include the following provider types in each county (or expanded county area): 2 ophthalmologists, 2 optometrists, or 1 ophthalmologist and 1 optometrist
- For network adequacy purposes, a service area is defined as a county. For counties other than Bronx, Kings, New York, Queens and Richmond, the county will be “extended” to include portions of adjacent counties because of health care resources and the utilization patterns of consumers (“expanded county area”). This extension will expand the county border approximately 10 miles into contiguous counties.

- **North Carolina**

Provider	Ratio Standard (Providers per covered lives)	Urban Mileage (Providers within # miles)	Suburban Mileage (Providers within # miles)	Rural Mileage (Providers within # miles)
PCP	1:300	1:10 – 90%	1:15 – 90%	1:50 – 90%
Pediatrician	1:300	1:10 – 90%	1:15 – 90%	1:50 – 90%
OB/GYN	1:300	1:10 – 90%	1:15 – 90%	1:50 – 90%
Specialists	1:1,000	2:15 – 90%	2:20 – 90%	2:50 – 90%
Non-MD	1:1,000	2:15 – 90%	2:20 – 90%	2:50 – 90%
Inpatient Facility	1:10,000	1:25 – 90%	1:30 – 90%	1:35 – 90%
Outpatient Facility	1:10,000	1:25 – 90%	1:30 – 90%	1:35 – 90%
MH/CD Psychiatry	1:1,500	1:15 – 95%	1:15 – 95%	1:25 – 85%
MH/CD Non-MD	1:800 Masters level clinician 1:1,500 Psychologist/NP	1:15 Masters level clinician – 98% 1:15 Psychologist/NP – 95%	1:15 Masters level clinician – 98% 1:15 Psychologist/NP – 95%	1:25 Masters level clinician – 90% 1:25 Psychologist/NP – 85%
MH/CD Inpatient Facilities Pre-Stabilization	1:10,000	1:20 – 80%	1:20 – 80%	1:30 – 80%
MH/CD Inpatient Facilities Post-Stabilization	1:10,000	1:20 – 80%	1:20 – 80%	1:30 – 80%

- 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

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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.

- **Oklahoma**

- Senate Bill 254 requires behavioral health to establish a documented procedure to assist customers in accessing out-of-network behavioral health care providers when no in-network provider is available within a timely manner.
 - Further, Behavioral Health shall ensure coverage from an out-of-network provider by arranging a network exception with a negotiated rate from an out-of-network provider.
- “Timely manner” is defined as:
 - For a request for a routine appointment, a provider’s referral for services, the start of a new treatment or medication, or other maintenance services, as determined by the Insurance Department, thirty (30) days from the date that the customer’s requests the appointment, service, or care
 - For residential care or hospitalization, seven (7) days from the date that the Behavioral Health first attempts to receive care, and
 - For urgent, emergency, or crisis care, twenty-four (24) hours from the date and time that the Behavioral Health first attempts to receive care

- **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 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)
- A plan shall at all times assure enrollee access to primary care providers, specialty care providers and other health care facilities and services necessary to provide covered benefits. At a minimum, the following health care services must be available in accordance with the standards above:
 - General acute inpatient hospital services.
 - Common laboratory and diagnostic services.
 - Primary care.
 - General surgery.
 - Orthopedic surgery.
 - Obstetrical and gynecological services.
 - Ophthalmology.
 - Allergy and immunology.
 - Anesthesiology.
 - Otolaryngology.
 - Physical medicine and rehabilitation.
 - Neurology.
 - Neurological surgery.
 - Urology.

- **Tennessee**

- PCPs: within 30 miles distance or 30 minutes travel time at a reasonable speed

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- Inpatient Hospitals: approximate 30 minutes 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**

