

MEMORANDUM

To: Commissioners
Maryland Health Care Commission

From: Susan M. Myers, MA, MPH

Date: February 14, 2013

Re: Staff Recommended Decision on Single Carrier PCMH Application by Cigna

On Tuesday December 4, 2012, the Commission received, via e-mail, Cigna's application to offer a single carrier Patient Centered Medical Home ("PCMH") in Maryland. Commission staff recommends approval of Cigna's program with the following conditions, as set forth more fully in the Recommended Decision attached. Cigna has notified staff that it agrees to meet the Recommended Conditions.

Standard 1: Program ensures that the leaders of local/regional primary care professional organizations are adequately briefed.

Staff Finding and Recommendation

Staff believes the Application is not consistent with this standard, but recommends approval of the program subject to the following condition.

Recommended Condition:

Cigna shall inform leaders of local/regional primary care professional organizations, either in writing or in-person, about the CAC and provide documentation of that communication to MHCC within two weeks of the Commission's approval of the Applicant's program.

Standard 8: Program design maximizes number of patients participating in the practice.

- a. The Carrier provides a grievance process for receiving, reviewing, and addressing patient complaints and disputes over coverage of medically necessary services.
- b. The program contract for providers documents a sufficient grievance process to resolve disputes.
- c. The Carrier includes grievance process description and contact information in patient enrollment materials and in annual program renewal materials.
- d. The Carrier adequately describes a plan for patients who desire to migrate to another PCMH if their practice leaves the PCMH program.

- e. The Carrier’s enrollment materials and annual renewal materials for patients clearly explain the PCMH program’s policy and process for patients who want to opt-out of the program or migrate to another PCMH. A patient is allowed to opt-out of the program at any time without leaving the practice.
- f. The Carrier is responsible for fees associated with hiring a third-party expert to resolve disputes over whether care is medically necessary.
- g. The Carrier submits enrollment and program materials for patients in English and Spanish.

Staff Findings and Recommendations:

Staff believes that the Application is consistent with sub-parts a, b, c, d, f, and g. However, Staff does not believe that the Application conforms with sub-part e. Thus, Staff recommends the following condition be included in any Commission approval of this program to bring it into compliance with this subpart.. Staff notes that the Applicant’s CAC program’s compliance with subpart e. of this standard, and any Commission approval of the program, does not relieve Cigna of its broader responsibility to comply with the 2012 Enhancement or Coordination of Patient Care Act in all of its actions.

Recommended Condition:

Cigna shall provide updated patient enrollment materials and annual renewal materials – or other materials to be distributed to patients – that clearly explain the PCMH program’s policy and process for patients who choose to opt-out of the program or to migrate to another PCMH and how Cigna will assure that participating patients are informed of their right to opt out of the CAC in accordance with Insurance Article, §4-403 (c)(12)(v).

Standard 12: Program includes a process to broadly disseminate performance results to participating practices and patients.

The Carrier agrees to make the PCMH program’s aggregate results available to participating practices and patients.

Staff Finding and Recommendation:

Staff believes the Application is not consistent with this standard, but recommends approval of the program subject to the following condition.

Recommended Condition:

Cigna will report on performance outcome measures of the program in a way that will promote the ability of the public to compare its single carrier program with other single carrier and the multi-payer PCMH models in Maryland.

Standard 13: Carrier will only share a qualifying individual's medical information in the PCMH program with other treating providers after the individual has received opt-out documents.

- a. The Carrier adequately describes policies and systems in place for protecting patient medical information by only providing it to treating providers.
- b. The Carrier's participation materials adequately inform patients about what medical information will be shared and how it will be shared. The Carrier must specify how it will notify patients of the program each year and provide patients with the option of opting out of the program.

Staff Findings and Recommendations:

Staff believes that the Application is consistent with sub-part a. However, Staff believes the Application is not consistent with sub-part b of this standard, but recommends approval of the program subject to the following condition. Staff notes that the compliance with subpart b. of this standard, does not relieve Cigna of its broader responsibility to comply with the 2012 Enhancement or Coordination of Patient Care Act in all of its actions.

Recommended Condition:

Cigna shall provide updated patient participation materials that will be distributed to each participating patient detailing what medical information will be shared and how it will be shared. Cigna shall also explain how it will distribute this initial notice to each participating patient.

Standard 14: Program shall ensure a participating practice provides culturally and linguistically appropriate care.

Staff Finding and Recommendation:

Staff believes the Application is not consistent with this standard, but recommends approval of the program subject to the following condition.

Recommended Condition:

Cigna will require participating practices to take steps to provide culturally and linguistically appropriate care.