**NQTL: Provider Admission (Credentialing) Standards**

**Classification(s): Inpatient In Network, Outpatient Office In Network, Outpatient All-Other In Network, Emergency In Network**

**Step 1 – Identify the specific plan or coverage terms or other relevant terms regarding the NQTL and a description of all M/S and MH/SUD benefits to which each such term applies in each respective benefits classification**

***Provide a clear description of the specific NQTL, plan terms, and policies at issue***:

Provider Admission (Credentialing) Standards applies to mental health and/or substance use disorder ("MH/SUD") services, and/or providers of such services, and to medical/surgical ("M/S") services and/or providers of such services, delivered in-network, with the exception of pharmacy, and is incorporated into plans insured by Wellfleet Insurance Company and/or Wellfleet New York Insurance Company ("Wellfleet").

Evernorth Behavioral Health ("Evernorth" or "EBH," formerly Cigna Behavioral Health), an affiliate of Cigna Health and Life Insurance Company ("CHLIC"), performs all aspects of provider network directories for the MH/SUD Network, while CHLIC performs all aspects of provider network directories for the M/S Network. References to "Cigna" contained herein include Evernorth Behavioral Health unless otherwise noted separately.

Cigna maintains an open network for M/S Network Providers, such that new providers looking to contract with Cigna will be admitted if they meet Cigna's Network Provider admission criteria ("Credentialing Criteria"). When determining whether to admit a provider into its provider network, Cigna takes into consideration an array of factors including, but not limited to provider type and/or specialty; geographic market; supply of provider type and/or specialty; demand for provider type and/or specialty; and provider licensure and/or certification.

Cigna's Provider Directory maintains a network of credentialed in-person and virtual providers/facilities that service our membership population. Cigna recruits and maintains a robust network of specialty practitioners and facility types that are separately listed/searchable in the provider network.

Provider Directories:

- Provider Directories are searchable on website PPO: https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001

- OAP: https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001

Plan Documents:
Member plan documents include instructions on how to locate the provider directory, such as "Preferred Provider Organization: To locate an In-Network Provider in Your area, consult Your Provider Directory or call toll-free 877-657-5030, TTY 711 or visit Our website at www.wellfleetstudent.com." In addition, plan documents define In-Network Providers as "In-Network Providers are Physicians, Hospitals and other healthcare providers who have contracted with Us to provide specific medical care at negotiated prices."

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| Plan documents are available at Wellfleetstudent.com | |
| ***Identify the M/S benefit classifications for which the NQTL applies:***<br>Applies to all M/S and MH/SUD benefit classifications and sub-classifications delivered in-network, except pharmacy. | ***Identify the MH/SUD benefit classifications for which the NQTL applies:***<br>Applies to all M/S and MH/SUD benefit classifications and sub-classifications delivered in-network, except pharmacy. |
| **Step 2 – Identify the factors used to determine that NQTL will apply to M/S or MH/SUD benefits** | |
| **Medical/Surgical**:<br>**Factors**<br>• **Provider Admission (Credentialing) Standards**- Cigna participation standards and credentialing processes are designed and maintained by the Cigna Quality Programs & Accreditation ("QP&A") team, which serves as an Accreditation Center of Excellence working with independent agents, such as the National Committee for Quality Assurance ("NCQA"), Utilization Review Accreditation Commission ("URAC"), the Centers for Medicare and Medicaid Services ("CMS") and the National Alliance of HealthCare Purchaser Coalitions ("NAHPC")<br><br>**Factors Considered but rejected (same for M/S and MH/SUD):**<br>No other factors were considered and rejected.<br><br>**Weight (same for M/S and MH/SUD):**<br>There is differentiation of weight with the factors.<br>There is no Artificial Intelligence application utilized for the NQTL design. | **MH/SUD**<br>**Factors**<br>• **Provider Admission (Credentialing) Standards**- Cigna participation standards and credentialing processes are designed and maintained by the Cigna Quality Programs & Accreditation ("QP&A") team, which serves as an Accreditation Center of Excellence working with independent agents, such as the National Committee for Quality Assurance ("NCQA"), Utilization Review Accreditation Commission ("URAC"), the Centers for Medicare and Medicaid Services ("CMS") and the National Alliance of HealthCare Purchaser Coalitions ("NAHPC")<br><br>**Factors Considered but rejected (same for M/S and MH/SUD):**<br>No other factors were considered and rejected.<br><br>**Weight (same for M/S and MH/SUD):**<br>There is differentiation of weight with the factors.<br>There is no Artificial Intelligence application utilized for the NQTL design. |
| **Step 3 – Identify the evidentiary standards used for the factors identified in Step 2, when applicable, provided that every factor shall be defined, and any other source or evidence relied upon to design and apply Quantity Limits to mental health or substance use disorder benefits and medical or surgical benefits.** | |
| **Medical/Surgical**:<br>Provider Admission (Credentialing) Standards<br>• **Source:** Cigna participation standards and credentialing processes<br>• **Evidentiary Standard:** Cigna follows NCQA, CMS, state and federal requirements and guidelines for each provider and/or specialty type. The standard credentialing process is used for both licensed physician providers and licensed non-physician providers. | **MH/SUD**:<br>Provider Admission (Credentialing) Standards<br>• **Source:** Cigna participation standards and credentialing processes<br>• **Evidentiary Standard:** Cigna follows NCQA, CMS, state and federal requirements and guidelines for each provider and/or specialty type. The standard credentialing process is used for both licensed physician providers and licensed non-physician providers. |

