

2019 Insurance Carrier Reports on Network Adequacy

*Carriers Continue to Violate Legal Mandate
to Provide Timely Substance Use Disorder
and Mental Health Services*

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Background

Maryland insurance carriers have, for the second year, failed to comply with state regulatory standards to provide substance use disorder (SUD) and mental health (MH) services within a reasonable time and travel distance. Carrier compliance reports filed in July 2019 show that no carrier satisfied has all three metrics for measuring network adequacy – travel distance, appointment wait time and provider to enrollee ratio – and many submitted incomplete and inaccurate data. Only one carrier requested a waiver of the network standards, as permitted by the state, but it failed to provide mandated information about its efforts to contract with MH, SUD and other medical providers. All other carriers failed to request a waiver and, importantly, did not explain actions they have taken to meet their legal obligations.

Significant provider network gaps include:

- **Appointment wait time for urgent care services (MH, SUD and medical):** only 2 of 16 carriers – CareFirst BlueChoice and Kaiser Foundation Health Plan – satisfied the 72-hour appointment requirement.
- **Appointment wait time for non-urgent MH/SUD:** CareFirst met the 10-day requirement for only *one-half* of its enrollees (57.5%), and Kaiser Permanente Insurance Co. met this requirement for only *one-quarter* of its enrollees (28%). Kaiser Foundation Health Plan and carriers using the Aetna and Cigna networks also did not meet this metric. These carriers provide coverage to the vast majority of Marylanders in the individual and small group markets.
- **Travel distance for MH/SUD providers/facilities:** Kaiser Permanente Ins. Co. failed to meet travel distance requirements for Inpatient Psychiatric Facilities and Other Behavioral Health/Substance Use Facilities in urban, suburban and rural areas. Only 38% of Marylanders living in suburban areas had access to MH/SUD facilities within 25 miles of their home.

Inadequate carrier networks prevent Marylanders from accessing the MH and SUD treatment services that they pay for and are entitled to receive from a network provider. Prompt access to care is essential to save lives and reduce overdose deaths. Carriers must play their role in addressing Maryland’s SUD and suicide epidemics rather than shifting the cost of care to families and the public health system.

The Maryland Insurance Administration (MIA) must take strong enforcement actions to improve carrier networks. We urge the MIA to:

- Impose significant penalties on carriers for non-compliance and submission of incomplete reports.
- Adopt a standardized methodology for assessing compliance with all metrics and implement a uniform reporting form.
- Require any carrier that does not satisfy network adequacy standards to disclose its efforts to contract with MH and SUD providers and demonstrate that its contracting practices are comparable to those for other medical providers.
- Ensure plan members receive MH and SUD services through non-participating/non-network providers at no greater cost than for network services.

Network Adequacy Standards

Adopted in December 2017, Maryland's network adequacy standards require carriers to satisfy three quantitative metrics:

- **Travel distance standards** for specific mental health, substance use disorder and medical providers and facilities within three geographical regions (urban, suburban and rural). COMAR § 31.10.44.04.
- **Appointment wait time standards** for 5 medical services (urgent care, routine primary care, preventive visit/well visit, non-urgent specialty care and non-urgent ancillary care) and 2 MH and SUD services (urgent care and non-urgent MH/SUD care), which must be met for 95% of plan enrollees. The urgent care metric is combined for all services – medical, MH and SUD. COMAR § 31.10.44.05.
- **Provider-enrollee ratios** for 5 service providers: primary care providers, pediatric care providers, OB/GYNs, MH services and SUD services. COMAR § 31.10.44.06.

The regulations also require carriers to identify the number of essential community providers (ECPs) in their network; the number of certified registered nurse practitioners (CRNPs) who are counted toward meeting the travel distance standard for primary care physicians; and the percentage of telehealth appointments counted toward satisfaction of the wait time standard.