Provider Type	Large Metro		Metro		Micro		Rural		Counties with Extreme Access Considerations (CEAC)	
	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance
Physicians										
Allergy and Immunology	30	15	45	30	80	60	90	75	125	110
Cardiology	20	10	30	20	50	35	75	60	95	85
Cardiothoracic Surgery	30	15	60	40	100	75	110	90	145	130
Dermatology	20	10	45	30	60	45	75	60	110	100
Emergency Medicine	20	10	45	30	80	60	75	60	110	100
Endocrinology	30	15	60	40	100	75	110	90	145	130
Ear, Nose, and Throat/Otolaryngology	30	15	45	30	80	60	90	75	125	110
Gastroenterology	20	10	45	30	60	45	75	60	110	100
General Surgery	20	10	30	20	50	35	75	60	95	85
Gynecology and Obstetrics	10	5	15	10	30	20	40	30	70	60
Infectious Diseases	30	15	60	40	100	75	110	90	145	130
Nephrology	30	15	45	30	80	60	90	75	125	110
Neurology	20	10	45	30	60	45	75	60	110	100
Neurosurgery	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	30	15	60	40	100	75	110	90	145	130
Ophthalmology	20	10	30	20	50	35	75	60	95	85
Orthopedic Surgery	20	10	30	20	50	35	75	60	95	85
Physical Medicine and Rehabilitation	30	15	45	30	80	60	90	75	125	110
Plastic Surgery	30	15	60	40	100	75	110	90	145	130
Primary Care: Adults	10	5	15	10	30	20	40	30	70	60
Primary Care: Pediatric	10	5	15	10	30	20	40	30	70	60
Psychiatry	20	10	45	30	60	45	75	60	110	100
Pulmonology	20	10	45	30	60	45	75	60	110	100

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Rheumatology	30	15	60	40	100	75	110	90	145	130
Urology	20	10	45	30	60	45	75	60	110	100
Vascular Surgery	30	15	60	40	100	75	110	90	145	130
Health Care Practitioners										
Chiropractic	30	15	45	30	80	60	90	75	125	110
Occupational Therapy	20	10	45	30	80	60	75	60	110	100
Physical Therapy	20	10	45	30	80	60	75	60	110	100
Podiatry	20	10	45	30	60	45	75	60	110	100
Speech Therapy	20	10	45	30	80	60	75	60	110	100
Institutional Providers										
Acute Inpatient Hospitals (Emergency Services Available 24/7)	20	10	45	30	80	60	75	60	110	100
Cardiac Catheterization Services	30	15	60	40	160	120	145	120	155	140
Cardiac Surgery Program	30	15	60	40	160	120	145	120	155	140
Critical Care Services; Intensive Care Units	20	10	45	30	160	120	145	120	155	140
Diagnostic Radiology (Freestanding; Hospital Outpatient; Ambulatory Health Facilities with Diagnostic Radiology)	20	10	45	30	80	60	75	60	110	100
Inpatient or Residential Behavioral Health Facility Services	30	15	70	45	100	75	90	75	155	140
Mammography	20	10	45	30	80	60	75	60	110	100
Outpatient Infusion/Chemotherapy	20	10	45	30	80	60	75	60	110	100
Skilled Nursing Facilities	20	10	45	30	80	60	75	60	95	85
Surgical Services (Outpatient or Ambulatory Surgical Center)	20	10	45	30	80	60	75	60	110	100
Settings										
Outpatient Clinical Behavioral Health (Licensed, Accredited, or Certified)	10	5	15	10	30	20	40	30	70	60
Urgent Care	20	10	45	30	80	60	75	60	110	100

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- For any physician or specialty care or hospital that is not listed out in the above grid, the maximum distance in any county classification is 2 providers within 75 miles
- Under certain circumstances the health plan 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.
 - When use of an in-network pharmacy would:
 - Result in a delay of care that renders disease progression probable; or
 - make death or harm probable, cause a barrier to compliance with the patients plan of care, or due to timeliness of delivery or dosage requirements; or
 - necessitate delivery by another pharmacy for clinical reasons consistent with good professional practice.
- **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
 - 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;

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- 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.
- **West Virginia**
 - Per outreach to DOI 5/11/2021 the time distance standards are intended to mean the carrier must have at least two of the specialists noted within the travel time/distance standards i.e. at least two allergists within 30 minutes/25 miles, at least two cardiologists within 30 minutes/25 miles, at least two dermatologists within 30 minutes/25 miles, two general surgeons within 30 minutes/25 miles, etc.

