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November 24, 2021

Ms. Laurie Beebe
Provider Network Manager
Wellfleet Insurance Company
P.O. Box 15369
Springfield, MA 01115

Re: Network Adequacy Filing 2020

Dear Ms. Beebe:

The Maryland Insurance Administration (“Administration”) has completed its review of the Wellfleet Insurance Company (“Wellfleet”) 2020 Network Adequacy Access Plan (the “Wellfleet 2020 Access Plan”) filed on June 30, 2020, supplemented with additional information and documentation on January 29, 2021, March 2, 2021, April 20, 2021, May 18, 2021, June 18, 2021, July 29, 2021, and September 10, 2021. This filing was made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44.

In Maryland, Wellfleet offers Student Health Insurance Plans (“SHIP”) to colleges and universities and contracts for network provider services through Cigna’s Preferred Provider Organization (PPO) and Open Access Plus (OAP) plan provider networks. The Wellfleet 2020 Access Plan was developed in conjunction with Cigna and was amended on May 18, 2021 to separately report data and metrics for each of the networks. Distinct executive summary plan forms were filed for the PPO network and the OAP network on July 29, 2021. The student demographic data used to create the access reports included addresses received from their students, which may be the home address or the school address. Therefore, the data self-reported by Wellfleet included data for zip codes outside of the State of Maryland.

Wellfleet 2020 Access Plan-OAP Network

The Administration’s review of the Wellfleet 2020 Access Plan for the OAP network has found that the access standards in COMAR 31.10.44.04 and .05 were not met for the following, based on the data self-reported by Wellfleet. In addition, the executive summary plan form does not comply with COMAR 31.10.44.09A(1)(b) and (c) by failing to include the number of certified nurse practitioners that are counted as a primary care provider and the total percentage of primary care providers who are certified registered nurse practitioners. All other access standards in COMAR 31.10.44 were met.

Travel Distance Standards

1. Allergy and immunology providers met the required standard for 99.1% of rural enrollees, leaving one member outside the travel distance standard of seventy-five miles in one zip code outside of Maryland in Salmon, Idaho.
2. Applied behavioral analyst providers met the required standard for 95.8% of suburban enrollees, leaving one member outside the travel distance standard of thirty miles in one zip code outside of Maryland in State College, Pennsylvania. The standard was met for 99.1% of rural enrollees, leaving one member outside the travel distance standard of sixty miles in one zip code outside of Maryland in Salmon, Idaho.
3. ENT/Otolaryngology providers met the required standard for 99.1% of rural enrollees, leaving one member outside the travel distance standard of seventy-five miles in one zip code outside of Maryland in Salmon, Idaho.
4. Gynecology only providers met the required standard for 95.8% of suburban enrollees, leaving one member outside the travel distance standard of thirty miles in one zip code outside of Maryland in State College, Pennsylvania.
5. Nephrology providers met the required standard for 99.1% of rural enrollees, leaving one member outside the travel distance standard of seventy-five miles in one zip code outside of Maryland in Salmon, Idaho.
6. Neurology providers met the required standard for 99.1% of rural enrollees, leaving one member outside the travel distance standard of sixty miles in one zip code outside of Maryland in Salmon, Idaho.
7. Pediatrics-Routine/Primary Care providers met the required standard for 99.1% of rural enrollees, leaving one member outside the travel distance standard of thirty miles in one zip code outside of Maryland in Salmon, Idaho.
8. Psychology providers met the required standard for 99.1% of rural enrollees, leaving one member outside the travel distance standard of sixty miles in one zip code outside of Maryland in Salmon, Idaho.
9. Diagnostic radiology facilities met the required standard for 99.1% of rural enrollees, leaving one member outside the travel distance standard of sixty miles in one zip code outside of Maryland in Salmon, Idaho.
10. Inpatient psychiatric facilities met the required standard for 99.1% of rural enrollees, leaving 1 member outside the travel distance standard of seventy-five miles in one zip code outside of Maryland in Salmon, Idaho.
11. Outpatient dialysis facilities met the required standard for 99.1% of rural enrollees, leaving one member outside the travel distance standard of fifty miles in one zip code outside of Maryland in Salmon, Idaho.
12. Outpatient Infusion/Chemotherapy facilities met the required standard of ten miles for 65% of urban enrollees. The thirty-mile standard was met for 91.7% of suburban enrollees. The

accessibility data provided by Wellfleet was lacking the member detail by zip code for this type of facility.

Appointment Waiting Time Standards

13. The 72-hour appointment waiting time standard for urgent care (including medical, behavioral health, and substance use disorder services) was met for 91% of enrollees. This represents a deficiency of 4 percentage points when compared to the requirement that the standard be met for 95% of enrollees under COMAR 31.10.44.05A(1).