The regulations also allow a carrier to request a waiver of the regulatory standards, which, if granted, shields the carrier from penalties for one year. In requesting a waiver, a carrier is required to submit detailed information regarding its efforts to contract with providers, including a list of providers with whom it sought to contact, the reasons any provider refused to contract with the carrier, and the steps it will take to improve its network to avoid future waiver requests. COMAR § 31.10.44.07.

Carrier Performance

Sixteen (16) carriers submitted [year 2 reports](#).¹ Multiple carriers use the same network based on their corporate relationship,² and across the sixteen carriers, six (6) carrier networks predominate: Aetna, CareFirst, Cigna, United Healthcare Group, Kaiser Foundation Health Plans of the Mid-Atlantic States and Kaiser Permanente Insurance Co. Among the seven (7) carriers that use the United Healthcare Group network, small variations exist on several data points.

Only one carrier – Kaiser Foundation Health Plans – has provided complete information, and no carrier complies with all three metrics. Carriers' responses on several metrics raise significant questions about the accuracy of data and the methodology used to calculate their data.

¹ Aetna Health Ins., Aetna Life Ins. Co., CareFirst, CareFirst BlueChoice, CareFirst GHMS, Cigna Life and Health Ins. Co., Connecticut General Life Ins. Co., Golden Rule Ins., Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., Kaiser Permanente Ins. Co., MAMSI Life and Health, Optimum Choice, Inc., United Healthcare Ins. Co. Choice Plus, United Healthcare Ins. Co. (CORE), United Healthcare of the Mid-Atlantic, Inc. (CORE), and United Healthcare of the Mid-Atlantic, Inc. (Choice).

² The United Healthcare network is used by Golden Rule, MAMSI, Optimum Choice and 4 United Healthcare plans.

A. Incomplete Information

As with the 2018 reports,³ carriers did not submit all data that are clearly required by state regulations. Attachment A identifies the data points for which carriers have failed to submit required information.

- **Wait time data for non-urgent ancillary services:** No carrier other than Kaiser Foundation submitted data.
- **CRNP used to meet travel distance standards for primary care physicians:** The Aetna⁴ and Cigna⁵ plans did not submit data.
- **Essential community provider participation:** The Cigna⁶ plans did not submit data.
- **Provider-enrollee ratio:** The CareFirst plans did not submit data on SUD ratios, Golden Rule did not submit MH and SUD data, and all data is missing for Optimum Choice, United Healthcare of the Mid-Atlantic Choice and CORE plans.⁷

B. Non-Compliance with Standards

As in 2018, no carrier satisfied all three quantitative metrics, with the appointment wait time metric being the primary area of non-compliance for SUD and MH services. While several carriers also failed to satisfy the appointment wait time standard for some medical services, carrier performance was far worse for SUD and MH services.

- **Travel Distance:** All carriers satisfied travel distance standards for all specified MH and SUD providers,⁸ with the exception of Kaiser Permanente Ins. Co., which reported limited Inpatient Psychiatric Facilities and other Behavioral Health/Substance Abuse Facilities in all geographical regions.⁹
 - Psychiatric facilities were available within the required travel distance for 83.8%, 67.5% and 76.9% of enrollees in urban, suburban and rural areas, respectively.
 - Other MH/SUD facilities were available within the required travel distance for 75.7%, 38.6% and 73.9% of enrollee for urban, suburban and rural areas, respectively.
- **Appointment Wait Time:** Appointment wait time is the most important metric for evaluating access to care. Attachment B identifies carrier performance on wait time metrics for both MH/SUD and medical services.
 - **Urgent Care:** 14 of 16 carriers failed to meet the 72-hour standard for medical, MH and SUD services.¹⁰

³ The MIA considered the first reporting year to be a transition year and did not impose any penalties for non-compliance, even though no carrier complied with all state requirements or requested a waiver. Following the first reporting year, the MIA did not develop a standardized reporting form or methodology to assess metric compliance, which would ensure more consistent data submissions.

⁴ Aetna reported that its data system does not include this information.

⁵ Cigna reported that its data system does not distinguish nurse practitioners by specialty.