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| • **Source**: Approval (credentialing): CAQH or other approved application form<br>• **Evidentiary Standard**: Approval (credentialing): CAQH or other approved application form and primary source verification sites for education, licensure and sanctions. Credentialing criteria and verification sites will differ by type of Provider (i.e. hospital, Residential Treatment Center, Practitioner, Ambulatory Surgical Center, etc.)<br>• Approval (credentialing): Successful Credentialing Approval. Criteria will differ by type of Provider<br><br>Credentialing Criteria for Network Providers includes the following standard requirements:<br>1. signed agreement to participate;<br>2. signed application and provider attestation;<br>3. verification of unrestricted state medical license with appropriate licensing agency;<br>4. verification of valid, unrestricted DEA certificate (if applicable);<br>5. verification of full, unrestricted admitting privileges at a Cigna participating hospital;<br>6. verification Board certification, (if applicable);<br>7. verification of highest level of education and training, if not board certified;<br>8. review and verification of malpractice claims history;<br>9. review of work history;<br>10. verification of adequate malpractice insurance; and<br>11. verification of prior and current sanction activities<br><br>Additional criteria may be applicable pursuant to state credentialing and licensing requirements. CHLIC maintains NCQA and URAC accreditation, which requires a comprehensive and rigorous audit of the Quality Program documents, policies, and other materials regarding Quality Management, Utilization Management, Case Management, Care Coordination, Credentialing, and Members' Rights & Responsibilities (approximately 250 documents). This evidence spans a period of 2 years and the majority of the evidence has to be reviewed and approved by our Medical Management Quality Committee ("MMQC"), Integrated Health Management Quality Committee ("IHMQC"), and Quality Management Committee ("QMC"). Additionally, NCQA performs an audit of a random sample of denials, appeals, case management, and credentialing cases (approximately 350 records).<br><br>Unlicensed providers may not be directly contracted but may render services under a fully contracted and credentialed individual (supervising provider) or entity. For example, Home | • **Source**: Approval (credentialing): CAQH or other approved application form<br>• **Evidentiary Standard**: Approval (credentialing): CAQH or other approved application form and primary source verification sites for education, licensure and sanctions. Credentialing criteria and verification sites will differ by type of Provider (i.e. hospital, Residential Treatment Center, Practitioner, Ambulatory Surgical Center, etc.)<br>• Approval (credentialing): Successful Credentialing Approval. Criteria will differ by type of Provider<br><br>Credentialing Criteria for Network Providers includes the following standard requirements:<br>1. signed agreement to participate;<br>2. signed application and provider attestation;<br>3. verification of unrestricted state medical license with appropriate licensing agency;<br>4. verification of valid, unrestricted DEA certificate (if applicable);<br>5. verification of full, unrestricted admitting privileges at a Cigna participating hospital;<br>6. verification Board certification, (if applicable);<br>7. verification of highest level of education and training, if not board certified;<br>8. review and verification of malpractice claims history;<br>9. review of work history;<br>10. verification of adequate malpractice insurance; and<br>11. verification of prior and current sanction activities<br><br>Additional criteria may be applicable pursuant to state credentialing and licensing requirements. CHLIC maintains NCQA and URAC accreditation, which requires a comprehensive and rigorous audit of the Quality Program documents, policies, and other materials regarding Quality Management, Utilization Management, Case Management, Care Coordination, Credentialing, and Members' Rights & Responsibilities (approximately 250 documents). This evidence spans a period of 2 years and the majority of the evidence has to be reviewed and approved by our Medical Management Quality Committee ("MMQC"), Integrated Health Management Quality Committee ("IHMQC"), and Quality Management Committee ("QMC"). Additionally, NCQA performs an audit of a random sample of denials, |

