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<b>Policy Name</b> Perform Open Panel Analysis	<b>Policy Number</b> PS-3
<b>Business Segment</b> HealthCare	
<b>Initial Effective Date:</b> 05/02/06	<b>Policy Committee Approval Date(s):</b> 12/18/12; 12/17/13; 05/13/14; 05/27/14
<b>Replaces Policies:</b> N/A	

## Purpose:

To ensure that Cigna maintains an adequate network of Medical Health Care Professionals - Primary Care with open panels for HMO, HMO/POS, HMO Open Access and HMO POS Open Access customers.

## Definitions:

- Medical Health Care Professional - Primary Care: A health care professional duly licensed to practice medicine that is a Participating Health Care Professional with Cigna. Health Care Professional will provide Covered Services in the field of General Medicine, Internal Medicine, Family Practice, and Pediatrics and has agreed to provide primary care health care professional services to Cigna customers in accordance with Cigna Program Requirements. Unless specified by state mandate and contractually agreed to by the health care professional and Cigna, Obstetricians and Gynecologists are defined as specialty care health professionals.
- Closed Panel Report is a report generated in the Central Health Care Professional File (CPF) that identifies the following values:
  - "Y" = Accepting new patients (Open)
  - "V" = Closed panel (Frozen)
  - "N" = Closed with exceptions (open to existing customers only)
- Health Care Professional Strategy & Engagement Leads are responsible for health care professional services at the local markets. All references to "Region(s)" in the Policy and Procedure refer to local market responsibility unless otherwise specified.
- For purposes of this policy "customer" means an individual participant or member.

## Policy Statement(s):

- A. Health Care Professional Strategy & Engagement will receive, review and approve requests from health care professionals to close panels or to make changes in panel status. Health Care Professional Data Management teams maintain panel status information in CPF.
- B. Monitoring of Closed Panels for Medical Health Care Professionals - Primary Care: Open panels will be monitored by Contracting/ Health Care Professional Strategy & Engagement on a basis. The standard shall be to maintain eighty (80) percent of all Medical Health Care Professionals-Primary Care having open panels. (This

# Cigna

goal may be higher depending on specific market needs.) Only those who are recorded in CPF as "Y" in the panel status field will be considered to have an Open Panel.

- C. Primary care health care professionals must have a minimum of 24 office hours per week in order to have an open panel. An exception can be made for a part time health care professional to join a Cigna-contracted group, however his/her panel must remain closed based on minimum office hours worked.
- D. Corrective Action Plans: Health Care Professional Strategy & Engagement will develop/implement corrective action plans on a quarterly basis when goal is not achieved.
- E. Annual Reporting of Closed Panel Results: Health Care Professional Strategy & Engagement will analyze open panel results and report these results annually to the appropriate Quality Committee for inclusion in committee reports and studies.
- F. Changes to Panel Status in CPF: A "Closed/Frozen Panel Request Form" will be submitted by Contracting/Health Care Professional Strategy & Engagement Leads (Attachment A) for approval by the Director of Health Care Professional Strategy & Engagement for the market prior to the change of any Health Care Professional's panel status in the system. Once approval has been obtained, the Health Care Professional Strategy & Engagement submits a "Health Care Professional Update Form" to Health Care Professional Data Management (PDM) when there is a change in the Health Care Professional's Open Panel status.

**State/Federal Compliance:** State mandates state that the following Health Care Professionals may provide primary care services to Cigna Contract customers in accordance with Cigna Program Requirements in the states listed below:

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

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## Procedure(s):

Processing Requests to Close Panel		Responsibility
1a	Health Care Professional Strategy & Engagement in each market reviews all requests from Health Care Professionals (must be in writing) to close panels.	Market Level Health Care Professional Strategy & Engagement
1b	Health Care Professional Strategy & Engagement in each market complete a Closed/Frozen Panel Request form (Attachment A) which documents Health Care Professional demographic information as well as how many patients are currently on his/her panel.	Market Level Health Care Professional Strategy & Engagement
1c	Health Care Professional Strategy & Engagement in each market forwards the Closed/frozen panel request form to the Market Level Health Care Professional Strategy & Engagement Team Lead for review and approval.	Market Level Health Care Professional Strategy & Engagement
1d	Once panel status change is approved, Health Care Professional Strategy & Engagement in each market submits the Closed/Frozen Panel Request form (Attachment A) to Health Care Professional Data Management (PDM).	Market Level Health Care Professional Strategy & Engagement and HCP Professional Data Management
1e	Health Care Professional Data Management enters the change of panel status information in CPF.	Health Care Professional Data Management
Processing Changes to Panel Status		
2a	For all Open Panel status changes, Health Care Professional Strategy & Engagement in each market submits a completed "Health Care Professional Update Form" to Health Care Professional Data Management (PDM).	Market Level Health Care Professional Strategy & Engagement
2b	PDM makes the necessary changes into Health Care Professional Workbench by changing the appropriate field.	Market Level Health Care Professional Strategy & Engagement and HCP Professional Data Management
Notification of Closed Panel Status		
3	Health Care Professional Strategy & Engagement in each market is notified of Health Care Professional closed panel levels that do not meet standards by state regulatory affairs manager.	Market Level Health Care Professional Strategy & Engagement and State Regulatory Affairs
Corrective Action Plans		
4	Health Care Professional Strategy & Engagement and Contracting in each market will develop and implement corrective action plans when the open/closed panel levels do not meet the standard.	Market Level Health Care Professional Strategy & Engagement and Contracting
Annual Reporting to Quality Committee		
5a	Annually, National Network and Health Care Professional Reporting Team analyze the number of Closed (Frozen) Primary Care practices to identify	Business Intelligence Team

