Wellfleet Insurance Company
Colorado Network Access Plan – 2021
With the Cigna PPO Network

Wellfleet Insurance Company (WIC) offers Student Health Insurance Plans (SHIP) to colleges and universities in Colorado. WIC partners and contracts with the Cigna network to provide network services to our members at CO SHIP schools.

WIC files our CO SHIP Rate and Form filings in SERFF. Our Form filing includes a copy of the CO Policy and Certificate of Coverage that is provided to students at our CO SHIP schools. Members an access their Policy and Certificate of Coverage on the Wellfleet Website at this link: https://wellfleetstudent.com/.

Wellfleet Quality Management Program

Wellfleet maintains a formal process by which *Wellfleet, inclusive of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC, ("Wellfleet)* along with its servicing partners and vendors, strive to continuously improve the level-of-care and service rendered to students, members and customers.

Wellfleet Quality Management (QM) Program addresses medical care, behavioral health (BH) care, pharmacy services and the degree to which they are coordinated. The program defines the systematic approach used to identify, prioritize, and pursue opportunities to improve services, and to resolve identified problems. The QM Program is reviewed, updated, and approved by the Wellfleet Executive Management Team and forwarded to the Board of Directors at least annually. It is distributed to applicable regulatory bodies and other stakeholders, as requested.

The Wellfleet QM program includes initiatives to improve the quality of services we provide to our members. The QM program is updated on an annual basis and new initiatives are included each year. The Quality Committees discuss and decide which initiatives are included in each year's QM program.

The QM program is comprised of various documents including those noted below.
1.Quality Management Program Description
2. Quality Management Program Evaluation

Members and Providers can access a copy of Wellfleet's Quality Management Program by contacting our Member Service Team at the phone number on the back of the members' ID card or by selecting the link on the Wellfleet website as noted below.

The below notice is posted on the Wellfleet Website to guide members and providers how to request a copy of the WIC QM Program documents.

Notice Posted on WF Website (on the "Student" dropdown tab under "Form and Resources"):

QUALITY MANAGEMENT

Wellfleet works hard to make our student experience with our health plans meet our members' healthcare needs. We aim to do this by measuring, monitoring, and improving clinical care and quality of service. The Wellfleet Quality Management Program and Evaluation Documents include the process and procedures we use to monitor the effectiveness of our quality program and outline some of the programs we use to improve quality.

For additional information or to request a copy of the Wellfleet Quality Management Program Description or Quality Evaluation Documents, please contact the Wellfleet Member Services team at 877-657-5030 or **via email**

Cigna Quality Assurance Standards

Quality Program Scope
Cigna's Quality Program provides direction to management for the coordination of both quality improvement andquality management activities across all departments, matrix partners, health services affiliates and delegates. The Program outlines quality-monitoring standards and provides guidance in initiating process improvement initiatives when opportunities are identified.

Quality Program Measurement Activities
- Reviewing performance against key indicators as specifically identified in the quality work plan.
- Promotion of quality clinical care and service, including both inpatient and outpatient services, provided by hospitals and health care professionals.
- Evaluating satisfaction information, including survey data and complaint and appeal analysis.

Annual Evaluation
An annual evaluation is conducted to assess the overall effectiveness of the various organizations' quality improvement processes. The evaluation reviews all aspects of the Quality & Medical Management Programs with emphasis on determining whether the Program has demonstrated improvements in the quality of health care professional care and services that are provided through the organizations. The annual evaluation includes:
- The impact the quality improvement process had on improving health care and service to individuals.
- An assessment of whether the year's goals and objectives were met.
- A summary of and whether improvements were realized.
- Potential and actual barriers to achieving goals
- A review of whether human and technological resources were adequate
- An analysis of Cigna membership demographics, cultural and linguistic needs, and epidemiology is performed as needed or as required by state regulators.
- An analysis of the Cigna member population characteristics to evaluate and ensure membership needs are being met through the complex and specialty case management processes and resources
- Recommendations for program revisions and modifications for the coming year.

The annual evaluation is reviewed and approved by the appropriate quality committee and the Quality Management Governing Body. The results of the annual program evaluation are used to develop and prioritize the annual work plan for the upcoming year.

Access Plan Elements

Provider and Facility Availability

Cigna's adheres to a provider and facility availability policy which helps ensure that Cigna maintains an adequate network of health care professionals and facilities and monitors how effectively the network meets the needs and preferences of its clients and meets the Colorado requirements for having and maintaining an adequate network. The provider availability policy also helps ensure that the provider network meets the availability needs of clients by annually assessing three (3) aspects of availability. Assessments are performed against Cigna's book of business.