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| Health Aides are not individually credentialed or contracted directly, the Home Health Agency is contracted and credentialed as an entity (facility or clinic). Cigna does not contract directly with most of these types of providers but rather, with the entity they work for. If certifications are available for paraprofessionals, it is reviewed for credentialing purposes. | appeals, case management, and credentialing cases (approximately 350 records).<br><br>Unlicensed providers may not be directly contracted but may render services under a fully contracted and credentialed individual (supervising provider) or entity. For example, Home Health Aides are not individually credentialed or contracted directly, the Home Health Agency is contracted and credentialed as an entity (facility or clinic). Cigna does not contract directly with most of these types of providers but rather, with the entity they work for. If certifications are available for paraprofessionals, it is reviewed for credentialing purposes. |
| **Step 4(a): Provide the comparative analyses performed and relied upon to determine whether each NQTL is comparable to and no more stringently designed and applied, <u>as written:</u>** | |
| Cigna's methodology for credentialing for M/S providers and MH/SUD physician providers are the same.<br><br>Cigna maintains one credentialing committee for the review of providers entering the network. Cigna does not routinely track credentialing exceptions for either M/S or MH/SUD Network Providers. Network Providers are re-credentialed on a three-year cycle as required by NCQA.<br><br>NCQA Accreditation standards require that the organization maintain sufficient numbers and types of behavioral health, primary care and specialty care practitioners in its network. NCQA does not specifically dictate what the appropriate number/type should be. As a result, Cigna conducts review of its Network Adequacy standards at least annually to ensure requirements are sufficient for customer needs. Such analysis reviews external benchmarks (e.g., state laws or CMS requirements) as well as internal review of supply/demand and network adequacy enrollee complaints.<br><br>Cigna's methodology for credentialing for M/S and MH/SUD physician providers are the same. Cigna credentialing standards for licensed physicians follows NCQA, CMS, state and federal requirements and guidelines for each provider and/or specialty type. Cigna does not maintain separate standards for MH/SUD providers. Moreover, the standard credentialing process is used for both licensed physician providers and licensed non-physician providers, whether they are M/S or MH/SUD providers. | Cigna's methodology for credentialing for M/S providers and MH/SUD physician providers are the same.<br><br>Cigna maintains one credentialing committee for the review of providers entering the network. Cigna does not routinely track credentialing exceptions for either M/S or MH/SUD Network Providers. Network Providers are re-credentialed on a three-year cycle as required by NCQA.<br><br>NCQA Accreditation standards require that the organization maintain sufficient numbers and types of behavioral health, primary care and specialty care practitioners in its network. NCQA does not specifically dictate what the appropriate number/type should be. As a result, Cigna conducts review of its Network Adequacy standards at least annually to ensure requirements are sufficient for customer needs. Such analysis reviews external benchmarks (e.g., state laws or CMS requirements) as well as internal review of supply/demand and network adequacy enrollee complaints.<br><br>Cigna's methodology for credentialing for M/S and MH/SUD physician providers are the same. Cigna credentialing standards for licensed physicians follows NCQA, CMS, state and federal requirements and guidelines for each provider and/or specialty type. Cigna does not maintain separate standards for MH/SUD providers. Moreover, the standard credentialing process is used for both licensed physician providers and licensed non-physician providers, whether they are M/S or MH/SUD providers. |