⁶ Cigna reported that its data system does not identify essential community providers.

⁷ No carrier provided an explanation for omitting this data.

⁸ The 6 MH/SUD provider and facility types include: Applied Behavioral Analyst, Licensed Clinical Social Worker, Psychiatry, Psychology, Inpatient Psychiatric Facility, and Other Behavioral Health/Substance Abuse Facilities.

⁹ All carriers met the travel distance standards for virtually all medical provider/facility types with the exception of the Aetna, CareFirst, and Cigna networks for outpatient infusion/chemotherapy.

¹⁰ United Healthcare, which reports a 92% enrollee satisfaction rate, may be inaccurate based on its methodology for calculating urgent care appointments. The carrier surveyed Urgent Care Clinics for their ability to provide care within 72 hours and physician offices for urgent care appointments. Appointment availability at an "urgent care clinic" does not meet the definition of "urgent care:" i.e. a medical condition that, absent treatment, would result in a serious threat to life, serious impairment or dysfunction, or severe pain that cannot be managed without medical care. COMAR § 31.10.44.02.

- **Non-Urgent MH/SUD Services:** 9 of the 16 carriers failed to meet the 10-day appointment wait time, including those using the Aetna, Cigna and CareFirst networks, as well as Kaiser Foundation Health Plan and Kaiser Permanente Ins. Co.

A comparison of the 2018¹¹ and 2019 carrier reports on appointment wait time for non-urgent MH/SUD services **reveals a significant decline** by the state's largest carrier – CareFirst – and improvement by the United Healthcare Group. Attachment C provides a comparison of these metrics and enrollment data by carrier to reflect the number of enrollees affected by inadequate availability of MH/SUD providers.

- CareFirst's network (used by 3 plans) dropped from 95% enrollee satisfaction in 2018 to 57% enrollee satisfaction in 2019.
- The 7 plans using the United Healthcare network reported satisfaction for 96% of enrollees in 2019 compared to 72% of enrollees in 2018.
- Kaiser Foundation's network dropped from 89% enrollee satisfaction in 2018 to 84% enrollee satisfaction in 2019.
- Kaiser-Permanente Ins. Co. satisfied this metric for only 28% of members in 2019 and did not report data for 2018.
- Neither Aetna nor Cigna reported data in 2018 that can be compared with their 2019 data. Aetna reported that 89% of enrollees had access to non-urgent MH/SUD within the required wait time, and Cigna reported satisfaction for 76% of enrollees.

C. Non-Standardized Methodology

The carriers' public reports do not identify their methodology for calculating any of the three metrics. While the calculation of the travel distance requirement may be more uniform across carriers through geo-mapping, the MIA has not established a standardized methodology for calculating or verifying appointment wait time. The dramatic change in CareFirst's satisfaction of appointment wait time between 2018 and 2019 calls into question the accuracy of its 2018 data. United Healthcare's significant improvement in satisfying appointment wait time similarly calls into question its 2019 data. Ultimately, consumers have no way of comparing carrier performance.

The 2019 reports also reflect dramatically different approaches to calculating provider-enrollee ratios. While this metric is not difficult to satisfy, the data for many carriers suggest significant confusion in the calculation and reporting of this data.

Action Steps to Improve Enforcement

For the second consecutive year, Maryland's carriers have failed to meet network adequacy requirements and have refused to disclose, through a waiver request, the actions they are taking to contract with MH and SUD treatment providers. While the MIA viewed the first year as a transition year to allow carriers to come into compliance with the law, it must now penalize

¹¹ The 2018 data for appointment wait times is available in Letter from Ellen Weber, Legal Action Center, to Robert Morrow, Assoc. Comm. Life & Health Maryland Insurance Administration, Sept. 18, 2018 (on file with the Legal Action Center).

carriers that do not comply, require carriers to disclose their efforts to contract with MH and SUD providers, monitor remedial actions, and take steps to ensure that consumers do not bear the cost of inadequate networks. Without strong enforcement and transparency, consumers cannot make appropriate choices when selecting a health plan or assert their right to in-network services. Additionally, MH and SUD providers that seek to join carrier networks do not have information that could help them fill network gaps.