Wellfleet 2020 Access Plan-PPO Network

The Administration's review of the Wellfleet 2020 Access Plan for the PPO network has found that the access standards in COMAR 31.10.44.04 and .05 were not met for the following, based on the data self-reported by Wellfleet. In addition, the executive summary plan form is found to be non-compliant with COMAR 31.10.44.09A(1)(b) and (c) because it fails to include the number of certified nurse practitioners that are counted as a primary care provider and the total percentage of primary care providers who are certified registered nurse practitioners. All other access standards in COMAR 31.10.44 were met.

Travel Distance Standards

14. The executive summary form indicates that the standards were met in only six instances: psychology (suburban and rural); pharmacy (urban, suburban and rural); and Other Behavioral Health/Substance Abuse Facilities (suburban). The executive summary form provides that the standards were met in ninety-nine categories within 99%, in six categories between 98% and 99%, in one category at 97% (Diagnostic Radiology-Rural), in one category at 95% (GYN Only-Urban), in two categories at 90% (Outpatient Infusion/Chemotherapy-Urban and Suburban), in two categories at 84% (Outpatient Infusion/Chemotherapy-Rural and GYN Only-Rural), and in one category at 79% (GYN Only-Suburban).

The accessibility data provided by Wellfleet was lacking the member detail by zip code for each of the categories of specialists and facilities reported on the executive summary form. The zip code detail instead provides a summary of enrollees without access for Adult Primary Care Physicians, Pediatricians, OB/Gyns, Other Specialists, Hospitals, MH/SA Practitioners, and MH/SA Facilities. We are, therefore, unable to determine the exact number of enrollees by zip code for each specialty where the standards were not met. The summary data does support Wellfleet's assertion that in every instance in their Geo Access reports where the percentage met is less than 100%, it is tied to a member who resides outside the state of Maryland.

Across all categories of non-behavioral health specialists and facilities, the access summary report indicates that there were seven urban enrollees where the access standards were not met in San Juan, Puerto Rico and six suburban enrollees without access in five cities in Puerto Rico. The access standards were not met for seventeen rural enrollees, all outside of Maryland (Montana, Puerto Rico, Alabama, California, New York, Georgia, and Vermont).

For behavioral health practitioners, the access standards were not met for two urban/suburban enrollees in Puerto Rico, and there were three rural enrollees without access in Alabama and Montana. The access standards for behavioral health facilities were not met for ten rural enrollees, all outside of Maryland (Colorado, Alaska, Montana, New York, Texas, Washington, and Wyoming).

Appointment Waiting Time Standards

15. The 72-hour appointment waiting time standard for urgent care (including medical, behavioral health, and substance use disorder services) was met for 91% of enrollees. This represents a deficiency of 4 percentage points when compared to the requirement that the standard be met for 95% of enrollees under COMAR 31.10.44.05A(1).

Waiver Requests

The Administration has considered Wellfleet's requests for waivers for the non-compliant travel distance standards and the appointment waiting time standard for urgent care (including medical, behavioral health, and substance use disorder services). The finalized waiver requests were submitted separately for each network on September 10, 2021. The waiver requests were filed pursuant to COMAR 31.10.44.07, which establishes the criteria that must be met in order to qualify for a waiver of a standard. The Administration may find good cause to grant the network adequacy waiver request if the carrier demonstrates that the physicians, other providers, or health care facilities necessary for an adequate network: are not available to contract with the carrier; are not available in sufficient numbers; have refused to contract with the carrier; or are unable to reach agreement with the carrier.

Travel Distance Standards- PPO and OAP Networks

Please be advised that based on the criteria required by COMAR 31.10.44.07B, the Administration has found no good cause to grant the waivers for the non-compliant travel distance standards for the PPO network and the OAP network. However, the Administration acknowledges the following:

- Wellfleet's reported Travel Distance Standards included zip codes related to insured students residing out-of-state. Students that Wellfleet insure may have provided various addresses, including their home address or their school address. Therefore, the student demographic data used to create the network data reports included some out-of-state addresses received from their students which in turn appeared on the summary data;
- Wellfleet attributes the need to request a Travel Distance Standards Waiver to the inclusion of these out-of-state residents. Wellfleet has removed the out-of-state residents from the 2021 Network Adequacy filings, and Wellfleet's analysis provided with their 2021 Maryland Network Adequacy Access Plan Filing reflects compliance with the Provider Travel Distance Standards; and
- Wellfleet attested that in every instance in their Geo Access reports where the percentage met is less than 100%, it is tied to a member who resides outside the state of Maryland. Wellfleet confirmed that for their students attending Wellfleet SHIP schools in Maryland, the access is 100%.