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| Re-credentialing is required every three years for all providers, and except for work history and education and training verification, requires providers to meet the same criteria as the initial credentialing process, unless a new specialty is being requested. The credentialing application process is consistent between physicians and facilities providing M/S and MH/SUD services and the required licensing, experience, CAQH application and verifications are indistinguishable. No additional Cigna-specific credentialing requirements are applied to either M/S or MH/SUD physician providers, and, as relevant for certain MH/SUD services or specialties, Cigna does not require that MH/SUD practitioners or facilities be licensed or accredited if such a license or accreditation would not be required by state law. Consistency in credentialing standards and process evidences compliance with the NQTL in-writing requirement..<br><br>Additionally, Cigna's credentialing standards for unlicensed professionals and paraprofessionals follows applicable NCQA, CMS and state and federal requirements and guidelines for MS and MH/SUD providers. | Re-credentialing is required every three years for all providers, and except for work history and education and training verification, requires providers to meet the same criteria as the initial credentialing process, unless a new specialty is being requested. The credentialing application process is consistent between physicians and facilities providing M/S and MH/SUD services and the required licensing, experience, CAQH application and verifications are indistinguishable. No additional Cigna-specific credentialing requirements are applied to either M/S or MH/SUD physician providers, and, as relevant for certain MH/SUD services or specialties, Cigna does not require that MH/SUD practitioners or facilities be licensed or accredited if such a license or accreditation would not be required by state law. Consistency in credentialing standards and process evidences compliance with the NQTL in-writing requirement..<br><br>Additionally, Cigna's credentialing standards for unlicensed professionals and paraprofessionals follows applicable NCQA, CMS and state and federal requirements and guidelines for MS and MH/SUD providers. |
| ***Step 4(b):*** **Provide the comparative analyses performed and relied upon to determine whether each NQTL is comparable to and no more stringently designed and applied, <u>in operation:</u>** | |
| An "in operation" review of Cigna's credentialing applications, approvals and denials of providers revealed no disparate outcomes in credentialing approvals or denials as between M/S and MH/SUD physician providers. The average time it took Cigna to review and approve a credentialing application for both M/S and MH/SUD providers was 15.5 days, an 18 day approval average for M/S providers and a shorter 13 day approval average for MH/SUD providers. The average time it took Cigna to review and deny a credentialing application for both M/S and MH/SUD providers was 100 days; 99 day approval average for M/S providers and 101 day approval average for MH/SUD providers. These credentialing process metrics indicate a comparable process in-operation based on the time to review, a significantly lower amount of denials of MH/SUD provider credentialing applications, and comparable incidences of denials of MH/SUD and M/S provider credentialing denial overturns on appeal. Consequently, Cigna concludes that the NQTL was applied comparably and no more stringently to MH/SUD benefits than to M/S benefits.<br><br>Consistent with the NQTL requirement for comparability/stringency, Cigna has confirmed that standards for provider admission into the MH/SUD provider network, including credentialing, for inpatient and outpatient services are comparable to, and applied no more stringently than, that of the M/S provider network as written and in operation. Put | An "in operation" review of Cigna's credentialing applications, approvals and denials of providers revealed no disparate outcomes in credentialing approvals or denials as between M/S and MH/SUD physician providers. The average time it took Cigna to review and approve a credentialing application for both M/S and MH/SUD providers was 15.5 days, an 18 day approval average for M/S providers and a shorter 13 day approval average for MH/SUD providers. The average time it took Cigna to review and deny a credentialing application for both M/S and MH/SUD providers was 100 days; 99 day approval average for M/S providers and 101 day approval average for MH/SUD providers. These credentialing process metrics indicate a comparable process in-operation based on the time to review, a significantly lower amount of denials of MH/SUD provider credentialing applications, and comparable incidences of denials of MH/SUD and M/S provider credentialing denial overturns on appeal. Consequently, Cigna concludes that the NQTL was applied comparably and no more stringently to MH/SUD benefits than to M/S benefits.<br><br>Consistent with the NQTL requirement for comparability/stringency, Cigna has confirmed that standards for provider admission into the MH/SUD provider network, including credentialing, for inpatient and outpatient services are comparable to, and |

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| differently, Cigna's network has the ability to meet the MH/SUD services needs of our enrollees by providing reasonable access to a sufficient number of in-network providers for both inpatient and outpatient services.<br><br>In addition, Cigna does not distinguish between M/S and MH/SUD for purposes of credentialing unlicensed professionals and paraprofessionals. The credentialing application process is consistent between M/S and MH/SUD and such required licensing, experience, CAQH application and verifications are distinguishable only by differences in regulatory requirements. No additional Cigna-specific credentialing requirements are applied to either M/S or MH/SUD providers. Consistency in standards and process evidences compliance with the NQTL requirement. | applied no more stringently than, that of the M/S provider network as written and in operation. Put differently, Cigna's network has the ability to meet the MH/SUD services needs of our enrollees by providing reasonable access to a sufficient number of in-network providers for both inpatient and outpatient services.<br><br>In addition, Cigna does not distinguish between M/S and MH/SUD for purposes of credentialing unlicensed professionals and paraprofessionals. The credentialing application process is consistent between M/S and MH/SUD and such required licensing, experience, CAQH application and verifications are distinguishable only by differences in regulatory requirements. No additional Cigna-specific credentialing requirements are applied to either M/S or MH/SUD providers. Consistency in standards and process evidences compliance with the NQTL requirement. |
| **Step 5 – Provide the specific findings and conclusions reached by the group health plan or health insurance issuer with respect to the health insurance coverage, including any results that indicate that the plan or coverage is or is not in compliance with this section** | |
| The same NCQA, CMS, and/or state and federal standards are used to define and monitor minimum requirements for network composition, ensure compliance with applicable state and federal regulatory standards, and to ensure compliance with applicable accreditations standards for both M/S and MH/SUD.<br><br>The provider admission standards and credentialing process are the same between M/S and MH/SUD providers. The variances will only be dependent upon licensing and/or accreditation requirements per facility type. Network participation standards and credentialing processes for MH/SUD network providers are comparable to, and not more stringent than, for M/S network providers.<br><br>As detailed in the policies and discussion in the prior steps, consistency in credentialing standards and process evidences compliance with the NQTL as written and in operation. | |