We urge the MIA to:

- **Impose Substantial Penalties to Address Carrier Violations and Incomplete Reports**

All carriers in Maryland must be penalized for failure to comply with state requirements. The monetary penalty must be sufficiently large to spur remedial action and reflect the harm that comes to consumers who cannot access services within a reasonable time and distance. We urge the MIA to follow other states that impose significant monetary penalties for network violations.¹² A penalty should, at a minimum, impose a fixed per member per month assessment and require carriers to identify and make restitution to consumers who paid for out-of-network services due to the lack of in-network providers.

- **Implement a Standardized Executive Report Form and a Uniform Methodology for Calculating All Metrics**

The MIA must develop a uniform methodology for calculating wait time, provider-enrollee ratios and travel distance, and implement steps to verify carrier data that are publicly available. In addition, the development of a standardized report form may ameliorate the level of incomplete and missing data. California and Colorado offer models in both areas.

- **Require Carriers that Do Not Meet Network Adequacy Standards to Submit Information Required in the Waiver Application**

While the waiver provision is designed to protect carriers from penalties for non-compliance, the information that carriers are required to disclose when seeking a waiver offers valuable guidance for remedial actions. Although carriers claim to be taking all necessary actions to contract with providers, many MH and SUD providers try unsuccessfully to contract with carriers.¹³ Mandatory disclosure of contracting efforts is essential to level the playing field, provide the MIA with accurate information to evaluate compliance efforts, and help MH and SUD providers that seek to join networks. This data will also help the State identify and address true gaps in the availability of MH and SUD providers.

- **Ensure that All Enrollees Who Cannot Access MH and SUD Services within the Required Wait Time and Travel Distance Obtain Services from a Non-Participating Provider at a Cost that is No Greater than In-Network Services**

¹² For example, the California Department of Managed Health Care fined Kaiser Permanente \$4 million in 2014 for practices that violated members' rights to timely access to mental health services. "Kaiser to pay \$4 million fine over access to mental health services" (Sept. 10, 2014) available at <https://www.sacbee.com/news/local/health-and-medicine/healthy-choices/article2609176.html>.

¹³ For example, in May 2019, the MIA found that CIGNA Health and Life Ins. Co. violated state and federal parity laws by refusing to contract with 5 MH and SUD providers that sought to join the CIGNA network. While CIGNA claimed that its network was full for both medical providers and MH/SUD providers, it nonetheless contracted with 100% of medical providers who sought to join the network, but only 64% of mental health and substance use disorder providers. Maryland Insurance Comm. v. CIGNA Health and Life Ins. Co., Case No.: MIA-2019-06-012.

Carriers, not consumers, should shoulder the cost of inadequate networks. While Maryland law authorizes consumers to seek carrier approval to obtain care from a non-participating provider when services are not available within a reasonable time and distance, all too often consumers pay out-of-network costs for those services or are balance-billed for the difference between the provider's charge and carrier's reimbursement. The MIA must take steps to prevent this cost shifting by requiring carriers to enter single case agreements that offer a fair market-based reimbursement rate to providers.

For further information, please contact Ellen Weber at eweber@lac.org or 202-54405478 Ext. 307.