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	areas of concern. These annual evaluations will be based on examining the quarterly Closed Panel Reports.	
5b	National Network and Health Care Professional Reporting Team provides the Health Care Professional Strategy & Engagement Leads with their region specific report.	Business Intelligence Team and Health Care Professional Strategy & Engagement Leads
5c	The Health Care Professional Strategy & Engagement Leads review the results for their region and markets to identify which markets meet standards and which markets have deficiencies.	Health Care Professional Strategy & Engagement Leads
5d	Health Care Professional Strategy & Engagement Leads develop a local market action plan to correct any deficiencies.	Health Care Professional Strategy & Engagement Leads
5e	Operational Effectiveness presents the results and corrective action plans, if applicable, to the appropriate Quality Committee for approval.	Operational Effectiveness and Quality Committee
5f	If a market fails to meet the corporate standard of eighty (80) percent open panel, then a semi-annual review and presentation to the Quality Committee is completed.	Health Care Professional Strategy & Engagement Leads
5g	For California fully delegated contracts, the region reports findings to each delegated organization twice per year.	California Region

**HIPAA Applicable Policies & Procedures:** N/A

**Attachments:**

- Closed/Frozen Panel Request Form (A)
- State Legislation Addressing Measuring the Accessibility of Medical Care Services (B)

**Links/PDFs:**

Common Bulletin: Provider Networks: Network Adequacy and Service Area. This can be found by going to iComply, and clicking on the View Common Bulletin hyperlink.

<https://icomply.lpa.cigna.com/icomply/pages/default2.aspx>

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## Attachment A Closed/Frozen Panel Request Form

DATE:

TO:

FROM:

FACSIMILE:

RE: Approval of PCP Office Freeze/Closure

1. PCP Name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

2. PCP # \_\_\_\_\_

3. Total number of office locations: \_\_\_\_\_

4. Address of Affected Office(s):

A. Number of Members: \_\_\_\_\_

Number of PCPs: \_\_\_\_\_

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B. Number of Members: \_\_\_\_\_

Number of PCPs: \_\_\_\_\_

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5. Reason for office freeze/closure request:

300 or more members

Exception (i.e., less than 300 members)

Explain reason for freeze/closure:

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- Will accept current patients
- Will not accept current patients

6. Evaluate impact of freeze/closure on network (i.e. what other offices are open nearby?)

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7. Duration of freeze/closure and next review date: \_\_\_\_\_

A. All offices with 300+ members will be reviewed every 12 months.

Date of First Review: \_\_\_\_\_  
(Month) (Day) (Year)

B. Exceptions (i.e., less than 300 members):

- Initial freeze/closure (initial freeze/closure may be approved for 90 days only).  
Date freeze will be lifted/reviewed:

\_\_\_\_\_  
(Month) (Day) (Year)

- Subsequent freeze (subsequent freeze/closure must be approved by Medical Director).  
Date of original freeze/closure:

\_\_\_\_\_  
(Month) (Day) (Year)

- Previous freeze/closure history attached: Yes \_\_\_\_\_ No \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

<p>***** DATA TEAM ***** USE ONLY</p> <p>Data entered into system: _____</p> <p>Data Analyst: _____</p>
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Page 6

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## Attachment B

### State Legislation Addressing Measuring the Accessibility of Medical Care Services

STATES ADDRESSED IN THIS POLICY ADDENDUM: Missouri

STATES WITH NO RELATED LEGISLATION (0 total):

STATES WITH RELATED LEGISLATION AND INCLUDED IN THIS ATTACHMENT (1 total):

STATE	REQUIREMENTS
Missouri	<p>Service Accessibility Standards address accessibility of Routine Care without symptoms, Routine Care with symptoms, Urgent Care appointments, Emergency Care, Obstetrical Care, and Mental Health Care appointments.</p> <p>Definitions:</p> <ul style="list-style-type: none"><li>• Routine Care without symptoms – within thirty (30) days from the time the enrollee contacts the Health Care Professional;</li><li>• Routine Care with symptoms - within one (1) week or five (5) business days from the time the enrollee contacts the Health Care Professional;</li><li>• Urgent care for illnesses/injuries which require care immediately, but which do not constitute emergencies as defined by section 354.600, RSMo – within twenty-four (24) hours from the time the enrollee contacts the Health Care Professional;</li><li>• Emergency Care - a Health Care Professional or emergency care facility shall be available twenty-four (24) hours per day, seven days per week for enrollees who require emergency care as defined by section 354.600 RSMo;</li><li>• Obstetrical Care – within one (1) week for enrollees in the first or second trimester of pregnancy; within three (3) days for enrollees in the third trimester. Emergency obstetrical care is subject to the same standards as emergency care, except that an obstetrician must be available twenty-four (24) hours per day, seven (7) days per week for enrollees who require emergency obstetrical care; and</li><li>• Mental health care – Telephone access to a licensed therapist shall be available twenty-four (24) hours per day, seven (7) days per week.</li></ul>