- Geographic distribution - participating health care professionals are within reasonable proximity to clients.
- Number of health care professional(s) - an adequate number of participating health care

professional(s) are available, and

- Cultural, ethnic, racial and linguistic needs and preferences of participating health care professional(s) meet the cultural, ethnic, racial and linguistic needs and preferences of clients.

The Cigna National Network Development Team conducts an annual audit of provider availability by state/market. The audits are conducted utilizing available software such as GEO Access, Quest Analytics or Map Xtreme, using established standards to ensure a sufficient number of participating health care professionals and facilities. The audit is conducted to ensure that Cigna is complying with the CO network adequacy requirements. (Note, assessments are performed against Cigna's book of business only. The measurements used for Colorado are noted below. Wellfleet provides Cigna with a list of our Colorado School Plan members and Cigna uses that enrollment list to complete the CO Enrollment template to assess provider to member ratios.

As required by Colorado regulations, the following availability standards are followed:

Access to Service/Waiting Time Standards

Service Type	Time Frame	Time Frame Goal
Emergency Care – Medical, Behavioral, Substance Abuse	24 hours a day, 7 days a week	Met 100% of the time
Urgent Care – Medical, Behavioral, Mental Health and Substance Abuse	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 Abuse 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 care	Office number answered 24 hrs./7 days a week by answering service or instructions 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

In remote or rural areas, occasionally these geographic availability guidelines are not able to be met due to lack of, or absence of, qualified providers and/or hospital facilities. Cigna may need to alter the standard based on local availability. Supporting documentation that such situation exists must be supplied along with the proposed guideline changes to the appropriate Quality Committee for approval.

Cigna Behavioral Health also has facility, clinic and individual practitioner contracting policies in place to help ensure adequate coverage for behavioral health needs.

In the event that Cigna determines that the network does not meet the adequacy requirements, Cigna's medical recruitment team (MRT) is engaged. The MRT makes phone call and/or sends e-mails to viable providers. A minimum of 3 attempts are made to the Provider. Any interested Provider is sent materials to allow the Provider to join the network.

Medical Services Accessibility

Accessibility to medical care is formally assessed against standards at least annually.

Accessibility standards for customers are as follows:

- Emergency: Immediately. 24 hours a day, 7 days a wee
- Urgent: Within 24 hours* (Urgent medical needs are those that are not emergencies but require prompt medical attention, such as symptomatic illness and infections).
- Symptomatic Regular and Routine Care: 7-14 days, or within the timeframe specified bytreating physician
- Preventive Screenings and Physical: Within 30 days
- Obstetric Prenatal Care**:**
    - High-risk or urgent: Immediately
    - Non-high risk and non-urgent: 1st trimester, within 14 days; 2nd trimester, within 7 days, 3rd trimester, within 3 days
- Routine and Symptomatic Diagnostic Testing**:** Within the timeframe specified by treating health care professional. Appointments for symptomatic testing are usually provided in shorter timeframesthan routine testing
- After hours care: Health Care Professional provides 24-hour coverage

Referral Policy

Prior Authorization for Inpatient and Outpatient Services

Prior authorization is required for all non-emergency inpatient admissions certain other admissions, and certain outpatient services. Failure to obtain prior authorization prior to an elective admission to a hospital or certain other facility may result in a penalty or lack of coverage for the services provided. Prior Authorization can be obtained by the customer or provider by calling the number on the back of the customer's ID card. Emergency admissions will be reviewed post admission. Inpatient prior authorization reviews are conducted for both the necessity for the admission and the need for continued stay in the hospital.

Ongoing Monitoring

Health Care Professional Availability and Accessibility monitoring is conducted on an ongoing basis and an analysis is performed annually to ensure that established standards for reasonable geographical location, number of practitioners, hours of operation, appointment availability, provision for emergency care and after hours services are measured. (Note, assessments are performed against Cigna's book of business). Monitoring activities may include evaluation of satisfaction surveys, on-site visits, evaluation of complaint and appeal reports, geo-access surveys, evaluation of health care professionals to member ratios, and monitoring of closed primary care physician panels. An assessment of the health care professional network is also performed to ensure that the network meets the cultural, ethnic,racial and linguistic needs and preferences of individuals. Specific deficiencies are addressed with a corrective action plan, and follow up activities are conducted to reassess compliance. Data are presented tothe Service Advisory Committee for evaluation and recommendations. (Note, assessments are performed against Cigna's book of business only).