ATTACHMENT A

Chart 1: Network Adequacy Metrics – Missing and Incomplete Information*

Carrier	Geographical Travel Distance	Appointment Waiting Time	Provider-Enrollee Ratios
Aetna Health Ins.	<ul style="list-style-type: none"> Missing CRNP data 	<ul style="list-style-type: none"> Missing non-urgent ancillary services. Exchange Plans: Only provided data for two specialties (OBGYN/Oncology) for the Non-Urgent Specialty Care requirement 	Information complete
Aetna Life Ins. Co.	Same as Aetna Health Ins.	Same as Aetna Health Ins.	Same as Aetna Health Ins.
CareFirst	Information complete	<ul style="list-style-type: none"> Missing non-urgent ancillary services 	<ul style="list-style-type: none"> Missing SUD Care/Services Provider Ratio
CareFirst BlueChoice	Same as CareFirst	Same as CareFirst	Same as CareFirst
CareFirst Group Hospital and Medical Services	Same as CareFirst	Same as CareFirst	Same as CareFirst
Cigna Life and Health Ins. Co.	<ul style="list-style-type: none"> Missing CRNP data Missing ECP data 	<ul style="list-style-type: none"> Missing non-urgent ancillary services Missing telehealth data 	Information Complete
Connecticut Gen. Life Ins. Co.	<ul style="list-style-type: none"> Missing CRNP data Missing ECP 	<ul style="list-style-type: none"> Missing non-urgent ancillary services Missing telehealth data 	Information Complete
Golden Rule Insurance Company	Information complete	<ul style="list-style-type: none"> Missing non-urgent ancillary services 	<ul style="list-style-type: none"> Missing MH/SUD services Other Data Questionable
Kaiser Foundation Health Plan of the M.A. States Inc.	Information complete	Information complete	Not applicable
Kaiser Permanente Insurance Co.	Information complete	<ul style="list-style-type: none"> Missing non-urgent ancillary services 	Information Complete
MAMSI Life and Health	Information complete	<ul style="list-style-type: none"> Missing non-urgent ancillary services 	Information complete
Optimum Choice Inc.	Information complete	<ul style="list-style-type: none"> Missing non-urgent ancillary services 	<ul style="list-style-type: none"> Missing all data metrics
United Healthcare Ins. Co. Choice Plus	Information complete	<ul style="list-style-type: none"> Missing non-urgent ancillary services 	Information complete

United Healthcare Ins. Co. (CORE)	Information complete	<ul style="list-style-type: none"> Missing non-urgent ancillary services results 	Information complete MH/SUD data questionable
United Healthcare of the M.A. Inc. (CORE)	Information complete	<ul style="list-style-type: none"> Missing non-urgent ancillary services results 	<ul style="list-style-type: none"> Missing all data metrics
United Healthcare of the M.A. Inc. (Choice)	Information complete	<ul style="list-style-type: none"> Missing non-urgent ancillary services results 	<ul style="list-style-type: none"> Missing all data metrics

* Shaded area designates metric not satisfied.

ATTACHMENT B

Chart 2: Appointment Wait Time – Mental Health and Substance Use Disorder Services *

Carrier	Urgent Care ¹	Non-Urgent BH/SUD Services
Aetna Health Ins. ²	<ul style="list-style-type: none"> Urgent BH/SUD (HMO): Not Satisfied: 80% within 48 hours (no data on 72 hours) Urgent BH/SUD (PPO): Not Satisfied: 80% within 48 hours (no data on 72 hours) Exchange Plans <ul style="list-style-type: none"> Urgent BH/SUD (HMO): Not Satisfied NA Urgent BH/SUD (PPO): NA Urgent BH/SUD (EPO): NA 	<ul style="list-style-type: none"> HMO: Not Satisfied (89%) PPO: Not Satisfied (89%) Exchange Plans <ul style="list-style-type: none"> HMO: NA PPO: NA EPO: NA
Aetna Life Ins. Co.	Same as Aetna Health Ins.	Same as Aetna Health Ins.
CareFirst	PPO: Not Satisfied (93.00%)	PPO: Not Satisfied (57.53%)
CareFirst BlueChoice	HMO: Satisfied (95.30%)	HMO: Not Satisfied (57.53%)
CareFirst GHMS	PPO: Not Satisfied (93.00%)	PPO: Not Satisfied (57.53%)
Cigna Life and Health Ins. Co. ³	Not Satisfied (48 hours; no data 72 hours) (53%)	Not Satisfied (76%)
Connecticut Gen. Life Ins. Co.	Not Satisfied (48 hours; no data 72 hours) (53%)	Not Satisfied (76%)
Golden Rule Ins. Co.	Not Satisfied (92%)	Satisfied (96%)
Kaiser Found. HP of M.A. States	Satisfied (100%)	Not Satisfied (84.3%)
Kaiser Perm. Ins. Co.	Not Satisfied (42%)	Not Satisfied (28%)
MAMSI Life and Health Ins. Co.	Not Satisfied (92%)	Satisfied (96%)
Optimum Choice Inc.	Not Satisfied (92%)	Satisfied (96%)
United Healthcare Ins. Co. Choice Plus	Not Satisfied (92%)	Satisfied (96%)
United Healthcare Ins. Co. (CORE)	Not Satisfied (92%)	Satisfied (96%)
United Healthcare of the M.A. Inc. (CORE)	Not Satisfied (92%)	Satisfied (96%)
United Healthcare of the M.A. Inc. (Choice)	Not Satisfied (92%)	Satisfied (96%)