The information provided by Wellfleet suggests that the deficiencies reported were the result of a flawed measurement methodology, rather than noncompliance with the regulatory standards. It is expected that Wellfleet will analyze the student demographic data used in its reporting and remove the out-of-state residents from the Network Adequacy filings in the future to present a more accurate depiction of the network's compliance with the standards.

Appointment Waiting Time Standards-PPO and OAP Networks

The Administration has found good cause to grant the waivers for the appointment waiting time standard for urgent care (including medical, behavioral health, and substance use disorder services) for both the PPO and OAP networks for 1 year based on the following:

- Wellfleet states that the appointment waiting time results are tied to behavioral health providers and that non-behavioral providers (PCPs and Non-MHSUD provider specialists) met the appointment waiting time standard;
- Wellfleet provided a listing of 165 behavioral health physicians, providers and facilities that CIGNA attempted to contract with in 2020 for its networks. Wellfleet states that it contracts with CIGNA for its Behavioral Health Network and is seeking the waiver due to CIGNA's inability to reach an agreement with the physicians, providers, and facilities included in the listing; and
- Wellfleet states that Cigna Behavioral Health implemented large scale behavioral health fee schedule increases in an effort to expand the network and reduce patient wait times.

The waivers for the appointment waiting time standard for urgent care (including medical, behavioral health, and substance use disorder services) are granted for one year. It is expected that the appointment waiting time for urgent care (including medical, behavioral health, and substance use disorder services) will improve and that the 72-hour standard will be met for at least 95% of Wellfleet's PPO network enrollees and 95% of Wellfleet's OAP network enrollees in the 2021 Access Plan filing.

Wellfleet 2019 Access Plan Consent Order

On November 9, 2021, the Administration and Wellfleet entered into a Consent Order to resolve matters related to the Wellfleet 2019 Access Plan. The Administration had concluded in the Consent Order that that Wellfleet violated § 15-112 of the Insurance Article and COMAR 31.10.44.03C by filing an access plan that failed to comply with required travel distance standards and appointment waiting time standards, by failing to include in the executive summary plan form the required information regarding certified registered nurse practitioners, and by filing an access plan that failed to comply with the requirement that at least 30 percent of the available essential community providers in each of the urban, rural, and suburban areas are included in the network. The Administration imposed an administrative penalty on Wellfleet of \$40,000 for the violations, but suspended the penalty pending the Administration's (i) review of the access plan submitted by Wellfleet in 2021; (ii) determination as to whether the 2021 access plan substantiates representations made by Wellfleet related to its intent to adjust record keeping methodologies and to improve its compliance with the access standards; and (iii) based on such review and determination, decision on whether the administrative penalty should be paid, reduced, or rescinded.

The Wellfleet 2020 Access Plan states that certified nurse practitioners provide primary care services, however, the Cigna reporting system (which is used because Wellfleet contracts with Cigna for provider network services in Maryland) does not currently distinguish nurse practitioners by specialty. Therefore, Wellfleet is unable to include the number of certified nurse practitioners that are counted as a primary care provider and the total percentage of primary care providers who are certified registered nurse practitioners in the executive summary form. The data reported in the Wellfleet 2020 Access Plan demonstrated that Wellfleet met the requirement that at least 30 percent of the available essential community providers in each of the urban, rural, and suburban areas are included in the both the OAP and PPO networks. Many of the travel distance standards in the 2020 Access Plan continue to be unmet and problematic as Wellfleet continued to report data for out-of-state residents. Improvement was shown for all categories of appointment waiting time standards, however, Wellfleet failed to meet the 95% standard

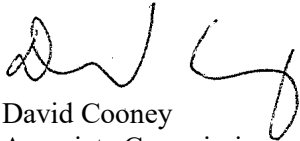
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for the 72-hour appointment waiting time for urgent care (including medical, behavioral health, and substance use disorder services).

The Wellfleet 2020 Access Plan shows some improvement in compliance with the access standards, but there continue to be areas where the access standards are not met, as noted above. The Wellfleet 2021 Access Plan, submitted on July 1, 2021, is currently under review by the Administration. Upon completion of the review, a determination will be made on whether the administrative penalty should be paid, reduced, or rescinded.

Wellfleet has the right to request a hearing on this determination letter in accordance with § 2-210 of the Insurance Article. A request for a hearing must be made in writing and received by the Administration within thirty (30) days of the date of this letter. The rules for requesting a hearing are set forth in COMAR 31.02.01.

Very truly yours,

A handwritten signature in black ink, appearing to read 'David Cooney', written over a faint, illegible background.

David Cooney
Associate Commissioner
Life and Health