Provider Type	Ratio
Primary Care Physician	1 for every 500 covered persons
Pediatrician	1 for every 250 covered persons
Obstetrics/Gynecology	1 for every 1000 covered person
Specialist	1 for every 2,000 covered persons

Specialty	Travel Time/Distance
At least two of each of the following:	30 minutes travel time from member residence and/or 25 miles

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<p>Allergists Audiologists Cardiologists Dentist for Pediatric only</p>	
<p>At least two of each of the following: Dermatologists General Surgery Gastroenterologists Neurologists Occupational Therapy Oncologists OB/GYNs and/or Nurse Midwives Ophthalmologists Orthopedic Orthopedic Surgeons Otolaryngologist/Otorhinolaryngologic Pediatric or Age-appropriate Primary Care Physicians (PCPs) Physical Therapy Primary Care Physicians (PCPs) Pulmonologists</p>	<p>30 minutes travel time from member residence and/or 25 miles</p>
<p>At least one of each of the following: Anesthesiology Chiropractic Dialysis Durable Medical Equipment (DME) Endocrinology Hematology</p>	<p>30 minutes travel time from member residence and/or 25 miles</p>

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<p>Home Health Services Laboratory</p> <p>Nephrology</p> <p>Neurosurgery</p> <p>Orthotics/Prosthetics</p> <p>Pathology</p> <p>Plastic surgery</p> <p>Podiatry</p> <p>Radiology Services</p> <p>Thoracic Surgery</p> <p>Urology</p>	
<p>At least one of each of the following for Pediatric:</p> <p>Oral Surgeon</p> <p>Orthodontist</p>	<p>60 minutes travel time from member residence and/or 45 miles</p>
<p>At least one of each of the following:</p> <p>Hospital Access</p> <p>Hospital with the following Tertiary Services Access: Acute care services to pediatric patients in medical and surgical units;</p> <p>Obstetric services; and</p> <p>Neo-natal intensive care unit</p>	<p>45 minutes travel time from member residence and/or 30 miles</p>

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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 enrollee's 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

Service Type	Time Frame	Time Frame Goal
Emergency Care – Medical, Behavioral Health, Mental Health, and Substance Use Disorder	24 hours a day, 7 days a week	Met 100% of the time
Urgent Care – Medical, Behavioral Health, Mental Health, and Substance Use Disorder	Within 24 hours	Met 100% of the time
Primary Care – Routine, non-urgent symptoms	Within 7 calendar days	Met > 90% of the time
Behavioral Health, Mental Health and Substance Use Disorder Care Routine, non-urgent, non-emergency	Within 7 calendar days	Met > 90% of the time
Prenatal Care	Within 7 calendar days	Met > 90% of the time
Primary Care Access to after-hours	Office number answered 24 hours a day,7	Met > 90% of the time

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Service Type	Time Frame	Time Frame Goal
care	days a week by answering service or instructions on how to reach a physician	
Preventive visit/well visits	Within 30 calendar days	Met > 90% of the time
Specialty Care – non-urgent	Within 60 calendar days	Met > 90% of the time

Connecticut

- Appointment Wait Times

Type of Appointment	Timeframe Requirement
Urgent Care	Within 48 hours
Non-Urgent Appointments for Primary Care	Within 10 business days
Non-Urgent Appointments for Specialist Care	Within 15 business days
Non-Urgent Appointments for Non-Physical Mental Health	Within 10 business days
Non-Urgent Appointments for Ancillary Services	Within 15 business days

District of Columbia Non ASO

- Appointment Wait Times

Service Type	Timeframe Requirement
First appointment with a new or replacement Primary Care Physician	Within 7 business days
First appointment with a new or replacement provider or Behavioral Health treatment, including Substance Use Treatment	Within 7 business days
First appointment with a new or replacement provider for Prenatal Care treatment	Within 15 business days
First appointment with a new or replacement provider for Specialty Care treatment	Within 15 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

- 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

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Georgia

- **Insured**
 - Insurers must not require a covered person to utilize telehealth or telemedicine in lieu of an OON provider accessible for in-person consultation or contract.