* Shaded area designates metric not satisfied.

1. Includes medical, MH and SUD services.
2. Aetna urgent care data differs for medical, MH and SUD services.
3. National data rather than Maryland data.

Chart 2: Appointment Wait Time – Medical Services*

Carrier	Urgent Care ¹	Routine Primary Care	Preventative Visit/Well Visit	Non-Urgent Specialty Care	Non-Urgent Ancillary Services
Aetna Health Ins. ²	<ul style="list-style-type: none"> HMO: Not Satisfied (85.0%) PPO: Not Satisfied (84.4%) Exchange Plans <ul style="list-style-type: none"> HMO (100%) PPO: (100%) EPO: (100%) 	<ul style="list-style-type: none"> HMO: Not Satisfied (80.3%) PPO: Not Satisfied (78.9%) Exchange Plans <ul style="list-style-type: none"> HMO: (100%) PPO: (100%) EPO (100%) 	<ul style="list-style-type: none"> HMO: Not satisfied (86.5%) PPO: Not satisfied (85.9%) Exchange Plans <ul style="list-style-type: none"> HMO: (100%) PPO: (100%) EPO: (100%) 	<ul style="list-style-type: none"> HMO: Not satisfied (89.3%) PPO: Not Satisfied (84.4%) Exchange Plans <ul style="list-style-type: none"> HMO: (96%) OB/GYN; (100%) oncology PPO: (92%) OB/GYN; (100%) oncology EPO: (92%) OB/GYN; (100%) oncology 	Missing
Aetna Life Ins. Co.	Same as Aetna Health Ins.	Same as Aetna Health Ins.	Same as Aetna Health Ins.	Same as Aetna Health Ins.	Missing
CareFirst	PPO: Not Satisfied (93%)	PPO: Not satisfied (79%)	PPO: Not Satisfied (82%)	PPO: Not Satisfied (79.96%)	Missing
CareFirst BlueChoice	HMO: Satisfied (95.3%)	HMO: Not Satisfied (82.93%)	HMO: Not Satisfied (83.58%)	HMO: Not Satisfied (79.96%)	Missing
CareFirst GHMS	PPO: Not Satisfied (93%)	PPO: Not Satisfied (79%)	PPO: Not Satisfied (82%)	PPO: Not Satisfied (79.96%)	Missing
Cigna Life and Health Ins. Co.	<ul style="list-style-type: none"> <u>Primary Care</u>: Satisfied (100%) <u>Specialty Care</u>: Not Satisfied (93%) 	Satisfied (97%)	Not satisfied (93%)	Satisfied (96%)	Missing