Needs of Special Populations

Cigna, through its Customer Experience Organization's Cultural and Linguistics Unit and Health Disparities Council, is strongly committed to removing cultural and language barriers that have a profound impact onthe delivery of health care to all demographics, especially minorities.
Removing these barriers and reducing health disparities will ultimately improve the health, well- being and sense of security of all the individuals we serve.
The Health Disparities Council's objectives are as follows:

- To increase awareness of the critical impact of cultural and linguistic differences on health outcomesand to equip Cigna employees to deliver actionable information to a diverse population.
- To pilot strategies and interventions which may reduce disparities, ultimately reducing

medicalcosts and improving health.
- To share, leverage, and collaborate on action plans to ensure Cigna is working on a unified approachwhich addresses individual health care needs.
- To partner with contracted physicians, hospitals, and other health professionals to address healthdisparities, as opportunities arise.

The commitment to addressing the cultural and linguistic needs of individuals is demonstrated through initiatives such as:

Training

- Cultural competency and clear communication training designed to increase the knowledge andskills of staff working with diverse individual populations. Regular meetings with medical management staff and health management employees to discuss cases that involve specific cultural issues.
- Making resources available to staff; e.g. cultural resource center and newsletters

Pilots

- Pilot project teams in partnership with network health care professionals, communities, or other healthcare constituents to identify barriers to testing and treatment within certainat-risk sub-populations and develop actions/initiatives to remove those barriers. If successful, the pilot projects serve as blueprints for future programs.

Data Efforts

- Development of central repository of cultural and linguistic activities to be used as reference point forfuture activities.
- Tracking and trending language program service utilization.

Communication Efforts

- Implementation of clear health communication and translation policies addressing health literacyand the needs of limited English proficient individuals.
- Development of a central repository providing access to documents translated into non-Englishlanguages.
- Language proficiency testing for bilingual staff with direct customer contact.
- Employee Resource Group (ERG) efforts √ training and using employee resource groups to improvethe individual's experience, by informing culturally appropriate communications and interventions.
- Words We Use (Spanish and Traditional Chinese) Guidelines - guidelines for staff that offer everydaySpanish or Chinese words for health care jargon commonly used.
- Translation efforts - identifying translation needs from across the company.
- Facilitating cultural reviews and translation reviews of print and electronic customermessaging based on requests from business units across Cigna.
- Cigna HealthCare Directory audit - identifying gaps in reported language for physicians and office staffand reporting back to the HealthCare Directory Book of Records team.

(Note: The above is Cigna's process. Carriers accessing Cigna's networks may or may not benefit from the above initiatives)

Wellfleet

Access Plan

A copy of Wellfleet's CO Network Access Plan is available to members on the Wellfleet website on this URL https://wellfleetstudent.com/forms/. Members may also contact the Wellfleet Customer Service team at the phone number on their I.D. card to obtain a copy of the access plan.

Out-of-Network Provider Paid at In-Network Level

Wellfleet has an "Out-of-Network Provider Paid at In-Network Level" guideline for our Customer Service Representatives to follow to assist members who contact the Wellfleet Customer Service team using the

number on their member I.D. card. This guideline applies when there are no in-network participating providers available to treat a member as outlined in the guide. This provision is also outlined in the member's Explanation of Coverage (EOC).

Continuity of Care
Wellfleet has a "Continuity of Care" guideline for our Customer Service Representatives and Clinical Team to follow to assist members who contact the Wellfleet Customer Service team using the number on their member I.D. card. This guideline applies when a participating provider leaves a network while a plan member is in an active course of treatment. This provision is also outlined in the member's Explanation of Coverage (EOC).

How to Locate Information About the Wellfleet Student Health Insurance Plan:
WIC SHIP Students also have access to their specific Wellfleet School Webpage which includes an abundant amount of information about their SHIP plan. The school webpage provides students with access to their ID card, a copy of the plan Policy and Certification of Coverage, links to locate in-network providers, etc. The website to access the school webpage is: https://wellfleetstudent.com/.

Member Satisfaction Assessment
Satisfaction is assessed through evaluation of Wellfleet's member survey data and complaint information. Satisfaction surveysare designed to assess satisfaction with the organization's services. Survey data are used for continuous quality improvement in several key areas: 1) to establish benchmarks and monitor performance, 2) to assess overall levels of satisfaction as an indication of whether the organization is meeting individual expectations, 3) to assess medical management program individual and health care professional satisfaction levels and 4) to assess the quality and accuracy of benefit information provided by the organization.