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*

Maryland

Waiting Time Standards	
Urgent care for medical services	72 hours
Routine primary care	15 calendar days
Preventive visit/well visit	30 calendar days
Non-urgent specialty care	30 calendar days
Inpatient urgent care for mental health services	72 hours
Inpatient urgent care for substance use disorder services	72 hours
Outpatient urgent care for mental health services	72 hours
Outpatient urgent care for substance use disorder services	72 hours
Non-urgent mental health care	10 calendar days
Non-urgent substance use disorder care.	10 calendar 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 Hampshire

- For PCP services, the carrier must ensure that covered persons may obtain an initial appointment with an in-network provider within:
 - 48 hours for urgent care; and

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- 30 days for other routine care, including an initial or evaluation visit
- For behavioral health services, the carrier must ensure that covered persons may obtain an initial appointment with an in-network provider within:
 - 6 hours for a non-life-threatening emergency;
 - 48 hours for urgent care; and
 - 10 business days for an initial or evaluation visit.

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 calendar days	Within 48 hours	Immediately
Pediatrician	Within 14 calendar days	Within 48 hours	Immediately
Obstetrician/Gynecologist (Pre-natal care standards)	<ul style="list-style-type: none"> ● 1st trimester: within 14 calendar days ● 2nd trimester: within 7 calendar days ● 3rd trimester: within 3 calendar days 	Immediately	Immediately
Specialist (Including gynecology only practices)	Within 14 calendar days	Within 48 hours	Immediately
Non-Physician	Within 14 calendar days	Within 48 hours	Immediately
Behavioral Health Physicians and Non-Physicians	Within 10 calendar days	Within 48 hours	Immediately for Life-Threatening;

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			Within 6 hours if Non-Life-Threatening
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- 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

- Emergency: Immediate
- Urgent: 24 hours*

Tennessee

- Emergency Care (including ambulance service): 24 hours a day, 7 days per week. Must be able to obtain emergency care at any available emergency care facility. Also must be available (as well as urgent services) when outside usual service area.
- Urgent Care: Same day or within 24 hours based on physician assessment of need;
- Routine care: Required to have written standards, but not specified what standard must be;
- Specialty Care Appointments: Available in a "timely manner."
- Office Waiting Times: Required to have written standards, but not specified what standard must be;
- After-Hours Consultation and Callback Time: Must be available and accessible by telephone from PCP or on-call designee whenever the PCP's office is closed. Must be a reasonable callback response time and must be documented as a written standard.

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.

Vermont

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

Virginia

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

Washington

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- 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.

West Virginia

- Emergency: Customer must have access 24 hours per day, seven days per week (N/A to dental and vision)
- Insurance commissioner will determine sufficiency based on appointment waiting times
- **Service Standards:** Although these were not in the regulation, they were included on the WV website in the forms/attestations that need to be included with the network access plan. **Limited scope dental and vision plans are not subject to these service standards.**

Service Type	Time Frame	Time Frame Goal
Emergency Care – Medical, Behavioral, Substance Use	24 hours a day, 7 days a week	Met 100% of the time
Urgent Care – Medical, Behavioral, Substance Use	Within 24 hours	Met 100% of the time
Primary Care – Routine, non-urgent symptoms	Within 7 calendar days	Met >90% of the time
Behavioral health and substance use disorder care, initial and follow-up appointments – routine, non-urgent, non-emergency	Within 7 calendar days	Met >90% of the time
Prenatal Care	Within 7 calendar days	Met >90% of the time
Primary Care Access to after-hours care	Office number answered 24 hours/7 days a week by answering service or instruction on how to reach a physician	Met >90% of the time
Preventive visit/well visits	Within 30 calendar days	Met >90% of the time
Specialty Care – non-urgent	Within 60 calendar days	Met >90% of the time

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

Professional Specialties:

Professional Specialty	Drive Distance (Miles)			
	L Metro	Metro	Micro	Rural
FAMILY PRACTICE	CMS Grid (Attachment B)			
GENERAL PRACTICE	CMS Grid (Attachment B)			
INTERNAL MEDICINE	CMS Grid (Attachment B)			
PEDIATRICS	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			
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

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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)			
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

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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

Facility-Ancillary Type	Drive Distance (Miles)			
	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
O&P	75	75	75	75
Skilled Nursing Facility	75	75	75	75
Pediatric Hospital	Requires Clinical Review			

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