Connecticut Gen. Life Ins. Co.	<ul style="list-style-type: none"> • <u>Primary Care</u>: Satisfied (100%) • <u>Specialty Care</u>: Not Satisfied (93%) 	Satisfied (97%)	Not Satisfied (93%)	Satisfied (96%)	Missing
Golden Rule Ins. Co.	Not Satisfied (92%)	Satisfied (98%)	Satisfied (98%)	Satisfied (97%)	Missing
Kaiser Found. HP of M.A. States	Satisfied 100%	Satisfied (95.0%)	Satisfied (98.7%)	Satisfied (98.6%)	Satisfied (99.9%)
Kaiser Perm. Ins. Co.	Not Satisfied (42%)	Not Satisfied (33%)	No data available	Not satisfied (36%)	Missing
MAMSI Life and Health Ins. Co.	Not Satisfied (92%)	Satisfied (98%)	Satisfied (98%)	Satisfied (97%)	Missing
Optimum Choice Inc.	Not Satisfied (92%)	Satisfied (98%)	Satisfied (98%)	Satisfied (97%)	Missing
United Healthcare Ins. Co Choice Plus	Not Satisfied (92%)	Satisfied (98%)	Satisfied (98%)	Satisfied (97%)	Missing
United Healthcare Ins. Co. (CORE)	Not Satisfied (92%)	Satisfied (98%)	Satisfied (98%)	Satisfied (97%)	Missing
United Healthcare of the M.A. Inc. (CORE)	Not Satisfied (92%)	Satisfied (98%)	Satisfied (98%)	Satisfied (97%)	Missing
United Healthcare of the M.A. Inc. (Choice)	Not Satisfied (92%)	Satisfied (98%)	Satisfied (98%)	Satisfied (97%)	Missing

* Shaded area designates metric not satisfied.

1. Includes medical, MH and SUD services.
2. Aetna urgent care data differs for medical, MH and SUD services.

ATTACHMENT C

Chart 3: Appointment Wait Time for Non-Urgent MH/SUD Services 2018-2019 Comparison and Member Enrollment

Carrier	2018 Report ¹	2019 Report	Enrollment Individual Market ² (7.31.19)	Enrollment Small Group Market ² (7.31.19)
Aetna Health Ins.	82% (in 14 days)	89%	NA	166
Aetna Life Ins. Co.	82% (in 14 days)	89%	NA	629
CareFirst	95%	57.5%	11,493 (combined with GHMS)	22,158 (combined with GHMS)
CareFirst BlueChoice	95%	57.5%	108,301	168,248
CareFirst GHMS	95%	57.5%	11,493 (combined with CareFirst)	22,158 (combined with CareFirst)
Cigna Life and Health Ins. Co.	Missing data	76%	NA	NA
Connecticut Gen. Life Ins. Co.	Missing data	76%	NA	NA
Golden Rule Ins. Co.	72%	96%	NA	NA
Kaiser Found. Health Plan of Mid-Atlantic States	89.3%	84.3%	70,686	10,344
Kaiser Permanente Ins. Co.	Missing data	28%	NA	NA
MAMSI Life and Health Ins. Co.	72%	96%	NA	21,092
Optimum Choice Inc.	72%	96%	NA	17,205
United Healthcare Ins. Co. Choice Plus	72%	96%	NA	23,895 ³
United Healthcare Ins. Co. (CORE)	NA	96%	NA	
United Healthcare of the Mid-Atlantic Inc. (CORE)	72%	96%	NA	5,079 ⁴
United Healthcare of the Mid-Atlantic Inc. (Choice)	72%	96%	NA	

1. Reports are available at <https://insurance.maryland.gov/Consumer/Pages/Network-Adequacy-Regulations-Information.aspx> and the Legal Action Center submitted an analysis of compliance to the MIA in September 2018. See Letter from Ellen Weber, Legal Action Center, to Robert Morrow, Assoc. Comm. Life & Health Maryland Insurance Administration, Sept. 18, 2018 (on file with the Legal Action Center).
2. Hogan Administration Announces Second Consecutive Decrease in Health Insurance Premiums, Sept. 19, 2019, available at <https://insurance.maryland.gov/Pages/newscenter/NewsDetails.aspx?NR=2019236>.
3. The enrollment data does not distinguish between United Healthcare Ins. Co's CORE and Choice plans.
4. The enrollment data does not distinguish between United Healthcare of the Mid-Atlantic CORE and Choice plans.